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USAID/BURMA SHAE THOT FINAL PERFORMANCE EVALUATION

EVALUATION REPORT

February 2018

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ABSTRACT

USAID/Burma contracted Social Impact, Inc. to conduct a final rigorous performance evaluation of the Shae Thot program, an integrated model for community development in Burma. This evaluation examined the project's performance and effectiveness, focusing on program impact, the integrated approach, program sustainability, and advancement of equality and inclusion. This mixed-methods evaluation collected data through 4,680 household surveys, 233 village surveys, 23 focus group discussions, and 54 key informant interviews. Although direct attribution to Shae Thot interventions is not possible, substantial improvement was apparent in virtually all Shae Thot outcomes since program inception: access to healthcare and health outcomes, maternal and child health, water access and sanitation; and use of inputs and crop yields. Although rates of improvement were comparable in the comparison group, some indicators improved faster in Shae Thot areas. Gains in perception of economic growth were palpable, and widely credited to Shae Thot. Households' perception of food security and economic wellbeing improved drastically while food scarcity sharply decreased, compared to smaller gains in comparison areas. Sources of income diversified (i.e., double the number of households reported livestock/poultry breeding). Borrowing practices changed over time, exemplified by a four-fold drop in borrowing from money lenders, and increased demand for loans for agricultural goods and animals purchase and business investment. Shae Thot's integrated approach was reported to be a key driver of change in program outcomes, particularly village development committees and funds, community governance structures that acted as central coordinating bodies of community-driven development and financial sustainability.

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CONTENTS

TABLES

ACRONYMS

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BL	Baseline
CAP	Community Action Planning
CAPI	Computer Assisted Personal Interview
CESVI	Cooperazione E Sviluppo
COPI	Community Organization Performance Index
CSO	Civil Society Organization
DID	Difference-in-Differences
ET	Evaluation Team
EQ	Evaluation Question
FCR	Findings, Conclusions, Recommendations
FGD	Focus Group Discussion
GRET	Groupe de Recherche et d'Echanges Technologiques
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IP	Implementing Partner
IYCF	Infant and Young Child Feeding
JMP	Joint Monitoring Programme
KII	Key Informant Interview
KnMHC	Karenni Mobile Health Clinic
KNPLF	Karenni National People Liberation Front
MCH	Maternal and Child Health
MCHD	Maternal and Child Health Defenders
ML	Midline
MSI	Marie Stopes International
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
PGMF	Pact Global Microfinance Fund
SI	Social Impact, Inc.
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
VDC	Village Development Committee
VDF	Village Development Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

BACKGROUND

Shae Thot is a seven-year, $70 million integrated model for community development in Burma, which recognizes inextricable links between health, livelihoods, food security, and water. Shae Thot provided a comprehensive set of services, building off existing community structures and empowering community members to build leadership capacity, self-sufficiency, and resilience. Shae Thot activities have been implemented by a consortium of implementing partners (IPs) comprised of Pact, Inc., Marie Stopes International (MSI), Cooperazione E Sviluppo (CESVI), UN-Habitat, and Pact Global Microfinance Fund (PGMF). These organizations coordinated to deliver overlapping and complementary support to communities in 2,844 villages across 23 townships in the Dry Zone, Yangon, and Kayah State. Shae Thot's integrated approach across sectors aimed to strengthen community-level governance through Village Development Committees (VDCs) and promote financial sustainability through Village Development Funds (VDFs). Sector-specific interventions varied according to needs and priorities within each community and were intended to: decrease maternal, newborn and child mortality; improve household-level food security; increase access to sufficient quantities of safe, potable water and improved hygiene; and strengthen social and community institutions for development.

EVALUATION PURPOSE AND QUESTIONS

The United States Agency for International Development (USAID)/Burma contracted Social Impact, Inc. (SI) to conduct a rigorous final performance evaluation of the Shae Thot program to examine the project's overall performance and effectiveness and to identify best practices and lessons learned. This evaluation focused on four main questions:

- **Evaluation Question 1:** To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives, and goals in targeted communities? This evaluation question focuses on maternal, newborn, and child health; household-level food security and income generation; access to sufficient quantities of water, potable water and improved hygiene; and strengthened social and community institutions for development.
- **Evaluation Question 2:** To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes, results and objectives? Are there unintended positive or negative effects of this approach?
- **Evaluation Question 3:** How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes? What elements of this model that promote sustainability could be applied to similar community development interventions? Are there certain characteristics of various operating environments that make interventions more or less sustainable?
- **Evaluation Question 4:** To what extent have Shae Thot activities, and the project as a whole, advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery? What are some key good practices and/or lessons learned that could be replicated in other community development initiatives?

EVALUATION METHODS

This evaluation utilized a mixed-methods design, drawing on both qualitative and quantitative data collection and analysis. The evaluation team (ET) conducted household and village (community-level) surveys in partnership with Third Eye, a local data collection firm with expertise in both qualitative and quantitative data collection. This survey data provided representative population-level data on key program outcomes that were compared to baseline and midline results. The ET also collected qualitative data through key informant interviews (KIIs) and focus group discussions (FGDs).

Quantitative Methods and Sampling: The quantitative component of this evaluation replicated the sampling strategy used at baseline and midline, conducting household and village profile surveys in the treatment and comparison villages sampled at baseline and midline, as well as the villages in Yenangyaung and Sinbaungwe townships added at midline. At endline, Third Eye, SI's data collection partner, conducted 4,680 household surveys and 233 village profile surveys, including 173 treatment villages (where Shae Thot was implemented) and 60 comparison villages, in each of which 20 households were randomly sampled for surveys. Household survey respondents in both treatment and comparison areas were asked all outcome-level questions for all sectors, but questions about specific Shae Thot activities or interventions were only asked of respondents who received those interventions. Village surveys were conducted in each village where household data collection was conducted and were administered to village heads or other knowledgeable village elders. Quantitative data provided information on key outcomes near the end of Shae Thot's implementation, which were compared to the baseline and midline values of these indicators below.

SI calculated the endline values, and re-calculated the baseline and midline values, of the main quantitative indicators for Shae Thot, disaggregating the results by treatment and comparison groups. It was not possible to replicate the values presented in the baseline and mid-term report exactly, and for comparability, the SI team used the same definitions of the indicators and identical calculation approaches to estimate the indicator values for each wave and by treatment group using raw data from baseline and midline, and endline. The ET calculated the simple difference-in-differences (DID) estimates between the baseline and endline values. Our primary analysis focused on changes from baseline to endline; to the extent possible, we compared the results to Shae Thot targets and project data.

Qualitative Methods and Sampling: Qualitative methods used for this evaluation included a comprehensive desk review of existing program documents and data, 54 KIIs, and 23 FGDs.[1] FGDs were composed of six to eight beneficiaries from various stakeholder groups and explored the changes beneficiaries experienced within their communities during Shae Thot implementation, as well as similarities and differences in outcomes across intervention areas. FGDs provided stakeholder perspectives related to the successes and shortcomings of the interventions and their perceptions around the sustainability of activities and knowledge gained by participants to inform recommendations on continuation of activity successes over time. KIIs provided in-depth information on the interventions from varied stakeholder perspectives (e.g., IP staff, government officials, USAID staff) to understand the strengths, weaknesses, challenges, and sustainability of the interventions.

[1] The ET conducted 24 total FGDs but one was conducted in a comparison village and has been excluded from analysis.

LIMITATIONS

The ET's ability to conduct true DID analysis was constrained by the comparability of the treatment and comparison groups, and the validity of the parallel trends assumption. While our calculations of the differences between baseline, midline, and endline values illustrate the trends over time in the comparison and treatment areas, this DID value does not represent the causal impact of the Shae Thot program, as Shae Thot interventions were not randomly assigned, and there are many observable and unobservable differences between the treatment and comparison groups. In addition, in this case we do not have evidence that the parallel trend assumption, which stipulates that the outcomes in the control and treatment groups would have followed the same trajectory in the absence of the intervention, holds, and it likely does not, given the differences between the groups. In this case, it is not possible to separate the changes in outcomes that were driven by program activities from the broader trends in outcomes of interest resulting from Burma's opening and reform during the project implementation period.

Other challenges encountered during the data collection period stemmed from the timing and the lengthy approval processes required to access select villages or respondents. The ET encountered difficulties securing the proper permissions to access certain villages, some of which limited the movements the expatriate ET members. The data collection period also overlapped with several religious holidays and harvest season for some crops, which caused some delays and scheduling challenges.

EQ1 FINDINGS AND CONCLUSIONS

While this final evaluation is unable to attribute changes in outcomes and results specifically to Shae Thot interventions, due to the absence of a true counterfactual, by endline we observed substantial improvement since program inception in virtually all Shae Thot outcomes. The improvements were clearly observed in the majority of the quantitative indicators, as well.

Overall, access to healthcare and health outcomes in Burma are gradually improving, due at least partially to new infrastructure and increased availability of healthcare services. There were impressive gains in all areas of maternal and child health (MCH) from baseline to endline, in particular in areas targeted by the program. Improvements were observed in each of the MCH related indicators in Shae Thot areas. More women and children were receiving appropriate care during pregnancy, delivery, and the postnatal period in project and comparison villages at endline compared to baseline. Children's nutrition had improved, and modest gains were observed in the appropriate treatment of diarrhea and acute respiratory infections (ARI) in children. Even though comparison villages were closer to urban areas and had better access to facilities, intervention areas showed a greater improvement in facility-related indicators like four antenatal care (ANC) visits for pregnant women and the percent of deliveries using clean delivery kits at endline than comparison sites. The proportion of knowledgeable women in each category of MCH knowledge at least doubled from baseline to endline in Shae Thot villages, and similar rates of change were observed in the comparison villages.

Water, sanitation, and hygiene (WASH) indicators also showed impressive strides in the areas of water access and sanitation. Access to clean drinking and domestic use water and to sanitary latrines within Shae Thot villages increased substantially from baseline to endline, although increases were comparable in the comparison group. The median time households spent collecting water, in both the rainy and the dry season, dropped to zero from 30-45 minutes at baseline—this change represented a larger gain in Shae Thot areas than in comparison areas. Hygiene behaviors improved dramatically in Shae Thot villages, with

an increase in availability of handwashing stations with soap rising from 73% at baseline to 94% at endline. This corresponded with an impressive improvement in key handwashing behavior in Shae Thot villages: e.g., 88% of households now wash hands after defecation, compared to 66% at baseline. Although the incidence of most hand-washing practices increased at similar rates in comparison areas, the rate of handwashing after work in Shae Thot areas improved much more than in comparison areas, with 52% of households reporting washing hands after work at endline in Shae Thot areas, compared to 37% at baseline, for a DID estimate of 9%.

Outcomes related to agriculture improved substantially in Shae Thot areas. Uptake of pesticides, chemical fertilizer and organic or natural fertilizer grew substantially in project areas, the latter at a higher rate than in comparison areas. High crop yield increases were observed for all commonly grown crops, with largest gains in chickpea yields, and particularly high gains in rice paddy yields compared to the comparison group.

Gains in perception of economic growth were palpable and community members credited these positive changes to Shae Thot. Households' perception of food security and economic wellbeing compared to the previous year improved drastically from baseline to endline, and food scarcity sharply decreased: with only 2-6% of treatment households reporting food insecurity in the hungriest months of April/May and July/August at endline compared to 17-19% at baseline, with smaller gains observed in comparison areas. While agriculture remains the main economic activity, sources of income began to diversify, with double the number of households reporting livestock and poultry breeding as a main income source. While incomes rose, gains were tempered by inflation. Borrowing practices changed drastically, as far fewer households borrowed from money lenders at endline: 8% versus 40% at baseline, and more borrowed from government, micro-credit providers and farmer's associations/cooperatives. Demand for loans increased most substantially for purchase of agricultural goods, business investment, social affairs, and purchase of animals and medicine for animals.

VDCs and their associated sub-committees were the cornerstone of civil society in many communities and laid the foundation for community-driven development. VDCs were able to significantly improve the well-being of the members of their communities, supporting activities directly and indirectly related to Shae Thot. VDCs received financial resources from VDFs: community-owned and managed financial institutions. VDF funds were used for social welfare initiatives, water supply projects, education, electrification, and others. These governance structures were widely valued by community members and respondents emphasized that they were crucial facilitators of community unity, collaboration, and development.

EQ2 FINDINGS AND CONCLUSIONS

Project beneficiaries generally characterized Shae Thot's multi-sectoral integrated community development approach positively, explaining that the complementary nature of interventions in multiple sectors hastened development progress. Beneficiaries reported that their new knowledge and awareness, coupled with access to services and products in various sectors, corresponded well to the needs and demands of their communities and advanced their community's development. The integrated approach was especially relevant in project areas, such as Kayah, where external actors have had little traction, but local civil society organizations (CSOs) have taken steps toward self-directed community growth. Implementing partners also credited the integrated approach as a key driver of the achievement of Shae Thot outcomes, although the impacts of some multi-sectoral activities were greater than others, depending on how readily each activity lent itself to integration. VDCs served as the central coordinating

mechanism for multi-sectoral activities and were integral to the success of the integrated approach, even though their full impact was not realized equally in all areas.

Despite an overall favorable outlook, there were several coordination challenges and impediments that hampered the success of the integrated approach. A key challenge of coordination stemmed from what implementers characterized as a lack of an overall, unifying objective or strategy to which they could map their activities. Other barriers to integration were persistent traditional beliefs and practices and low community engagement/participation in some areas. Another important challenge was the shorter duration of integration (relative to the overall implementation period), especially in Kayah. Strengthening governance structures at the village level, understanding and addressing the specific needs of the communities, and empowering people to contribute and participate in the development process are long-term processes that require deep stakeholder buy-in and time to build trust. The shorter period over which integration was implemented, relative to the project duration, proved insufficient for successful integration in some cases, and could have been strengthened had integration been more uniformly implemented from the outset of the project.

EQ3 FINDINGS AND CONCLUSIONS

Findings from the FGDs and the KIIs highlighted communities' strong desire and willingness to sustain project activities. Activities that were quick to produce positive impacts were reportedly more likely to endure those whose effectiveness took longer to manifest. The communities' enthusiasm for continued growth notwithstanding, the prospects for sustainability varied across communities. Differences in community contexts affect the extent to which project outcomes will be sustained. KII and FGD respondents identified the following factors as having an impact on the level and likelihood of sustainability: community unity and sense of ownership, leadership and efficient management of community organizations and funds, networking and relationship building with the local government (or the de facto governing body in areas controlled by ethnic armed groups in Kayah) and other CSOs, migration and turnover of trained volunteers and service providers (including VDC members), mechanisms for skills and knowledge transfer from one generation of volunteers to the next, monitoring of activities, and project duration.

Qualitative respondents also reported that sustainability is threatened by political instability, climate change, and the capacity of communities to respond to environmental disasters. Overall, it is also largely predicated on communities' ability to build on the results they achieved and continue to use the skills and capacities acquired through interventions. In addition, sustainability could reportedly be jeopardized without ongoing training and technical support and knowledge transfer from one generation to the next. The availability of continued technical and financial support to address the ongoing needs of the communities was important for sustaining achievements. Inaccessibility to certain services and products (e.g., mobile health clinics, family planning products, agricultural tools and equipment, funding support, etc.) previously offered by the project could detrimentally affect the sustainability of results, unless there is proper support and engagement of the government, other non-governmental organizations (NGOs), and/or the private sector.

EQ4 FINDINGS AND CONCLUSIONS

Shae Thot made notable strides to advance gender equality and inclusion of marginalized groups, most effectively through VDCs and VDFs, microfinance structures like WORTH and PGMF, and capacity building and empowerment efforts. Qualitative data provided ample evidence that Shae Thot activities

created opportunities for women to learn, participate, and contribute in spaces that were not previously accessible to them. Quantitative indicators related to women's empowerment and participation (although more limited) were also supportive of this conclusion. However, the project made only marginal progress against restrictive gender norms, including those related to gender equality and leadership roles for women. Shae Thot did not fully assess the interrelated cultural, social, and political elements necessary to transform attitudes about gender roles and equality.

Inclusivity and representativeness were key factors in ensuring community members had sufficient buy-in to Shae Thot, which, in turn, supported sustainability. However, qualitative data reflected that the inclusion of marginalized groups, like the elderly, and people with disabilities, was inconsistent. Some vulnerable populations were excluded inadvertently because activities or mechanisms did not accommodate their unique circumstances or limitations. Some community institutions, like VDCs, were not inclusive of all members of a community, due in part to requirements for participation (like literacy or time commitments). Project phase-out also had detrimental effects on some marginalized populations, especially those who lived in very remote areas and have difficulty accessing other services. Furthermore, qualitative data indicated that Shae Thot did not fully integrate youth (including especially vulnerable youth) into project activities, which could inhibit project sustainability and long-term development. Shae Thot's activities also had to be sensitive to the unique vulnerabilities resulting from the conflict in Kayah, which required additional planning, adaptation, and coordination.

RECOMMENDATIONS

The ET presents the following recommendations to USAID/Burma and Shae Thot IPs, which are informed by the findings and conclusions gathered from the final evaluation, to guide future multi-sectoral integrated project design and implementation. The ET crafted these recommendations in line with the best practices this evaluation has identified, many of which were utilized by the Shae Thot consortium partners throughout program implementation.

Recommendations for Future Multi-Sectoral Integrated Project Design

1. Conduct a needs assessment and situational analysis in each state/region of planned implementation to thoroughly understand the contextual differences among project communities and design activities according to the most pressing community development needs. This can mitigate falling into a "one size fits all" approach to governance and microfinance structures.
2. Conduct a thorough gender analysis or assessment prior to program implementation to identify the opportunities and entry points to ensure activities in all sectors holistically advance gender equality and target restrictive gender norms.
3. Engage marginalized/vulnerable individuals and groups (including youth, people with disabilities, the illiterate, the very poor), during the program design stage to build early engagement and ensure planned interventions are maximally inclusive.
4. Clearly articulate the activities within each sector and delineate how consortium partners will share and coordinate responsibilities, if multiple partners are working in the same sector and/or geographic area. Coordination should include identification of target areas and communities at the outset of the project, to streamline integration efforts and maximize impact of implementation.
5. Consider deepening engagement with the government (or relevant non-state actors, like armed groups) at both the national and local levels, as well as with the private sector, to share knowledge

and lessons learned, expand the impact of a multi-sectoral integrated approach as early as possible, and identify additional technical and financial resources to support community development activities.

6. Utilize a conflict-sensitive approach for implementation in Kayah or other conflict-affected areas. Consider conducting a conflict assessment during conflict design, utilizing USAID's Conflict Assessment Framework or another similar framework, to assess the conflict environment and how it has changed since previous implementation (in the case of a follow-on activity). Train all IP staff, including non-programmatic staff, like operations staff, to ensure all staff are sensitive to the idiosyncrasies of conflict-affected areas.

Recommendations for Multi-Sectoral Project Monitoring and Coordination

7. Establish mechanisms/joint monitoring systems to facilitate and monitor IP coordination (both IPs working in the same sector as well as those working in different sectors) to identify gaps, constraints, and coordination challenges that may ultimately affect stakeholder buy-in, participation of the beneficiaries, and the effectiveness of intervention implementation. A joint monitoring system may improve IP communication and collaboration and reduce or eliminate duplication of effort in interventions that are implemented by multiple partners.
8. Rigorously train village-level partners (including local implementer staff, volunteers, and members of community organizations) in the collection of monitoring data and use of monitoring systems to strengthen community capacity to document and learn from changes over time and support sustainability of results. Training and the implementation of monitoring systems may need to be adapted in conflict-affected communities, where community members may be reluctant to establish documentation that could be seized by armed groups.

INTRODUCTION

BACKGROUND AND CONTEXT

In 2008, Cyclone Nargis struck Burma, which resulted in the worst natural disaster in the country's history. In response, the United States Government (USG) provided humanitarian assistance to support immediate relief and rehabilitation efforts, as well as sustained humanitarian recovery in Nargis-affected communities of the Ayeyawaddy Delta. However, profound humanitarian needs and entrenched poverty persisted around the country, including in the central Dry Zone area. The United States Agency for International Development (USAID) Burma Mission began to explore integrated development programming, recognizing the need for a multi-sectoral approach linking health outcomes with economic development and community/civil society strengthening. They also realized the need for improved access to water in the Central Burma Dry Zone—regular flooding and drought events exacerbated ongoing food insecurity and unsustainable agriculture approaches. Scarcity of potable water also adversely affected hygiene and maternal and child health (MCH) outcomes.

In 2011, USAID/Burma began funding Shae Thot, a seven-year,[2] $70 million project designed to provide humanitarian assistance to communities of Central Burma in three key areas: maternal and child health, livelihoods and food security, and water, sanitation, and hygiene (WASH). However, it became clear early on that the sustainability of Shae Thot's work in these areas was not only reliant on technical approaches, but also on communities' leadership capacity and institutional support systems. For this reason, Pact proposed adding a component focused on strengthening social and community institutions, which ultimately became an integral aspect of the program. Through this emphasis on governance, Shae Thot identified opportunities to reinforce the work of grassroots organizations that were addressing local needs while simultaneously stimulating a demand for more accountability and democracy in leadership.[3] The establishment of community leadership and participation as a program objective was key to Shae Thot's adoption of an integrated approach, as governance institutions became the central bodies around which many of the other program activities revolved. This integrated model for community development recognized inextricable links between health, livelihoods, food security, and water, and asserted that cross-cutting outcomes, such as those related to empowerment, ownership, and sustainability, would improve more substantially when interventions worked across multiple sectors.[4]

Over time, Shae Thot's geographical focus was refined to target Yangon and the Dry Zone (Magway and Mandalay divisions, southern Sagaing division, and northern Bago division). In May 2013, after a ceasefire agreement was reached between the government and the Karenni National Progressive Party, Pact

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[2] The project was originally a five-year, $55 million investment. In May 2016, USAID extended Shae Thot by 18 months to deepen interventions for a more sustained impact in the current project villages, increase integration of sector services at the village level, and strengthen Village Development Committees as the primary institution at the community level, engage with local government actors as the Government of Burma decentralizes, and partner with local civil society organizations. During the extension period, Shae Thot has worked in 1,039 villages in 13 townships in the Dry Zone and Kayah State. Shae Thot is currently in the final months of implementation.

[3] Pact, Inc. "Shae Thot Quarterly Report: April 1, 2012 – June 30, 2012." July 31, 2012

[4] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.

proposed expanding the program to Kayah State and USAID ultimately revised the program description to reflect this new scope and geography.

Shae Thot provides a comprehensive set of services, building off existing community structures and empowering communities to build leadership capacity, self-sufficiency, and resilience. Shae Thot's development hypothesis is that by addressing health, income, and water needs (identified as the most needed interventions in the target populations),[5] the lives of the poorest and most vulnerable households will improve, and death and suffering will be reduced. A 2015 United Nations Development Programme (UNDP) report mapping local governance also found that water and joblessness were the most pressing issues in Burma, along with roads.[6] Shae Thot aimed to address these needs through a variety of interventions, including service provision, capacity building, awareness raising, and resource mobilization. These interventions were designed to strengthen communities' ability to address shorter-term humanitarian and longer-term development needs, which are critical to achieving sustainable outcomes. Activities in each of the four sectors were guided by sector-specific theories of change:

- ***Maternal and Child Health:*** If communities have increased understanding of MCH issues, accessibility to health services and access to resources for health care, then maternal, newborn and child mortality will be decreased in target areas.
- ***Livelihoods and Food Security:*** If communities have increased access to sustainable financial services, opportunities for increased income diversity, and small microenterprise ownership, and improved agricultural techniques, then food security at the household level will be increased in target areas.
- ***Water, Sanitation, and Hygiene***: If communities have improved infrastructure for WASH and knowledge on effective management of WASH infrastructure and improved hygiene behaviors, then increased access to sufficient quantities of safe water, potable water and improved hygiene will be attained in target areas.
- ***Strengthened Community Institutions:*** If community members and community groups are involved in the planning, prioritization, coordination, and management of development interventions in an accountable and transparent way, then social and community institutions will be strengthened to contribute and maintain sustainable development in target areas.

PROJECT ACTIVITIES

Shae Thot activities were implemented by a consortium of partners, including Pact, Inc., Marie Stopes International (MSI), Cooperazione E Sviluppo (CESVI), UN-Habitat, and Pact Global Microfinance Fund (PGMF), in 2,844 villages across 23 townships in the Dry Zone, Yangon, and Kayah State. To increase the impact and sustainability of its results, Shae Thot employed an integrated approach across sectors designed to strengthen community-level governance through Village Development Committees (VDCs) and promote financial sustainability through Village Development Funds (VDFs). Sector-specific interventions varied according to needs and priorities within each community and were intended to decrease maternal, newborn and child mortality; improve household-level food security; increase access to sufficient

[5] Pact, Inc. "Shae Thot Year 5, Annual Report: October 1, 2015 – September 30, 2016." October 31, 2016.
[6] United Nations Development Programme. *The State of Local Governance: Trends in Myanmar - A Synthesis of People's Perspectives across all States and Regions*. Yangon, Myanmar, 2015.

quantities of safe water, potable water and improve hygiene; and strengthen social and community institutions for development.

- ***Maternal and Child Health:*** Shae Thot's approach to improving MCH included community-based action and mobile clinical services, such as antenatal care (ANC), postnatal care, newborn care, family planning, and management of childhood illness like malnutrition, diarrhea and respiratory tract infections. Volunteer health workers called "Change Agents" were trained in safe pregnancy practices, diagnosing and treating common illnesses, and facilitating emergency care. These Change Agents were linked to Mothers Groups, networks of mothers who met weekly to learn about and discuss MCH-related illnesses, hygiene, and nutrition. In addition, Shae Thot established Village Health and Development Funds, later known as Village Development Funds (VDFs), through which communities raised funds from household-level contributions. VDFs could provide immediate access to financial resources for health emergencies, addressing a common barrier to vital MCH care and services. Shae Thot also addressed this barrier through strengthening the role of auxiliary midwives and deploying mobile clinics to targeted villages at least once every six weeks to offer a range of health care services.
- ***Livelihoods and Food Security:*** Widespread household-level food insecurity in central and southeastern Burma has resulted from repeated natural disasters and decades of armed conflict. Shae Thot used a dual approach to improve livelihoods and food security that included expanding access to financial services and improving agricultural techniques. The project combined credit provision services, both institutional and savings-group models, with microenterprise training to promote income generation. In addition, Shae Thot provided technical assistance and resources in support of agricultural diversification and intensification, including new techniques, improved irrigation, and livestock management.
- ***Water, Sanitation, and Hygiene:*** Shae Thot's WASH activities were conducted through building community members' hands-on skills to develop and maintain local expertise. The project trained local carpenters, masons, and artisans to create low-cost, low-technology solutions for constructing bio-sand water filters, deep-tube or hand-dug wells, mini-dams, access roads, sanitation for community schools, or other types of water and sanitation infrastructure. Community grants were a central element of the WASH strategy, enabling communities and groups to develop joint plans for infrastructure projects. In addition, training community volunteers on hygiene promotion was intended to promote sustainable behavior change throughout the community.
- ***Strengthened Community Institutions:*** In some project villages, Shae Thot formed or supported an existing VDC, made up of democratically-elected village members independent of village governing authorities. Through these committees, Shae Thot supported inclusive and participatory village decision making and transparent and accountable community planning, implementation, and monitoring. Shae Thot also implemented the Local Partner Initiative (later called the Civil Society Partner Initiative), working with a small number of local organizations operating in MCH, livelihoods and WASH sectors, to strengthen their organizational capacity and implement complementary interventions in the Dry Zone and Kayah State.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

USAID/Burma contracted Social Impact, Inc. (SI) to conduct a rigorous final performance evaluation of the Shae Thot program, designed to examine the project's overall performance and effectiveness and identify best practices and lessons learned for future multi-sectoral, integrated community development initiatives in Burma. The evaluation is intended to provide guidance and learning to USAID/Burma, donor agencies, implementing partners (IPs), and the Government of Burma that can inform the design of future development programs. This evaluation assesses program effectiveness by comparing endline results to qualitative and quantitative data collected at the program's baseline and midline. The specific questions this evaluation seeks to answer are as follows:

- **Evaluation Question 1:** To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives, and goals in targeted communities? This evaluation question focuses on the following focus areas:
    - Improved maternal, newborn, and child health;
    - Improved household-level food security and income generation;
    - Increased access to sufficient quantities of water, potable water and improved hygiene; and
    - Strengthened social and community institutions for development.
- **Evaluation Question 2:** To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes, results and objectives? Are there unintended positive or negative effects of this approach?
- **Evaluation Question 3:** How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes? What elements of this model that promotes sustainability could be applied to similar community development interventions? Are there certain characteristics of various operating environments that make interventions more or less sustainable?
- **Evaluation Question 4:** To what extent have Shae Thot activities, and the project as a whole, advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery? What are some key good practices and/or lessons learned that could be replicated in other community development initiatives?

EVALUATION METHODS AND LIMITATIONS

This evaluation utilized a mixed-methods design, drawing on both qualitative and quantitative data, which SI collected in partnership with its subcontractor, Third Eye Co. Ltd., a data collection firm based in Yangon with significant experience conducting qualitative and quantitative social science research. Third Eye has conducted over 20 data collection activities of similar scale in Burma and its team of enumerators are trained in electronic data collection methods, specifically Computer Assisted Personal Interview (CAPI) systems. Third Eye utilized its internal expertise and existing data quality systems to deliver high-quality data within the evaluation timeframe and led a one-week enumerator training and pilot testing process. The quantitative instrument was pilot tested in 71 households.

Data collection for this evaluation occurred over a six-week period. The evaluation team (ET) collected qualitative data in Burma from October 17–November 30, 2017. After a one-week training and a delay, quantitative data collection took place from November 6–29, 2017. Upon arrival in Burma, the ET held an internal team planning meeting in Yangon, an in-brief at USAID/Burma, and consultations with Pact staff to review expectations and plans for the evaluation process. The USAID/Burma in-brief included the Agreement Officer's Representative and USAID personnel from the Program Development Office and Democracy, Governance, and Humanitarian Assistance Office to establish a common understanding of the evaluation, clarify any adjustments to the design report and workplan, review site visit locations and data collection methods, discuss initial assumptions, and promote stakeholder buy-in and utilization of evaluation findings. During this time, the Team Leader, Research Specialist, and Research Analyst worked together to establish a common understanding of the instruments, streamline approaches to qualitative data collection, and finalize the qualitative data collection instruments, protocols and sampling. At the end of data collection, the ET convened in Yangon to conduct initial data analysis and present preliminary findings during an out-brief presentation at USAID/Burma.

QUANTITATIVE METHODS

At endline, Third Eye conducted 4,680 household surveys and 233 village profile surveys. Of these, 173 of were treatment villages (where Shae Thot was implemented) and 60 of which were comparison villages; with 3,460 household surveys conducted in treatment villages and 1,220 surveys conducted in comparison villages. This quantitative data provided information on key outcomes after Shae Thot's completion, which were compared to the baseline and midline values of these indicators below. To maximize comparability with baseline and midline, the ET adapted the endline household survey instrument from the survey instrument used at midline, which was itself adapted from the baseline. In collaboration with Pact and USAID/Burma, SI made minor revisions to the instrument to shorten the survey, which decreased the time burden for respondents by focusing on the most relevant outcomes and demographics for endline. The final household survey instrument is presented in Annex VII. The endline village survey was refined from the baseline village survey and is presented in Annex VIII.

DATA COLLECTION AND SAMPLING

Third Eye employed 39 enumerators, 13 supervisors, and 13 household listers to collect quantitative data. All enumerators were trained in a five-day enumerator training, which included an overview of the project,

review of research methods and ethics standards, field etiquette, operations/logistics, CAPI best practices, and mock interviews. Each survey team consisted of three enumerators accompanied by one household lister and one supervisor. The household lister arrived in the village prior to the arrival of the rest of the team to obtain permission from the township or village authority and generate a list of all households in the village. When the rest of the team arrived, the supervisor secured permissions from the township or village authority to collect data, a process supported by Pact in some cases. Each team collected endline household and community data through surveys using the World Bank CAPI Survey Solutions 5.15 system, which ensured rapid and high-quality data collection and offered real-time data quality checks. Each supervisor and enumerator had an Android tablet device with a battery bank and portable power generator.

The sampling strategy for household survey respondents replicated the sampling strategy used at baseline and midline. Household survey respondents were drawn from the same villages sampled at baseline and midline, with the addition of the villages in Yenangyaung and Sinbaungwe townships. These villages were added to the study at midline to account for activities that started after baseline data collection. Within each village, enumerators randomly selected 20 households using an interval system. The supervisor generated the sample using a household list, dividing the total number of households in the village by the sample size for that village to determine the sampling interval. A random four-digit number was selected from a random-number list. The supervisor then used the last two digits of the random number to count down the household list to determine the first house to be surveyed. The teams then counted off by the appropriate interval number to identify sampled households in the village.

Enumerators made three attempts to conduct the household survey at each sampled household. If unsuccessful after three attempts, enumerators replaced that household with the household directly to its right. If it was not possible to survey that household either, it was replaced with the household to the left of the original house. Third Eye documented all instances of household replacements and reasons why original sampled households were not surveyed (e.g., refusal, no one home, etc.).

Enumerators conducted household surveys with the head of household and the head of household's spouse or mother of children in the household.[7] Regardless of the designated main respondent, the person identified as the caregiver responded to questions in the MCH section of the questionnaire in households with children under five years of age. We selected these criteria to account for differential perceptions between genders and statuses within the family, while ensuring that respondents were knowledgeable about surveyed content. Household survey respondents in both treatment and comparison areas were asked all outcome-level questions for all sectors, but questions about specific Shae Thot activities or interventions were only asked of respondents who received those interventions. Village surveys were conducted in each village where household data collection was conducted and were administered to village heads or other knowledgeable village elders.

DATA QUALITY ASSURANCE

Supervisors accompanied enumerators for 15% of all household surveys (n=693), in both treatment and comparison areas, which allowed potential issues to be identified early on and immediately remedied.

[7] At endline, the primary respondent was the head of household, while the spouse or the mother of the household's children was asked questions about maternal and child health. This approach differed from the baseline/midline designation of the main respondent, which split the main respondents among the household head and the spouse. .

Supervisors held nightly debriefs with their field teams to discuss any issues that occurred during the day. Before uploading each survey to the server, enumerators used an automatic check to see if any questions were missing; surveys could not be uploaded with missing questions. The Survey Solutions software contains several quality control checks and the survey was programmed with various logic constraints, like ranges and skip patterns, to minimize data entry error. Third Eye headquarters staff verified each survey for completeness and conducted spot-checks on key questions.

Third Eye headquarters staff conducted call backs on surveys that were flagged for any issues and 20% of all household surveys (n=943), from both treatment and comparison areas, were randomly selected for a five-minute backcheck phone call. Backchecks confirmed the length of interview and the respondent's answers to a few key questions to ensure that the interview was valid and accurate. Third Eye submitted regular reports to SI on data collection progress and data quality control activities including a final tally of interview observations and re-visit backchecks at the completion of data collection.

QUALITATIVE METHODS

To provide depth and richness to the quantitative data, the ET also collected qualitative data through key informant interviews (KIIs) and focus group discussions (FGDs). The qualitative data describe project context and explore findings that are not captured by quantitative data and are the primary data source for Evaluation Questions 2, 3, and 4. KIIs and FGDs focused on the changes experienced by communities and individual beneficiaries, their opinions about the project, intended and unintended outcomes, and project sustainability. Qualitative methods examined change from the viewpoint of participants and to obtain in-depth understanding of mechanisms and processes that contributed to the intended and unintended project outcomes.

FGDs explored the changes beneficiaries experienced within their communities during Shae Thot implementation, as well as similarities and differences in outcomes across intervention areas. FGDs provided stakeholder perspectives related to the successes and shortcomings of the interventions, while highlighting perceptions around the sustainability of activities and knowledge gained by participants to inform recommendations on continuation of activity successes over time. KIIs provided in-depth information on the interventions from varied stakeholder perspectives (e.g., IP staff, government officials, USAID staff) to understand the strengths, weaknesses, challenges, and sustainability of the interventions.

DATA COLLECTION AND SAMPLING

During the design stage, the ET developed a list of approximately 55 potential key informants in collaboration with USAID/Burma and Pact. The ET was unable to interview some planned key informants due to scheduling constraints and difficulties securing necessary permissions. In these cases, however, key informants were replaced with alternative respondents and the ET ultimately conducted 54 KIIs.

FGD villages were selected in consultation with USAID/Burma and Pact and were conducted in villages where household and village surveys were also administered. The ET conducted 23 FGDs,[8] each comprised of six to eight village members who were involved in Shae Thot activities. The Third Eye staff secured a list of 15-20 eligible respondents from the village authority and recruited participants from this list. Participants included recipients of credit and savings services (WORTH and PGMF), change agent

[8] The ET conducted 24 total FGDs but one was conducted in a comparison village and has been excluded from analysis.

committee members (health workers/educators and fund managers), members of mothers' groups, maternal and child health defenders (MCHDs), health educators, midwives and township health staff, members of VDCs, VDFs, farmers' and income generation groups, WASH members, and village water committee members.

KIIs and FGDs used semi-structured questionnaires (the KII and FGD instruments are in Annexes V and VI). All instruments were pilot tested and finalized in consultation with USAID/Burma and Pact. FGDs and KIIs were conducted in all five project regions: Kayah, Magway, Mandalay, Sagaing, and Yangon. The ET used a purposive sampling strategy to select townships and villages in each region. The final FGD village sample was determined based on implementation status (if the village was still receiving interventions or if they had been phased out) and the types of interventions present.

DATA ANALYSIS

QUANTITATIVE ANALYSIS

SI conducted quantitative cleaning and analysis using Stata software and saved all datasets and do files to ensure replicability of the data cleaning and analysis processes. Quantitative analysis included two main sources of data: household-level survey data and data from the village profile surveys, that were conducted in each village where household data were collected. The village surveys focused on community characteristics and overall perception of Shae Thot. Household surveys were also conducted at baseline and midline, while the village survey was also conducted at baseline. The ET cleaned and analyzed the endline survey data and calculated the endline values of the main quantitative indicators for Shae Thot, disaggregating the results by treatment and comparison groups. The baseline and midline raw data were obtained from the previous evaluations, and SI re-calculated all the values of the main indicators for baseline and midline, disaggregated by treatment and comparison groups. It was not possible to replicate the values presented in the baseline and mid-term report exactly, and most values differed between the baseline and mid-term report as well. For comparability, the SI team used the same definitions of the indicators and identical calculation approaches to estimate the indicator values for each wave and by treatment group using the raw data from baseline and midline, and the endline. These results are presented side by side in the findings below. The ET calculated the simple difference-in-differences (DID) estimates between the baseline and endline values. Our primary analysis focused on changes from baseline to endline, but we also examined midline-endline trends to better understand the relative rate of change during both periods. To the extent possible, we compared the results to Shae Thot targets and project data.

QUALITATIVE ANALYSIS

Throughout fieldwork, the Team Leader facilitated internal working sessions with team members to identify emerging findings and themes, develop a qualitative coding structure according to these themes, and establish preliminary findings. Following fieldwork, the ET used nVIVO software to code and analyze all KIIs and FGDs, using content and comparative analysis to identify response categories and patterns, emergent themes, and contextual factors. To the extent possible, the ET disaggregated qualitative data by sex, and activity sector (e.g., WASH) during analysis to capture differing perspectives or experiences among the groups.

TRIANGULATION

The ET triangulated quantitative and qualitative data to strengthen the reliability of findings. We developed a Findings, Conclusions, and Recommendations (FCR) matrix, systematically mapping quantitative and

qualitative data to each evaluation question, identifying conclusions based on these findings, and crafting useful recommendations. This FCR matrix (a) ensured that the ET systematically and thoroughly responded to each evaluation question, using all data sources, (b) verified initial analysis appropriately considered gender and social dimensions, (c) identified any gaps where additional clarification or analysis was necessary, (d) guaranteed that all conclusions and recommendations are supported by evidence, and (e) served as the framework for the outbrief presentation and the evaluation report.

LIMITATIONS

This section notes several challenges and limitations encountered throughout this evaluation. As referenced in the Quantitative Data Analysis section, ET's ability to conduct true DID analysis was constrained by the comparability of the treatment and comparison groups, and the validity of the parallel trends assumption. While our calculations of the differences between baseline, midline, and endline values illustrate the trends over time in the comparison and treatment areas, this DID value does not represent the causal impact of the Shae Thot program, as Shae Thot interventions were not randomly assigned, and there are many observable and unobservable differences between the treatment and comparison groups. In addition, in this case we do not have evidence that the parallel trend assumption, that stipulates that the outcomes in the control and treatment groups would have followed the same trajectory in the absence of the intervention, holds, and it likely does not, given the differences between the groups. In this case, the difference in difference estimates cannot be interpreted as program effects since it is not possible to separate the changes in outcomes that were driven by program activities from the broader trends in outcomes of interest resulting from Burma's opening and reform during the project implementation period.

Further, while this was not a panel survey, some of the households in the household survey had participated in either baseline or midline data collection. This was a random occurrence, due in part to the small size of many of the villages. Ideally, endline data should only be collected from either all or none of the households from previous data collection waves, but we did not have access to the specific household information from previous survey waves to prevent this, and all households were selected using a strictly random sampling method. Overall, nearly 90% of households had not previously been surveyed. Table 1 outlines the number of households that participated in previous rounds of data collection.

Table 1: Participation of households surveyed at endline in previous data collection waves

	Number of households	**Percent of total sample** (n=4,680)
Surveyed at baseline	156	3%
Surveyed at midline	107	2%
Surveyed at both baseline and midline	62	1%
Don't remember/don't know	211	5%
Not surveyed at baseline or midline	4,144	88%

Other challenges encountered during the data collection period stemmed from the timing of data collection and the lengthy approval processes required to access select villages or respondents. One survey team was refused access to a village because local elections were ongoing, which resulted in the total number of villages being reduced by one, from the planned 234 villages, to 233 villages surveyed. The

sampled households from this village were replaced with 20 additional surveys in a larger, similar village nearby. The full village list, including changes to the sampled villages, is available in Annex III.

The data collection period overlapped with several religious holidays and harvest season for some crops, which caused some delays and scheduling challenges. For example, many household survey respondents were only available in the evenings. This challenge was overcome by adjusting hours worked by enumerators, and only resulted in a few households being replaced due to unavailability. The ET also encountered difficulties securing the proper permissions to access certain villages, some of which limited the movements of the expatriate members of the ET. Pact provided support to facilitate permissions and access where possible, but some access issues were insurmountable without a letter of authorization certified by a departmental Minister. For example, respondents in the General Administration and Public Health Departments, as well as a Township Medical Officer in Magway, declined to be interviewed by the expatriate Team Leader without an approval letter from the appropriate ministry, which the ET was unable to secure in time. Other respondents were not particularly knowledgeable about Shae Thot. However, to ensure these perspectives were still captured, the ET tailored the KII protocol to explore more general topical issues in Burma, rather than Shae Thot interventions or outcomes.

FINDINGS

VILLAGE SAMPLE CHARACTERISTICS

At endline, quantitative household survey data and village profile data were collected from 233 villages, 173 of which were treatment villages (where Shae Thot was implemented) and 60 of which were comparison villages. The village sample was designed to replicate the sample at midline, and the final village list is presented in the Annex III. Within each village, the ET interviewed village heads (or other knowledgeable village elders), 97% of whom were male (n=227), to collect information about the village's characteristics and programming via the village profile survey. A summary of village level characteristics, disaggregated by treatment and comparison areas, is presented in Annex II.

Survey village population ranged from 70 to 7,000 (mean population: 1,019), while the number of households per village ranged from 21 to 1,345 (mean number of households: 231). The distribution of land type across both treatment and comparison villages was quite similar. The most common type of land in both was *Ya* (dry), followed by *Le* (wet). A small proportion of village land was used for *Kaing* (cultivable waste land). Phones were the most common village asset (median: 390 per village), followed by tube wells (motor pumps), powered water pumps, and tube wells (hand/treadle pumps). Although treatment and comparison groups both shared high numbers of these assets relative to the rest, the average numbers of phones and tube wells (motor pumps) in comparison villages were significantly higher than their counterparts in treated villages. Most villages in both treatment and comparison groups had, on average, fewer than two units of threshers, rice mills, ponds, shallow wells, generators, *trawlarjees* (rudimentary motorized vehicles), and repair shops.

Village survey respondents were also asked to estimate the distance between their village and places/services such as nearby towns, schools, health clinics, and markets, to gauge their accessibility to the average community member in a given village. Most villages were in close proximity (a mile away or less) to primary schools, middle schools, community buildings, and rural or sub-rural health centers. Markets were further, with the median distance to market for both treatment and comparison groups being six miles. The farthest places were the nearest towns, banks, and private clinics, each between seven and ten miles away from the majority of surveyed villages. The average treatment village was substantially further away from grain bank/seed banks and financial banks compared to the average comparison village.

Even if a village is near other places or services, accessing those services is contingent on one's ability to travel there. The majority of villages in both treatment and comparison groups (66% and 57%, respectively) reported having roads that were accessible by car or truck in all weather. In the comparison group, 30% of villages had roads that were accessible by car/truck in dry weather only, compared to 20% in the treatment group. Fewer than 5% of villages in both groups reported having only a rough track reaching all the way to the villages, or no road at all.

Electricity access was similar across treatment and comparison group. Over 60% of the villages used electricity supplied by solar home systems, 42% of sampled villages relied on electricity supplied by the government, while less than 10% of villages reported using electricity organized by villages or generated by private/commercial generator.

SHAE THOT TREATMENT

Village survey respondents in the endline sample reported that Pact was active in 88% of surveyed treatment villages, followed distantly by UN-Habitat in 24%, while MSI, CESVI, and WORTH were active in around 17%, 14%, and 7% of surveyed treatment villages, respectively. The ET compared this survey data to administrative data provided by Pact containing information on each treatment village in the country.

Table 2 and Table 3 present administrative data summaries of Shae Thot interventions across all treatment villages. The data suggest that Pact was active in 50% of Shae Thot villages. Other core consortium partners were active in fewer villages: MSI was present in 32% of all Shae Thot villages, PGMF in 29%, and UN-Habitat in 28%. The rest of the organizations followed distantly—present in under 20% of treatment villages. As Table 3 details, health interventions were present in the highest proportion of treatment villages (67%), followed by livelihood interventions (in 59% of villages) and WASH interventions (29%). Governance-related interventions, in particular VDC strengthening training by Pact, CESVI and CSPI were implemented in 18% of villages. The multi-sectoral approach meant it was possible for villages to have interventions from more than one sector at one time. While most Shae Thot program villages received interventions in only one sector (54%), 29% of treatment villages received interventions in two sectors, and 14% of treatment villages received interventions in three sectors. Very few villages received interventions in all four sectors—only 3% of treatment villages.

Shae Thot was designed for a three-year cycle of implementation in each village, after which the village would "graduate" from the program. As of October 2017, Shae Thot was present in 70% of villages, but the rate of graduations/phase-outs increased over the implementation period, with the highest proportion of phase-outs occurring in 2016. In addition to Shae Thot consortium IPs, village survey respondents in our treatment village sample reported many other organizations and programs (including government initiatives) that had worked within their villages in the previous five years; many of these organizations were also reported as operating in the comparison villages. The organizations reported as having been present in the survey villages in the last five years included the following:

- Action Aid/UNOPS/Lift Fund Project
- Amara
- Department of Rural Development
- Democratic Voice of Burma
- Fullerton
- Gardian
- House of Parliament Fund for Transport
- Kyi Lin Myitta
- Ma Mya May
- Myanmar Awba
- Proximity
- Sa Ta Pa Na
- Shwe Nalone Thar
- Soil Conservation Group
- Swan In Foundation
- United Nations Development Programme
- Alliance
- Bangsamoro Development Agency
- DTH
- UN Food and Agriculture Organization
- GRET
- Hi Ta Kar Yi
- Kaung Htet Thar
- Marga Youth Association
- Mya Sein Yaung
- Ni Kat Hmu
- SARA
- Save the Children
- Shwe Saytana
- Swan Yee
- Than Pa
- World Vision

Table 2: Distribution of implementing partners in treatment villages

Implementing Partner	Sector	Number of treatment villages (n=2,844)	Proportion of all treatment villages
Pact	MCH, WASH, Livelihoods, Governance	1414	50%
MSI	MCH	905	32%
CESVI	Livelihoods, Governance	425	15%
PGMF	Livelihoods	813	29%
UNHabitat	WASH	800	28%
CDA	MCH	70	2%
SVS	WASH	330	12%
Thirst Aid	WASH	18	1%
KMSS	WASH	15	1%
RDA	Livelihoods	25	1%
KSDA	Livelihoods	15	1%
Swanyee	Livelihoods	20	1%

Table 3: Sectoral distribution and year of phase-out, treatment villages

	Number of villages	Proportion of all treatment villages
Number of treatment villages	2844	100%
By intervention sector		
Health	1903	67%
Livelihood	1688	59%
WASH	833	29%
Active versus phased-out interventions		
Shae Thot active as of October 2017		
	1993	70%
Shae Thot intervention no longer active, by phase out year:		
Phased out in 2016	387	14%
Phased out in 2015	183	6%
Phased out in 2014	185	7%
Phased out in 2013	91	3%
Phased out in 2012	5	0%

EVALUATION QUESTION 1

To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives, and goals in targeted communities?

Some respondents judged Shae Thot's effectiveness against the immediate improvements and benefits they experienced (such as access to clean water, improved seeds and crop yields, higher incomes, mobile clinics, credit/loans at low interest rates, etc.), while others measured the value of activities that took more time before benefits could materialize, like building social networks and capacity to identify community needs and address them in the long-term, (such as unity, empowerment, commitment, participation, resilience, knowledge and skills, and self-growth). There was great diversity of responses of key informants, focus group participants and the survey respondents, in terms of how Shae Thot activities affected their lives. Various qualitative respondents together highlighted activities from each Shae Thot sector—health, WASH, livelihoods, and community strengthening as having the most impact. The endline household survey asked respondents in Shae Thot villages to assess how they perceived the difference in village conditions compared to six years ago with respect to several sectors (Table 4), and various community practices (Table 5). At endline, the majority of respondents in the treatment group perceived that village conditions related to health, WASH, food security, financial access, livelihoods, road infrastructure, education, and electricity access had improved compared to six years ago. Very few respondents reported that conditions had worsened over this period. Respondents in the comparison group reported virtually identical perceptions of changes in this time period.

Table 4: Perceived differences in village conditions by sector compared to six years ago: respondents in Shae Thot and comparison villages at endline[9]

	% of respondents perceiving a change for better/worse							
	Comparison (n=1,220)				Treatment (n=3,459)			
Sector	Worse	About the same	Somewhat better	Much better	Worse	About the same	Somewhat better	Much better
Health	2%	15%	54%	29%	1%	15%	54%	29%
WASH	0%	12%	59%	29%	0%	12%	58%	30%
Food security	3%	20%	55%	22%	3%	24%	54%	19%
Access to finance	2%	18%	58%	22%	3%	20%	58%	19%
Livelihoods	2%	21%	56%	21%	2%	23%	55%	19%
Education	0%	6%	50%	43%	1%	7%	48%	44%
Road infrastructure	1%	10%	44%	45%	2%	9%	45%	44%
Access to electricity	1%	31%	40%	27%	4%	35%	37%	25%

[9] Respondents were asked to rate changes in village conditions in each sector on a 5-point scale: "much worse", "somewhat worse", "about the same", "somewhat better" and "much better." Because so few respondents selected "much worse" or "somewhat worse" these responses were aggregated in this table.

Table 5: Perceived differences in community practices compared to six years ago: respondents in Shae Thot and comparison villages at endline

	% of respondents perceiving a change for better/worse							
	Comparison (n=1,220)				Treatment (n=3,459)			
Community practice	Worse	About the same	Somewhat better	Much better	Worse	About the same	Somewhat better	Much better
Interaction among community members	1%	26%	52%	20%	2%	26%	54%	18%
Collaboration among community members	1%	28%	52%	19%	2%	24%	54%	19%
Community unity	2%	25%	48%	25%	3%	22%	51%	24%
Representation of personal needs in community decision-making	0%	40%	46%	14%	1%	44%	43%	12%
Awareness of needs of others	0%	40%	46%	14%	1%	43%	44%	12%
Representation all groups' needs in community decision-making	0%	42%	44%	14%	1%	43%	44%	12%
Women taking leadership roles	1%	32%	47%	20%	1%	26%	53%	20%
Women's economic contribution to household income	0%	28%	49%	23%	0%	25%	51%	24%
Cross-village collaboration	1%	43%	40%	16%	1%	41%	43%	15%

PROJECT AWARENESS

In villages where Shae Thot was implemented, 53% of household survey respondents at endline had heard of Shae Thot, lower than the 73% of midline respondents in treatment villages who had heard of the program. This is likely because the Shae Thot activities had already started to be phased out at the time of endline data collection, and that in many communities some time had passed since direct community engagement. In addition, because the household survey respondents were randomly selected, not all respondents would have participated in all project activities. Conversely, 19% of respondents in non-intervention villages have ever heard of Shae Thot at endline, down from 35% at midline.

The respondents who affirmed awareness of Shae Thot were also asked which of the project activities of which they were aware. Table 6 details what proportion of respondents aware of each project activity at midline and at endline, for both the treatment and the comparison groups. In Shae Thot areas, awareness of credit provision through savings groups remained high, with one-fifth of respondents in Shae Thot villages being aware of this activity both at baseline and midline. The greatest increases from baseline to midline in awareness of activities were observed in medical advice/volunteer health worker support and credit provision from VDFs. Although a much smaller fraction of respondents in comparison areas had

heard of Shae Thot, those who did were most aware of credit provision through savings groups, as well as of mobile clinics and medical advice from volunteer health workers.

Table 6: Respondents' awareness of Shae Thot activities at midline and endline (among those aware of Shae Thot)

Activity	*Comparison*		*Treatment*			*DID*
	Midline	**Endline**	**Midline**	**Endline**	**Change**	**Midline-Endline**
Mobile clinics	0%	15%	10%	9%	-1%	-16%***
Medical advice/support from volunteer health workers	5%	16%	19%	25%	7%	-5%
Credit provision from the Village Health Development Fund Loans	2%	13%	8%	16%	8%	-4%
Service / advice from mobile clinics	4%	15%	10%	9%	-1%	-12% ***
Credit provision through microfinance	12%	9%	12%	15%	3%	6% *
Credit provision through savings group	14%	21%	21%	20%	-1%	-8% *
Micro-enterprise training	0%	2%	1%	2%	1%	0%
Training on farming techniques	0%	5%	6%	8%	3%	-2%
Training on irrigation	0%	2%	1%	3%	2%	-1%
Training on livestock management	0%	4%	4%	6%	2%	-2%
Training on sanitation and hygiene	4%	11%	13%	11%	-2%	-9% **
Training on building water and sanitation/ infrastructure	1%	4%	6%	8%	2%	-2%
Infrastructure grants for the community	2%	8%	5%	7%	2%	-3%
Establishing of VDCs	2%	2%	4%	4%	0%	0%
Other	65%	46%	39%	35%	-4%	16% ***
n	*426*	*226*	*2,515*	*1,850*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

COMMUNITY STRENGTHENING: VDCS AND SUBCOMMITTEES

A key tenet of Shae Thot's theory of change is that building the capacity of communities to determine their own development path will bolster the sustainability of their long-term development. At the center of Shae Thot's focus on community governance and institutional strengthening were the VDCs. Shae Thot established or supported existing VDCs to be inclusive, both in terms of membership and leadership, engage in participatory decision-making, and promote transparency and accountability in all aspects of community management and development. Depending on the sectoral activities in each community, Shae Thot established sub-committees (like WASH committees or Mothers Groups), that were responsible for implementing sector-specific activities. The VDC acted as a central coordinating body of these sub-

committees and was the cornerstone of the community's civil society. As of October 2017, Shae Thot had jointly formed or revived VDCs through democratic elections in 1,360 villages.[10]

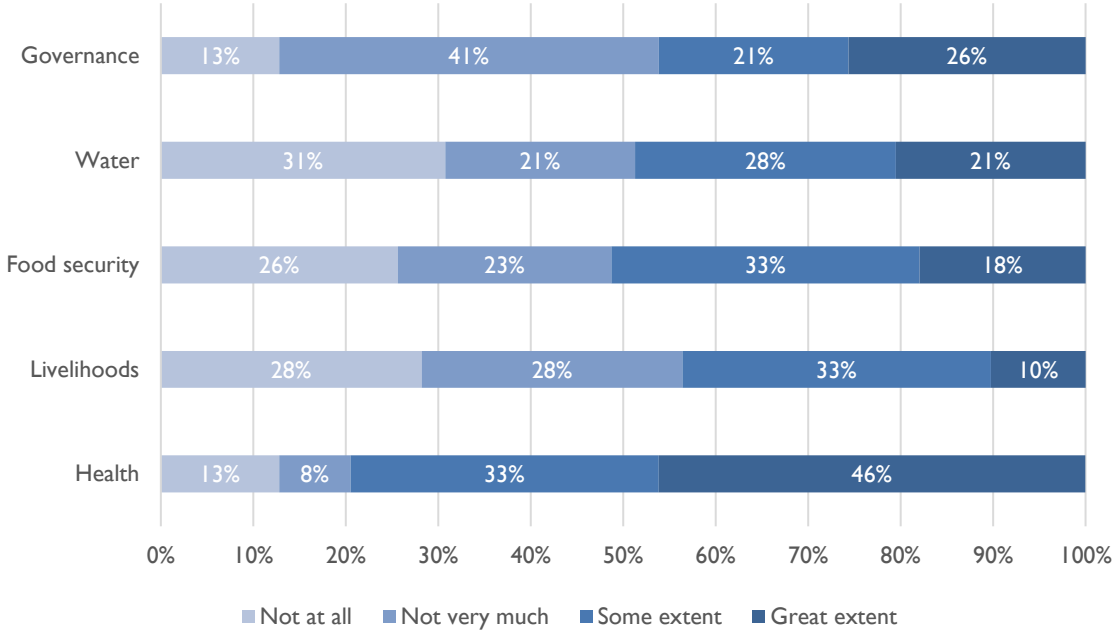
Data from village surveys further validate the central role VDCs played in supporting community development activities directly and indirectly related to Shae Thot. According to the village survey, 62% of treatment villages had a VDC in their community at the time of data collection, with mean membership of twelve members. The frequency of VDC meetings varied considerably: in the last year, 37% of villages with VDCs reported that their VDCs met less often than every two months, followed by 30% of villages reporting bimonthly meetings, and 26% reporting monthly meetings of the VDC. Six percent of respondents reported VDC meetings every two weeks or once per week.

When asked about the role and function of the VDC in their village, most village survey respondents described a collaborative body whose operations were driven by and responsive to the needs of their community. The VDCs promoted community development in a multitude of ways, including education support, electricity maintenance, microfinance, water system maintenance and water access, nutrition services, facilitating access to health clinics, and various social welfare initiatives. Although VDCs did not exclusively implement Shae Thot programming, respondents characterized VDC efforts as closely linked to Shae Thot activities and that the collaborative approach engaged stakeholders outside the village, including village tract administrators, township officials, and non-governmental organization (NGO)/donor actors. In some cases, the committee collectively assigned individual VDC members responsibilities/tasks, and these representatives then worked with the village administrator to resolve issues.

Respondents who reported that their VDC activities were related to Shae Thot interventions (36% of villages with VDCs) were asked to characterize the extent to which their VDC's activities have been influenced by Shae Thot (see Figure 1). Health programs were most significantly influenced by Shae Thot, with four fifths of treatment villages with VDCs reporting Shae Thot influencing their VDC's activities. Approximately half of village survey respondents said Shae Thot had influenced their VDC's food security activities or water activities, and 47% reported that Shae Thot had influenced their governance activities, while 43% reported Shae Thot's influence on livelihoods activities of the VDCs.

[10] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017

Figure 1: Shae Thot influence on VDC programs, reported by village survey respondents (n=39)



The village survey also asked respondents if their VDC had led other initiatives that are unrelated to Shae Thot—41% of respondents reported that their VDC had done so. Other initiatives included building schools and libraries, electrification projects, village cleaning, road construction and maintenance, funeral assistance, and social welfare groups.

EFFICACY OF COMMUNITY GROUPS

Data from the household survey shows that participation in community-based groups remained relatively unchanged between midline and endline among household survey respondents in treatment villages (Table 7). At endline, 15% of respondents participated in a community group and 4% served on a VDC. From midline to endline, participation in various groups remained virtually the same, with the exception of a small drop in participation in women's savings groups. However, women's savings groups remained the most popular community-based group: with 7% of respondents participating at endline, slight down from 9% at midline.

Table 7: Participation in VDCs and community groups among household survey respondents in Shae Thot villages, midline/endline[11]

Type of community-based group	Midline	Endline	% change
Women's savings group	9%	7%	-3%
Income generation group	5%	5%	0%
Village development committee	5%	4%	-1%
Village health development fund	4%	4%	0%
Agricultural extension network	1%	1%	0%
Mother's learning group	1%	1%	1%
Village farmers group	1%	0%	0%
Livestock extension network	1%	1%	0%
n	*3,460*	*3,459*	

At endline, 75% of household survey respondents living in treatment villages believed community-based groups delivered valuable services, a decline from 88% at midline. The full distribution of responses to this question at midline and at endline are presented in Table 8 for both treatment and comparison sites (note that this question was not asked at baseline).

Table 8: Most valuable contributions of community-based groups to the community, by wave and treatment

	Comparison		*Treatment*			*DID*
Contribution	Midline	Endline	Midline	Endline	Change	Midline-Endline
Income or livelihoods have improved	46%	41%	58%	48%	-10%	-4%
Health and hygiene has improved	28%	24%	37%	38%	0%	4%
Provide the opportunity to build skills and knowledge	18%	15%	21%	23%	2%	5% **
Delivering services that are not provided by the government	22%	10%	23%	12%	-11%	1%
Helping to implement specific projects to meet community needs	12%	8%	15%	16%	0%	4% *
Helping community members work together	13%	18%	14%	22%	8%	4%
Community water infrastructure improved	10%	8%	17%	17%	0%	2%
We communicate/share more with other communities	2%	5%	4%	7%	2%	0%
Representing the voice of people in the community	2%	4%	2%	6%	3%	1%
Other	0%	29%	0%	23%	23%	-6% ***
None of the above	5%	0%	3%	0%	-3%	2% ***
n	*1,027*	*1,220*	*3,181*	*3,459*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

[11] Baseline data were unavailable.

When asked to name the most valuable contributions that these groups made to their community, the most common answer was "improvement in income or livelihoods", with 48% of endline respondents and 53% of midline respondents in treatment villages citing this contribution. This was also the most common answer in comparison areas (39% at midline and 41% at endline). Respondents also believed these groups' most valuable contributions were related to health, agriculture, WASH, and skill-building. Households in both treatment and comparison villages valued that community-based groups "help community members work together" (22% and 18% respectively, at endline).

Qualitative interviews and FGDs echoed these outcomes and underscored the long-term relational and institutional outcomes, including the following:

- Strengthened unity and trust among community members and Shae Thot IPs
- Increased capacity in identifying community needs and solution-seeking behavior
- Improved leadership and management of funds (large VDFs in some areas)
- Increased confidence in voicing opinions, concerns and needs in the community and to local government officials
- Increased motivation and participation of community members in events including awareness raising and trainings provided by the IPs
- Faster development in villages with pilot VDCs in terms of reporting, record keeping, transparency, advocacy, and networking

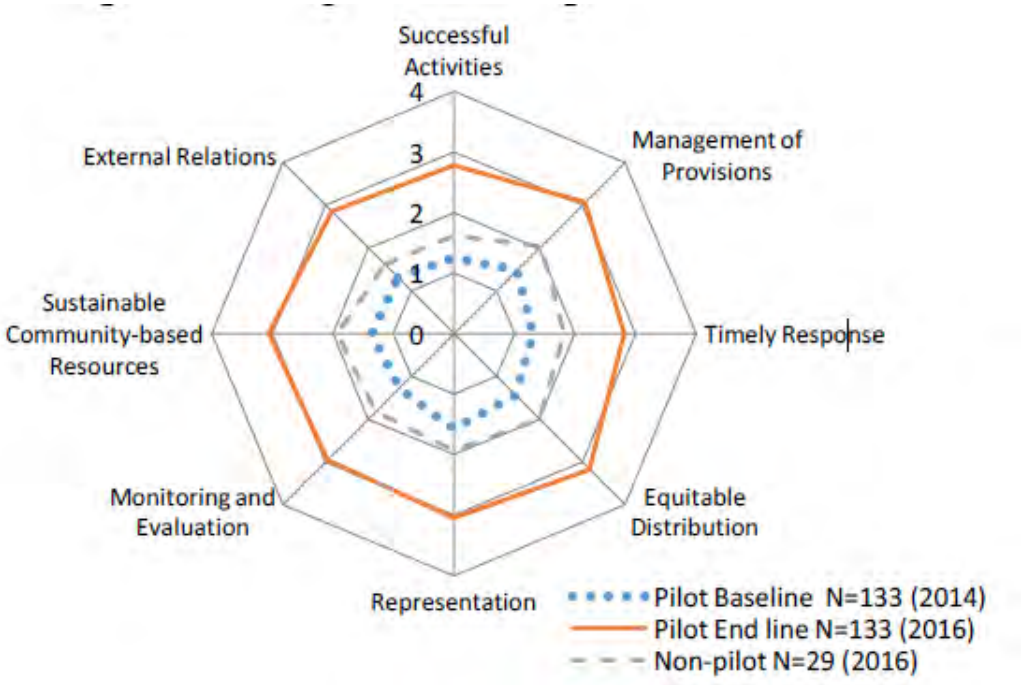
Many qualitative respondents, in particular in Kayah, also highlighted capacity building and awareness raising as crucial Shae Thot initiatives. These components were characterized as essential to the integrated approach and sustainability (discussed in greater detail under Evaluation Questions 2 and 3), given the low education and skill levels of this population, limited exposure to civil society organizations (CSOs), and traditional beliefs and practices. Knowledge generation activities were present across all sectors, from health education efforts to training in agricultural techniques. They also perceived the VDCs and VDFs as successful ingredients of an integrated approach, and as important mechanisms for knowledge sharing and mobilizing and organizing communities for village development efforts. Some key informants believed that governance structures such as the VDCs should have been the starting point of an integrated approach since they allowed for synergies in outcomes through more coherent and consistent interactions and information sharing among different sub-committees under one umbrella governance structure.

To measure how community organizational capacity changed over time, Shae Thot conducted assessments of 133 VDCs in 12 townships, which were part of a pilot for VDC strengthening. These VDCs conducted a participatory self-assessment of their performance in eight domains on the Community Organization Performance Index (COPI), which was adapted from Pact's validated Organization Performance Index tool.[12] The COPI measured VDC performance in service delivery, efficiency, relevance, and resource mobilization. Endline COPI data suggest that pilot VDCs' performance in all eight subdomains improved, with the most significant growth observed in management of provisions, equitable distribution, representation, and sustainable community-based resources (see Figure 2), demonstrating that the work

[12] Pact, Inc. "Shae Thot Baseline Report." April 2, 2013.

Shae Thot had been doing with VDCs has improved their capacity to manage community development. This means that the average pilot VDC 1) engaged the community in decision-making about the equitable allocation of resources throughout the community, 2) consistently considered the needs of various social groups within the community, 3) involved all groups in participatory planning and decision-making, and 4) identified the community's human and natural resources and was occasionally able to leverage them.[13]

Figure 2: Performance of pilot and non-pilot VDCs, baseline to endline[14]



Source: Pact, Inc. "Shae Thot Year 5, Annual Report: October 1, 2015 – September 30, 2016." October 31, 2016.

VILLAGE DEVELOPMENT FUNDS

Village development funds, or VDFs, are community-owned and managed financial institutions which provided financial resources for VDC and sub-committee activities. VDFs were originally designed to financially support health programming and were previously called Village Health and Development Funds. However, as the project and community needs evolved, the focus of the VDFs broadened and communities began using the shared funds to improve the lives of the villagers in myriad other ways. In addition to supporting community health needs, the VDF funds have also been used to support education, small scale aquaculture, private housing, community infrastructure, social welfare initiatives, and electricity. Table 9 shows how VDF funds have historically been spent over time. The shift from a primary focus on health to a holistic focus on community development exemplifies how Shae Thot activities adapted to community needs, and how communities were empowered to make decisions for themselves, manage their own funds, and sustainably support their own development needs.[15]

[13] Pact, Inc. "Shae Thot Year 5, Annual Report: October 1, 2015 – September 30, 2016." October 31, 2016.
[14] The non-pilot VDC scores are only available from 2016 and thus do not show trends over time.
[15] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017

Table 9: Distribution of VDF grants by use over time

Use of VDF Grants	2012	2015	2016
Social welfare	23%	8%	10%
Water supply	16%	5%	5%
Religious affairs	12%	11%	9%
School renovation	10%	8%	7%
Other	10%	14%	13%
Education	9%	8%	8%
Electricity	8%	19%	16%
HIV	5%	0%	N/A
Road construction	4%	6%	6%
TB	3%	2%	1%
Health Emergency	0%	4%	4%
MCH	0%	5%	7%
Nutrition	0%	10%	13%

By September 2017, Shae Thot had supported the creation of VDFs in 866 communities across eight townships.[16] Village survey data shows that 51% of the sampled treatment villages had a VDF in their community. When asked how important VDFs were to providing resources for community-based activities, 89% of respondents in treatment villages with VDFs (n=87) characterized VDFs as being very important. Village survey respondents explained that VDFs were important because they support the poor, buy goods that benefit the entire village using community funds, and provide emergency support to individuals or community institutions, including emergency health services, such as ambulance transport. VDFs also acted as a lending institution and support health, education, and infrastructure initiatives, such as those detailed in Table 9.

Since they were first established in October 2012, the total value of all Shae Thot VDFs has grown from $229,765 (raised through community contributions and matching Shae Thot grants of up to $200 per fund), to over $1 million as of September 2017, an increase of nearly 350%. These increases in value are a result of ongoing community contributions to their VDFs and to the interest community members pay on loans they take from the VDF (see Table 10). Qualitative data suggest that VDF buy-in varied across communities, and that higher rates of participation were predicated on awareness raising of VDF processes and benefits. One FGD respondent explained his opinion of why people did not participate: *"It is because of lack of knowledge. They didn't attend the meetings. So, when we went for collecting money, they didn't participate as they don't know the process of this activity."* (Sagaing, Yin Mar Bin, Zee Taw/Zee Taw (South) – Female). However, a key informant at the township level explained that witnessing the benefits of VDF loans incentivized others to participate, saying: *"it was very difficult for me to organize and for people*

[16] *Ibid.*

to even attend the meeting since they we didn't provide anything for them. But after seeing development in the community they have become motivated and attended the meetings." (Sagaing, Yinmabin – Male)

Participation in VDFs also relied on trust in the transparent management of the funds. An FGD participant active in VDC and VDF management explained:

> *"If we look into why things were slow in the past, it was that the leaders collected the funds and used them for themselves. And the people lost trust in them. Now in the modern days, we do not handle the cash and we have accountants and so groups formed. If we were to do that ourselves, people would not be involved and will not trust us."* (Magway, Seik Phyu, A Shay Kan Twin/Sin Lan Chaung – Male)

Table 10: Sources of funds for VDFs since Shae Thot inception[17]

VDF funding sources	*2012*	*2015*	*2016*	*2017*
Membership Contributions	$51,873	$250,284	$328,038	$270,676
Retained Interest on Loans Interest on Savings	$185,000	$527,108	$687,351	$698,653
Donations	$25,000	$162,174	$187,179	$205,402
Grants Disbursed Operating Expenses	$25,000	$108,858	$142,075	$142,319
Total	**$229,765**	**$808,381**	**$1,036,527**	**$1,032,413**

Qualitative data emphasized that the community unity and collaboration required to successfully run VDCs and VDFs were crucial to advance community development. Furthermore, increased transparency and accountability through capacity building and the democratic processes for selecting VDC and VDF leaders and members were key to building trust and relationships and promoting improved outcomes. Some respondents explained:

> *"For instance, we have now several funds, in addition to the Shae Thot fund, which we have to manage well. Without training it is difficult for us to manage and we don't have trust of the other village members to keep it growing."* (Magway, Seikphyu, Ah Shey Kan Twin/Sin Lan Chaung – Male)

> *"Many people in our village have now good trust in and good cooperation with our groups including the VDCs. [This is] because our funds keeping growing. Without their trust or something, how can we grow our funds? There are a lot of funds, not necessarily all related to Shae Thot but related to Shae Thot's ideas and technology transfer."* (Magway, Seikphyu, Ah Shey Kan Twin/Sin Lan Chaung – Female).

The emphasis on local ownership and community-driven development laid the foundation for the sector-specific activities (MCH, WASH, and livelihoods), the results of which are discussed in the following sections. The sections that follow discuss the results of the key indicators from quantitative survey data, analyzed alongside qualitative data, organized by sector.

[17] Quarter 4 values are presented for each year. Values for 2012 are approximate, since estimated from a graph.

MATERNAL AND CHILD HEALTH

Shae Thot's efforts to improve MCH outcomes were designed to establish a community-managed safety net for women and children. Mobile health clinics, implemented by MSI, were one intervention designed to bridge the gap between health needs and the available health services, particularly in remote areas. As of September 2017, 130,250 people had received services from Shae Thot's mobile clinics.[18] FGD data collected prior to endline showed that while villagers were accessing MCH services before the program, the arrival of the mobile clinics made access to care much easier, saving beneficiaries time and financial resources. Participants also shared that they would prefer to have the mobile clinics come to their villages more frequently.[19]

Shae Thot also trained individuals in each community to serve as "change agents," who were tasked with advocating health-seeking behaviors, supporting home diagnosis and treatment of common childhood illnesses, and facilitating access to quality health care.[20] In addition, community volunteersserved on VDC health sub-committees and their efforts were complemented by village Auxiliary Midwives and Mothers Groups. These volunteers played a central role in filling the gaps of health services, particularly early in the project. MCH volunteers fostered demand for healthcare in remote areas and facilitated relationships between midwives and communities. They also coordinated nutrition and baby weighing days within their communities, which allowed midwives to track growth records. MCH volunteers checked that mothers were receiving ANC care and helped get them access services if necessary, concentrating especially on high risk mothers. [21] Shae Thot's MCH approach centralized education, awareness raising, and community outreach, which empowered mothers and caregivers to actively advocate for and safeguard their and their children's health.

Key MCH-related quantitative findings, observed in Shae Thot treatment villages and measured by household surveys, include:

- *Women's knowledge*:
    - Five indicators were used to measure knowledge of warning signs during pregnancy, delivery, the postnatal period, and the neonatal period, rose drastically from baseline to endline, with the proportion of knowledgeable women at least doubling for every indicator. Knowledge levels remained lower in the comparison group, although similar gains were observed over the same time period, and DID estimates were close to zero and not significant.
- *Pregnancy and delivery*:
    - The proportion of pregnancies receiving proper prenatal care, defined as at least four ANC visits, doubled from baseline to endline: from 24% to 48%. Comparison group gains were slightly lower, with a DID estimate of 4% (not statistically significant).
    - Deliveries attended by skilled birth attendants rose by almost 50%: from 57% at baseline to 85% at endline. Gains were larger than in comparison group, given lower baseline values in treatment group: the DID estimator was 6%, although not statistically significant.

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[18] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017
[19] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.
[20] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017
[21] These insights were shared by an implementing partner reviewer of this report but not explored in greater detail by the evaluation.

- Use of clean delivery kits rose by 60%, with the proportion of deliveries using the kits increasing from 48% at baseline to 76% at endline, higher than the 65% in the comparison group. Gains in comparison group were lower: the DID estimator was 6%, although not statistically significant.

- *Child nutrition:*
  - The quality of children's nutrition increased steadily over time, with the average number of food groups consumed by children under five increasing 27%: from a mean of 2.4 food groups at baseline to 3.0 at endline. Although the endline value was the same for comparison areas, the baseline value was higher in those areas as well, so the change in treatment areas was higher: the DID estimate is 8%, but not statistically significant.
  - Self-reported exclusive breastfeeding for children under six months increased by almost one-third, from 53% at baseline to 81% at endline. Gains in comparison group were even greater, with the DID estimate of -5%, although not statistically significant.
- *Child health:*
  - Proportion of newborns receiving neonatal checks within one week of birth rose by nearly 20 percentage points: from 63% at baseline to 81% at endline. Although this proportion was even higher for the comparison group at endline (88%), but overall gains were lower since baseline value was much higher: the DID estimator is 6%, although not statistically significant.
  - Treatment for diarrhea increased slightly but remained extremely low: children with diarrhea treated with both oral rehydration solution (ORS) and Zinc rose from 2% at baseline to 3% at endline,[22] but the DID estimates were not statistically significant.
  - Treatment for acute respiratory infections (ARI) modestly increased, with proportion of cases that received care from a skilled health provider rising from 44% at baseline to 49%; at the same time, treatment frequency decreased in the comparison group, from 57% to 52% baseline to endline: the DID estimate was 10%, but not statistically significant.

Qualitative interviews and focus groups confirmed the following outcomes:

- Improved knowledge of MCH and nutrition
- Access to and utilization of mobile clinic services in hard-to-reach areas
- Reduced maternal and child mortality
- Improved acceptance of contraceptives among both women and men
- Increased participation in immunization events due to greater awareness

WOMEN'S KNOWLEDGE AND MATERNAL HEALTH

Women's and children's health depends on women's health-related knowledge, in areas like pregnancy, delivery, post-natal newborn care, and methods of contraception that can enable effective family planning. The household survey tested women's knowledge in these areas, and used that data to calculate five separate indicators, to estimate the proportion of women able to name:

1) At least 3 methods of modern contraception
2) At least 3 pregnancy danger signs

[22] This estimate should be interpreted with caution due to the very small number of observations in the data.

3) At least 3 delivery danger signs
4) At least 3 postnatal danger signs
5) At least 3 neonatal danger signs.

Table 11 shows these results by wave and village status. Overall, there were impressive gains in all areas of knowledge, with the proportion of knowledgeable women in each category at least doubling from baseline to endline in Shae Thot villages. The largest percentage point gain was for women able to name three methods of modern contraception, with over half of the women at endline in the knowledgeable group, compared to approximately a quarter at baseline. However, some FGD respondents expressed a lack of access to family planning services and products, due to depleted supplies or product expiration,[23] which created a barrier to implementing newly gained knowledge.

The largest percentage gain in knowledge indicators was observed in the proportion of women who were able to name at last three postnatal danger signs: 15% of women at endline could do so, compared to only 3% at midline, a five-fold increase. For each of the five women's knowledge indicators the fraction of knowledgeable women was higher in Shae Thot treatment villages at endline than in comparison villages, although it is important to note that the baseline levels in treatment villages were also higher, so the DID estimate was close to zero in each case.

A healthy pregnancy is the foundation for a child's postnatal health and later in life. While one important factor in ensuring healthier pregnancies is women's knowledge of signs of both a healthy pregnancy and child, it is also vital for maternal and fetal health that women receive effective healthcare during their pregnancy. Our household survey measured women's health care utilization during pregnancy and one important indicator was which proportion of pregnant women received at least four ANC visits during the course of their pregnancy. As part of the Shae Thot intervention, community volunteers tracked pregnant women and encouraged them to access recommended minimum care, contributing to an impressive increase in this indicator (see Table 11). From baseline to endline, the proportion of women reporting four ANC visits during their last pregnancy in Shae Thot intervention villages doubled, from 24% to 48%. A slightly smaller increase in this proportion was observed in comparison areas, and the DID estimate is 4% and statistically significant. Despite the impressive gains, the endline values remained lower than the 2015-2016 national value, when 59% of Burmese women were found to receive four ANC visits.[24]

[23] According to a reviewer of this report, some gaps in the supply of drug commodities resulted from international procurement delays.
[24] Ministry of Health and Sports (MoHS) and ICF. 2017. *Myanmar Demographic and Health Survey 2015-16.* Nay Pyi Taw, Myanmar, and Rockville, Maryland USA: Ministry of Health and Sports and ICF.

Table 11: Women's knowledge and maternal health indicators, by wave and treatment

	Comparison			*Treatment*				*DID*
	Baseline	Midline	Endline	Baseline	Midline	Endline	Change: EL-BL	Baseline-Endline
Women's knowledge								
% of women able to name 3 methods of modern contraception	21%	37%	48%	26%	43%	52%	26%	-1%
% of women able to name 3 pregnancy danger signs	6%	21%	25%	9%	28%	28%	18%	-1%
% of women able to name 3 delivery danger signs	4%	14%	19%	7%	20%	21%	13%	-1% *
% of women able to name 3 postnatal danger signs	2%	9%	12%	3%	16%	15%	12%	2% *
% of women able to name 3 neonatal danger signs	6%	26%	28%	13%	32%	34%	21%	-1%
n	*1,220*	*994*	*934*	*2,548*	*2,934*	*2,658*		
Pregnancy and delivery								
% of pregnancies with 4 ANC visits	26%	46%	46%	24%	34%	48%	24%	4% *
% of deliveries with skilled birth attendants	65%	74%	87%	57%	73%	85%	28%	6%
% of deliveries using clean delivery kits	43%	71%	65%	48%	81%	76%	28%	6%
n	*125*	*91*	*65*	*318*	*293*	*230*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

CHILDBIRTH AND POST-NATAL CARE

The participation of a skilled birth attendant at delivery and clean delivery kits increase the chance that both mother and child will survive labor and delivery. In 2014, the leading cause of maternal death was postpartum hemorrhage, which, is less likely to be fatal when in the presence of a skilled professional.[25] Furthermore, a quarter of the neonatal deaths in Burma in 2015 were caused by birth complications which also are more likely to be prevented or addressed when giving birth with a skilled attendant.[26] The household survey asked mothers about their birth experiences, and this data was used to calculate which proportion of deliveries were attended by skilled providers (defined, following the methods used at baseline, to include doctor, nurse, midwife, and Lady Health Visitors). This indicator is presented in Table 11. While fewer deliveries in treatment villages were attended by skilled providers than in comparison

[25] Say L, Chou D, Gemmill A, Tuncalpo O, Moller A -B., and others. 2014. "Global Causes of Maternal Death: A WHO Systematic Analysis." The Lancet Global Health 2 (6): e323–33.
[26] World Health Organization, 2016. WHO-MCEE estimates for child causes of death 2000-2015.

villages at baseline (57% versus 65%), by endline, 85% of deliveries in Shae Thot villages were attended by skilled providers, with a DID estimate of 6% (not statistically significant). Despite these notable gains, some qualitative respondents reported insufficient numbers of midwives or other skilled birth attendants, which was considered an important barrier to improving sustainable MCH outcomes. According to the Deputy Director of Maternal and Child Health, midwives were responsible for as many as 10 villages. Qualitative data also revealed that traditional beliefs created barriers to using midwives/skilled birth attendants, and the expense of traveling to a hospital had prohibited them from going there in the past. A township officer explained:

> *"They used some traditional way of giving birth such as with the assistance of non-educated village midwives; we are pushing hard not to do that; but they don't listen. … Many don't seek professional medical advice, which puts them at risk. Sometimes we are very frustrated with this situation, because women patients come here when time is running out for them. … Many women patients are not just complying with our professional guidance but also, they're very poor. If we refer them to Magway hospital, they cry, and ask us not to refer them there to Magway because they couldn't afford to go there."* (Magway, Magway – Female)

Shae Thot community volunteers distributed clean delivery kits and advocated for their use, and the household survey measured the proportion of home deliveries using these kits. At endline, 76% of home deliveries used clean delivery kits in Shae Thot areas, up from 48% at baseline (Table 11). While this represents a slight decrease from midline (at which time 81% of home deliveries utilized clean delivery kits), this is in line with the phase out of project activities in intervention areas. The gains in comparison sites were lower, with 65% of home deliveries using a clean delivery kit, for a DID estimate of 6% (not statistically significant).

CHILD NUTRITION AND CHILD HEALTH

Neonatal care improved in project areas, with 81% of newborns in Shae Thot villages surveyed receiving neonatal checks from a skilled health provider within one week of birth, up from 63% baseline (Table 12). This represented a substantial gain but did not quite catch up with the comparison group: 88% of newborns in comparison areas received neonatal care at endline, up from a higher baseline value of 75%. The DID estimate was 6%, but not statistically significant, suggesting that trends in both areas were similar. Overall, more women and children were receiving appropriate care during pregnancy, delivery, and the postnatal period in project and comparison sites at endline.

To safeguard newborns' health, the World Health Organization (WHO) recommends exclusive breastfeeding (no food or liquids other than breast milk) for the first six months of life as the optimal way of feeding infants.[27] Household survey respondents were asked about breastfeeding practices for children under 6 months of age. As at baseline, exclusive breastfeeding through six months of age was calculated according to standard procedures (e.g., Demographic and Health Surveys) using a 24-hour food diary. Exclusive breastfeeding is defined for children in the age range of 0-5.9 months who did not have any solids or any liquids other than breast milk in the 24 hours prior to the survey. This recent behavior is used to proxy consistent behavior. Unfortunately, a survey coding error rendered these food diary data missing at midline. To create a comparable indicator across all waves, the ET used additional variables available

[27] "Exclusive Breastfeeding." WHO, *World Health Organization.*

across all three data collection phases to provide an alternative measure of the indicator that identifies exclusively breastfed children 0-6 months as those who are a) presently breastfed, b) received nothing but breastmilk in the first three days of life, and c) for whom mothers reported never giving food or liquid other than breastmilk. It should be noted that what is reported for these variables often does not match the 24-hour food diary results and should be considered with skepticism.

At baseline, 53% of mothers in Shae Thot areas reported exclusively breastfeeding their infants, which was already higher than the national average of 51%,[28] with 46% of mothers in comparison areas reported exclusive breastfeeding at baseline (Table 12). This proportion increased drastically in both areas by endline, with 81% of mothers reporting exclusive breastfeeding in intervention villages and 79% in comparison villages, although the gains in the comparison villages were more impressive, for a DID estimate of -5% (not statistically significant).

Table 12: Child nutrition and child health indicators, by wave and treatment

	Comparison			***Treatment***				***DID***
	Baseline	Midline	Endline	Baseline	Midline	Endline	% change: EL-BL	Baseline-Endline
Child health								
% of newborns receiving neonatal checks from skilled health provider within 1 week after birth	75%	82%	88%	63%	76%	81%	19%	6%
n	*142*	*139*	*173*	*365*	*456*	*544*		
% of children with diarrhea treated with ORS and Zinc	0%	6%	0%	2%	9%	3%	1%	1%
n	*31*	*18*	*12*	*61*	*74*	*34*		
% of ARI cases that received care from a skilled health provider	57%	48%	52%	44%	41%	49%	5%	10%
n	*7*	*33*	*61*	*43*	*127*	*136*		
Child nutrition								
Average number of food groups consumed by children under 5	2.43	2.89	2.99	2.35	2.93	2.99	27%	8%
n	*368*	*293*	*394*	*835*	*966*	*1201*		
% of children under six months exclusively breastfed	46%	70%	79%	53%	69%	81%	28%	-5%
n	*39*	*44*	*39*	*107*	*116*	*149*		

To better understand child nutrition including slightly older children, up to the age of five, respondents were asked about the food given to their youngest child (under age five) in the previous 24 hours. This data was used to calculate an indicator of dietary diversity: the average number of food groups consumed,

[28] Ministry of Health and Sports (MoHS) and ICF. 2017. *Myanmar Demographic and Health Survey 2015-16.* Nay Pyi Taw, Myanmar, and Rockville, Maryland USA: Ministry of Health and Sports and ICF.

calculated by transforming the type of food into seven food groups. Food group consumption was calculated according to WHO/UNICEF infant and young child feeding (IYCF) standards and included up to seven healthy food group categories: a) grains, roots and tubers; b) legumes and nuts; c) dairy products (milk, yogurt, cheese); d) flesh foods (meat, fish, poultry and liver/organ meats); e) eggs; f) vitamin-A rich fruits and vegetables; and g) other fruits and vegetables. Consumption of fatty, salty, or sugary snacks, soups, or beverages did not count toward food groups consumed.[29] The minimum acceptable nutritional score is four food groups. Table 12 shows the indicator values by wave and treatment group. At baseline, children under five residing in Shae Thot villages were consuming 2.4 food groups on average, which increased to three food groups by endline. A slightly lower increase was observed in comparison villages, since dietary diversity estimates in those areas were higher at baseline, for a DID estimate of 8% (not statistically significant).

An FGD respondent from a Shae Thot village illustrated how a shift in attitudes brought on by Shae Thot programming had contributed to the positive changes, as mothers have become more knowledgeable about child nutrition and health: "*'The mothers now compete each month on how much their child has gained weight. They have come to know the consequences of children's health issues more than before.'* (Magway, Yenangyaung, Kan Gyi/Hpan Khar San – Female).

Shae Thot also addressed other aspects of child health, including improving treatment of diarrhea and ARIs (see Table 12). Diarrhea is the second leading cause of death of children under five in Burma, surpassed only by pneumonia (see discussion of ARI below).[30] Diarrhea contributes to poor nutrition and is especially risky for young children who can become easily dehydrated and fail to absorb nutrients during diarrhea episodes. A large part of Shae Thot's diarrhea intervention focused on case tracking and treatment, so an increase in awareness and reporting of diarrhea cases is expected, but high diarrhea incidence remains a problem in program villages.[31] Best practice treatment of diarrhea was defined as treatment with both ORS and zinc, and improved only slightly during the program, peaking at midline, when this intervention was present in the largest number of Shae Thot villages. The proportion of children in Shae Thot villages surveyed who were reported to have had diarrhea in the previous two weeks and were treated with both ORS and zinc rose from 2% at baseline to 9% at midline, but then dropped to almost baseline level again by endline: to only 3%. A similar pattern was observed for comparison villages, with a peak at 6% at midline, but with no households reporting ORS and Zinc treatment at baseline and endline. There was no statistically significant difference observed between the treatment and comparison groups.

Another health problem faced by children in these areas is ARI, which are the leading cause of death in Burmese children one month to five years of age. Approximately 28% of child deaths in 2015 were caused by one type of ARI: pneumonia.[32] Prognosis for sick children improves if they receive qualified care, so

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[29] World Health Organization (2010) *Indicators for assessing infant and young child feeding practices part 3: country profiles*. Geneva, Switzerland.

[30] It is estimated that 14.3% of deaths of children aged 1 month to 5 years is caused by diarrhea. (World Health Organization, 2016. WHO-MCEE estimates for child causes of death 2000-2015.)

[31] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.

[32] World Health Organization, 2016. WHO-MCEE estimates for child causes of death 2000-2015.

the evaluation calculated an indicator for proportion of children with ARI symptoms receiving skilled care (defined as having seen a doctor, nurse, midwife, or Lady Health Visitor).[33] The proportion of ARI cases in treatment villages that were treated by a skilled health provider increased from 44% at baseline to 49% at endline; in contrast, this proportion dropped from 57% at baseline to 52% at endline in comparison areas, for a DID of estimate of 10%, although this difference was not significant.

WATER, SANITATION, AND HYGIENE

Access to personal water, sanitation, and hygiene (WASH) is a critical component to improving public health in less developed areas. Shae Thot improved access to clean water and latrines and promoted community-led hygiene through UN-Habitat's "people's process" and Pact's WASH Promoters. All UN-Habitat WASH activities originated from a Community Action Planning (CAP) process and then were implemented through Water Committees. At the same time, Pact's WASH promoters focused on hygiene education and latrine construction. The program had reached 635,776 people through clean water interventions and 271,519 through latrine construction as of September 2017.[34]

Key quantitative WASH outcomes include:

- *Access to safe water improved*
    - Access to clean water for domestic uses increased by over 10 percentage points from baseline to endline: from 75% to 86%.
    - Access to clean drinking water up from 80% at baseline to 85% at endline.
    - Changes in safe water access almost identical in comparison areas.
    - Median time spent collecting water decreased from 30 minutes to 0 minutes in rainy season, 45 minutes to 0 minutes in dry season; a larger gain than in comparison areas, for a DID estimate of -15%.
- *Sanitation and hygiene behaviors improved dramatically*
    - % of households with sanitary latrines up from 66% at baseline to 72% at endline.
    - % of households without toilets/practicing open defecation down from 14% at baseline to 9% at endline, with an even more impressive drop in comparison areas, for a statistically significant DID estimate of 3%.
    - % of households with handwashing stations with soap up from 73% at baseline to 94% at endline, similar gains as in the comparison areas, with a DID estimate of 2% (not statistically significant).
    - % of households regularly washing hands improved drastically, with greatest gains in handwashing after defecation, up from 66% at baseline to 88% at endline.

Qualitative interviews and focus groups confirmed the following project outcomes:

- Improved access to potable water and capacity building in accessing drinking water from wells
- Improved awareness of hygiene and related health benefits
- Improved access to covered and fly-proof toilets

[33] Differenceremove es from data reported in the baseline and midline reports are due to baseline and midline coding that was not aligned with the stated baseline definition of skilled care.
[34] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017

ACCESS TO WATER

The household survey also assessed households' access to improved water sources. A drinking water source was classified as improved according to the WHO/UNICEF Joint Monitoring Programme (JMP) guidelines to include piped drinking water supply on premises; public tap/standpost; tube well/borehole; protected dug well; protected spring; rainwater; and bottled water.[35] Table 13 shows the results for indicators related to water, as well as sanitation (discussed below).

Access to clean water for domestic uses increased by over 10 percentage points in the Shae Thot villages from baseline to endline: from 75% to 86%. There was also an improvement in access to clean drinking water, although it was more tempered: from 80% at baseline to 85% at endline. Comparable increases in access to water were observed in comparison areas, with the DID estimate equal to zero for both indicators. These results are slightly better than national data, as approximately 80% of Burmese households reported using an improved source of drinking water in 2016.[36]

Table 13: Water and sanitation outcome indicators, by wave and treatment

	Comparison			***Treatment***				***DID***
	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
Water								
% of households with access to safe water sources (drinking water)	80%	88%	86%	80%	84%	85%	6%	0%
% of households with access to safe water sources (domestic water)	79%	88%	90%	75%	81%	86%	11%	0%
Sanitation								
% of households with handwashing stations with soap	75%	88%	93%	73%	88%	94%	20%	2%
% of households with sanitary latrines	63%	75%	71%	66%	72%	72%	6%	-2%
% of households reporting not having a toilet/open defecation	17%	8%	9%	14%	10%	9%	-5%	3% *
n	*1,400*	*1,220*	*1,220*	*3,000*	*3,460*	*3,459*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

Improved access to water also reduces the time burden of collecting water, and increases time available for other activities, including income-generating pursuits and education, and thus positively contributes to

[35] One reason for discrepancies between our results and those presented in Shae Thot baseline and midline reports is that the previous reports did not include rainwater as a protected source. This change was made to endline analysis in accordance with JMP guidelines and resulted in updated data across all data rounds. https://washdata.org/monitoring/drinking-water

[36] Progress on Drinking Water, Sanitation, and Hygiene: 2017 Update and SDG Baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017. Licence: CC BY-NC-SA 3.0 IGO.

improving livelihoods. The household survey assessed the average (median) time households spent collecting water in both dry and wet season. These results are presented in Table 14, and show impressive improvement over time. At baseline, the median duration of time spent collecting water in the rainy season was 30 minutes, and in the dry season 45 minutes. This dropped to zero minutes in both seasons at endline as a result of increased access to water sources in the village. A similar trend was observed in comparison sites from baseline to endline, although the average time to collect water was much lower at baseline in comparison areas – 30 minutes at the median. The DID estimate corroborates this, equaling -15 for the dry season, showing that the decrease in the median time to collect water was more pronounced in treatment areas. Qualitative data also support this finding, with several FGD respondents from Shae Thot villages reporting that the opportunity costs of fetching and carrying water to homes and farms have been greatly reduced in the past years, and that people have more time to dedicate to livelihood activities as a result.

Table 14: Median time per day to collect water (minutes), by wave and treatment

	Control			***Treatment***				***DID***
Season	Baseline	Midline	Endline	Baseline	Midline	Endline	% change EL-BL	Baseline-Endline
Rainy	29	10	0	30	10.3	0	-100%	-1.4 **
Dry	30	10	0	45	15	0	-100%	-15
n	*964*	*1,220*	*1,182*	*2,391*	*3,460*	*3,354*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

SANITATION AND HYGIENE

Improved access to safe water, combined with hygienic sanitation and appropriate water management can have a profound effect on public health, including decreasing the risks of water-borne infectious diseases. Appropriate disposal of human waste is an imperative component of preventing the transmission of disease. Shae Thot sanitation activities focused on the construction of fly-proof latrines. In the UN-Habitat model, trained carpenters initially constructed the superstructures, and the household completed the remainder. In the Pact model, latrines were constructed by community members with support from community volunteers, often with financial support from the VDF. One midline FGD participant discussed that Shae Thot supports building of latrines with materials but requires a contribution of labor by the villagers, stating that the project "just gives the necessary things to build it and then we have to build it ourselves." This was an intentional part of the project design, based on the assumption that requiring community members to participate in latrine construction increases the chances that the community will feel greater ownership and will be more likely to use and maintain the latrines in the longer-term.

Of the households surveyed in Shae Thot villages at endline, 72% of households had access to improved latrines, versus 66% that had improved latrines at baseline (Table 13). There was a similar increase in comparison areas, from 63% to 71%. The increase in latrine availability was accompanied by a decrease in the proportion of surveyed households not having latrines and practicing open defecation, which dropped from 14% at baseline to 9% at endline in Shae Thot villages. Slightly larger gains were observed in comparison villages: from 17% at baseline to 9% at endline, resulting in a positive and statistically significant DID estimate of 3%. One FGD participant at midline estimated that outdoor defecation had decreased by

around 25% in their village and suggested that diarrhea among children decreased as a result stating: "*Yes, its rate is decreasing. Fewer children are suffering from diarrhea"* (midline FGD respondent in Myingyan).[37]

Another endline FGD respondent from a Shae Thot village explained one unintended social benefit of the latrines:

> *'[Now that we have built latrines], we feel like our social status has gone up a little, as we used to go to the fields and woods to go toilet. Now we have proper latrines and have become modernized.'*
> (Magway, Seikphyu, Koe Taunt/Koe Taunt – Male)

The VDCs has also played an important role in improving sanitation in villages. One example from the midline evaluation is a village that had independently decided to hold three communal cleaning sessions, on its own initiative with the VDC activity, without any guidance or direction from Shae Thot.[38]

Hygiene education is the final WASH component of the project and included the importance of handwashing as a necessary practice to maintain hygiene. A necessary condition to washing hands is the presence of soap at a handwashing station. The household survey enumerators checked for the presence of soap at the time of each survey, and results for this indicator are shown in Table 15. The proportion of households in Shae Thot villages that had a handwashing station with soap increased dramatically, from 73% at baseline to 94% at endline. Similar gains were observed in comparison villages, and the DID estimate was 2% (not statistically significant).

Table 15 shows the incidence of handwashing, disaggregated by activity after which hands should be washed. All of these are key behaviors for preventing water-borne and fecal-oral transmitted diseases. Large positive gains were observed in the proportion of households reporting usually washing their hands after each activity. The greatest gain was in the proportion of households reporting washing their hands after defecation: 88% of respondents in Shae Thot villages at endline, up from only 66% at baseline. Three times as many respondents reported washing their hands before preparing meals as at baseline – 30% at endline versus 15% at baseline. Other large gains were observed in handwashing after work, which rose 15 percentage points, and after cleaning baby's bottom, an increase of 9 percentage points. Although the incidence of most hand-washing practices increased at similar rates in comparison areas, the rate of handwashing after work in Shae Thot areas improved much more than in comparison areas, with 52% of households reporting washing hands after work at endline in Shae Thot areas, compared to 37% at baseline, for a highly statistically significant DID estimate of 9%.

[37] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.
[38] *Ibid.*

Table 15: Handwashing practices reported by HHs, by wave and treatment

Activity	*Comparison*			*Treatment*				*DID*
	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
After defecation	67%	89%	90%	66%	85%	88%	22%	-1%
Before preparing meals	14%	20%	30%	15%	20%	30%	14%	-2%
Before feeding a child	10%	13%	16%	10%	14%	16%	6%	0%
Before eating	88%	91%	93%	92%	92%	92%	1%	-4% ***
After eating	86%	88%	90%	88%	89%	91%	3%	0%
After cleaning baby's bottom	7%	13%	17%	8%	15%	17%	9%	-1%
After work	43%	43%	49%	37%	48%	52%	15%	9% ***
After handling animals	10%	20%	16%	9%	21%	18%	10%	3% *
n	*1,400*	*1,220*	*1,220*	*3,000*	*3,460*	*3,459*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

LIVELIHOODS AND FOOD SECURITY

Shae Thot aimed to address livelihoods, as well as food security in two ways. The first was through agricultural outreach, aiming to increase crop yield for farmers through sustainable and locally appropriate improved inputs, and through home gardening and livestock programs for landless households. The second was by improving access to credit, through WORTH savings groups or PGMF's microfinance service.[39] Access to credit is essential for improving households' access to agricultural inputs and labor and enabling households to begin or expand businesses to generate additional income sources. Together, improved agricultural practices and access to credit can help households to improve income and productivity, becoming more resilient.

Key quantitative results in livelihoods indicators in Shae Thot areas include:

- *Substantially larger proportion of farmers are using pesticides and most types of fertilizer*
  - Pesticide use was up from 74% at baseline to 88% at endline; in comparison group up from 65% to 83%.
  - Organic and natural fertilizer use on crops increased from 25% to 50%; improvement in comparison group more modest, for DID estimated at 5% (not statistically significant).
  - Chemical fertilizer use on crops up from 15% at baseline to 66% at endline; comparison group almost identical for DID close to zero.
  - Mixed organic and chemical fertilizer use on crops down from 69% at baseline to 46% at endline, but the decrease in use was even more pronounced in comparison areas, for a DID estimate of 3% (not statistically significant).
- *Crop yields were up for all commonly grown crops*
  - Yields for dry season grew more substantially than those in wet season.

[39] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.

    - Yield gains were especially pronounced for chickpeas (106% increase in dry season and 51% in wet season compared to baseline); however even larger gains in chickpea yield were observed for comparison group, although the differences in rates of growth were not statistically significant.
- *Food security improved dramatically*
    - Food scarcity was substantially lower in each of the calendar months, and the gains in food security were significantly greater in each of the first six months of the year compared to the comparison group.
    - % of households reporting food was scarce in April/May and July/August dropped from17%-19% at baseline to 2-6% at endline. Food security also improved in comparison villages, but these areas had much lower rates of monthly food insecurity in March-April at baseline.
    - % of households utilizing loans for food purchases remained stable at 61%, but rose from 49% to 57% in comparison areas, for a statistically significant DID estimate of -8%.
- *Borrowing practices changed drastically, as households borrowed less from money lenders and borrowed for different purposes*
    - Decreased reliance on commercial money lenders from 40% at baseline to 8% at endline, although the change was even greater in the comparison villages, with a statistically significant DID estimate of 5%.
    - More loans were taken from government, micro-credit providers and farmer's associations/cooperatives. The changes in the comparison group were even more pronounced, with a significantly larger growth in credit from microcredit providers and government.
    - Demand for loans increased most substantially for purchase of agricultural goods, business investment, social affairs, and purchase of animals and medicine for animals. There were significant differences in the growth of loans taken out within the comparison group related to food purchase, health emergencies, and repayment of other loans.
- *Income sources changed, and overall incomes rose*
    - Agriculture as main source of income dropped from 56% at baseline to 46% by endline.
    - Livestock and poultry breeding increased, with 15% of households reporting it as main source of income compared to 7% at baseline.
    - Fewer households had secondary income sources at endline: 41% from 47% at baseline, a statistically significant difference from the comparison group with a DID estimate of 6%.
    - While incomes rose, gains were tempered by inflation, and similar changes were observed in comparison group.
- *Respondents' self-assessed economic well-being rose drastically*
    - 26% reported improved food security at endline, up from 10% at baseline.
    - 27% reported improved economic wellbeing at endline, up from 16% at baseline.
    - 39% reported improved employment opportunities at baseline, up from 14% baseline.
    - Gains were similar in comparison areas and DID estimates were very small or negative, and none were statistically significant.

Qualitative interviews and focus groups confirmed the following outcomes:

- Contribution of microfinance activities, in particular, WORTH, to income generation and women's empowerment

- Improved food security and livelihoods due to seed banks, and technical training in agriculture including demonstration plots
- Improved food security and access to nutritious food through gardening activities (especially for the landless)
- Improved livelihood through livestock activities (especially for the landless and the very poor)

AGRICULTURE

CESVI was the Shae Thot consortium partner responsible for supporting agricultural and livestock efforts. Similar to the health and WASH models within Shae Thot, the agriculture intervention identified community volunteers: key farmers and livestock extension workers, to receive technical training and mentoring. These community volunteers then became advocates within their communities to cascade training and encourage use of locally appropriate, sustainable agriculture practices, including use of fertilizers and organic pesticides.[40] These volunteers also made decisions about the most appropriate types of inputs based on demonstration plots, in which farmers directly compare the cost and crop yields of different methods. As of June 2017, Shae Thot had trained 63,053 farmers.[41]

Table 16: Use of pesticides and fertilizers reported by HHs, by wave and treatment

Indicator	*Comparison*			*Treatment*				*DID*
	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
% of farmers using pesticides	65%	75%	83%	74%	87%	88%	15%	-3%
% of farmers using organic and natural fertilizer on crops	31%	74%	51%	25%	68%	50%	25%	5%
% of farmers using chemical fertilizer on crops	14%	60%	65%	15%	61%	66%	51%	-1%
% of farmers using mixed organic and chemical fertilizers on crops	67%	32%	41%	69%	38%	46%	-23%	3%
n	*799*	*639*	*varies*	*1,707*	*1,920*	*varies*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

Household survey data shows impressive improvements in indicators related to most agriculture inputs (Table 16). The use of pesticides and fertilizers, both organic and chemical, has increased since baseline. In Shae Thot villages, half of surveyed farmers now use organic and natural fertilizers (up from a quarter at baseline), a practice that can improve long-term agricultural and environmental sustainability. Sixty-six percent of farmers in Shae Thot villages reported using chemical fertilizer (up from 15% at baseline) – mirroring the proportions in comparison villages almost exactly. Though use of both chemical and organic fertilizers has risen, the practice of mixing the two has dropped: from 69% to 46% in Shae Thot villages. The proportion of farmers who report using pesticides increased to 88% percent in Shae Thot villages by endline, up from 74% at baseline. The difference in difference suggest that the changes in treatment villages

[40] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.
[41] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017

were positive for proportion of farmers using mixed fertilizer and organic/natural fertilizer, when compared to comparison villages, with DID estimates of 3 and 5%, respectively, but not statistically significant.

The increased application of improved inputs has served to help drastically increase crop yields. Table 17 shows the yields for the most commonly grown crops targeted, the greatest by Shae Thot's agriculture interventions, all of which have increased in yield since baseline in Shae Thot villages. The largest gains were observed in chickpea and green gram yields: in the dry season up by 106% and 64% respectively, while rice paddy and groundnuts yield increased by 30% and 36% respectively. In the wet season yield, gains were observed for chickpeas and rice paddies, up by 51% and 37%, respectively. The gains in yield for rice paddies in the dry season were different in treatment areas compared to the non-program villages, with a DID estimate of 14.5, although this difference was not statistically significant. On average, it appeared that the intervention villages experienced more pronounced changes in crop yield when compared to comparison villages in the dry season than in the wet season.

Table 17: Crop yields for commonly grown crops, by wave and treatment

	Comparison			***Treatment***			***DID***
	Baseline	Endline	Dif.	Baseline	Endline	Dif.	EL-BL
Dry Season							
Rice paddy	51.8	52.8	2%	51.8	67.3	30%	14.5
Green gram	8.5	12.3	45%	6.1	10	64%	0.1
Chickpeas	11.5	75.4	556%	8.7	17.9	106%	-54.7
Groundnuts	26.5	37	40%	30.6	41.7	36%	0.6
Sesame	6.2	7.6	23%	5.1	6.3	24%	-0.2
Wet Season							
Rice paddy	35.8	45.9	28%	43.1	59.2	37%	6.0
Green gram	7.9	5.8	-27%	8.4	8.9	6%	2.6
Chickpeas	5.7	18.1	218%	9.1	13.7	51%	-7.8
Groundnuts	19.6	37.6	92%	27.5	30.1	9%	-15.4 ***
Sesame	4.9	5.3	8%	6	6.6	10%	0.2

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

Qualitative data provided further insights into the challenges faced by farmers in program regions. Some respondents described negative impacts on livelihood income including a lack of access to markets to sell crops (due to absence of transportation and/or inaccessible roads) and price instability. Even if agricultural production grows, if farmers cannot sell their crops at market value prices, they will not be able to realize commensurate gains in income of increased production. One endline respondent explained that since most of the farmers in Shae Thot villages have small landholdings, to sell their products in market they would need to combine the production of the village to overcome the barriers of selling in the market.

Despite these challenges, qualitative respondents reported several noteworthy benefits of Shat Thot programming:

- Improved access to potable water and water for gardening and agriculture;
- improved food security and access to nutritious food (i.e., vegetables) from gardening;
- Improved livelihood through improved crop yields through use of better agricultural techniques and access to new and quality seed.

FOOD SECURITY

The rising crop yields also contribute to reducing food scarcity. Food security continued to improve over time, rising steadily from baseline, to midline, and through to endline. Table 18 presents the food security indicators by wave and treatment. The proportion of respondents reporting that their household food security is "good" or "somewhat good" compared to the previous year increased steadily in both treatment and comparison areas: a quarter of the households at endline, compared to about a tenth at baseline. Respondents were also asked about whether food was scarce in each of the calendar months. Food scarcity was very substantially lower in each of the months in both the treatment and comparison areas, although the rate at which food security was increasing was significantly higher in treatment areas in each of the first six calendar months compared to the comparison areas. The months with the highest rates of food scarcity at baseline were April – May and July – August, with 17 to 19% of households in the intervention areas reporting food scarcity in these months. By endline, food scarcity in April – May dropped to 3% and 2%, respectively, and to 5 to 6% in July and August. Food security also improved in comparison villages, but these areas had much lower rates of monthly food insecurity in March-April. It is important to note that major gains in food security as reported on a monthly basis were observed from midline to endline, as food security had even slightly worsened in July and August at midline in treatment villages, when compared to baseline. This may have been due to short-term weather variations, changes in environmental conditions affecting local agriculture, and/or related to the floods post-2015 and subsequent losses of grains in the Dry Zone. The project interventions around the time of the midline may have been essential in preventing further dips in food security but were insufficient to completely compensate for food shortages due to extreme environmental conditions.[42]

[42] TNS. "Midterm Program Evaluation of Shae Thot - The Way Forward." May 29, 2015.

Table 18: Food security and scarcity by month, reported by surveyed HHs, by wave and treatment

	Comparison			*Treatment*				*DID*
Indicator	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
% of respondents saying their household food security was good/somewhat good compared to the previous year	8%	24%	25%	10%	24%	26%	16%	-2%
% of respondents saying food was scarce in each month								
January	2%	1%	0%	5%	1%	1%	-4%	-2% ***
February	2%	1%	1%	7%	2%	1%	-6%	-5% ***
March	5%	3%	2%	14%	10%	3%	-11%	-8% ***
April	7%	4%	2%	18%	11%	3%	-16%	-11% ***
May	10%	5%	2%	19%	6%	2%	-18%	-10% ***
June	3%	6%	2%	4%	6%	1%	-4%	-3% ***
July	18%	16%	7%	18%	21%	5%	-12%	-1%
August	18%	15%	6%	17%	18%	6%	-11%	0%
September	8%	3%	2%	6%	4%	2%	-5%	1%
October	8%	3%	2%	8%	3%	2%	-6%	0%
November	5%	1%	1%	6%	2%	1%	-4%	-1%
December	2%	1%	0%	4%	1%	1%	-3%	-1% *
n	*1,400*	*1,220*	*1,220*	*3,000*	*3,460*	*3,459*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

While few households claimed to suffer from hunger, many have continued to use loans as a coping mechanism to buy food at similar rates at the endline as reported in baseline. The role of Shae Thot's access to credit interventions is discussed below.

ACCESS TO CREDIT

Shae Thot provided access to sustainable financial services through three mechanisms: institutional microfinance (PGMF), women's savings groups (WORTH), and VDFs. This section focuses on the joint impacts of PGMF and WORTH, which together covered the majority of project areas. [VDFs are discussed in the community strengthening section above.]

The number of PGMF microfinance clients had grown to over 140,000 spanning eight townships by September 2017.[43] The large majority (98%) of microfinance beneficiaries are women, often borrowing for the first time. As of September 2017, 26,919 women had participated in the WORTH savings group program through 1,102 savings groups. They have established funds totaling $3,813,487.[44] At endline, 15%

[43] Pact, Inc. "Shae Thot Year 6, Q4 Report, October 1, 2016 – September 30, 2017." October 31, 2017
[44] *Ibid.*

of respondents in the treatment areas said they were aware of the WORTH program, up from 12% at midline; 7% of endline respondents said they were members of a women's savings group, slightly down from 9% at midline.

Household survey respondents were asked about whether they have taken out loans in the last 12 months, and if so, from what sources and for what purposes (Table 19, Table 20). Since baseline, the composition of the borrowing portfolio with respect to loan sources changed drastically (Table 19). While just 3% of households reported taking out a loan through a farmers' association or cooperative at baseline, this number increased to a fifth of households by endline. Roughly a quarter of households in intervention areas reported accessing credit through government or a micro-credit provider at endline (compared to 17% and 11% a baseline, respectively). Similar increases in these proportions were observed in comparison sites. In both program and comparison villages, the percentage of households reporting accessing credit through family and friends or moneylenders decreased substantially. In particular, only 8% of households in Shae Thot villages reported taking a loan from a moneylender at endline, compared to 40% at baseline, a more than five-fold drop. A similar decrease in loans from moneylenders was observed in comparison villages, and the DID estimate suggests the relative change in these communities was slightly larger than in treatment communities, for statistically significant DID of 5%.

Table 19: Proportion of surveyed HHs taking at least one loan from each loan type, by wave and treatment

	Comparison			***Treatment***				***DID***
Loan source	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
Family/friend	40%	24%	15%	42%	30%	19%	-24%	2%
Money lender	43%	7%	7%	40%	5%	8%	-32%	5% *
Government	17%	34%	32%	17%	28%	26%	10%	-6% *
Micro-credit provider	1%	3%	22%	11%	4%	24%	13%	-7% ***
Shop-keeper	7%	1%	0%	7%	1%	1%	-6%	1%
Pre-sale of product to trader	4%	0%	2%	5%	1%	1%	-4%	-1%
Village Savings and Loans Association	2%	8%	8%	3%	10%	11%	7%	1%
Farmers Association/Cooperative	4%	33%	21%	3%	28%	20%	18%	1%
Private company	0%	3%	10%	2%	3%	7%	5%	-4% ***
Private bank	0%	1%	2%	0%	1%	4%	4%	2%
Pact loans	0%	1%	0%	0%	6%	0%	0%	N/A
Women Saving Groups	0%	1%	6%	0%	3%	4%	4%	-2% *
Village Development Fund/ Health Development Fund	0%	1%	2%	0%	2%	3%	3%	1%
All other	1%	2%	0%	0%	1%	0%	0%	0% **
n	*802*	*739*	*766*	*1,972*	*2,259*	*2,271*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

The reasons reported by respondents for taking out the loans changed drastically from baseline to endline. Table 20 shows the proportion of respondents taking out loans and for what purpose. The demand for

loans increased most substantially in both program and comparison households for purchase of agricultural goods, business investment, social affairs, and the purchase of animals and medicine for animals from baseline to endline. Despite Shae Thot's focus on loans for business investment and health emergencies, the highest demand for loans in program areas remained for the purchase of agricultural inputs and food purchases at endline (67% and 61%, respectively). It is important to note that the priorities of the implementers working in the loan space differed, which meant that the borrowing outcomes – as all other outcomes - in treatment villages were differentially affected by the types of implementers present in the particular village. For example, in areas where PGMF was working, there were health and education loans available, in addition to agriculture loans. In WORTH areas, women were encouraged to take loans for business purposes only (including agriculture) but the shorter-term loans with higher selling rates were highlighted as more profitable for the borrower and the group. In most these villages the VDF was also present, which was highlighted as an option for social loans.

As noted in the discussion of food security above, program communities were more food secure at endline. This is reinforced by the fact that at baseline and endline, the same percentage of households reported utilizing loans for food purchases. In comparison sites, however, the percentage of households accessing loans for food purchases increased by 8 percentage points from baseline to endline.

Table 20: Percent of respondents taking loans for various purposes, by wave and treatment

	Comparison			***Treatment***				***DID***
Loan Purpose	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
Food purchase	49%	46%	57%	61%	51%	61%	0%	-8% *
Purchase of agricultural inputs	30%	46%	69%	33%	47%	67%	34%	-5%
Business investment	15%	22%	58%	11%	20%	53%	42%	-2%
Health emergency	10%	9%	25%	7%	11%	31%	24%	9% ***
School/education fees/costs	6%	9%	23%	4%	8%	23%	18%	2%
Social affairs	4%	9%	25%	3%	9%	32%	29%	7% **
House purchase or construction	2%	1%	8%	2%	2%	8%	6%	-1%
Repayment of loans	1%	3%	11%	2%	2%	22%	21%	10% ***
Purchase of animals/medicine for animals	1%	3%	31%	2%	6%	35%	33%	4%
Purchase of other assets	0%	4%	12%	1%	4%	15%	15%	3%
Purchase of working tools or equipment	1%	4%	7%	0%	3%	10%	9%	3% *
All other	1%	1%	4%	1%	2%	6%	5%	2%
n	*802*	*739*	766	*1,972*	*2,259*	1,028		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

INCOME DISTRIBUTION AND INCOME SOURCES

The household survey gathered detailed information of respondents' income sources, with the results presented in Table 21. While agriculture has remained the main economic activity, the proportion of households naming it as the main source of income declined over time. At baseline, 56% of surveyed

households in Shae Thot villages reported that agriculture was a main source of income; by endline, this proportion had decreased to 46% (Table 21). In the meantime, livestock and poultry breeding had become increasingly more important to livelihoods, with the proportion of households reporting this as one of the main sources of income rising from 7% at baseline to 15% at endline in treatment villages, likely due at least in part to the small livestock management initiatives introduced by Shae Thot. The second most-common source of income was casual labor (agriculture, fishing, forestry, etc.): reported by 45% of households surveyed in treatment villages at baseline and 42% at endline. Similarly, the fraction of treatment households reporting full time employment as a main source of income increased modestly, from10% at baseline to 11% at endline.

Table 21: Income sources of surveyed HHs, by wave and treatment

	Comparison			***Treatment***				***DID***
Income source	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
Grow agricultural crops	56%	52%	49%	56%	55%	46%	-10%	-3%
Casual labor: agriculture, fishery, forestry	43%	23%	42%	45%	25%	42%	-2%	-2%
Service provider	12%	13%	9%	10%	10%	8%	-2%	1%
Small shop/grocery store	8%	14%	8%	8%	11%	7%	-1%	-1%
Full-time employment	8%	21%	12%	10%	19%	11%	1%	-4% **
Hawker	7%	6%	6%	6%	5%	4%	-2%	-1%
Remittances/Gifts/Migrant labour	7%	1%	10%	8%	3%	9%	1%	-1%
Livestock and poultry breeding	5%	18%	13%	7%	23%	15%	8%	1%
Small scale trading of non-agricultural products	2%	0%	1%	1%	0%	1%	0%	1% *
Small scale trading of agricultural products	2%	0%	1%	1%	0%	1%	0%	1%
Government (pension)/NGO assistance	2%	2%	3%	1%	1%	2%	1%	-1%
Other	2%	2%	3%	2%	2%	3%	1%	0% *
n	*1,400*	*1,220*	*1,220*	*3,000*	*3,460*	*3,459*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

The household survey also asked respondents to identify the approximate range of their monthly household income, with the distribution of responses by wave and treatment presented in Table 22. As the results show, in addition to improved financial wellbeing and livelihoods, surveyed households experienced increased monthly incomes. At baseline, approximately 71% of households in Shae Thot areas earned Ks 100,000 or less. At endline, just a quarter of households earned Ks 100,000 or less. In other words, there are now fewer households in the lowest earning brackets. Since endline, households in both treatment and comparison areas moved into higher earning brackets, with 74% of households earning above Ks 100,001. However, it is important to note that while nominal incomes have increased, these gains were tempered by the decrease in the value of the Burmese Kyat over time, as the Myanmar

Consumer Price Index increased from 160 in 2012, to 224 index points in 2017, suggesting that inflation eroded some of the gains in income. Over the same time period, the exchange rate with the United States dollar (USD) rose from Ks 874 per USD in July 2012 when baseline data was being collected, to Ks 1,365 per USD in November 2017 when endline data was being collected.

Table 22: Income distribution of surveyed HHs, by wave and treatment

Indicator	*Comparison*			*Treatment*				*DID*
	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline -Endline
Monthly household income (% of HHs in each category)								
Less than Ks 25,000	4%	0%	1%	5%	0%	1%	-4%	-1%
Ks 25,001-50,000	20%	8%	4%	23%	7%	3%	-19%	-3% *
Ks 50,001-75,000	24%	12%	6%	23%	13%	5%	-18%	1%
Ks 75,001-100,000	23%	21%	14%	20%	22%	16%	-5%	4% *
Ks 100,001-150,000	18%	23%	22%	17%	23%	22%	5%	0%
Ks 150,001-200,000	5%	17%	19%	6%	16%	20%	14%	0%
Ks 200,001-250,000	2%	7%	11%	2%	7%	10%	8%	-1%
Ks 250,001-300,000	1%	6%	9%	1%	7%	9%	8%	0%
Over Ks 300,000	1%	5%	13%	2%	5%	13%	11%	-1%
Don't know/no response	3%	0%	1%	2%	0%	1%	-1%	1%
Other sources of income								
% of HHs with secondary income source	47%	45%	46%	47%	51%	41%	-7%	-6% **
% of HHs with tertiary income source	8%	9%	11%	9%	10%	9%	0%	-3% *
n	*1,398*	*1,220*	*1,218*	*2,999*	*3,460*	*3,451*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

The proportion of households in treatment villages reporting secondary income sources decreased: at endline, 41% of households surveyed in Shae Thot villages reported having a secondary income, compared to 47% at baseline (Table 22); the proportion of households with tertiary income sources remained unchanged at 9%. In comparison villages, while the percentage for households with secondary income remained virtually unchanged (47-46%), the percentage of households with a tertiary income increased slightly, from 8% to 11%. The DID estimates were negative and significant.

ECONOMIC OPPORTUNITIES AND OUTCOMES

An important aspect of any development intervention is how people perceive their own lives changing and their self-assessment of their economic security. The household survey included questions for the respondent to assess whether their general household economic-wellbeing, food security, and job opportunities have increased, decreased or stayed the same compared to the previous year. The results are shown in Table 23. There are palpable improvements in food security, with only 10% of respondents

in treatment villages saying food security had gotten worse compared to last year, down from 16% at baseline; and 26% stating their food security had gotten better, versus 10% believing so at baseline.

Table 23: Perceptions of household livelihoods compared to last year

Indicator	*Comparison*			*Treatment*				*DID*
	Baseline	Midline	Endline	Baseline	Midline	Endline	Change EL-BL	Baseline-Endline
How is your food security compared to last year?								
Better	8%	24%	25%	10%	24%	26%	16%	-2%
Same	78%	61%	68%	74%	60%	64%	-10%	0%
Worse	15%	15%	7%	16%	16%	10%	-6%	2%
How is your household economic well-being compared to last year?								
Better	15%	31%	27%	16%	30%	27%	12%	0%
Same	57%	54%	53%	55%	54%	49%	-6%	-3%
Worse	28%	15%	20%	29%	16%	23%	-6%	3%
How are your employment opportunities compared to last year?								
Better	10%	26%	41%	14%	29%	39%	25%	-6% **
Same	67%	56%	45%	63%	56%	44%	-19%	3%
Worse	23%	18%	14%	24%	15%	17%	-6%	3%
n	*1,400*	*284*	*1,220*	*3,000*	*862*	*3,459*		

*Significance key: * p<0.001, ** p<0.01, * p<0.05*

Similar gains were observed in self-assessed household economic well-being: in treatment areas, 27% of endline respondents reported better well-being than last year, compared to only 16% at baseline; the proportion of households reporting worse well-being dropped from 29% to 23%. The largest gains were observed in perception of employment opportunities: at baseline, only 14% of respondents reported that they felt their employment opportunities were 'good or somewhat good' compared to the previous year; at endline, this percentage increased to 39%, while the proportion of respondents believing their opportunities have gotten worse dropped from 24% to 17%. All of these changes were closely mirrored by the comparison areas, with virtually identical proportions of respondents in each category observed at baseline and endline in both groups, and with none of the DID estimates being significant.

KAYAH

As discussed in the project background section, although Shae Thot implementation began in Yangon and the Dry Zone in 2011, implementation did not begin in Kayah State until 2013. Kayah State had been persistently underdeveloped and relatively cut off from public services and humanitarian aid due to

protracted armed conflict, displacement, economic insecurity, and corruption.[45] As conflict began to wane in 2011, an opportunity arose for external actors to enter the region and provide services.[46]

The operating environment posed many challenges to implementation to which the program had to adapt. The key challenges were: 1) security concerns stemming from low-level conflict/presence of armed groups, as well as landmines, 2) access to remote villages was complicated by poor roads and natural disasters or other catastrophic weather events, 3) language barriers and poor phone and Internet connectivity, and 4) restricted movement in the townships due to required permissions. The expansion of project activities in 2013 sought to geographically include communities impacted by conflict and underdevelopment that were outside of the ethnic-majority Bamar areas.

Despite the difficult operating environment, Pact proposed expanding Shae Thot implementation into Kayah State. This involved understanding the history and evolution of the conflict and related political issues in Kayah and creating village and community profiles to inform adaptation. Adaptation to Kayah meant that the program design reflected the different ethnicities and dialects and local staff expertise in language, conflict, and customs were appropriate. It was important for Shae Thot to adapt to the "topography of violence" and diverse needs of people in Kayah.[47] Adjusting programmatic activities to suit community profiles included supplementing village funds based on poverty levels, using local languages in program media, and altering materials based on education and literacy level.[48] Pact was the only consortium implementer (aside from local partners) to work in the conflict-affected state and developed a conflict mitigation/peacebuilding element for Kayah. Some Shae Thot staff attended a USAID-organized Do No Harm training, a Mine Safety and Security training, a Gender Awareness training, and a security planning workshop.[49]

Pact also conducted a conflict mitigation assessment after work in Kayah State began. Based on the results of this assessment, Pact slowed the pace of implementation to make programmatic adjustments, including rearranging staffing assignments, lengthening the program cycle, focusing more on cultural and language challenges and enhancing security protocols.[50] The conflict mitigation assessment also suggested placing greater emphasis on local staff and ensuring "full coverage" of townships, to ensure no communities perceived that the program was favoring a given region over another. Shae Thot also launched the Local Partner Initiative to promote civil society in rural areas, targeting small CSOs on the eastern border of Kayah State. Finally, Pact partnered with the Karenni Mobile Health Committee (KnMHC) and the Karenni National People Liberation Front (KNPLF) and other non-government service providers in armed-group controlled areas, which helped facilitate access to hard-to-reach areas.

As a result of the operational challenges, baseline survey data were not collected in Kayah because project implementation had not yet begun. Although implementation was ongoing at midline, survey data were not collected due to conflict sensitivities and language barriers and Kayah was ultimately excluded from endline data collection for the same reasons and the lack of availability of baseline and midline data for

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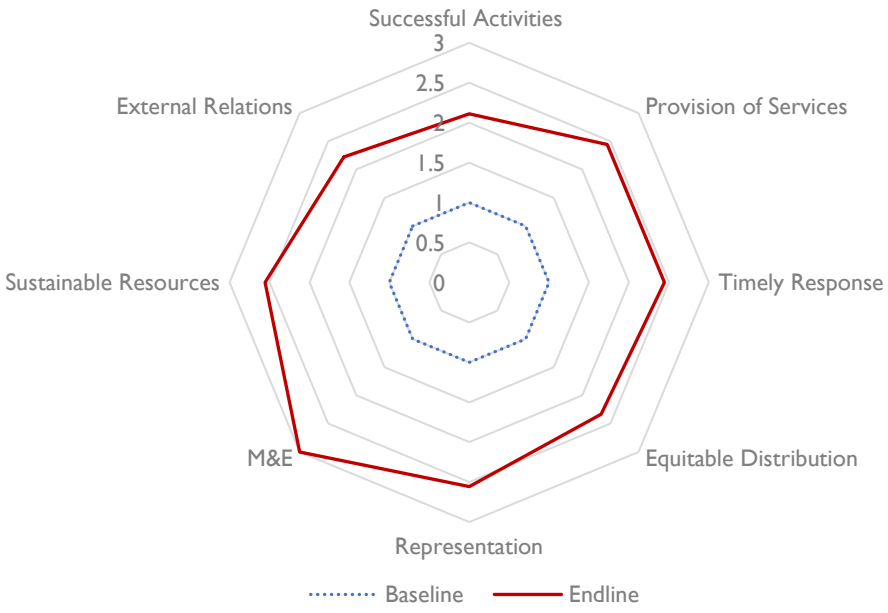
[45] United Nations Development Programme. *The State of Local Governance: Trends in Myanmar.* UNDP Myanmar, 2015.
[46] Kempel, Susanne. *Shae Thot Programme: Local Political Economy Analysis [presentation].* March 17, 2013.
[47] Richards, Simon. "Aid in contested areas – program approach and adaptation." DevPolicy Blog.
[48] *Ibid.*
[49] Pact, Inc. "Shae Thot Fourth Annual Report: October 1, 2014 – September 30, 2015." October 31, 2015.
[50] Pact, Inc. "Shae Thot Quarterly Report: October 1, 2013 – December 31, 2013." January 31, 2014.

comparison. The existing program quantitative data in Kayah were limited, but one source was COPI data, conducted at the "baseline" of Kayah implementation (2013-2014) and "endline" in 2016. In the villages that were measured at both baseline and midline (n=9), there were widespread and substantial increases across the board. The most significant improvements were in monitoring and evaluation, followed by sustainable improvements, representation, provision of services, and timely response (see Figure 3. These improvements indicate that although implementation started later than in other areas, improvements were still realized.

Figure 3: Kayah State COPI Data



EVALUATION QUESTION 2

To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes, results and objectives? Are there unintended positive or negative effects of this approach?

BENEFITS OF AN INTEGRATED APPROACH

Shae Thot's multi-sectoral integrated approach was designed to strengthen the impact of its interventions by aligning activities from two or more sectors (e.g., WASH and governance) to the specific development needs and demands of each community. Given the extensive unmet needs in the target communities, Shae Thot's multi-sectoral approach was tailored to be maximally relevant to the most pressing development needs of each community. While project beneficiaries were not conversant on the strategic level of the integrated approach, they shared their perspectives in FGDs about the effects of integration on service delivery and outcomes. Several FGD respondents characterized this strategy favorably, highlighting how interventions in multiple sectors quickened the pace of development and growth. Respondent comments included:

> *"[The multi-sectoral approach] is like work; if you do more, you will develop more. In business it is also like that, if you invest a lot you will be rich.""* (Sagaing, Yinmabin, Zee Taw/Zee Taw South – Male)

> *"So, they implemented in many ways for the village development and provided many services for improving social, health, and business [livelihoods/microfinance]. If we are only to have some of the services, the development will be slower of course."* (Magway, Yenangyaung, Kan Gyee/Hpan Khar San – Male)

Key informants generally described Shae Thot's integrated approach as an effective strategy that was responsive to the needs of target communities, with most crediting the complementary nature of interventions in the integrated approach as a key driver of the achievement of Shae Thot outcomes. An implementer explained her perspective of the integrated approach:

> *"We believe that in practice it is good to have integrated approach. We understand that health cannot be improved without economic conditions being improved. The same is true for other areas. All are interlinked. That means, we have to have uniform understanding of the linkages and build unity among those sectors."* (IP Staff, Meikhtila, Mandalay, Female)

Another IP illustrated how activities in different sectors worked together:

> *"There would have been a difference had MSI been in the communities just by itself since they would only receive the services that would only pertain to MCH. If there was only MSI there would have been limited awareness and access to health care, but for example with CESVI, the landless people were able to receive the garden service and generated income so if MSI was not there, the people could have utilized medical services with the extra income. The same goes for UN-Habitat was not there, then in terms of hygiene it would have not worked as well."* (Magway, Magway – Female)

One informant described how CESVI-provided seeds for home gardening were coupled with the construction of a water system from UN-Habitat, which allowed villagers to grow nutritious food and generate income through their sale. Respondents also reported Shae Thot food security activities as crucial to improving crops, but some believed these activities could have been more effective if they were implemented by the same partner who implemented sanitation and hygiene activities. Other respondents observed that certain activities were more difficult to integrate with others (such as livestock) because of the nature of interventions. As an implementer explained, *"There is different type of work in all these organizations, so we cannot cooperate all in all the areas. We can cooperate in areas when we have common objectives. For example, Pact provides training in MCH, and MSI provides health knowledge and treatment, and CESVI can provide the services of how to grow nutritious food, and UN Habitat can work on getting pure water. So, these activities can be integrated. But other activities cannot be necessarily integrated, for example, in livestock we cannot work with others in terms of activities."* (IP staff, Magway, Magway – Female).

COORDINATION CHALLENGES

Shae Thot's integrated approach required the consortium partners to coordinate their activities closely and work together. However, many key informants reported experiencing challenges doing so, as one respondent explained:

> *"There should be better coordination among the IPs prior to implementing the project in the communities. This means in terms of the design and planning of the project. Then to form the VDCs first at the village level. The program of beneficiary accountability was formed end of the second year and it should have been implemented from the beginning."* (IP Coordinator, Magway, Magway – Male)

Coordination challenges were also spurred by what some described as a lack of an overall, unifying objective:

> *"We all provide different services and we try to integrate our work. The coordination is difficult and to work together, since there is not a direct relevance for this project to the other, even though they contribute indirectly. It has been a challenge to link and work with other organizations as an integrated approach since we all have different objectives."* (IP Staff, Magway, Magway – Male)

Many local partners and volunteers reported difficulty understanding how their individual or organizational objectives were intended to coordinate with others under Shae Thot's overall strategy. In an effort to reduce confusion and coordinate their work, some partners reported holding regular meetings with other project implementers to align their workplans and discuss any issues related to project implementation. One IP explained the benefits of this coordination:

> *"There is a transparency in working together. It is also more beneficial to the villagers. If there is lack of transparency between IPs, then there can be misunderstandings. So far, there has not been any issues, they have meetings twice a month with the other two IPs and exchange information."* – (IP Staff, Magway. Magway – Male)

Coordination challenges were not limited to the consortium partners or other implementing actors—community members also felt the strain in some ways. A key informant explained how miscommunications and delays, such as those within one IP's broader organizational structure (i.e., coordination with their headquarters office), trickled down to the village level and created frustration with the implementers:

> *"There has been some misunderstanding among the UN-Habitat and the community with respect the implementation of water system for example. There could be delays in receiving money from UN-Habitat head office which impacts project implementation. For example, for the 40 villages there are nine patches for fund proposal and he submitted to the UN-Habitat head office in December, but the approval came in April, and the funds would not come in the sequence requested. The village community then thinks that the people from the UN-Habitat are holding on the money and not giving it to the villagers. So, he tries to get the money a bit earlier from the bank without charging them."* (IP Staff, Yangon, Yangon – Male)

The presence of multiple Shae Thot partners in a village could become burdensome when community members were expected to participate/volunteer with multiple organizations. When partners and their activities were poorly coordinated, the time burden for community members could be great. As one key informant explained, there were "*too many organizations and too many projects in each community. For example, for the mother's group leader she will be volunteering for Pact and doing the job for Pact, but if MSI asked the same person to support them with their volunteer work, then it would be a burden."* (IP coordinator, Yenangyaung, Magway – Male)

The time burden and scheduling of some activities and trainings also resulted in lower participation rates when other commitments were not considered. For example, some respondents noted that Shae Thot partners did not inform the community with sufficient notice for trainings or events so that they could attend. Others also mentioned that trainings were sometimes scheduled during the harvest period, which hindered their participation, despite their interest. As one person stated*: "It would be great if we are organized. We will develop faster. Not everyone is participating in Shae Thot because they have their own work to do also"* (Sagaing, Yinmabin, Myo Gyi/Myo Gyi – Male). A key informant suggested "all in one" trainings to minimize this but acknowledged that it *"weakens the quality of the training… and if you integrate more, that would require [participants] to absorb more. That's hard for them. They are mostly non-educated, so it takes time. That's why time constraints matter here."* (Township officer, Meikhtila, Mandalay – Female)

Some respondents believed that an absence of unity among community members was the root cause for non-participation in Shae Thot activities, and as such, a barrier to impact. Moreover, non-participation in some cases was also viewed as a consequence of a lack of trust of trainers or other individuals responsible for knowledge generation. In some instances, community members refused training from key farmers because they did not consider the training farmers to have more expertise than themselves.

Weak leadership in the VDCs was also viewed as a cause of disunity (in the Dry Zone) and non-participation as it diminished trust and deterred motivation In one instance, disunity stemmed from divisions within VDCs following political elections, which affected the VDCs' ability to perform its function. One respondent explained: "*The problem in VDCs is that after the national election the committee got divided into two political groups (some red and some green) and so they don't come together. The whole village got divided as well. It took one and half month to bring the committee back together."* (Sagaing, Yinmabin – Male)

VDCS AND VDFS AS CORNERSTONE OF INTEGRATED APPROACH

"The VDCs came first, and then integration came."

(IP Coordinator, Magway, Magway – Male)

While participation in community development could be burdensome if poorly coordinated, many respondents, both key informants and FGD participants, emphasized the role of the VDCs as an integral mechanism to coordinate participation in program activities across sectors. Both project beneficiaries and implementers highlighted the important role the VDCs played:

> *"For every component, we worked through some level of the village committee: WASH would work through the farmer committee, agriculture would work with the farmer committee, and also through the VDCs as one potential entry path. Even for maternal and child health there was a health committee and a mother's group. The pregnant women formed a group, and so on. … In those villages with integration, the VDC is the coordinator of the committees. It is not that the others are reporting to the VDC, but they are the center point."* (IP Staff, Yangon, Yangon – Female)

> *"We understand how important those groups [the VDCs and their sub-committees] are. Without them, it is really hard for us to survive, because we don't know who will lead to address our needs. Those groups are like a tailor-made mechanism because they collect our voices and concerns and then find out our solutions together to address our cases."* (FGD respondent, Mandalay, Meikhtila, Shan Ma Nge/Chaung Gwa – Male)

Respondents reported that VDCs and VDFs created links between the sectoral intervention, acting as the cornerstone for community development by facilitating collaborative initiatives and motivating participation in an inclusive manner. One FGD respondent said:

> *"[With the presence of VDCs] we are more organized amongst ourselves. Before we don't even notice each other. Now with VDC we have meetings and discussions."* (Magway, SeikPhyu, Ah Shey Kan Twin/Sin Lan Chaung – Male)

Some FGD respondents underscored the coordination challenges among consortium partners and credited the VDCs (some of which existed before the program began) with facilitating the coordination of the consortium partners, as illustrated by the following quote:

> *"[if the VDC does not exist] it will be difficult to meet as Pact or CESVI or Mari Stopes are doing their work separately. Although they met at village meetings… their programs are separate. VDC is the main string that is keeping all the things together."* (Magway, Sinbaungwe, Thone Se Chauk/Kyee Myin – Female)

Community members indicated that knowledge generation and awareness-raising were essential to encourage community members to voice their concerns about their development needs. Leadership and management skills trainings in governance structures like the VDCs were also important mechanisms for empowerment and building local ownership of Shae Thot interventions. One key informant noted that Shae Thot-supported VDCs more successfully mobilized and engaged community members in village development initiatives than those established by other projects (like a World Bank Community Driven Development project) because of these leadership and management trainings. The number of the sub-

committees within VDCs (and by extension, the breadth of activities the VDC was able to coordinate) relied on the extent to which VDC members were able to collaborate and adhere to the integrated approach. However, one key informant warned that having activities in multiple sectors does not automatically mean they were more successful: "*The success of a VDC depends on the number of sectors that the VDC is involved with. It may be easier to run a VDC that has only health people, but this does not mean that it is more successful.*" (Yangon, Yangon – Male).

Most Kayah respondents viewed the relatively short duration of implementation in their area as a hindrance to the overall effectiveness of the integrated approach and the VDCs. One respondent said, *"We're still learning how this integrated approach works; this is still work in progress. … We didn't do anything like committee setting before. So, we're now relying on Pact's support."* (Kayah, Phay Khone town – Male). Another respondent described VDCs as *"a good start for the community to decide for its interests and well-being, so that the community could stand on its own"* (Kayah, Loikaw – Male), but that their full impact had not yet been realized. Respondents in Kayah attributed this to an absence of unity and relatively weak participation and engagement levels, stemming from decades of conflict.

An IP noted that the VDC model requires social cohesion and homogeneity to work most effectively and sustainably because they were not designed as conflict resolution mechanisms. This posed greater challenges in an ethnically diverse region such as Kayah:

> *"[VDCs] must be more or less homogeneous in terms of ethnicity. If there is no will or no co-existent mechanism for conflict resolution, then it would be difficult to use the VDC. It can solve small issues, but it is not there to solve bigger issues with authorities. Social cohesion and homogeneity of communities are important factors for this model of VDC. I am not saying that all the communities are 100% from the same ethnic group, but there is an understanding."* (IP staff, Yangon – Male)

The conflict sensitivities in Kayah State also posed a unique set of challenges in organizing and engaging community members in the VDCs, as an implementer explained:

> *"[The VDC model] works in the Dry Zone, but to use in the conflict zone, it would have to change. In conflict areas, no one wants to be the leader, because they would get pressure from the ethnic groups or the government. When I talked to the armed rebel groups, they did not want anyone to become a qualified leader because they wanted to suppress everyone in the community. Also, the women's empowerment would be difficult in these areas because traditionally in those areas is male dominated in the Shan tradition, the men would stay home and be on drugs and women would go out and work, i.e. agricultural work."* (IP staff, Sagaing, Yinmabin – Male)

While views of the VDCs and VDFs were generally positive, some respondents critiqued the efficacy of these governance structures. One person explained that he did not believe that the VDCs and VDFs and the subcommittees (like farmers groups, mothers group, etc.) were doing enough to be effective because their knowledge was still limited. Some individuals reported that their fellow community members did not share a "spirit of volunteerism" and were unwilling to contribute to community development initiatives without compensation. However, the general consensus was that Shae Thot's integrated approach could not have been successful without the presence of some form of governance and funding and accountability structure. In some villages that had a VDC but no formal VDF (such as villages where CESVI was working alone or where VDFs ceased operating in Pact-led villages), VDC members established their own

fundraising and record keeping systems. Effective leadership and management of funds, either VDFs or other types, was crucial to building community trust in the institutions and encouraging participation.

Although VDCs and VDFs were generally considered complementary, mutually reinforcing mechanisms, not all villages had both. As mentioned above, some communities had existing governance and funding structures (similar to VDCs/VDFs) before Shae Thot implementation began. Although the village elders responding to the village survey reported having a Shae Thot VDC in seven of eleven villages in which FGDs were conducted at endline, the FGD respondents in two of these villages said that they did not have a proper VDC, but instead "*the chairman is leading and they [volunteers] are coming when they are called"* (Magway, Seikphyu, Koe Taunt/Koe Taunt – Female). Similarly, in two of eleven villages where FGDs were conducted, elders responding to the village surveys reported that their village did not have VDFs (at least they did not characterize them as such). However, FGD respondents in the same villages indicated that they had some funding mechanisms that supported community activities and initiatives, although these were not formally recognized as VDFs. One respondent in a village without a formal VDF explained:

> *"We would like to say about maternal and child health and latrines. We have a fund from collecting 500 kyats from every house. We started with 1 lakhs and 60,000 kyats. So, we could support 4 lakhs for electricity last year and 4 lakhs for school. If we didn't have a fund, we can't collect that amount of money to donate."* (Magway, Seik Phyu Koe Taunt/Koe Taunt – Male)

Some also considered the VDCs to be important channels for voicing community needs and concerns to local administrative bodies. Data from the village survey also support these findings. Village survey respondents characterized VDC activities as closely linked to Shae Thot programming and that the collaborative approach engaged stakeholders outside the village, including village tract administrators, township officials, and NGO/donor actors. In some cases, the committee collectively assigned individual VDC members responsibilities/tasks, and these representatives then worked with the village administrator to resolve issues.

UNINTENDED EFFECTS

The considerable achievements of Shae Thot's integrated approach did not have equal impact on all communities or their members, with some Shae Thot villages reporting low rates of buy-in and participation in community development activities. Although many respondents highlighted the value of knowledge generation, others cited lack of knowledge as a key reason for non-participation. This includes both lack of knowledge about the program and lack of knowledge and education generally. Another major reason was potential beneficiaries not fully understanding the longer-term benefits of certain activities. One respondent described that some community members did not choose to contribute funds to the VDF and her perception of reasons as follows: *"We need more savings to fund for village development. Some are not participating…it is because they lack knowledge. They didn't attend the meetings, so when we went for collecting money, they weren't participating as they don't know the process of this activity [microfinance]*." (Sagaing, Yinmabin, Zee Taw/Zee Taw South – Female). Others explained:

> *"There are people who are not registered as a member and are not donating money…. Some are taking part with goodwill. Some rich people are not taking part as they will not need them [services and/or loans]."* (Magway, Sinbaungwe, Kyar Inn/Kyar Inn – Female)

> *"In our microfinance group there are only 30 members…. It will be great if everyone became a member, but they don't…. Most of them don't understand. Most of them have difficulty understanding'"* (Mandalay, Meikhtila, Shan Ma Nge/Chaung Gwa – Female)

For some services/products, respondents explained that some individuals were hesitant to use them due to conflicting traditional attitudes/beliefs and distrust of the program. For example:

> *"On our side, there are many that have pregnancy during the ages 15, 16, and 17 years. Since they are too young, the birth can be delivered with us [health care providers] …but they don't accept it. It is because their mothers had the same age and gave birth this way. They don't want to ignore the tradition."* (Kayah, Bawlakhe, Bawlakhe/Kayah Paing – Female)

> *"We have been trained for agriculture. But some elders don't want to change the seeds. They don't want the new seeds, so they are left behind."* (Maygway, Yenangyaung, Nyaung Pin/Kone Gyi –Male)

Although lack of knowledge was persistent for some, some respondents reported the opposite. While increased knowledge and self-confidence are arguably positive project impacts, they were accompanied in some cases by the unintended effect of increased migration. Some participants were motivated to migrate in search of better livelihood opportunities after their engagement with Shae Thot, as one respondent expressed:

> *"In the past we had to worry about what would happen, but now with the workshop and knowledge trainings, we come to know the consequences and have more self-confidence. We used to think we can only survive if we have a farm, but now people with farms are poor, because people working in Thailand can transfer 30, 40lkh and one person working there can take care of 5 people back here."* (Mandalay, Meikhtila, Shan Ma Nge/Chaung Gwa – Male)

While this theme emerged throughout qualitative data collection, we cannot attribute this migration as a direct result of Shae Thot. It is also important to consider these findings in the context of the broader improvements taking place across the country over this period, that also could have spurred economic growth and migration. Another unintended effect was incidence of conflict and misunderstandings among community members, rooted in the borrowing and repayment of loans and microfinancing. The following quotes from FGD participants provided some specific examples:

> "*There are positive and negative consequences. But negative is much more. We let the 38 members resign [from the microfinance group] [51] with 40,000 kyats as they didn't give back debts. …. We didn't ask them to leave [the group], they left on their own will. And they make it look like we did it. They think that if they leave the group, the group will collapse."* (Magway, SeikPhyu, Ah Shey Kan Twin/Sin Lan Chaung – Female)

> *"Of course, there are accusations on only the members are taking turns to loan the money, what about for others. And we would have to say, next time is your turn."* (Magway, Yenangyaung, Thone Se Chauk/ Kyee Myint – Male)

[51] Respondents did not refer by name to the microfinance groups, although this group is most likely Pact's PGMF.

"There are some conflicts. Sometimes payments are late for those who have difficulties and when payments are late, the next person to borrow inline would complain." (Sagaing, Yinmabin, Myo Gyi/Myo Gyi – Male)

"*Yes, there has been [conflict]. We faced this once when we were collecting the funds. There were members thinking they would get 35,000 this time and next time they will get 40,000 and keep on getting more each time, but due to new members entering the amount is reduced and they have to skip their turn for borrowing. So, they think that it is not worth it to become a member [of microfinance group]. So, there are some cases like this."* (Mandalay, Meikhtila, Shan Ma Nge /Chaung Gwa – Male)

While the Beneficiary Accountability feedback and response mechanism was intended to resolve intra-community conflict, FGD respondents could describe conflict resolution processes without being able to formally identify the Beneficiary Accountability mechanism. Conflicts like those noted above were reportedly resolved by members of the microfinancing structures themselves and/or village leaders. VDC members who were properly trained were also able to mitigate conflict, and the transparent management of funds reduced conflict as well. However, some reports indicated that funds were not managed transparently in all cases, as a key informant explained:

"There is a kind of conflict when it comes to money borrowing. The funds are there but some people can borrow more and some less, and this leads to conflict in the community. Also, the use of funds, and the issue of not being able to provide transparency to pass down the information of how much funds are available." (IP Coordinator, Magway, Seikphyu, Male)

Some shortcomings of the integrated approach were attributed to coordination of interventions and the fact that the selection of villages was not coordinated from the outset of the project in 2011. A vast majority of key informants believed that Shae Thot's impact could have been greater had multi-sectoral activities been more strategically planned from the outset of the project.

Others felt that the integrated approach was not uniform across the intervention areas and may have had different meanings for different partners as well as beneficiaries. In addition to selection criteria that included distance from towns, presence of other NGOs, proximity to water sources, types of land, etc., the demand-driven nature of some interventions meant implementation across communities was not universal or systematic. As a result, some community members perceived that the project overlooked their needs. One respondent provided an example of a priority area that had not yet been addressed:

"We still have limited water access…our village has been overlooked to be connected to the main water sources. We presented our situation to the government, but they didn't take any actions. We also requested Shae Thot to assist us in this case, but no actions are in sight yet." (Mandalay, Meikthila – Female)

EVALUATION QUESTION 3

How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes? What elements of this model that promotes sustainability could be applied to similar community development interventions? Are there certain characteristics of various operating environments that make interventions more or less sustainable?

PROSPECTS FOR AND BARRIERS TO SUSTAINABILITY

Respondents characterized sustainability in two ways—the continuation of project activities (e.g., trainings, seed banks, mobile clinics) and the sustainability of project outcomes (e.g., improved maternal health or strengthened community governance). In both cases, most project beneficiaries were hopeful that the positive changes in their well-being and increased knowledge, which they attributed to Shae Thot, would continue, although some were skeptical about the sustainability of Shae Thot results and outcomes. Project beneficiaries reported that the sustainability of Shae Thot outcomes was largely reliant on community members' ability to build on the skills and capacities they acquired throughout the project. Some indicated that they would use these skills, as well as VDF funds, to sustain Shae Thot initiatives, even after Shae Thot partners leave their community:

> "*We will continue developing the village… in all programs; mother and child health, knowledge sharing, malaria prevention. If there is no [financial] support, we will use from our village fund. We don't want to go back in time"* (Sagaing, Yinmabin, Myo Gyi/Myo Gyi – Male)

> *"[We gained] knowledge in health and agricultural techniques. Even when they [Shae Thot partners] leave, we are left with the knowledge and the know-how of what to do. The activities will go on."* (Magway, Yenangyaung, Kan Gyi/Hpan Khar San – Female)

Another common theme was that the sustainability of outcomes rests on village unity, collaboration, and participation. Illustrative comments were:

> *"The committee group that is created will join us, we will discuss with the village chairman, and keep trying; the villagers must get involved all together and keep trying."* (Kayah, Bawlakhe – Male)

> *"We will work together and with every and any organization and take responsibility for our village development. We will help from any corner [all sides] required."* (Magway, Sinbaungwe, Kyar Inn/Kyar Inn – Female).

One respondent said that his community's obligation to future generations motivated them to continue building on Shae Thot's progress:

> *'We will have to continue for the development. We also have to handover to the new generations. It is important for us to do that. We have to take care of health and everything with unity.'* (Mandalay, Meikhtila, Shan Ma Nge/Chaung Gwa – Male).

Despite notable gains in knowledge and capacities, the majority of FGD participants reported that their communities lacked the necessary resilience to withstand future natural disasters or other humanitarian crises without additional financial support, human resources, and skills. In addition, many respondents specifically cited climate change as a crucial threat to sustainability, particularly in the areas of water, agriculture, and food security. In some places, the amount of water supply in tanks was insufficient to meet demand due to drought. With insufficient water, many farmers were unable to produce enough crops to support their livelihoods.

Village respondents also expressed concerns that it would be difficult to continue project activities without a continued source of funding. One respondent said, "*It will be difficult to give the electrolyte packets and medicines if Pact ends their supply [to us]. … It is impossible to get them with the village fund. So, if they encounter difficulties, they will stop …if there are no difficulties, they will continue."* (Sagaing, Yinmabin, Zee Taw/Zee Taw South – Male). Some communities' VDFs have sufficient funding to continue to provide financial benefit for the entire community, but others lack this safety net. In either case, respondents noted that transparent financial management is crucial for VDFs to continue operation:

> *"We will continue…. If we look into why things were slow in the past, it was that the leaders collected the funds and used them for themselves. And people lost trust in them."* (Magway, Seikphyu, Ah Shey Kan Twin/ Sin Lan Chaung – Male)

While some key informants identified the integrated approach as a positive driver of sustainability, implementer perceptions of sustainability overall were mixed. Many respondents indicated that sectoral activities that were quick to achieve positive outcomes were more likely to continue than those for which positive outcomes took longer to materialize. The effect of experiencing positive results in well-being also created a sense of ownership in communities, which promoted the sustainability of efforts. As an example, a respondent indicated that WASH activities are more likely to be sustainable since people have clearly seen the benefits, including access to potable water and the positive effects on health, food security, and reduced opportunity cost. As an example, less time spent gathering water creates more time for livelihood and income generation activities). As another respondent explained:

> *"The seed banks and livestock bank will remain. For those activities that people have seen the short-term results, they are likely to remain, however, the water and soil conservation which takes about a year or two, even if you tell them you'll see the outcome afterwards, they may not continue."* (Magway, Seikphyu – Male)

In addition, some project activities and outcomes were inherently more self-sustaining than others. Activities that provided continuous resources or services (like mobile clinics) as opposed to discrete or one-off activities (like trainings) were characterized as less likely to be sustainable, even in spite of the lasting impact knowledge generation can have. One key informant explained:

> *"Some agriculture activities such as good selections of seeds and consultations between VDC agriculture people and community keep going on. But for women health, this is like a disaster now. Our women are poor and lacking good knowledge; they cannot afford to have kids, but they have to have kids because they don't know how to deal with this family planning. Especially our new mothers have a difficult time after Shae Thot left a few years ago…. But we still need more assistance. We still miss MSI now."* (Magway, Yenangyaung, Kone Gyi – Male)

Prospects for sustainability varied largely across contexts. One respondent said, *"Whether the Shae Thot results in MCH will continue depends on the township. It has to do with government health providers and the interest of public health department, and it will be based on that. They already provided the health seeking behavior to community even if they may not get the services in their community they know where to go to get them"* (Yenangyaung, Magway – Male). In the Kayah context, residual conflict, displacement, and long-term instability threaten project impact and sustainability. One respondent from Kayah highlighted the need to integrate conflict resolution and peacebuilding skills to build community unity and bolster sustainability prospects, explaining "*Our work is related to peace process. if peace process keeps going well, our community would have stability and our governance structure keeps working well, and then we're then fine."* (Kayah, Demosoe town – Male).

The short duration of the project in some areas, including Kayah, was also frequently cited as a barrier to sustainability, because there was insufficient time to establish necessary buy-in and ensure lasting uptake. A Kayah respondent explained how the short duration of implementation was exacerbated by the typical changes in his community:

> *"Communities are moving around, newcomers arrive, and old members are leaving, so it is kind of difficult to train constantly our volunteers. That could be costly, because travel is very difficult and expensive. Practically speaking, our volunteers are key to sustainability in this regard…. At the same time, our project is such a short term, so we cannot cope with sustainability in this matter."* (Kayah, Loikaw – Male)

Respondents in other regions also believed that some communities had not reached the levels of organizational capacity and/or had not established sufficient local ownership and commitment to ensure sustainability of Shae Thot outcomes. One responded described this as follows:

> *"It [phasing out of project] affects our health, agriculture-related and livestock activities in a negative way. I understand that many of our community rely on Shae Thot. Given Shae Thot is being out soon, and that our groups are not really organized yet, I am not sure what would happen next."* (Magway, Yenangyaung, Thone Se Chauk /Kyee Myint – Male)

Other concerns regarding project sustainability included monitoring and supervision of activities, and how to continue learning from ongoing efforts:

> *"The awareness program for MCH will become weak after Shae Thot leaves. Now we have the regular monitoring system and collect data from the community on a regular basis. While we are still here we go to the villages once a month and so the villages know they have to submit information on a regular basis, but once we leave, there will not be a structured way to collect information on list of pregnant women in the community, the rate of birth, the list of treatments for diarrhea and the number of cases of diarrhea for children under 5."* (Magway, Magway – Female)

ROLE OF VDCS AND VDFS FOR SUSTAINABILITY

As discussed in EQ2 findings, VDCs and VDFs played crucial roles in the successful coordination of the integrated approach. However, high turnover rates among VDC members and other volunteers—partly attributed to economic migration—threaten the long-term sustainability of the project. In the absence of continuous trainings or improved member retention, the skills and knowledge are lost. Some respondents

described their fears that local ownership of Shae Thot activities would be lost when these volunteers leave their communities:

> *"That [loss of volunteers] means, we cannot use their experiences anymore. Local leadership could change, then experiences will be taken away as well. We also have to retain our good staff, especially those who have good field experience. If those staff go away, we will have difficulty dealing with community. This situation also threatens our [the project] sustainability."* (Mandalay, Meikhtila – Male)

> *"I don't really think that it [Shae Thot] will stay permanently with the people since it has to do with the way people think. If they find something better elsewhere, they will migrate to that place. It is very easy for these people to pick up and leave."* (Sagaing, Monya – Male)

VDCs and VDFs can play a critical role for project sustainability, as their structure requires community participation and they are designed to foster collaboration in the community. VDCs enable communities to voice their concerns and gain support from the local government and the CSOs. Respondents explained that the best functioning VDCs and VDFs had strong leadership, committed members, and transparent and efficient community fund managers. The sustainability of activities was regarded less as a function of community size and more as a function of VDCs' capacity to lead, and to encourage participation by representing the interests of diverse groups (especially important in Kayah). Respondents also believed that funding opportunities through microfinancing mechanisms (like WORTH) contributed to sustainability. Respondents also believed that the sustainability of activities is determined by the extent to which they generated funds in the VDFs (e.g., WASH activities through collection of water fees, agricultural seed banks, and livestock). Threats pertaining to weak leadership and management in the VDCs and VDFs included the potentially disruptive involvement of the local administration in the VDC's affairs, mismanagement of community funds, disunity, and conflict. Three of the respondents explained the challenges to sustainability relating to VDCs as follows:

> "*It depends on the ownership sense. Some people have the true love for the community and want the village to develop…. I don't think this has to do with the unity in the community, it has to do with a lot of factors; number one is that once CESVI is phased out, the VDC is not an authoritative organization, but if the village administrators from the government side gets involved in the VDC matters and interfere with their work and monopolize their activities, they [VDC members] would not want to continue.*" (Magway, Yenangyaung – Male)

> *"The Shae Thot VDC system is good. With the guidelines and leadership of people from Pact, they are still doing okay, however, without Pact's assistance some conflicts or issues could come up. At this moment the VDCs is guided by Shae Thot, but if they are on their own, different people in charge of different sectors, may want to compete and there will be power struggle, and arguments, and personal interests, and it can fall apart."* (Sagaing, Monya – Male)

> *"I think about 60% of the VDCs are capable of this [sustainability]. The other 40% do not rise to the expected levels, one part due to the leadership issue and another part due to the mindset and belief system of the community members. One village has only 80 households and complain they don't have water, while another has 400 households and have enough water. So, the main issue for the smaller village is that they don't want to pay for the water and want free water and as a result there are no funds."* (Magway, Seikphyu – Male)

ONGOING EFFORTS TO SUPPORT SUSTAINABILITY

Despite the mixed outlooks on sustainability, some communities engaged in creative efforts to bolster the program's longevity. Some of these efforts were linked to Shae Thot, but some were beyond the project's direct scope. These measures included building partnerships with youth and local civil society groups to foster unity and collaboration. Several respondents underscored the importance of cooperation with local NGOs, rather than exclusively international ones, to build their capacity and further ensure sustainability after international NGOs withdraw. VDCs acted as facilitators to build community networks with other NGOs and government actors. This local civil society capacity building was realized in the subcommittees (e.g. farmers groups) as well as other, non-Shae Thot organizations.

> *There should be more cooperation with the local NGOs than the international ones so as to increase the capacity of local NGOs and sustainability. So, it is better to work with local NGOs. There is less of a local involvement in the Dry Zone. (Sagaing, Yinmabin – Male)*

> *"Because of Shae Thot, we understand how to cooperate or collaborate with different NGOs and CSOs to ensure our village development. … We're united and our committees are functioning very well."* (Magway, Seikhphyu – Male)

Engagement of local partners was present in all regions but particularly necessary in Kayah, where Pact was the only international NGO on the ground. An implementer explained:

> *"Kayah was more challenging …and very politically sensitive. When we started there, it was limited to Pact and local partners, and we only focused on MCH since it was the easiest. The partnership with local partners was the only way to gain trust of these communities, even though some had low capacity and needed hand holding with monitoring and basic management."* (Yangon, Yangon – Male)

Building relations with the local government was also important to sustainability by raising the profile of project activities and establishing buy-in and trust with government actors. One key informant explained: *"The most difficult issue for the local government is to cooperate with NGOs, now they are willing to accept the NGOs."* (Magway, Yenangyaung – Male). In one case, a village successfully built a road with their own VDF funds and supplementary support from the local government (Sagaing, Yinmabin, Male). Some explained that the government could play a critical role in ensuring sustainable MCH outcomes, particularly, in the absence of Shae Thot mobile clinics:

> *"For women's health, we believe that mothers groups are working now, though we heard that medicine support is kind of difficult. However, we have good contacts with the government people to seek some assistance. We've noticed that mothers are also talking with those people…. We also would like to do with partnerships if possible. We would like to share more experiences and lessons learned from each other. We think that this is a time to build a platform to work together and find a solution together for our community."* (Sagaing, Monya, Myo Gyi/Myo Gyi – Male)

> *"Whether the Shae Thot results in MCH will continue, depends on the township. It has to do with government health providers and the interest of public health department, and it will be based on that."* (Magway, Yenangyaung – Male)

> *"MSI already stopped providing medicines for pregnant women and mothers. However, I think we have a good link especially between mother's group and government people to keep providing regular medicine,*

which MSI itself initiated to strengthen that link between the government and us." (Sagaing, Yinmabin, Myo Gyi/Myo Gyi – Male)

While building partnerships with local government actors was important, this level of engagement was not replicated at the national level. One implementer explained that direct assistance to the national government was outside Shae Thot's original scope:

> *"In Kayah, there are non-state quasi health department which is their health system (call themselves the civil society group) to support the population. So, this is connecting them with the system in health which reinforces government connection with the system. … The focus of projects is at community level, focused on village, township, and potentially state. Shae thot never intended to engage the MoH. USAID at the start of project did not want to engage the government! So even providing capacity building, training was not allowed without USAID's approval before. Until April 2016, the focus was on the community rather than at the national level.* (Yangon, Yangon – Female)

In addition to the government, some key informants emphasized building on existing relationships with other actors, including the private sector, to support sustainability. One respondent suggested that Shae Thot "*leverage private public partnership such as solar panels and energy [and] link with maternal child health."* Another key informant explained the value of private sector engagement:

> *"I think also one of the lessons learned is not only the integration within the consortium but reaching out to other actors, not only local actors [including the government] as it has been considered as key sustainability for the past ten years, but also the private sector, which is growing in Myanmar. But when we speak of private sector is not about big groups of companies but about that guy in town who has an oil maker. So, in Myanmar it may be time to stop saying that key to sustainability is to train and hand over to the authorities … we should not go for a consortium with 50 partners, but to think a specific way to involve the private sectors."* (Yangon, Yangon – Male).

EVALUATION QUESTION 4

To what extent have Shae Thot activities, and the project as a whole, advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery? What are some key good practices and/or lessons learned that could be replicated in other community development initiatives?

GENDER EQUALITY

Shae Thot's integrated approach was designed to increase both women's and men's access to social and economic opportunities, as well as control over resources increased responsibilities, including in leadership positions. The principal Shae Thot mechanisms that advanced economic empowerment and access to governance and decision-making processes were the VDCs/VDFs, and microfinance structures, like WORTH and PGMF.

Findings from the FGDs revealed two interesting perspectives on gender roles and norms. First, respondents discussed customs entrenched in Burma's patriarchal culture that have traditionally relegated women to a subordinate status to men (particularly in Kayah). This manifests in many ways, including beliefs that men are biologically superior to women, expectations that women must seek permission from their husbands to engage in various activities, and roles and responsibilities in the community and family that are assigned to women or men based on their gender. The second perspective was one that attempted to justify or explain these traditions. These explanations emerged during FGDs, when one man said, *"some men don't do the work properly, so women have to go and do the work" (*Kayah, Bawlakhae). In another FGD, one female participant explained that *"there has never been a tradition for women to be leaders in the village…women are also not interested" (*Magway, Yenangyaung, Kangi/Hpan Kar San). Another man said that *"women should be involved in [activities] because we [men] are busy and they [women] stay at home and have more free time" (*Sagaing, Yinmabin, Zee Taw/Zee Taw South).

FGD respondents that Shae Thot provided spaces for women to participate, learn, and contribute in spaces that were not previously available to them. There was broad agreement that participation in income generation activities like WORTH afforded women greater access to resources (both financial and non-financial, such as skills) and opportunities to exercise control over benefits and decision-making processes. Women were also increasingly able to gain respect and recognition for their awareness raising and knowledge sharing roles in VDC subcommittees, as well as fundraising and microfinance activities.

Regardless of gender or location, FGD respondents viewed the knowledge and skill building activities in Shae Thot as a process that empowered both women and men to address obstacles affecting their well-being. Some respondents expressed that gender discrimination no longer existed in their communities, although they did not explicitly attribute this change to Shae Thot. This belief was not widespread, and most respondents highlighted perpetual inequalities, in various forms. Qualitative data did show, however, that capacity building and access to resources were especially valuable in the areas of mother and child health and microfinance. Increased knowledge, awareness, and skills in these sectors allowed women to improve their own health and that of their children, and empowered them financially, as demonstrated by the following quotes:

> *"Before Shae Thot… there was no fund and pregnant women were looking for money to give birth [at health clinics]. And there was no protection of children as we didn't have the knowledge to care for them. But after Shae Thot, we came to know that we have to take care of children and mothers. Our health knowledge has improved. And our business is successful as the microfinance is here."* (Magway, Sinbaungwe, Kyar Inn / Kyar Inn – Female)

> *"In the past, women were looked down [upon]. Nowadays, they are not as much looked down [upon]…they take courses and go to meetings that develop their perspective [knowledge, awareness]."* (Kayah, Bawlakhae – Male)

FGD respondents noted that women attended trainings and workshops more often than men. Although some attributed this to women having more time, others stipulated that women's higher participation was a result of increased self-confidence and awareness of their capabilities, both innate and acquired. Some respondents commented as follows:

> *"I participate because to gain knowledge for the village and to lower the mother and child death rate."* (Sagaing, Yinmabin, Myo Gyi/ Myo Gyi – Female)

> *"In the past, if World Vision was giving a training, they [women] were afraid to go, but now they are going if there is a training [given by Shae Thot]."* (Magway, Yenangyaung, Kan Gyi/Hpan Kahr San – Male)

> *"Women are more motivated than men. As men are working and women are staying at home. So, they are actively participating [in training/awareness raising activities]."* (Sagaing, Yinmabin, Zee Taw/Zee Taw South – Male)

Fifty-one percent of household survey respondents in treatment villages reported that "women's economic contribution to household income" was somewhat better than six years ago, with 24% saying it was much better. This proportion was slightly higher than in comparison villages, where 49% of respondents reported that women's economic contribution was somewhat better and 23% reported it as much better. This progress in the promotion of gender equality notwithstanding, most FGD respondents acknowledged that gender gaps persisted, in particular men being favored over women in leadership roles and in pay, as in the following example:

> "*Men are getting 5,000 kyats and women are getting only 2,500 kyats as a daily fee [for agricultural labor]."* (Magway, Seikphy, Sin Lan Chaung – Female)

Similarly, 53% of endline household survey respondents in treatment villages reported that "women taking leadership roles" had somewhat improved by compared to six years ago, and 20 percent reported things have gotten much better. This proportion was also slightly higher than the comparison group, with 47% saying things have gotten somewhat better and 20% saying it was much better. Yet the qualitative data indicated that women's roles in leadership were largely restricted to gendered spaces where men did not normally participate, like mothers' groups and WORTH, or to tasks that were considered "women's work," such as administrative roles in the VDFs like cashiers and accountants. Women were rarely elected to leadership roles in organizations with broader reach, like Chairperson or Secretary of the VDC/VDF, or Village Leader. In line with the dual perspectives introduced earlier in this section, some respondents attributed the exclusion of women from leadership roles to patriarchal structures, as one woman explained *"Yes, men are hesitant to let women be ahead of men. They [women] don't get equal opportunities."*

(Magway, Sinbaungwe, Kyar Inn/Kyar Inn), while others credited to women's "unwillingness" to assume such roles due to lack of interest and/or time. Example comments included:

> *"Women are not willing to do it [take on leadership roles] …. the leaders have to give time for doing many tasks; women are very busy and can't give time for that [leadership responsibilities]."* (Sagaing, Yinmabin, Zee Taw/Zee Taw South - Female)

> *"Women can get to become chair person in VDCs, but because of their family business they cannot fully participate in the VDCs."* (Sagaing, Yinmabin – Female)

Findings from the KIIs, for the most part, supported the FGD respondents' assessment of the benefits of capacity building and knowledge sharing in empowering women and establishing a foundation for gender equality. Some noted that women have been able to improve their socioeconomic status (in terms of equality with men) in communities through membership and work in the VDCs and the VDFs, and through-income generating activities such as WORTH microfinancing. One person commented:

> *"Because of WORTH, women can generate income on their own and feel empowered and can have a role in their family. This has also changed the men's mentality. It is kind of a chain reaction with support from Worth to the village development."* (Sagaing, Yinmabin – Male)

Shae Thot activities included both women and men in all sectors, although not necessarily in equal proportions. Implementers reported that men and women were equally encouraged to attend education sessions on MCH and family planning, although women attended in disproportionately higher numbers. The project activities and events also provided the opportunity for women to meet and network with other groups and organizations. In some instances, men were also invited to participate in WORTH trainings during family days, as well as at their own request, although their participation varied. One key informant remarked:

> *"We found with WORTH some gender issues; in the beginning men feel distant from that. But we included family days where WORTH women as well as the community to understand what they are doing and also linking with contributing to the VDF or 10% of their profit or sometimes they do their own contribution. In some communities some men were interested in this model. In 2 or 3 villages some men are doing this as well, as well young people such as the 10th graders."* (Yangon, Yangon – Female)

Some key informants believed that despite its adherence to traditional gender norms, Burmese society is amenable to women's equality with men, at some levels. One respondent gave an example of a female former member of WORTH who had been appointed congressperson at the local level. However, most key informants and FGD respondents indicated that this was an exception to the rule. Some FGD participants believed that since there are more women participating in village committees (e.g., Shae Thot VDC/VDFs or other community organizations) that were previously dominated by men, *'gender issues are no longer a concern.'* On the other hand, one key informant believed that the increased presence of women in activities and organizations was a consequence of higher rates of migration from villages and fewer men remaining in some villages.

INCLUSION OF MARGINALIZED AND VULNERABLE GROUPS

FGD respondents and key informants agreed that Shae Thot's target beneficiaries were the very poor and, as such, the project's design was inherently inclusive of marginalized groups. For example, the

program prioritized the landless in gardening and livestock activities and providing latrines. One IP respondent described this process:

> *"Animals are first for the landless and vulnerable household and there is a social economic ranking within the community. So, this system is also revolving in the sense you need one two and three cycles to cover the landless and most vulnerable before reaching the other farmers; i.e., through the breeding of the animals. It is a combination of landless, first priority, and vulnerable households, and there is usually a social economic ranking within the community. So usually in Dry Zone, but in other places as well, there is obvious social ranking which places women headed households first, but the activity was not designed specifically to target women alone as animal caretakers or owning animals." (*IP Staff, Yangon, Yangon – Male)

Another implementer in Kayah described a similar process for identifying project beneficiaries:

> *"We have our own classification systems for selecting our target people. We call it "poorest of the poor." We rank their level of incomes and livelihoods conditions and then select the lowest members of a community to be our target people. We did this during our needs assessments and keep doing this during our project period and include more members as much as we can to make sure that those vulnerable people receive our assistance. We also include youths and some diverse community members from different ethnic background."* (CSO coordinator, Loikaw, Kayah – Male)

However, while specific household activities like those described above, were directed at the most vulnerable, the inclusivity of the program more broadly was inconsistent. Although the VDCs were designed to include all community members, the community-driven nature of their elections and decision-making processes sometimes led to the exclusion of vulnerable groups, like those without education. As key informants explained:

> *"They [VDCs] have their own standards on vulnerability, and since Shae Thot relies on the decision of community, we are more exposed [agree] to going with their decision on vulnerability…. In the end it is not something we understand all the time; i.e., what are their criteria for vulnerability."* (Yangon, Yangon – Male)

> *"In VDCs, you need to read, write and speak and many of these groups cannot do that. So, I suggest the approach should be with the community to talk and talk again about the inclusion of everybody and that you also need people who cannot read and write. So, it is something the project should be doing more of. Also, people who participate in the groups are the ones who have a little more money, so they can spend the time to attend the meetings, but the very poor do not have the time. On the other hand, this does not mean that these are not benefitting from the project because they are, for example, the people who get the latrines are the poorest of the villages. It is therefore more to include them in the VDCs which we need to work more on.* (IP staff, Yangon, Yangon – Female)

> *"I have not seen any vulnerable people in the VDCs. By vulnerable, I mean people with disabilities, children under 5, and orphaned children, and people with mental problems. I don't know there is any one in the VDCs that represent these people."* (Meikhtila, Mandalay – Female).

Other respondents also reported inclusion of youth and the elderly in Shae Thot activities. For example, one FGD respondent believed that the project had allowed for the greater participation of youth and elderly in leadership roles:

> *"In the lead role, in the past, there wasn't… place for the young or the elders. Now youngsters lead and are able to work and have abilities [capacity]."* (Kayah, Bawlakhae – Male)

On the other hand, some key informants felt that the project had not fully integrated youth and the elderly in project activities as one said, *"I feel that our communities don't care that much about our elders."* (Kayah, Bawlakhae – Male). When asked about youth engagement in the future, a project implementer said:

> *"We will start looking for youth specifically and attempt to better engage them in the political process. Perhaps this could mean strengthening the capacity of existing youth organizations. We also ensure that income generation activities that come out of WORTH are accessible to a broader amount of people in the community."* (Yangon, Yangon – Male)

Some key informants also believed that the project did not do enough to engage persons with disabilities and tailor project activities to their needs, as one informant explained:

> *"But we still have some handicapped people in our community that we cannot have a chance to invite to our activities, because they have a difficulty travelling that far to attend our training in town or somewhere."* (Kayah, Demosoe Town – Male)

While some FGD and KII respondents acknowledged that the project encouraged the participation of all community members regardless of their economic status, a few stated that "rich" people were perceived to be excluded from project benefits. Someone who was perceived as wealthy in comparison to their neighbors could still be very poor, on an absolute scale. Key informants also mentioned that the project did not specifically respond to the needs of people living with HIV/AIDS or provide services to this group, even though the MCH services included HIV testing and counseling for pregnant women.

Some FGD respondents noted that marginalized groups living in very remote areas no longer have access to certain services, such as in MCH, due to project phase out. One respondent recalled that a pregnant woman had died during delivery because she lived in 'the forest' and could not reach a clinic. In other instances, FGD respondents conceded that some marginalized groups, particularly those who had 'no knowledge' may have been left behind.

Finally, Shae Thot activities in Kayah had to be sensitive to the unique vulnerabilities and divisions that the conflict created. A local government official explained some of the difficulties of working in the state:

> *"We are dealing with very diverse groups in those villages, sometimes hard to convince them to do something. For instance, even Catholic groups don't like to work with Baptist groups. Also, some Karen people are not interested in working with Kayah groups."* (Loikaw, Kayah – Male)

A project implementer underscored how crucial it was for all IP staff to be comprehensively trained in conflict-sensitivity:

"We would be more intentional about being conflict sensitive - not in regard to the staff on the ground but to our entire organization. For example, in Kayah we trained our program staff to understand the sensitivities, but then our compliance department came in without that context and it challenged relationships. We realized we needed to inform our entire staff of how sensitive this area was." (Yangon, Yangon – Male)

CONCLUSIONS

EQ 1: To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives, and goals in targeted communities?

While this final evaluation is unable to attribute changes in outcomes and results specifically to Shae Thot interventions, due to the absence of a true counterfactual, by endline we observed substantial improvement since program inception in virtually all Shae Thot outcomes. The improvements were clearly observed in the majority of the quantitative indicators, as well.

Overall, access to healthcare and health outcomes in Burma are gradually improving, due at least partially to new infrastructure and increased availability of healthcare services. There were impressive gains in all Improvements were observed in each of the MCH-related indicators in Shae Thot areas. More women and children were receiving appropriate care during pregnancy, delivery, and the postnatal period in project and comparison villages at endline compared to baseline. Children's nutrition had improved, and modest gains were observed in appropriate treatment of diarrhea and ARI in children. Even though comparison villages were closer to urban areas and had better access to facilities, intervention areas showed a greater improvement in facility-related indicators like four ANC visits and percent of deliveries using clean delivery kits at endline than comparison sites. The proportion of knowledgeable women in each category of MCH knowledge at least doubled from baseline to endline in Shae Thot villages, and similar rates of change were observed in the comparison villages.

WASH indicators also showed impressive strides in the areas of water access and sanitation. Access to clean drinking and domestic use water and access to sanitary latrines within Shae Thot villages increased substantially from baseline to endline, although increases were comparable in the comparison group. The median time households spent collecting water, in both the rainy and the dry season, dropped to zero from 30-45 minutes at baseline - this change represented a larger gain that in comparison areas. Hygiene behaviors improved dramatically in Shae Thot villages, with an increase in availability of handwashing stations with soap rising from 73% at baseline to 94% at endline. This corresponded with an impressive improvement in key handwashing behavior in Shae Thot villages: e.g., 88% of households now wash hands after defecation, compared to 66% at baseline. Although the incidence of most hand-washing practices increased at similar rates in comparison areas, the rate of handwashing after work in Shae Thot areas improved much more than in comparison areas, with 52% of households reporting washing hands after work at endline in Shae Thot areas, compared to 37% at baseline, for a DID estimate of 9%.

Outcomes related to agriculture improved substantially in Shae Thot areas. Uptake of pesticides, chemical fertilizer and organic or natural fertilizer grew substantially in project areas, the latter at a higher rate than in comparison areas. High crop yield increases (resulting in part from the increased availability of higher quality seeds) were observed for all commonly grown crops, with largest gains in chickpea yields, and particularly high gains in rice paddy yields compared to the comparison group.

Gains in perception of economic growth were palpable and community members credited positive changes to Shae Thot. Households' perception of food security and economic wellbeing compared to the previous year improved drastically from baseline to endline, and food scarcity sharply decreased: with only 2-6% of

treatment households reporting food insecurity in the hungriest months of April/May and July/August at endline compared to 17-19% at baseline, with smaller gains observed in comparison areas. While agriculture remains the main economic activity in surveyed areas of Burma, sources of income began to diversify, with double the number of households reporting livestock and poultry breeding as a main income source. Incomes rose, but gains were tempered by inflation. Borrowing practices changed drastically, as far fewer households borrowed from money lenders at endline: 8% versus 40% at baseline, and more borrowed from government, micro-credit providers and farmer's associations/cooperatives. Demand for loans increased most substantially for purchase of agricultural goods, business investment, social affairs, and purchase of animals and medicine for animals.

VDCs and their associated sub-committees were the cornerstone of civil society in many communities and laid the foundation for community-driven development. VDCs were able to significantly improve the well-being of the members of their communities, supporting activities directly and indirectly related to Shae Thot. VDCs received financial resources from VDFs: community-owned and managed financial institutions. VDF funds were used for social welfare initiatives, water supply projects, education, electrification, and others. These governance structures were widely valued by community members and respondents emphasized that they were crucial facilitators of community unity, collaboration, and development.

EQ 2: To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes, results and objectives? Are there unintended positive or negative effects of this approach?

Project beneficiaries generally characterized Shae Thot's multi-sectoral integrated community development approach positively, explaining that the complementary nature of interventions in multiple sectors hastened development progress. Beneficiaries reported that their new knowledge and awareness, coupled with access to services and products in various sectors, corresponded well to the needs and demands of their communities and advanced their community's development. The integrated approach was especially relevant in project areas, such as Kayah, where external actors have had little traction, but local civil society organizations (CSOs) have taken steps toward self-directed community growth. Implementing partners also credited the integrated approach as a key driver of the achievement of Shae Thot outcomes, although the impacts of some multi-sectoral activities were greater than others, depending on how readily each activity lent itself to integration. VDCs served as the central coordinating mechanism for multi-sectoral activities and were integral to the success of the integrated approach, even though their full impact was not realized equally in all areas.

Despite an overall favorable outlook, there were several coordination challenges and impediments that hampered the success of the integrated approach. A key challenge of coordination stemmed from what implementers characterized as a lack of an overall, unifying objective or strategy to which they could map their activities. Other barriers to integration were persistent traditional beliefs and practices and low community engagement/participation in some areas. Another important challenge was the shorter duration of integration (relative to the overall implementation period), especially in Kayah. Strengthening governance structures at the village level, understanding and addressing the specific needs of the communities, and empowering people to contribute and participate in the development process are long-term processes that require deep stakeholder buy-in and time to build trust. The shorter period over which integration was implemented, relative to the project duration, proved insufficient for successful

integration in some cases, and could have been strengthened had integration been more uniformly implemented from the outset of the project.

EQ 3: How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes? What elements of this model that promote sustainability could be applied to similar community development interventions? Are there certain characteristics of various operating environments that make interventions more or less sustainable?

Findings from the FGDs and the KIIs highlighted communities' strong desire and willingness to sustain project activities. Activities that were quick to produce positive impacts were reportedly more likely to endure those whose effectiveness took longer to manifest. The communities' enthusiasm for continued growth notwithstanding, the prospects for sustainability varied across communities. Differences in community contexts affect the extent to which project outcomes will be sustained. KII and FGD respondents identified the following factors as having an impact on the level and likelihood of sustainability: community unity and sense of ownership, leadership and efficient management of community organizations and funds, networking and relationship building with the local government (or the de facto governing body in areas controlled by ethnic armed groups in Kayah) and other CSOs, migration and turnover of trained volunteers and service providers (including VDC members), mechanisms for skills and knowledge transfer from one generation of volunteers to the next, monitoring of activities, and project duration.

Qualitative respondents also reported that sustainability is threatened by political instability, climate change, and the capacity of communities to respond to environmental disasters. Overall, it is also largely predicated on communities' ability to build on the results they achieved and continue to use the skills and capacities acquired through interventions. In addition, sustainability could reportedly be jeopardized without ongoing training and technical support and knowledge transfer from one generation to the next. The availability of continued technical and financial support to address the ongoing needs of the communities was important for sustaining achievements. Inaccessibility to certain services and products (e.g., mobile health clinics, family planning products, agricultural tools and equipment, funding support, etc.) previously offered by the project could detrimentally affect the sustainability of results, unless there is proper support and engagement of the government, other non-governmental organizations (NGOs), and/or the private sector.

EQ 4: To what extent have Shae Thot activities, and the project as a whole, advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery? What are some key good practices and/or lessons learned that could be replicated in other community development initiatives?

Shae Thot made notable strides to advance gender equality and inclusion of marginalized groups, most effectively through VDCs and VDFs, microfinance structures like WORTH and PGMF, and capacity building and empowerment efforts. Qualitative data provided ample evidence that Shae Thot activities created opportunities for women to learn, participate, and contribute in spaces that were not previously accessible to them. Quantitative indicators related to women's empowerment and participation (although more limited) were also supportive of this conclusion. However, the project made only marginal progress against restrictive gender norms, including those related to gender equality and leadership roles for

women. Shae Thot did not fully assess the interrelated cultural, social, and political elements necessary to transform attitudes about gender roles and equality.

Inclusivity and representativeness were key factors in ensuring community members had sufficient buy-in to Shae Thot, which, in turn, supported sustainability. However, qualitative data reflected that the inclusion of marginalized groups, like the elderly, and people with disabilities, was inconsistent. Some vulnerable populations were excluded inadvertently because activities or mechanisms did not accommodate their unique circumstances or limitations. Some community institutions, like VDCs, were not inclusive of all members of a community, due in part to requirements for participation (like literacy or time commitments). Project phase-out also had detrimental effects on some marginalized populations, especially those who lived in very remote areas and have difficulty accessing other services. Furthermore, qualitative data indicated that Shae Thot did not fully integrate youth (including especially vulnerable youth) into project activities, which could inhibit project sustainability and long-term development. Shae Thot's activities also had to be sensitive to the unique vulnerabilities resulting from the conflict in Kayah, which required additional planning, adaptation, and coordination.

RECOMMENDATIONS

The ET presents the following recommendations to USAID/Burma and Shae Thot IPs, which are informed by the findings and conclusions gathered from the final evaluation, to guide future multi-sectoral integrated project design and implementation. The ET crafted these recommendations in line with the best practices this evaluation has identified, many of which were utilized by the Shae Thot consortium partners throughout program implementation.

Recommendations for Future Multi-Sectoral Integrated Project Design

1. Conduct a needs assessment and situational analysis in each state/region of planned implementation to thoroughly understand the contextual differences among project communities and design activities according to the most pressing community development needs. This can mitigate falling into a "one size fits all" approach to governance and microfinance structures.
2. Conduct a thorough gender analysis or assessment prior to program implementation to identify the opportunities and entry points to ensure activities in all sectors holistically advance gender equality and target restrictive gender norms.
3. Engage marginalized/vulnerable individuals and groups (including youth, people with disabilities, the illiterate, the very poor), during the program design stage to build early engagement and ensure planned interventions are maximally inclusive.
4. Clearly articulate the activities within each sector and delineate how consortium partners will share and coordinate responsibilities, if multiple partners are working in the same sector and/or geographic area. Coordination should include identification of target areas and communities at the outset of the project, to streamline integration efforts and maximize impact of implementation.
5. Consider deepening engagement with the government at both the national and local levels (or relevant non-state actors, like armed groups), as well as with the private sector, to share knowledge and lessons learned, expand the impact of a multi-sectoral integrated approach as early as possible, and identify additional technical and financial resources to support community development activities.
6. Utilize a conflict-sensitive approach for implementation in Kayah or other conflict-affected areas. Consider conducting a conflict assessment during conflict design, utilizing USAID's Conflict Assessment Framework or another similar framework, to assess the conflict environment and how it has changed since previous implementation (in the case of a follow-on activity). Train all IP staff, including non-programmatic staff, like operations staff, to ensure all staff are sensitive to the idiosyncrasies of conflict-affected areas.

Recommendations for Multi-Sectoral Project Monitoring and Coordination

7. Establish mechanisms/joint monitoring systems to facilitate and monitor IP coordination (both IPs working in the same sector as well as those working in different sectors) to identify gaps, constraints, and coordination challenges, that may ultimately affect stakeholder buy-in, participation of the beneficiaries, and the effectiveness of intervention implementation. A joint monitoring system may improve IP communication and collaboration and reduce or eliminate duplication of effort in interventions that are implemented by multiple partners.

8. Rigorously train village-level partners (including local implementer staff, volunteers, and members of community organizations.) in the collection of monitoring data and use of monitoring systems to strengthen community capacity to document and learn from changes over time and support sustainability of results. Training and the implementation of monitoring systems may need to be adapted in conflict-affected communities, where community members may be reluctant to establish documentation that could be seized by armed groups.

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ANNEXES

ANNEXES

ANNEX I: KEY INDICATORS OVER TIME, BY TREATMENT GROUP

	Comparison				Treatment				Difference in Difference	
	Baseline	Midline	Endline	Change: Endline-Baseline (%)	Baseline	Midline	Endline	Change: Endline-Baseline (%)	Baseline-Endline	Midline-Endline
MCH Indicators										
Women's Knowledge										
% of women able to name 3 methods of modern contraception	21%	37%	48%	27%	26%	43%	52%	26%	-1%	-2%
% of women able to name 3 pregnancy danger signs	6%	21%	25%	19%	9%	28%	28%	18%	-1%	-4%
% of women able to name 3 delivery danger signs	4%	14%	19%	15%	7%	20%	21%	13%	-1%	-5% *
% of women able to name 3 postnatal danger signs	2%	9%	12%	10%	3%	16%	15%	12%	2%	-4% *
% of women able to name 3 neonatal danger signs	6%	26%	28%	22%	13%	32%	34%	21%	-1%	-1%
n	*1,220*	*994*	*934*		*2,548*	*2,934*	*2,658*			
Pregnancy and delivery										
% of pregnancies with 4 ANC visits	26%	46%	46%	20%	24%	34%	48%	24%	4%	13% *
% of deliveries with skilled birth attendants	65%	74%	87%	22%	57%	73%	85%	28%	6%	-2%
% of deliveries using clean delivery kits	43%	71%	65%	21%	48%	81%	76%	28%	6%	2%
n	*125*	*91*	*65*		*318*	*293*	*230*			

Child nutrition										
Average number of food groups consumed by children under 5	2.4	2.9	3.0	23%	2.4	2.9	3.0	27%	8%	-4%
n	*368*	*293*	*394*		*835*	*966*	*1,201*			
% of children under six months exclusively breastfed [indication of exclusive breastfeeding (unconfirmed) for youngest child under 6 months]	46%	70%	79%	33%	53%	69%	81%	28%	-5%	3%
n	*39*	*44*	*39*		*107*	*116*	*149*			
Child health										
% of newborns receiving neonatal checks from skilled health provider within 1 week after birth	75%	82%	88%	13%	63%	76%	81%	19%	6%	-1%
n	*142*	*139*	*173*		*365*	*456*	*544*			
% of children with diarrhea treated with ORS and Zinc	0%	6%	0%	0%	2%	9%	3%	1%	1%	-1%
n	*31*	*18*	*12*		*61*	*74*	*34*			
% of ARI cases that received care from a skilled health provider	57%	48%	52%	-5%	44%	41%	49%	5%	10%	4%
n	*7*	*33*	*61*		*43*	*127*	*136*			
WASH Indicators										
Water										
% of households with access to safe water sources (drinking water)	80%	88%	86%	6%	80%	84%	85%	6%	0%	3%

% of households with access to safe water sources (domestic water)	79%	88%	90%	11%	75%	81%	86%	11%	0%		2%	
Sanitation												
% of households with handwashing stations with soap	75%	88%	93%	18%	73%	88%	94%	20%	2%		0%	
% of households with sanitary latrines	63%	75%	71%	8%	66%	72%	72%	6%	-2%		4%	
% of households reporting not having a toilet/open defecation	17%	8%	9%	-8%	14%	10%	9%	-5%	3%	*	-2%	
n	*1,400*	*1,220*	*1,220*		*3,000*	*3,460*	*3,459*					
Livelihood and Food Security Indicators												
Farming practices												
% of farmers using pesticides	65%	75%	83%	18%	74%	87%	88%	15%	-3%		-6%	**
% of farmers using organic and natural fertilizer on crops	31%	74%	51%	20%	25%	68%	50%	25%	5%		5%	
% of farmers using chemical fertilizer on crops	14%	60%	65%	52%	15%	61%	66%	51%	-1%		0%	
% of farmers using mixed organic and chemical fertilizers on crops	67%	32%	41%	-26%	69%	38%	46%	-23%	3%		-1%	
n	*799*	*639*	*varies*		*1,707*	*1,920*	*varies*					
Perceptions												
% people who think their financial situation is good or somewhat good compared to the previous year	15%	31%	27%	12%	16%	30%	27%	12%	0%		1%	

% people who think their employment opportunities are good or somewhat good compared to the previous year	10%	26%	41%	31%	14%	29%	39%	25%	-6%	**	-5%	
% of respondents saying their household food security was good/somewhat good compared to the previous year	8%	24%	25%	17%	10%	24%	26%	16%	-2%		1%	
n	*1400*	*varies*	*1220*		*3000*	*varies*	*3459*					
Food Security												
% of respondents saying their household food security was good/somewhat good compared to the previous year	8%	24%	25%	17%	10%	24%	26%	16%	-2%		1%	
% respondents saying food was scarce in each month												
January	2%	1%	0%	-2%	5%	1%	1%	-4%	-2%	***	0%	
February	2%	1%	1%	-1%	7%	2%	1%	-6%	-5%	***	-1%	
March	5%	3%	2%	-3%	14%	10%	3%	-11%	-8%	***	-5%	***
April	7%	4%	2%	-5%	18%	11%	3%	-16%	-11%	***	-5%	***
May	10%	5%	2%	-8%	19%	6%	2%	-18%	-10%	***	-2%	
June	3%	6%	2%	-1%	4%	6%	1%	-4%	-3%	***	-2%	*
July	18%	16%	7%	-11%	18%	21%	5%	-12%	-1%		-7%	***
August	18%	15%	6%	-11%	17%	18%	6%	-11%	0%		-4%	*
September	8%	3%	2%	-6%	6%	4%	2%	-5%	1%		-1%	
October	8%	3%	2%	-6%	8%	3%	2%	-6%	0%		0%	
November	5%	1%	1%	-4%	6%	2%	1%	-4%	-1%		0%	
December	2%	1%	0%	-2%	4%	1%	1%	-3%	-1%	*	0%	
n	*1,400*	*1,220*	*1,220*		*3,000*	*3,460*	*3,459*					

ANNEX II: VILLAGE-LEVEL CHARACTERISTICS

Village Population						
	Comparison			**Treatment**		
	Mean	Median	SD	Mean	Median	SD
Male Population	632	417	585	546	470	412
Female Population	760	548	694	652	561	487
Total Population	1403	948	1270	1211	1019	892
Number of Households	314	193	283	258	231	180
Village land type as % of total land area						
	Comparison			**Treatment**		
Land Type	Mean	Median	SD	Mean	Median	SD
Le (wet)	22%	20%	25	20%	10%	24
Ya (dry)	56%	69%	32	65%	70%	29
Kaing (Cultivable waste land, islands etc.)	9%	0%	18	7%	0%	14
Garden	4%	0%	11	3%	0%	9
Taungya (shifting cultivation)	3%	0%	14	2%	0%	11
Village assets						
	Comparison			**Treatment**		
Asset	Mean	Median	SD	Mean	Median	SD
Power Tiller	11	3	25	9	3	21
Thresher	2	0	5	2	0	4
Rice Mill	2	0	5	1	0	2
Pond	2	1	4	2	1	2
Tube well (Hand/treadle pump)	56	10	95	62	5.5	126
Tube well (Motor pump)	95	20	155	46	10	83
Shallow well	2	0	11	2	0	7
Powered water pump	63	2	123	53	6	125
Generator	11	1	52	5	1	17
Trawlarjee	6	1	15	3	1	10
Repair shop	1	0	1	2	0	23
Grocery shop	8	5	8	6	5	7
Phone	779	400	1183	489	390	443
Distance from village to services (in miles)						
	Comparison			**Treatment**		
Place	Mean	Median	SD	Mean	Median	SD
Nearest town	12	7	12	11	10	8
Nearest rural or sub-rural health centre	1	1	1	1	1	2

Primary school (govt)	0	0	1	0	0	0
Middle school (govt)	1	0	2	1	0	3
High school (govt)	4	2	5	3	2	5
Bank	12	7	12	17	10	76
Grain bank/seed bank	10	6	13	25	8	190
Community building	0	0	1	0	0	1
Private clinic	12	6	21	10	7	11
Market (weekly)	10	6	12	8	6	8

Quality of road to village (% of villages)		
	Comparison	**Treatment**
No road reaching all the way to the village (e.g. access by water sea/river)	0%	3%
Rough track reaching all the way to the village (bullock cart or walking only)	2%	5%
Rough track suitable for trawlargee but not for cars/trucks	11%	6%
Accessible by car/truck in dry weather only	30%	20%
Accessible by car/truck in all weather	57%	66%
Total	100%	100%
General village characteristics (% of villages in each category)		
	Comparison	**Treatment**
Public water supply system in village	0%	6%
Cases of Malaria in the past 12 months within village	13%	18%
Electricity availability and sources		
Electricity (Government-provided)	41%	44%
Electricity organized by village	7%	9%
Electricity (Private/commercial generator)	2%	4%
Electricity by solar home system	66%	65%

ANNEX III: ENDLINE SURVEY VILLAGE SAMPLE

State/Region	Township	T/C Assign	T/C Actual	Original Village/Village Tract list	Replacement Village/Village Tract	Notes
Magway Region	Aunglan	T	T	Dan Daunt Village / Dan Daunt Village Tract		
Magway Region	Aunglan	T	T	Gyaung Village / Inn Kone Village Tract		
Magway Region	Aunglan	T	T	Kun Laung (Kone) Village / Kun Laung Village Tract		
Magway Region	Aunglan	T	T	Let Myaung Village / Let Myaung Village Tract		
Magway Region	Aunglan	T	T	Myin Ka Paing Village / Myin Ka Paing Village Tract		
Magway Region	Aunglan	T	T	Nga Pyin (Ngar Pyint) Village / Nga Pyin (Ngar Pyint) Villa		
Magway Region	Aunglan	T	T	Nyaung Pin Seik Village / Nyaung Pin Seik Village Tract		
Magway Region	Aunglan	T	T	Nyaung Pin Waing Village / Nyaung Pin Waing Village Tract		
Magway Region	Aunglan	T	T	Pya Loet Village / Pya Loet Village Tract		
Magway Region	Aunglan	T	T	Sa Khan Gyi Village / Kyauk Pa Taung Village Tract		
Magway Region	Aunglan	T	T	Shwe Pan Taw Gyi Village / Shwe Pan Taw Gyi Village Tract		
Magway Region	Aunglan	T	T	Shwe Thu Htay Village / Sa Mya Village Tract		
Magway Region	Aunglan	T	T	Sin Kyan Village / Maung Ma Hloke Village Tract		
Magway Region	Aunglan	C	C	Thit Khaung Tee Village / Thit Khaung Tee Village Tract		
Magway Region	Aunglan	T	T	Yae Paw Village / Tei Pin Village Tract		
Magway Region	Magway	C	C	Ah Lel Bo Village / Ah Lel Bo Village Tract		
Magway Region	Magway	T	T	Chaung Hpyu Village / Mei Hla Taung Village Tract		
Magway Region	Magway	T	T	Hpa Yar Kone Village / Hpa Yar Kone Village Tract		
Magway Region	Magway	T	T	Hpa Yar Pyo (South) Village / Hpa Yar Pyo Village Tract		
Magway Region	Magway	T	T	Hpoe Pauk Kan Village / Lat Pa Taw Village Tract		
Magway Region	Magway	T	T	Htan Pin San Village / Myin Saing Village Tract		
Magway Region	Magway	T	T	In Taing Gyi Village / In Taing Gyi Village Tract		
Magway Region	Magway	T	T	Inn U Village / Pat Hta Na Go Village Tract		
Magway Region	Magway	T	T	Kayin (Kan Yin) Village / Kayin (Kan Yin) Village Tract		
Magway Region	Magway	T	T	Kone Gyi Village / Nyaung Pin Village Tract		
Magway Region	Magway	T	T	Kyar Kan Village / Kyar Kan Village Tract		
Magway Region	Magway	T	T	Kyit Son Pway Village / Kyit Son Pway Village Tract		
Magway Region	Magway	C	C	Ma Gyi Kan Village / Ma Gyi Kan Village Tract		
Magway Region	Magway	T	T	Nyaung Kan Village / Nyaung Kan Village Tract		
Magway Region	Magway	T	T	Nyaung Pin Village / Nyaung Pin Village Tract		
Magway Region	Magway	T	T	Pay Pin San Village / Pay Pin San Village Tract		
Magway Region	Magway	T	T	San Kan Village / Sar Taing Kan Village Tract		
Magway Region	Magway	T	T	Shar Pin Hla Village / Shar Pin Hla Village Tract		
Magway Region	Magway	T	T	Si Pin Thar Village / Hpoke Kone Village Tract		
Magway Region	Magway	T	T	Su Kauk San Village / Su Kauk San Village Tract		

Magway Region	Magway	T	T	Tei Pin Kan Pauk Village / Tei Pin Kan Pauk Village Tract		
Magway Region	Magway	T	T	Tha But Kyaw Village / Min Village Tract		
Magway Region	Magway	T	T	Tha Pyay San (South) Village / Tha Pyay San Village Tract*		N=40 (replaced Ngar Saung Village)
Magway Region	Magway	T	T	Ngar Saung Village / Ngar Saung Village Tract	Tha Pyay San (South) Village / Tha Pyay San Village Tract	Ongoing local election
Magway Region	Magway	C	C	Tha Yet Lay Pin Village / Tha Yet Lay Pin Village Tract		
Magway Region	Magway	T	T	Tha Yet Pin Kwet Village / Nan Kat Kyun Village Tract		
Magway Region	Magway	T	T	Yae Kyaw Village / Thit Yar Kauk Village Tract		
Magway Region	Magway	T	T	Ywar Haung Kan Village / Ywar Haung Kan Village Tract		
Magway Region	Salin	T	T	Ah Hmu (East) Village / Chaung Hpyu (North) Village Tract		
Magway Region	Salin	T	T	Chaung Kauk Village / Nyaung Inn Village Tract		
Magway Region	Salin	T	T	Koke Ko Tan Village / Kya Pin Village Tract		
Magway Region	Salin	T	T	Kone Te Village / Pyoe Khin Kone Village Tract		
Magway Region	Salin	T	T	Kyo Wun (Kyoet Wun Gyi) Village / Kyo Wun (Kyoet Wun Gyi) V		
Magway Region	Salin	T	T	Maw Nga Kawt Kan Village / Yone Pin Kan Village Tract		
Magway Region	Salin	T	T	Myaung Hla U Village / Ah Nauk Kan Baung Village Tract		
Magway Region	Salin	C	C	Nga Sin Yaing Kone Village / Taw Gyi Village Tract		
Magway Region	Salin	C	C	Ta Nyaung Village / Ta Nyaung Village Tract		
Magway Region	Salin	T	T	Tha Myin Kin Village / Tha Myin Kin Village Tract		
Magway Region	Salin	T	T	Tha Yet Chin Village / Tha Yet Chin Village Tract		
Magway Region	Salin	C	C	Thone Pin (South) Village / Sin Hpyu Kyun (1) Village Tract		
Magway Region	Salin	T	T	Wet Thaik Village / Shan Su Village Tract		
Magway Region	Seikphyu	T	T	Ah Shey Ka Paing Village / Ah Shey Kan Twin Village Tract		
Magway Region	Seikphyu	C	C	Chaung Ma Gyi (East) Village / Chaung Ma Gyi Village Tract		
Magway Region	Seikphyu	T	T	Gyoke Chaung Gyi Village / Myay Kyan Taw Village Tract		
Magway Region	Seikphyu	C	C	Hnget Pyar Gyi Village / Hnget Pyar Gyi Village Tract	Kaw Tone Village / Kaw Tone Village Tract	No permission from Authority
Magway Region	Seikphyu	T	T	Htan Ma Kauk Village / Htan Ma Kauk Village Tract		
Magway Region	Seikphyu	T	T	Koe Taunt Village / Koe Taunt Village Tract		
Magway Region	Seikphyu	T	T	Ku Shey Ywar Ma Village / Ku Shey Village Tract		
Magway Region	Seikphyu	T	T	Leik Chan Village / Ywar Thar Aye Village Tract		
Magway Region	Seikphyu	T	T	Sin Lan Chaung Village / Ah Shey Kan Twin Village Tract		
Magway Region	Seikphyu	C	C	Su Lay Kone Village / Myin Ka Pa Village Tract		
Magway Region	Seikphyu	T	T	Yae Htwet Village / Kyauk Gyi Village Tract		
Magway Region	Seikphyu	C	C	Yae Lel Thaung Village / Chin Taung Village Tract		

Magway Region	Seikphyu	T	T	Ywar Ma (South) Village / Ywar Ma Village Tract		
Magway Region	Seikphyu	C	C	Zee Kat Village / Chin Taung Village Tract		
Magway Region	Sinbaungwe	T	T	Ah Lel Kan Village / Ma Gyi Kan Village Tract		
Magway Region	Sinbaungwe	C	C	Aye Ka Rit Village / Aye Ka Rit Village Tract		
Magway Region	Sinbaungwe	T	T	Chaung Kauk Village / Chaung Kauk Village Tract		
Magway Region	Sinbaungwe	T	T	Htein Inn Village / Htein Inn Village Tract		
Magway Region	Sinbaungwe	T	T	Kyar Inn Village / Kyar Inn Village Tract		
Magway Region	Sinbaungwe	T	T	Kyaung Kone Village / Kyaung Kone Village Tract		
Magway Region	Sinbaungwe	T	T	Kyaw Thar Village / Le Zin Village Tract		
Magway Region	Sinbaungwe	T	T	Let Pan Village / Let Pan Village Tract		
Magway Region	Sinbaungwe	T	T	Ma Gyi San Village / Lel Kyoe Village Tract		
Magway Region	Sinbaungwe	T	T	Ma Gyi Yin Village / Let Pan Village Tract		
Magway Region	Sinbaungwe	T	T	Ngan Pyar Village / Ngan Pyar Village Tract		
Magway Region	Sinbaungwe	C	C	Sa Par Yin Htwin Village / Shwe Pan Taw Village Tract		
Magway Region	Sinbaungwe	C	C	Shwe Pan Taw Village / Shwe Pan Taw Village Tract		
Magway Region	Sinbaungwe	C	C	Swei Kyoe Village / Zaung Chan Taung Village Tract		
Magway Region	Sinbaungwe	T	T	Thar Poe Village / Sit Say Chaung Village Tract		
Magway Region	Sinbaungwe	T	T	Zaung Chan Taung Village / Zaung Chan Taung Village Tract		
Magway Region	Yenangyaung	T	T	Ah Shey Kone Village / Ah Shey Kone Village Tract		
Magway Region	Yenangyaung	T	T	Bu Kyun (East) Village / Bu Kyun Village Tract		
Magway Region	Yenangyaung	C	C	Gyoke Pin Village / Thone Se Chauk Village Tract		
Magway Region	Yenangyaung	T	T	Hpan Khar San Village / Kan Gyi Village Tract		
Magway Region	Yenangyaung	T	T	Ku Lar Kone Village / Hpaung Ka Taw Village Tract		
Magway Region	Yenangyaung	T	T	Kyee Myint Village / Thone Se Chauk Village Tract		
Magway Region	Yenangyaung	T	T	Nyaung Zauk Chaung Village / Thone Se Chauk Village Tract		
Magway Region	Yenangyaung	C	C	Oe Bo Village / Thone Se Chauk Village Tract		
Magway Region	Yenangyaung	T	T	Pay Taw Village / Wet Ma Sut Village Tract		
Magway Region	Yenangyaung	T	T	Sar Taing Village / Sar Taing Village Tract		
Magway Region	Yenangyaung	C	C	Thit Hpyu Pin Village / Oke Shit Kone Village Tract		
Magway Region	Yenangyaung	T	T	Thu Htay Kone Village / Wet Lut Village Tract		
Magway Region	Yenangyaung	T	T	U Yin Su Village / Thone Se Chauk Village Tract		
Magway Region	Yenangyaung	T	T	Wet Gaung Village / Sein Pan Pin Village Tract		
Magway Region	Yenangyaung	T	T	Zee Cho Pin Village / In Taw Village Tract		
Mandalay Region	Meiktila	T	T	Ah Lel Village / Ah Lel Village Tract		
Mandalay Region	Meiktila	T	T	Chauk Pin Village / Taw Ma Village Tract		
Mandalay Region	Meiktila	T	T	Chaung Gwa Village / Shan Ma Nge Village Tract		
Mandalay Region	Meiktila	C	C	Da Hat Tan Village / Kyauk Hpu Village Tract		
Mandalay Region	Meiktila	T	T	Gway Aing Village / Gway Aing Village Tract		
Mandalay Region	Meiktila	T	T	Gway Tauk Kone Village / Zaung Chan Kone Village Tract		
Mandalay Region	Meiktila	T	C	Hlyaw Hpyu Kan Village / Shaw Hpyu Kan Village Tract		

Mandalay Region	Meiktila	C	C	Hpan Khar Kone Village / Sat Pyar Kyin Village Tract		
Mandalay Region	Meiktila	T	T	Inn Pin Wa Village / Yae Wai Village Tract		
Mandalay Region	Meiktila	T	T	Kan Char (South) Village / Kyauk Hpu Village Tract		
Mandalay Region	Meiktila	T	T	Koke Ko Kone Village / Koke Ko Kone Village Tract		
Mandalay Region	Meiktila	C	C	Kyaung Village / Kyaung Village Tract		
Mandalay Region	Meiktila	T	T	Kyee Thar Aint Village / Tha Yet Pin Village Tract		
Mandalay Region	Meiktila	T	T	Lu Khin Gyi Village / Kywe Ta Lin Village Tract		
Mandalay Region	Meiktila	C	C	Min Te Kone Village / Ka Hpyu Village Tract		
Mandalay Region	Meiktila	T	T	Myauk Lel Village / Myauk Lel Village Tract		
Mandalay Region	Meiktila	T	C	Nyaung Kan Village / Nyaung Kan Village Tract		
Mandalay Region	Meiktila	T	T	Nyaung Kone (East) Village / Kan Ni Village Tract		
Mandalay Region	Meiktila	T	T	Nyaung Kone Village / Ma Gyi Su Village Tract		
Mandalay Region	Meiktila	C	C	Nyaung Pin Thar (South) Village / Kywe Kan Village Tract		
Mandalay Region	Meiktila	T	T	Nyaung Zauk Village / Nyaung Zauk Village Tract		
Mandalay Region	Meiktila	T	T	Oh Ma Twayt Village / Mway Village Tract		
Mandalay Region	Meiktila	T	T	Oke Kyin Village / Hta Mon Kan Village Tract		
Mandalay Region	Meiktila	C	C	Oke Myay Kan Village / Ga Lon Kone Village Tract		
Mandalay Region	Meiktila	T	T	Pan Thwin Village / Kwet Nge Village Tract		
Mandalay Region	Meiktila	T	T	Sat Khin Pauk Village / Kan Thar Village Tract		
Mandalay Region	Meiktila	T	T	Set Pin Taung / Hta Mon Kan Village Tract		
Mandalay Region	Meiktila	C	C	Sin Myee Village / Se Kone Village Tract		
Mandalay Region	Meiktila	C	C	Tet Po Village / Mei Za Li Kone Village Tract**	Mei Za Li Kone Village/ Mei Za Li Kone Village Tract	Replacement Village (original list had two same village)
Mandalay Region	Meiktila	T	T	Tet Poe Village / Mei Za Li Kone Village Tract		
Mandalay Region	Meiktila	T	T	Tha Pyay Pin Village / Koke Ko Kone Village Tract		
Mandalay Region	Meiktila	T	T	Than Bo Village / Than Bo U Yin Village Tract		
Mandalay Region	Meiktila	C	C	Thee Kone Village / Thee Kone Village Tract		
Mandalay Region	Meiktila	T	T	Thee Pin Kone Village / Thee Pin Kone Village Tract		
Mandalay Region	Meiktila	T	T	Yone Taw Gyi Village / Yone Taw Gyi Village Tract		
Mandalay Region	Myingyan	C	C	Ah Neint Village / Thar Paung Village Tract		
Mandalay Region	Myingyan	T	T	Aung Pyay Soe Village / Kun Thee Pin (Lay Ein Tan) Village		
Mandalay Region	Myingyan	T	T	Aye Village / Aye Village Tract		
Mandalay Region	Myingyan	T	T	Bawt Lone Village / Kun Thee Pin (Lay Ein Tan) Village Trac		
Mandalay Region	Myingyan	C	C	Chaung Daung (South) Village / Chaung Daung Village Tract		
Mandalay Region	Myingyan	C	C	Gaung Kwe Village / Gaung Kwe Village Tract		
Mandalay Region	Myingyan	T	T	Gint Ge Village / Gint Ge Village Tract		
Mandalay Region	Myingyan	T	T	Hta Naung Pin Su (South) Village / Zee Taw Village Tract		
Mandalay Region	Myingyan	T	T	Htein Pan Village / Htein Pan Village Tract		

Mandalay Region	Myingyan	T	T	In Gyin Pin Village / Kun Thee Pin (Lay Ein Tan) Village Tr		
Mandalay Region	Myingyan	T	T	Kaing Village / Kaing Village Tract		
Mandalay Region	Myingyan	T	T	Kan Swei Village / Kan Swei Village Tract		
Mandalay Region	Myingyan	T	T	Khin Ma Kan Village / Thin Pyun Village Tract		
Mandalay Region	Myingyan	T	T	Koke Ke Village / Koke Ke Village Tract		
Mandalay Region	Myingyan	C	C	Kun Saik Village / Kun Saik Village Tract		
Mandalay Region	Myingyan	C	C	Kun Thee Pin (Lay Ein Tan) Village / Kun Thee Pin (Lay Ein		
Mandalay Region	Myingyan	T	T	Kyar Taing Village / Kyar Taing Village Tract		
Mandalay Region	Myingyan	C	C	Kyauk Yan Village / Chaung Daung Village Tract		
Mandalay Region	Myingyan	T	T	Kyet Shar Village / Kun Thee Pin (Lay Ein Tan) Village Trac		
Mandalay Region	Myingyan	T	T	Let Pan Pin Village / Kun Thee Pin (Lay Ein Tan) Village Tr		
Mandalay Region	Myingyan	T	T	Lint Gyi (South) Village / Lint Gyi Village Tract		
Mandalay Region	Myingyan	T	T	Mee Pauk Village / Mee Pauk Village Tract		
Mandalay Region	Myingyan	C	C	Myauk Kyun Village / Thar Paung Village Tract		
Mandalay Region	Myingyan	C	C	Myo Gyi Kone Village / Ta Loke Myo Village Tract		
Mandalay Region	Myingyan	T	T	Ngar Nan Village / Ngar Nan Village Tract		
Mandalay Region	Myingyan	T	T	Pat Tar Village / Thar Paung Village Tract		
Mandalay Region	Myingyan	T	T	Pin Lel Village / Pin Lel Village Tract		
Mandalay Region	Myingyan	T	T	Pyar Village / Pyar Village Tract		
Mandalay Region	Myingyan	T	T	Seik Kone Village / Kyee Pin Kan Village Tract		
Mandalay Region	Myingyan	T	T	Shar Taw Village / Shar Taw Village Tract		
Mandalay Region	Myingyan	T	T	Shwe Bon Thar Village / Pyawt (Shwe Bon Thar) Village Tract		
Mandalay Region	Myingyan	T	T	Taung Kyun Village / Thar Paung Village Tract		
Mandalay Region	Myingyan	T	T	Taung Poet Village / Hta Naung Kone Village Tract		
Mandalay Region	Myingyan	T	T	Taw Pu Village / Taw Pu Village Tract		
Mandalay Region	Myingyan	C	C	Te Kone Village / Thar Paung Village Tract		
Mandalay Region	Myingyan	T	T	Thein Taing Village / Kan Taw Village Tract		
Mandalay Region	Myingyan	C	C	Thit Yon Village / Thit Yon Village Tract		
Mandalay Region	Myingyan	C	C	Tu Ywin Bo Village / Tu Ywin Bo Village Tract		
Mandalay Region	Myingyan	C	C	Ye Taing Village / Ye Taing Village Tract		
Mandalay Region	Myingyan	T	T	Yon Htoe Village / Yon Htoe Village Tract		
Mandalay Region	Myingyan	C	C	Ywar Si (South) Village / Ywar Si Village Tract		
Mandalay Region	Myingyan	T	T	Ywar Thar Village / Ba Lon Village Tract		
Mandalay Region	Myingyan	T	T	Ywar Thar Yar Village / Ywar Thar Yar Village Tract		
Sagaing Region	Monywa	T	T	Aung Thar Village / Aung Thar Village Tract		
Sagaing Region	Monywa	T	T	Bu Ba Village / Bu Ba Village Tract		
Sagaing Region	Monywa	T	T	Bu Taung Kan Village / Bu Taung Kan Village Tract		
Sagaing Region	Monywa	T	T	Hpan Khar Kyin Village / Hpan Khar Kyin Village Tract		
Sagaing Region	Monywa	T	T	Hta Naung Taw (South) Village / Hta Naung Taw Village Tract		
Sagaing Region	Monywa	T	T	Ku Taw Pa Lin (Pu Taw Pa Lin) Village / Min Village Tract		
Sagaing Region	Monywa	C	C	Kya Paing Village / Kya Paing Village Tract		
Sagaing Region	Monywa	T	T	Kyauk Kar (South) Village / Kyauk Kar (South) Village Tract		

Sagaing Region	Monywa	T	T	Kyauk Khwet Village / Taung Kyar Village Tract		
Sagaing Region	Monywa	T	T	Kyauk Kwe Village / Kha Tet Kan (North) Village Tract		
Sagaing Region	Monywa	C	C	Kyaung Kone Village / Kyaung Kone Village Tract		
Sagaing Region	Monywa	T	T	Kyi Kone Village / Kaw La Pya Village Tract		
Sagaing Region	Monywa	T	T	Kyun Gyi (South) Village / Kyun Gyi Village Tract		
Sagaing Region	Monywa	T	T	Kyun Ywar Thit Village / Kyun Ywar Thit Village Tract		
Sagaing Region	Monywa	C	C	Lin Pin Wa Village / Ma Au Village Tract		
Sagaing Region	Monywa	T	T	Ma Yoe Taw (North) Village / Ma Yoe Taw Village Tract		
Sagaing Region	Monywa	T	T	Min Village / Min Village Tract		
Sagaing Region	Monywa	C	C	Moe Hnyin Than Boke Day Village / Myay Ne Village Tract		
Sagaing Region	Monywa	C	C	Mon Yway Village / Mon Yway Village Tract		
Sagaing Region	Monywa	C	C	Nyaung Hpyu Pin Village / Nyaung Hpyu Pin Village Tract		
Sagaing Region	Monywa	C	C	Pauk Pin Village / Pauk Pin Village Tract		
Sagaing Region	Monywa	T	T	Shit Se Village / Mon Yway Village Tract		
Sagaing Region	Monywa	T	T	Shwe Son Village / Ma Au Village Tract		
Sagaing Region	Monywa	T	T	Taung Pon Village / Pu Yit Kone Village Tract		
Sagaing Region	Monywa	T	T	Te Gyi Kone (East) Village / Te Gyi Kone Village Tract		
Sagaing Region	Monywa	T	T	Tha Man Tar Village / Kywe Ye Village Tract		
Sagaing Region	Monywa	T	T	Thar Yar Su Village / Kyaung Kone Village Tract		
Sagaing Region	Monywa	T	T	Thet Kei Kyin Village / Thet Kei Kyin Village Tract		
Sagaing Region	Monywa	T	T	U Thar Pon Kaing (East) Village / Kha Wea Kyin Village Trac		
Sagaing Region	Monywa	T	T	Yaung Taw Tone Village / Yaung Taw Tone Village Tract		
Sagaing Region	Monywa	C	C	Za Loke (West) Village / Za Loke Village Tract		
Sagaing Region	Yinmabin	T	T	Bant Bway (North) Village / Bant Bway Village Tract		
Sagaing Region	Yinmabin	C	C	Bein Nwe Chaung Village / Sone Kyin Village Tract		
Sagaing Region	Yinmabin	T	T	Chaung Kauk Village / Tar Wa Village Tract		
Sagaing Region	Yinmabin	C	C	Gway Chaung Village / Sone Chaung Village Tract		
Sagaing Region	Yinmabin	C	C	Hta Yaw Kyin Village / Taung Pu (Kyauk Pyoke) Village Tract		
Sagaing Region	Yinmabin	T	T	In Taw Village / Let Ka Byar Village Tract		
Sagaing Region	Yinmabin	C	C	Kan Su Village / Bant Bway Village Tract		
Sagaing Region	Yinmabin	C	C	Kwin Sat Village / Nyaung Kaing Village Tract		
Sagaing Region	Yinmabin	T	T	Kyai Sar Kya / Se Gyi (Htan Taw Gyi) Village Tract		
Sagaing Region	Yinmabin	C	C	Kyat Village / Kyat Village Tract		
Sagaing Region	Yinmabin	T	T	Lel Ngauk Village / Lel Ngauk Village Tract		
Sagaing Region	Yinmabin	C	T	Let Khoke Pin Village / Kan Chaung (Aung Moe) Village Tract		
Sagaing Region	Yinmabin	C	C	Mauk Loke Village / Mauk Loke Village Tract		
Sagaing Region	Yinmabin	T	T	Min Kan Gyi Village / Min Kan Gyi Village Tract		
Sagaing Region	Yinmabin	C	C	Min Ma Kone Village / Sin Te Village Tract		
Sagaing Region	Yinmabin	T	T	Min Zu Village / Min Zu Village Tract		
Sagaing Region	Yinmabin	T	T	Myo Gyi Village / Myo Gyi Village Tract		
Sagaing Region	Yinmabin	T	T	None Gyi Village / Myo Gyi Village Tract		

Sagaing Region	Yinmabin	T	T	Nyaung Pin Gyi Su(West) Village / Nyaung Pin Gyi Su Village		
Sagaing Region	Yinmabin	C	C	Pyar Oh (Pya Oh) Village / Yin Paung Taing Village Tract		
Sagaing Region	Yinmabin	C	C	Tha Min That Village / Tha Min That Village Tract		
Sagaing Region	Yinmabin	T	T	Tha Yet Kan Village / Byama Dat Village Tract		
Sagaing Region	Yinmabin	T	T	Ywar Htaung Village / Ywar Htaung Village Tract		
Sagaing Region	Yinmabin	T	T	Zee Taw (South) Village / Zee Taw Village Tract		

C/T discovered to be different upon arrival from administrative data

Replaced villages with reason

ANNEX IV: FOCUS GROUP DISCUSSION SAMPLE

Focus Group Discussion (FGD) participants community members, including marginalized and vulnerable members; recipients of credit and savings services (WORTH and PGMF); change agent committee members (health workers/educators and fund managers); members of mothers' groups; MCHDs; health educators; midwives and township health staff; health educators; members of VDCs, VDFs, and farmers' and income generation groups; WASH promoters; and village water committee members.

State/Region:	Township:	Village Tract/Village:	# of FGDs	Distribution
Magwe	Sin Paung We	Kyar Inn/ Kyar Inn	1	Female
Magwe	Seik Phyu	A Shay Kan Twin/ Sin Lan Chaung	2	Male Female
Mandalay	Meikhtila	Chaung Gwa/ Shan Ma Nge	2	Male Female
Sagaing	Monywa	Hpan Khar Kyin/ Hpan Khar Kyin	2	Male Female
Magwe	Yay Nan Chaung	Kan Gyee/ Hpan Khar Sann	2	Male Female
Kayah	Baw La Khae	Kayah Paing	2	Male Female
Magwe	Seik Phyu	Koe Taunt/ Koe Taunt	2	Male Female
Mandalay	Meikhtila	Kokeko Kone/ Kokeko Kone	1	Female
Magwe	Sin Paung We	Kyar Inn/ Kyar Inn	1	Female
Sagaing	Yin Mar Bin	Myo Gee/ Myo Gee	2	Male Female
Magwe	Magwe	Nyaung Pin/ Kone Gyee	2	Male Female
Magwe	Yay Nan Chaung	Thon Se Chauk/ Kyee Myin	2	Male Female
Sagaing	Yin Mar Bin	Zee Taw/ Zee Taw (South)	2	Male Female

ANNEX V: KEY INFORMANT INTERVIEW PROTOCOLS

KII Protocol 1: Implementing Partners

Pact, Inc. (Burma, DC), Cesvi (Burma), Marie Stopes International (Burma), UN-Habitat (Burma), and PGMF (Burma), and local partners including Social Vision Services SVS), Thirst Aid, Karuna Myanmar Social Services (KMSS), Swanyee Development Foundation (SDF), Community Development Association (CDA), Karenni Mobile Health Clinic (KnMHC), Kayhtoeboe Social Development Association (KSDA), Rural Development Agency (RDA)

Interview Date:

Interviewer(s):

Name(s):

Sex: ◯ Female ◯ Male

Affiliation:

State/Region:

EQ1: To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives, and goals in targeted communities?

1. Which activities have had the most impact on Shae Thot objectives and outcomes? Which activities have had the least impact? Why?
2. What are the biggest challenges you have faced gaining traction with [maternal, newborn and child health; food security and income generation; access to sufficient quantities of water, potable water, and improved hygiene; social and community institutions]? How have you worked to overcome those challenges?
3. Which activities, including capacity-building and training, were most effective in strengthening CSO partner capacities? How and why were they effective? Is there a link between increased capacity and changes in outcomes?
4. Which kinds of collaborative work and capacity-building assistance have resulted in improved [sectoral area] outcomes for various beneficiaries, including vulnerable groups? Which [sectoral area] has been the least resistant to change? Most resistant?

EQ2: To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes results and objectives?

5. To what extent have sectoral-specific activities been integrated with other sectors' activities? Please provide examples of what this has looked like in practice.
6. How has this multi-sectoral, integrated approach affected the impact of Shae Thot activities? What has worked well? What have the challenges been?
7. In what way(s) has Shae Thot contributed to civil society strengthening? What have been the strengths, weaknesses, and challenges?
8. In terms of coordination with other project implementers, what has worked well? What have the challenges been?
9. What are the major unintended or negative results/outcomes out of the Shae Thot activities in specific to [specific thematic areas with specific partners]? Why or why not?

10. What are major opportunities out of the multi-sectoral/integrated development approach?
11. In your experience implementing this project, what have been your biggest lessons learned? What would you do differently if a project like this were to be implemented again?

EQ3: How has the Shae Thot model contributed the sustainability of the project investments, results and/or outcomes?

12. Can you describe Shae Thot's approach to local engagement and sustainability?
13. How have you worked to build trust and buy-in with key government actors? What about with CSOs and other local partners? How have those activities contributed to Shae Thot sustainability?
14. Which activities appear to have gained the most "local ownership" and how has this been demonstrated?
15. What characteristics of the local systems and institutions threaten the sustainability of Shae Thot activities?
16. Are there characteristics of the operating environments in Burma that make Shae Thot activities more or less sustainable?
17. What makes the Shae Thot activities sustainable or less sustainable? By what measures?

EQ4: To what extent have the Shae Thot activities—and the project as a whole—advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery?

18. To what extent did Shae Thot consider participant gender, ethnicity, age, disability, or other potentially marginalized identity in the planning process, and in the identification of participants?
19. How has Shae Thot integrated gender into its activities and service delivery? To your knowledge, how do these efforts align with Shae Thot and USAID's gender policies/objectives?
20. Are there vulnerable groups that would benefit from more attention from Shae Thot activities? What kind of attention?
21. What effects, if any, do you think capacity building had on Shae Thot's inclusivity?
22. Were there any unanticipated effects (positive or negative) of Shae Thot activities for:
    a. Men
    b. Women
    c. LGBTQI individuals
    d. Youth
    e. Ethnic minorities
    f. People with disabilities?

KII Protocol 2: Government Actors

Government of Burma (national, regional and township): Ministry of Health, Ministry of Social Welfare, Township Health Department, Township Social Welfare Department

Interview Date:

Interviewer(s):

Name(s):

Sex: ◯ Female ◯ Male

Affiliation:

State/Region:

EQ1: To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives, and goals in targeted communities?

1. How familiar are you with the Shae Thot project? How would you characterize your engagement with Shae Thot?
2. What have been the biggest challenges you have experienced working with Shae Thot?
3. Shae Thot focuses on four areas: maternal and child health, food security and livelihoods, water, sanitation and hygiene, and community institutions. Which of those areas do you think is the most pressing need in your community? Which Shae Thot activities have taken place in your [village/township/etc.]?
4. Which of these activities have been successful? Why do you think so?
5. Which of these activities have not been successful? Why not?
6. Think about Shae Thot's four areas [repeat if necessary] before Shae Thot activities began in [your community]. How have things changed in each area [that had activities in the community]?
7. If Shae Thot were to implement activities in your community again, what would you recommend they do differently?

EQ2: To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes results and objectives?

8. Shae Thot has emphasized integrating project activities to maximize their effect – combining livelihoods activities with WASH activities, for example. In your opinion, what are the benefits of linking activities from multiple sectors? What are the challenges?
9. Have Shae Thot's activities been relevant to the needs of [village/township/etc.]? Why do you say so?
10. Have there been any negative or unintended outcomes as a result of Shae Thot's implementation in your community? Can you describe these?

EQ3: How has the Shae Thot model contributed the sustainability of the project investments, results and/or outcomes?

11. Do you think the Shae Thot activities in your community will continue after the project ends? Why or why not?

12. To what extent have people in your community developed ownership over the activities and programs that Shae Thot has implemented? How has this been demonstrated?

EQ4: To what extent have the Shae Thot activities—and the project as a whole—advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery?

13. How have Shae Thot activities in your community affected members of marginalized groups (e.g. women, people with disabilities, etc.)?
14. In your opinion have Shae Thot activities had differential effects on different groups of people?

KII Protocol 3: Beneficiaries

Trainees, clinic attendees, recipients of credits services, volunteer health workers, mother's groups members, VDC members, VHDF members, Agriculture/Livestock group members, farmers groups, WASH communities and beneficiaries

Interview Date:

Interviewer(s):

Name(s):

Sex: ◯ Female ◯ Male

Affiliation:

State/Region:

Consent Script: *Hello, my name is [researcher name], and I work for Social Impact, a United States-based development consulting firm. We are conducting an evaluation of the Shae Thot Project, which aims to provide humanitarian assistance in the areas of maternal and child health, food security, water, sanitation, and hygiene, and community institutions. The purpose of this study is to learn about how the project was implemented and affected these areas. This study is funded by the United States Agency for International Development (USAID), a U.S. government agency that provides assistance to other countries' development projects.*

We are conducting interviews with about 40 people to learn about experiences with the Shae Thot Project. The interview will last around 1 hour. Your participation is entirely voluntary, and you may choose not to answer any or all questions at any time and for any reason. There will be no consequences if you choose not to participate. If you choose to participate in the interview, you may decide to stop the interview at any time. There will be no consequences if you decide to withdraw from the interview. You may ask questions at any time.

To make sure we do not lose any information, I would like to request you to allow me to use this recording machine. This recording will only be accessible by the evaluation team and will be disposed of after the report is complete. Do I have your permission to record this interview? [If the respondent does not consent, do not use recording device].

Any information you provide that can identify you will be kept strictly confidential by the parties conducting this evaluation, including USAID and the evaluators, to the maximum extent permitted by the laws of the United States and the laws of Myanmar. The information you provide will be stored in a secure location and will only be accessible by the evaluation team. The information collected will be used for analytical purposes only and will not be used for determining any sort of benefits or punish you for anything, so please answer honestly.

There is no direct benefit to you from participating but your feedback will help us understand how to improve development programs. This interview is not expected to pose any legal, financial, or physical risks to you, and our report will not include any information that can directly identify you.

You may contact Htun Htun Oo, Managing Director of Third Eye, at +959 3000 9363 or Erika Keaveney, Co-Chair of the Institutional Review Board at Social Impact Inc., at +1 703 465 1884. If you have any questions, concerns, or complaints about the study or your rights as a participant, please feel free to contact us at any time.

Do you have any questions?

Do you agree to continue with the interview? You may answer yes or no. [Note: consent will be obtained verbally]. By answering "yes," and participating in this study, you are indicating that you have heard this consent script, had an opportunity to ask any questions about your participation and voluntarily consent to participate.

☐ *Yes, I am willing to participate [continue to interview]*

☐ *No, I am not willing to participate [terminate interview]*

1. Please describe your experiences with the Shae Thot project. What activities have you participated in? [can prompt with examples, if needed].
2. How has your participation in Shae Thot activities affected you and/or your family?
3. What did you like about Shae Thot activities? What did you not like? [ask for each activity the respondent has participated in]
4. What are the biggest challenges your family is facing right now, related to health, water/sanitation, income, or food security?
5. What do you think are the main barriers that keep things from improving in those areas?
6. Have Shae Thot activities affected those challenges your family is facing? Explain how.
7. How has having VDCs, VHDFs, famers' groups, mothers' groups, agriculture/livestock groups, etc., in your villages or area affected your quality of life?
8. How do those groups cooperate with you? How helpful are those groups for you?
9. How has your community's understanding of these groups changed since they came into your community? What kind of impacts have these groups had on your community?
10. What have you learned from your experience with Shae Thot activities?
11. How likely do you think it is that the Shae Thot activities will continue in your community? Why do you think so?
12. If you could change anything about the Shae Thot activities, what would you do differently?

KII Protocol 4: Other Implementers/Donors

Interview Date:

Interviewer(s):

Name(s):

Sex: ◯ Female ◯ Male

Affiliation:

State/Region:

1. Please tell me about the type of work you do and your approach.
2. How familiar are you with the Shae Thot project? Have you had any experience with Shae Thot implementers or activities?
3. Shae Thot's activities focus on maternal and child health, livelihoods and food insecurity, WASH, and strengthening community institutions. What do you think are the most critical challenges in each of these areas in Burma right now?
4. The Shae Thot project uses an integrated, multi-sectoral approach to address MCH, WASH, livelihoods, food insecurity, and community governance outcomes. What do you think about this model, in contrast to single sector approaches? What have been the strengths? The weaknesses or challenges?
5. In your experience, what have been the lessons learned to working on internationally-funded projects in Burma?
6. To your knowledge, to what extent has Shae Thot coordinated with other development actors working in the same space? What has worked well and what has not with respect to coordination?
7. Do you see any ways for the donor community to coordinate better?
8. Do you have any recommendations for future programming?

ANNEX VI: FOCUS GROUP DISCUSSION GUIDE

Informed Consent: *Hello, my name is [enumerator name], and I work for Third Eye, a data collection firm in Myanmar. We are conducting an evaluation of the Shae Thot Project in partnership with Social Impact, a United States-based development consulting firm. The Shae Thot Project aims to provide humanitarian assistance in the areas of maternal and child health, food security, water, sanitation, and hygiene, and community institutions. The purpose of this study is to learn about how the project affected each of these issue areas. This study is funded by the United States Agency for International Development a U.S. government agency that provides assistance to other countries' development projects.*

You were selected to participate in one of 20 focus group discussions (FGDS) we are conducting across Myanmar, based on your experiences with Shae Thot activities in your community. Your participation is voluntary, and you may choose not to answer any or all questions at any time and for any reason. There will be no consequences if you choose not to participate. If you choose to participate in the FGD, you may decide to stop participating at any time and there will be no consequences if you decide to withdraw. You may ask questions at any time. The discussion is expected to last about two hours.

During this discussion, one of us will be asking the questions, while the other will take notes. To make sure we do not lose any information, I would like to request you to allow us to use this audio recording machine. This recording will only be accessible by the evaluation team and will be disposed of after the report is complete. Are there any objections to this? [If participants have concerns or questions about the recording, use this opportunity to explain again and reassure them that this is only for the study purposes, and will be disposed of].

Any information you provide that can identify you will be kept strictly confidential by the parties conducting this evaluation, including USAID, employees of the survey firm, and the evaluators, to the maximum extent permitted by the laws of the United States and the laws of Myanmar. The information you provide will be stored in a secure location and will only be accessible by the evaluation team. The information collected will be used for analytical purposes only and will not be used for determining any sort of benefits or punish you for anything, so please answer honestly.

There is no direct benefit to you from participating, other than a small token of appreciation for your time at the end of the discussion. Your feedback will help us understand how to improve development programs. This discussion is not expected to pose any legal, financial, or physical risks to you, and our report will not include any information that can directly identify you.

You may contact Lae Lae Kyu, program supervisor for Third Eye, at +959 3000 9363, or Aung Tun, Research Specialist for Social Impact Inc., at (09) 450 042 127. If you have any questions, concerns, or complaints about the study or your rights as a participant, please feel free to contact us at any time.

Do you have any questions?

Do you agree to continue with the focus group discussion? You may answer yes or no. By answering "yes" and participating in this study, you are indicating that you have heard this consent script, had an opportunity to ask any questions about your participation and voluntarily consent to participate.

- ☐ *Yes, I am willing to participate*
- ☐ *No, I am not willing to participate*

FOCUS GROUP DISCUSSION GUIDE	
State/Region	
Township	
Village Tract/Village	
Focus Group Composition	
Date	
Name of Facilitator	
Start Time:	**End Time:**
Introduction	• Moderator self-introduction • Read consent script and record verbal consent from each participant in box below. • Complete additional information below for each participant.

PARTICIPANT INFORMATION							
#	Age	Sex	Ethnicity	Consent received verbally?	What is your work?	Are you (or were you) a member of any community group affiliated with Shae Thot? If yes, please name the group	**Level of education** 1. Some primary (can read and write) 2. Completed primary 3. Some secondary 4. Completed secondary 5. Cannot read or write
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

EQ2: To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes results and objectives? Are there unintended positive or negative effects of this approach?

Lines of Inquiry	Focus Group Questions
Warm up questions: History of Shae Thot	**Keep responses short in this section.** 1. When did Shae Thot begin working in your village? 2. What activities or direct services have you received from Shae Thot project since it began? • ***Probe:*** *Give examples of services, like WASH, MCH, mobile clinics, livelihoods, agriculture, capacity building, VDCs, etc.* 3. Are project activities still being implemented in your village?
Changes in quality of stakeholders' life and well-being	4. How has your life changed since the Shae Thot project began in your community? Probe for process, ask for examples. 5. How would your life be different if the Shae Thot activities did not exist in your community? How would your community be different? • ***Probe****: status in household and community, social networking, access to services, quality of life, etc.* 6. What or who has contributed to these changes? • ***Probe:*** *community leaders, mothers' group, VDCs, VDFs, community volunteers, income generation groups, WASH promoters, change agents, etc. Is there consensus on one factor?* 7. Your community received [insert types of Shae Thot services in community]. How do you think these programs worked together to improve your life? How would it have been different if you had only received one of these services? 8. Which of these changes have been the most meaningful for you? ***Use participatory methods to rank the changes according to importance as a group*** ***Probe with respect to:*** • *Livelihood, income, food security, access to credit/financing* • *Nutrition, health, WASH* • *Children's health, education and their future opportunities* • *Empowerment (e.g. self-confidence, decision-making, voice, self-esteem, trust, respect from others, participation, gender equality).*
Changes in capacities and skills, community organization, interactions, and networks	9. Have your relationships and interactions with other community members changed since Shae Thot activities began? If yes, in what ways? What has remained the same? 10. Has Shae Thot influenced your community's relations and interactions with other communities? What is the tool and what is the process? • IF YES: How have they changed? What led to these changes? • IF NO: Why don't you think so? 11. How motivated are people to participate in community development activities? What do you think motivates people to participate? 12. What kind of contributions have people in your community made to your community's development? Do you think Shae Thot has affected their participation? Why? 13. Please give examples of services that now exist in your community thanks to Shae Thot? What do you think of the quality of these services, and why?

Unintended negative consequences	14. Have there been any negative consequences, such as problems or issues, among people in your community or in your household because of Shae Thot activities? • If yes, what and why? Can you provide examples? • Were these issues/problems resolved? How were they resolved?
EQ3: How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes? What elements of this model that promotes sustainability could be applied to similar community development interventions? Are there certain characteristics of various operating environments that make interventions more or less sustainable	
Lines of Inquiry	**Focus Group Questions**
Changes in the sustainability of people's lives, organizations and activities	15. Are there any harmful norms and beliefs around maternal and child health (e.g., child birth, nutrition, sanitation, and hygiene that Shae Thot has helped to change? How? 16. How has Shae Thot affected your knowledge and experience of food security and income generation/livelihoods? 17. Do you think your community would have the capacity to prepare for and respond to an epidemic or a disaster if it were to happen (environmental, for example flooding or drought, etc.)? a. If YES or NO, why? b. To what extent do you think this is because of Shae Thot? 18. Do you think the Shae Thot activities will continue (or have continued for those that have completed) after the project ends? *(Also probe for VDCs)* Why or why not? *19*. How do you think your community will change (or has changed for those that have completed) after Shae Thot activities end (or ended)?
EQ4: To what extent have Shae Thot activities - and the project as a whole - advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery? How can these results be replicated in other community development initiatives?	
Lines of Inquiry	**Focus Group Questions**
Mechanisms and processes that are contributing to promoting fairness, inclusiveness, and offering equal and equitable chances to women and men	20. Has the Shae Thot project contributed to changing norms and beliefs around gender equality? In what ways? *(please provide specific examples)* 21. Do women have leadership roles in your community? • How has this changed since the project started? ***(Probe:*** *number of women, the type of activities and organizations/groups they are involved in, etc.)* 22. What do you think is/are the best way(s) to help women get involved in decision making process at both the household and community levels? 23. Have Shae Thot activities affected the quality of life of the marginalized groups in your community? How so? 24. How has the VDC supported your community to help address issues related to the social protection of marginalized groups?
Overall strengths, weaknesses, and challenges	25. How do you think the project could be improved? *(Please give examples and explain why they would improve the project)* 26. What other changes would you like to see in your community to improve the quality of your life and the lives of others in your community? 27. Do you have any other thoughts you would like to share with us?
Closing. Thank respondents for their participation.	

ANNEX VII: HOUSEHOLD SURVEY INSTRUMENT

	PROJECT NAME	JOB NO.	**QUESTIONNAIRE**	Q'NAIRE ID NO._____
	Evaluate	**2014-076**	**HOUSEHOLD SURVEY**	DP ID NO._____
RESPONDENT'S NAME ဖြေဆိုသူအမည်				
RESIDENTIAL ADDRESS လိပ်စာ				
TELEPHONE NUMBER ဖုန်းနံပါတ်	Home (အိမ်) _____ Work (အလုပ်) _____ Mobile(လက်ကိုင်ဖုန်း) _____			
ဖြေဆိုသူ ၏ အီးမေးလ် လိပ်စာ				

DATE OF INTERVIEW တွေ့ဆုံမေးမြန်းသည့်ရက်		Start Time အစပုဂ္ဂိုဏ်		*Hours(**နာရီပေါင်း**)*	End Time ပိုဂ္ဂိုဏ်ချိန်			*Hours (**နာရီပေါင်း**)*
INTERVIEWER NAME တွေ့ဆုံမေးမြန်းသူအမည်			INT.Code မေးမြန်းသူကုဒ်					
SUPERVISOR NAME ကီးကြပ်သူအမည်			SUP Code ကီးကြပ်သူကုဒ်					

INTERVIEW STATUS: ***တွေ့ဆုံမေးမြန်းမှု အခြေအနေ***	By **မှ**	Yes **ဟုတ်သည်**	No **မဟုတ်ပါ**	Signature **လက်မှတ်**	*Date (**ရက်စွဲ**)*
ACCOMPANIED (FS) ***အတူလိုက်ပါသည်** (FS)*		1	2		
LOGIC-CHECKED (FS) ***ကြောင်းကျိုးညီညွတ်စစ်ဆေးခြင်း***		1	2		
TEL BACK-CHECKED (QC) ***တယ်လီဖုန်းဖြင့်ပန်လှည့်စစ်ဆေးခြင်း** (QC)*		1	2		
F2F BACK-CHECKED (QC) ***F2F ပန်လှည့်စစ်ဆေးခြင်း** (QC)*		1	2		

SUCCESSFUL CONTACT RATE:

PLEASE WRITE DOWN THE FIRST CONTACT NUMBER IN THE FIRST ROW AND THE SUCCESSFUL COMPLETED INTERVIEW IN THE SECOND ROW (REFERRED TO CONTACT SHEET) IN THE ANSWER SHEET BELOW:

အင်တာဗျူးအတွက်ဆက်သွယ်ရာတွင်အောင်မြင်မှုနှုန်း

ပထမအကွက်တွင် ပထမဦးဆုံးဆက်သွယ်သောအမှတ်စဉ်ကိုရေးချပြီးအောင်မြင်ပြီးခြုံးသောတွေ့ဆုံမေးမန်းခင်းကို ဒုတိယအကွက် (ဆက်သွယ်ရမည့် စာရွက်ကိုရည်ညွှန်းသည်) အောက်တွင်ဖြေရမည့်စာရွက်တွင်ရေးပါ။

Starting contact number	စတင်ဆက်သွယ်သောအမှတ်စဉ်	**1**
Successful completed Interview number	အောင်မြင်ပြီးခြုံးသောတွေ့ဆုံမေးမန်းခင်း အမှတ်စဉ်	

PROGRESS MONITOR / QUOTA CONTROL:

Location	**နရော**	**Age**	**HH income**	**working status**
Aung Lan.....1 Magway.....2 Salin.....3 Seik Phyu.....4 Yaynangyaung.....5 Sinbaungwe.....6 Meikhtila.....7 Myingyan.....8 Monywa.....9 Yinmarbin.....10	အောင်လံ.....1 မကွေး.....2 စလင်း.....3 ဆိတ်ဖူ.....4 ရနေးချောင်း.....5 ဆင်ပဓါင်ဝဲ.....6 မိတ္ထီလာ.....7 မင်းခုံ.....8 မုံရွာ.....9 ယင်းမာပင်.....10	18 – 25 .....1 26 – 30 .....2 31 – 35 .....3 36 – 40 .....4 41 – 45 .....5 46 – 50 .....6 51 – 55 7	0-80,000.....1 80,001 – 300,000.....2 300,001 – 800,000.....3 800,001 – 1,500,00.....4 1,500,001 – 2,000,000.....5 2,000,001 – 2,500,000.....6 >2,500,00.....7	Working .....1 Non-working .....2 **Gender** Male.....1 Female 2

HOUSEHOLD QUESTIONNAIRE

Introduction

Hello, my name is [enumerator name], and I work for Third Eye, a data collection firm in Myanmar. We are conducting an evaluation of the Shae Thot Project in partnership with Social Impact, a United States-based development consulting firm. The Shae Thot Project aims to provide humanitarian assistance in the areas of maternal and child health, food security, water, sanitation, and hygiene, and community institutions. The purpose of this study is to learn about how the project affected these areas. This study is funded by the United States Agency for International Development (USAID), a U.S. government agency that provides assistance to other countries' development projects.

You were randomly selected to participate in this survey, which is being conducted with 4,680 households like yours across Myanmar. You do not need to have received services from the Shae Thot project or know about it to participate in this survey. If you agree to participate, I will ask you about you and your household, and your experiences with Shae Thot activities that took place in your community. Some of the questions may be personal in nature. The interview will last around 90 minutes. Your participation is entirely voluntary, and you may choose not to answer any or all questions at any time and for any reason. There will be no consequences if you choose not to participate. If you choose to participate in the interview, you may decide to stop the interview at any time. There will be no consequences if you decide to withdraw from the interview. You may ask questions at any time.

Any information you provide that can identify you will be kept strictly confidential by the parties conducting this evaluation, including USAID, employees of the survey firm, and the evaluators, to the maximum extent permitted by the laws of the United States and the laws of Myanmar. The information you provide will be stored in a secure location and will only be accessible by the evaluation team. The information collected will be used for statistical purposes only and will not be used for determining any sort of benefits or punish you for anything, so please answer honestly.

There is no direct benefit to you from participating, other than a small token of appreciation for your time at the end of the interview. Your feedback will help us understand how to improve development programs. This interview is not expected to pose any legal, financial, or physical risks to you, and our report will not include any information that can directly identify you. You may contact Lae Lae Kyu, Program Supervisor at Third Eye at +959 3000 9363 or Erika Keaveney, Co-Chair of the Institutional Review Board at Social Impact Inc., at +1 703 465 1884. If you have any questions, concerns, or complaints about the study or your rights as a participant, please feel free to contact us at any time.

VI

Do you have any questions?

Do you agree to continue with the interview? You may answer yes or no. By answering "yes," and participating in this study, you are indicating that you have heard this consent script, had an opportunity to ask any questions about your participation and voluntarily consent to participate.

- ☐ *Yes, I am willing to participate [continue to survey]*
- ☐ *No, I am not willing to participate [terminate interview]*

မိတ်ဆက်ခြင်း

ဟဲလို မင်္ဂလာပါ။ ကျွန်တော်/ကျွန်မ က Third Eye Co., Ltd က _____ဖစ်ပါသည်။ အချက်အလက်ကောက်ယူတဲ့ သုတသေနကုမ္ပဏီကပါ။ အမရိကန်နိုင်ငံမှ Social Impact နှင့် ပူးတွဲလုပ်ဆောင်တဲ့ ရှင်သို့စီမံကိန်းအကြောင်းကို လေ့လာသုံးသပ်နတောဖစ်ပါတယ်။ ရှင်သို့စီမံကိန်းက လူမှုအကျိုးပြု လုပ်ငန်းများဖစ်တဲ့ မိခင်နှင်ကလေးကျန်းမာရေး စားနပ်ရိက္ခာဖူလုံရေး ရနှေင့် ရသေန် တစ်ကိုယ်ရသေန့ရှင်းရေးနှင့် လူမှုအဖွဲ့အစည်းများ ကိုထောက်ပံ့ပေးနတဲ့ စီမံကိန်းဖစ်ပါတယ်။ ဒီလေ့လာချက်ရဲ့ ရည်ရွယ်ချက်မှာ စီမံကိန်းဧရိယာတွမှော ဘယ်လိုအကျိုး သက်ရောက်မှုတွေ ရှိခဲ့လဲဆိုတာလေ့လာမှာ ဖစ်ပါတယ်။ ဒီလေ့လာချက်ကို အမရိကန်နိုင်ငံ အစိုးရ၏နိုင်ငံတကာ ထောက်ပံ့မှုပုလြပ်နသည့် အဖွဲ့အစည်းဖစ်သော USAID မှ ပံ့ပိုးကူညီထားတာဖစ်ပါတယ်။

သင်တို့ရဲ့ အိမ်ထောင်စုဟာ မန်မြာနိုင်ငံတွင်းရှိ အိမ်ထောင်စုပေါင်း (၄၆၈၀) ထဲမှ ကျဘမ်းရွေးချယ်မှုအရ ရွေးချယ်ခြင်း ခံရသော အိမ်ထောင်စုဖစ်ပါတယ်။ ဒီလေ့လာမှုမှာ ပါဝင်ဖို့အတွက်ကို ရှင်သို့စီမံကိန်းမှလုပ်ဆောင်ချက်များမှ ဝန်ဆောင်မှုများရရှိဖူးခြင်း သို့မဟုတ် သိရှိထားခြင်းမျိုး ရှိရန်မလိုပါ။ ဒီလေ့လာမှုတွင်ပါဝင်ဖို့ သဘောတူတယ်ဆိုရင် သင်နှင့် သင့်ရဲ့အိမ်ထောင်စုအကြောင်း သင့်ရဲ့ပတ်ဝန်းကျင်မှာ ရှင်သို့ လုပ်ရှားမှုများရဲ့ အတွေ့အကုံအြကြောင်း စသည်တို့ကိုမေးမှာ ဖစ်ပါတယ်။ တစ်ချို့မေးခွန်းများ၏ သဘောသဘာဝသည် ကိုယ်ရေးကိုယ်တာနှင့် သက်ဆိုင်သော မေးခွန်းများဖစ်သည်။ အင်တာဗျူးက မိနစ် (၉၀) ပဲကြာမှာဖစ်ပါတယ်။ သင်ရဲ့ပူးပေါင်းပါဝင်မှုသည် လုံးဝ သင့်ရဲ့ဆန္ဒဖစ်ပြီး မေးခွန်းတစ်ချို့ကိုသော်ငင်း အားလုံးကိုသော်ငင်း မည်သည့် အကြောင်းပချြက်မျှမပေးပဲ အချိန်မရွေးရပ်တန့်နိုင်ပါသည်။ ပါဝင်ဖကြေးဖို့ သဘောမတူနိုင်ရင်လည်း ပဿြနာမရှိပါဘူး။ အကယ်၍ ပါဝင်ဖကြေးပေးနချိန်အတွင်း ရပ်တန့်မယ်ဆိုရင် အချိန်မရွေးရပ်တန့်နိုင်ပါတယ်။ သိချင်တာရှိရင်လည်း အချိန်မရွေးမေးမန်းနိုင်ပါတယ်။

ဤလေ့လာသုံးသပ်မှုကို ဆောင်ရွက်နကေြာ့ USAID အပါအဝင် ကွင်းဆင်းအချက်အလက်ကောက်တဲ့ဝန်ထမ်းများ ပါဝင်တဲ့ သုတသေနကုမ္ပဏီနှင့် သုံးသပ်တွက်ချက်သူများ မှ သင့်ကို ကိုယ်စားပုမ်ြအချက်အလက်များကို အမရိကန် နိုင်ငံနှင့် မန်မြာနိုင်ငံရဲ့ ဥပဒအေရ ခွင့်ပြုထားသည့် အတိုင်းအတာအတွင်း အချက်အလက်မှန်သမျှကို အထူး လျှိုဝှက်စွာထားပါမည်။ သင့်စီမှ အချက်အလက်များကို လုံခုံစွာထိန်းသိမ်းထားရှိပီး သုံးသပ်တွက်ချက်သည့် အဖွဲ့သာလျှင် အသုံးပုရြန်ခွင့်ပြုထားပါမည်။ ရရှိသည့်အချက်အလက်များသည် စာရင်းအင်းဆိုင်ရာ အတွက်သာသုံးစွဲသွားမည်ဖစ်ပီး မည်သည့်ခံစားခွင့် သို့မဟုတ် အရေးယူမှုများ လုပ်ဆောင်ခြင်းများ ပုလြပ်ရန်မဟုတ်တဲ့အတွက် မှန်မှန်ကန်ကန် ဖခြေိုပေးပါရန် မတော့တာရပ်ခံအပ်ပါသည်။

သင်ဒီလိုပါဝင်ဖကြေးပေးတဲ့အတွက် မည်သည့်အကျိုးခံစားခွင့်မျှ တိုက်ရိုက်ရရှိမည်မဟုတ်ပါ။ ဖကြေးပေးတဲ့အတွက် ကျေးဇူးတုံပန်တဲ့အနနဲ့ မတော့တာလက်ဆောင် ပေးပါမည်။ သင့်ရဲ့ ဖခြေိုမှုများသည် တိုးတက်မှုဆိုင်ရာ စီမံကိန်းများတွင် ပိုမိုနားလည်စပေီြ တိုးတက်အောင်လုပ်ဆောင်နိုင်ဖို့ အထောက်အကူ အများကီးပြေးမှာ ဖစ်ပါတယ်။ ဤတွ့ဆုံမေး မန်းမှသည် သင့်အပေါ်တွင် မည်သည့် ဥပဒအေကြောင်းအရသော်ငင်း ငွကေြးအရသော်ငင်း သို့မဟုတ် သင့်အားအခက် အခဲဖစ်စမေည့် ကိစ္စစရပ်များ ဖစ်ပေါ်မည်မဟုတ်ကြောင်း နှင့် ဤအစီရင်ခံစာမှ သင့်၏ဖကြေးသော အချက်အလက်များကို ပေါ်လွင်စမှော မဟုတ်ပါ။ အကယ်၍ မရှင်းလင်းပဲ သိရှိလိုသည်များ ရှိပါက မလဲ့လဲ့ကူ(Program Supervisor) Third Eye at +959 3000 9363

နှင့် Social Impact Inc., မှ Erika Keaveney, Co-Chair of the Institutional Review Board at at +1 703 465 1884. တို့ကိုဆက်သွယ်မေးမန်းနိုင်ပါသည်။

ဘာများမေးချင်ပါသေးလဲ။

အင်တာဗျူးဆက်လုပ်ဖို့သဘောတူပါလဲသား။ ဖြေဆိုမည်ဆိုပါက အထက်ဖော်ပပြီ အချက်များကို သဘောတူပီးပြါဝင်ဖို့အတွက် သိရှိရန်အချက်အလက်များကို မိမိသဘောဖြင့်လက်ခံဖြေဆိုပေးပါသည် ဟု သဘောတူပါသည်။

- ☐ **ပူးပေါင်းပါဝင်ဖြေကြားပါမည်။ (ဆက်လက်မေးမန်းပါမည်။)**
- ☐ **ပူးပေါင်းပါဝင်ပီးပြမဖြေကြားပေးနိုင်ပါ။(အင်တာဗျူးဆက်မမေးပါနှင့်။)**

Note for Interviewer: Let the respondent sign for informed consent. Thanks for your kind cooperation in this research. Can you let us have your signature for your approval?
I understand the objectives of research, confidentiality and agree to be interviewed.

Note for Interviewer: ဖြေဆိုသူအား ဤမေးမန်းချက်ကို ဖြေဆိုသဘောတူကခြင်းလက်မှတ်ရေးထိုးပါသည်။

သုတသေနလုပ်ငန်းရဲ့ ရည်ရွယ်ချက်နှင့် ရရှိသည့်အချက်အလက်များကို လျှို့ဝှက်စွာ ထားရှိမည်ဆိုတာကိုလည်း နားလည်သဘောပေါက်ပါသည်။

Name အမည်
Date နေ့စွဲ

Module 1: Household / Respondent Information
အပိုင်း (၁) အိမ်ထောင်စု / ဖြေဆိုသူ ဆိုင်ရာ အချက်အလက်

1.2 Position in the Household
အိမ်ထောင်စုတွင် ဖြေဆိုသူ၏ အဆင့်

Head of Household	အိမ်ထောင်ဦးစီး	1
Spouse	အိမ်ထောင်ဦးစီး၏အိမ်ထောင်ဘက်	2
De facto Head of Household	အိမ်ထောင်စုကိုယ်စား	3

Have your household participated in a previous survey about Shae Thot?
ပီဒြို့တဲ့ "ရှင့်သို့ ပရဟေဂျက်" စစ်တမ်းကဟော်ယူတုန်းက သင်တို့အိမ်ထောင်စု ပါဝင်ခဲ့ပါသေးသလား။

Yes , Baseline Survey 2013	Baseline Survey 2013 တွင်ပါဝင်ခဲ့	1
Yes , Midline Survey 2015	Midline Survey 2015 တွင်ပါဝင်ခဲ့	2
Yes Both Baseline 2013 and Midline 2015 Survey	Baseline နှင့် Midline နှစ်ခုစလုံးတွင်ပါဝင်ခဲ့	3
No	မသိပါ	4
Don't remember	မမှတ်မိပါ	5

1.3 Record the sex of respondent
ကျား/မ

Male	ကျား	1
Female	မ	2

1.4 What your completed years of age? _____Years
If specific age is unknown, round to nearest 5 years upward.

အသက် _____နှစ်

အသက်ကိုနှစ်ဖြင့်ဖော်ပါ။ အကယ်၍အသက်အတိအကျမသိလျှင် အနီးဆုံး ၅ နှစ်အထက်ဝန်းကျင်သို့ တိုး၍မှတ်သားပါ။

1.5 What is your ethnicity?
လူမျိုး

Chin	ချင်း	1
Kachin	ကချင်	2
Kayah	ကယား	3
Karen	ကရင်	4
Mon	မွန်	5
Rakhine	ရခိုင်	6
Burmese	ဗမာ	7
Shan	ရှမ်း	8
Mix	ကဟ်ပြ်	9
Other (Specify)	အခြား (ဖော်ပြပါ)	99
Refuse to answer	ဖြေဆိုရန်ငြင်းဆို	98

1.6 What is your religion?
ဘာသာ

Buddhist	ဗုဒ္ဓဘာသာ	1
Christian	ခရစ်ယာန်	2
Hindu	ဟိန္ဒူ	3
Muslim	မွတ်ဆလင်	4
Others	အခြား (ဖော်ပြပါ)	99
Refuse to answer	မဖြေဆိုပါ	98

1.7 How many household members in total in your household?
အိမ်ထောင်စုဝင်အရအေတွက်စုစုပေါင်း အရအေတွက်ကိုရေးရန်။

	1.8	1.9	1.10	1.11	1.12	1.13	1.14	1.15
HH Id No အိမ်ထောင်စုဝင်နံပါတ်	Name အမည်	Relationship with the Head of Household (Oldest to youngest) အိမ်ထောင်ဦးစီးနှင့်အမျိုးတော် စပ်ပုံ (အကီးဆုံးမှအငယ်ဆုံးသို့)	Sex ကျား/မ	Age အသက်	Highest completed level of schooling for HH members of age 5 - 30 years old အသက် ၅ နှစ် နှင့်အသက် (၃၀) ကြား ရှိသောအိမ်ထောင်စုဝင်များ နောက် ဆုံးပီးခြုံးခဲ့သောအတန်း	Are you still in school? (For HH members 5 - 30 years old) အသက် ၅ နှစ် နှင့်၃၀ကြားရှိသောအိမ် ထောင်စုဝင်များကျောင်း နဆေဲလား	Birth registration (Children under 18 years old) အသက် ၁၈နှစ် အောက် အိမ်ထောင်စုဝင်များ မွေး စာရင်းလက်မှတ်ရှိ/မရှိ	Main Occupation of HH members over the age of 12 အသက်၁၂ နှစ်အထက်ရှိသော အိမ်ထောင်စုဝင်များ၏အဓိကအလုပ်
		Head of HH. ..... 1 Spouse. ..... 2 Son, daughter, son/daughter-in- law 3 Parent/parent-in- law 4 Other relative .....5 Non- relative ..... 6 အိမ်ထောင်ဦးစီး ..... ၁ အိမ်ထောင်ဘက် ..... ၂ သားသမီး၊ သားမက်၊ချွေးမ ..... ၃ မိဘ/ယောကျ်ခမ ၄	Male. .....1 Femal ...2 ကျား .....1 မ 2	Specify age in years. If specific age not known, round to the nearest 5 years upwards. အသက်ကိုနှစ်ဖြင့်ဖော် ပြ။ အကယ်၍အသက်အတိအကျမသိလျှင် အနီးဆုံး ၅ နှစ်အထက်ဝန်းကျင်သို့တိုး၍ မှတ်သားပါ။)	Grade 1 (Thu Nge Tan) ..... 1 Grade 2 ..... 2 Grade 3 ..... 3 Grade 4 ..... 4 Grade 5 ..... 5 Grade 6 ..... 6 Grade 7 ..... 7 Grade 8 ..... 8 Grade 9 ..... 9 Grade 10 ..... 10 Grade 11 ..... 11 College/ University ..... 1 2 Monastic education ..... 13 Never been to school ..... 99 သူငယ်တန်း ..... ၁ တစ်တန်း ..... ၂ နှစ်တန်း ..... ၃ သုံးတန်း ..... ၄ လေးတန်း ..... ၅ ငါးတန်း ..... ၆ ခြောက်တန်း ..... ၇ ခုနှစ်တန်း ..... ၈ ရှစ်တန်း ၉	Still in School ..... 1 Drop out ..... 2 Never attended school ..... 3 ကျောင်းနဆေဲ ..... ၁ ကျောင်းမနတေော့ ..... ၂ ကျောင်းမနခေဲ့ဘူး ၃	Yes ..... 1 No ..... 0 ရှိ ..... 1 မရှိ 0	Agriculture (raise own crops) ..... 1 Raising own livestock (poultry, pigs, cattle etc.) ..... 2 Fishing/shrimp farming ..... 3 Agricultural wage labor ..... 4 Non-agri unskilled wage labor ..... 5 Salary (government, military, private ..... 6 Own account sales/service (incl. Street vendor or house front sales) ..... 7 Sales/service employee (daily wage) ..... 8 Shop or business owner. ..... 9 Unpaid family work ..... 10 Dependent. ..... 11 Student ..... 12 Retired/pensioner. ..... 13 Other (specify) ..... 99 စိုက်ပျိုးရေး(သီးနှံကိုယ်တိုင်စိုက်) ..... ၁ မွေးမူရြေး(ကြက်၊ဝက်၊နွားစသည်) ..... ၂ ငါးဖမ်း၊ပုစွန်မွေးလုပ်ငန်း ..... ၃ စိုက်ပျိုးရေးလုပ်ခစားအလုပ်သမား ..... ၄ စိုက်ပျိုးရေးမဟုတ်သောမကျွမ်းကျင်လုပ်ခစားလုပ်သား ..... ၅ လခစားဝန်ထမ်း(အစိုးရ၊ စစ်ဘက်၊ပုဂ္ဂလိက) ..... ၆ ကိုယ်ပိုင်အရောင်း/ဝန်ဆောင်မှု (အိမ်ရှေ့စျေးဆိုင်၊လမ်းလျှောက် စျေးသည်အပါ) ..... ၇ အရောင်း/ဝန်ဆောင်မှုအလုပ်သမား(နေ့စား) ၈

		အခ်ဳံဆွမ်မြိဳး ..... ၅ ဆွမ်မြိဳးမဟုတ် ၆			ကိုးတန်း ..... ၁၀ ဆယ်တန်း ..... ၁၁ တက္ကသိုလ်/ကောလိပ်..... ၁၂ ဘုန်းတော်ကီးကြြင်ပညာ..... ၁၃ ကျောင်းမနေဘူး..... ၉၉				စျေးဆိုင် (သို့)စီးပွားရေးလုပ်ငန်း ..... ၉ အခကြေးငွေမရသောမိသားစုအလုပ် ..... ၁၀ မြို့ ..... ၁၁ ကျောင်းသား ..... ၁၂ ပင်စင် / အငြိမ်းစား ..... ၁၃ အခြားဖော်ပြပေးပါ ၉၉
1	Head of the HH								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

Module 2: MATERNAL AND CHILD HEALTH
အပိုင်း (၂) မိခင်နှင့် ကလေးကျန်းမာရေး

If the selected respondent is male household head, ask this section to spouse or mother of children in the household. Please list the youngest child under the age of five based on the table above. If not children under the age of 5, skip to next section (Malaria).

တကယ်လို့ဖြေဆိုသူသည်အမျိုးသား အိမ်ထောင်ဦးစီးဖစ်ပါက ဤအပိုင်းကို အိမ်ထောင်ဖက်(သို့) အိမ်တွင်ရှိသော ကလေးများ၏အမကို မေးပါ။

အပေါ်တွင်ဖော်ပြထားသော ဇယားကို အခြေခံပီး အသက် ၅ နှစ်အောက် အငယ်ဆုံးကလေးရှိပါက စာရင်းမှတ်ပေးပါ။ တကယ်လို့အသက် ၅ နှစ်အောက် ကလေးမရှိပါက အပိုင်း (၂.၁၀) သို့သွားပေးပါ။

	Name အမည်	Born မွေးနှစ်		Age အသက်		Male ကျား	Female မ
		Year နှစ်	Month လ	Year နှစ်	Month လ		
Youngest child under 5 အသက် ၅ နှစ်အောက် အငယ်ဆုံးကလေး						1	2

Section 2.1: Mother's Information
အပိုင်း (၂.၁) မိခင် သတင်းအချက်အလက်များကို မှတ်သားခြင်း

Does mother live together at home?
မိခင်သည် အိမ်မှာ အတူနေပေါသလား။

M1.1 Name of Mother.
မိခင်အမည်

M1.2 Completed years of age.
အသက်ဘယ်လောက်လဲ။ (နောက်ဆုံးမွေးနေ့မှာသင့်အသက်ကဘယ်လောက်လဲ။)

M1.3 Can you read?
သင်စာဖတ်တတ်လား။

Yes	ဖတ်တတ်	1
No	မဖတ်တတ်	2

M1.4 Can you write?
သင်စာရေးတတ်လား။

Yes	ရေးတတ်	1
No	မရေးတတ်	2

M1.5 What is the highest level of school you attended?
သင်တက်ခဲ့သော အမြင့်ဆုံး အတန်း(အဖြတ်စာရင်းသွင်း)။

Preschool	မူကိုကြျောင်း	1
Primary	မူလတန်း	5
Middle	အလယ်တန်း	9
High	အထက်တန်း	11
University/College	တက္ကသိုလ်/ကောလိပ်	12
Monastery/Nunnery	ဘုန်းကီးကြျောင်း/သီလရှင်ကျောင်း	13
No Schooling	ကျောင်းမနေဖူး	99

M1.6 What was your age at the time of your marriage?
သင်အသက် ဘယ်လောက်က လက်ထပ် ခဲ့ပါသလဲ။

	Record in years of completed age	ပည့်ပြီးခြအသက်ကို နှစ်ဖြင့် ရေးရန်

M1.7 How many pregnancies have you had?

သင်ကိုယ်ဝန်ဘယ်နှစ်ကိမ်ဆောင်ခဲ့ဖူးသလဲ။

	Pregnancies including abortions.	ကိုယ်ဝန်ဆောင်ခဲ့ဖူးခြင်း (ပျက်ကျဖူးခြင်းအပါအဝင်)

M1.8 Number of sons or daughters to whom you have given birth who are now living?
မွေးဖီးခြင်္ဂေက် သက်ရှိထင်ရှားနထိုင်နသေော သားသမီးအရအေတွက်

M1.9 Number of children who died after birth.
မွေးဖီးခြင်္ဂေက် သသွေားသော သား၊သမီး အရအေတွက်

M1.10 Number of miscarriage/abortions.
သားလျှောသားပျက်သည့် အရအေတွက်

M1.11 Is (name) youngest child adopted?
အငယ်ဆုံးကလေးက မွေးစားကလေးလား။

Yes	ဟုတ်	1
No	မဟုတ်	2

Children Under (2) Years Old
(၂)နှစ်အောက်ကလေး

Section 2.2: ANC visits, Delivery
အပိုင်း (၂.၂) မီးမဖွားခင် ကိုယ်ဝန်ဆောင်စဉ် အတွင်း ဂရုစိုက်မှု။ မွေးဖွားခြင်း။

Note for interviewers: This section is to ask for mothers with children under 2 years old children. If the household does not have children under 2 years (23 months) old, skip to Section 6. If they have no children under 5 years old, skip to Section 11.

မေးမန်းသူ။ **အသက် ၂ နှစ်အောက်ရှိသောကလေးမိခင်များကိုမေးရန်**

အကယ်၍ ၂ နှစ်အောက် (၂၃လ) ကလေးမရှိပါက အပိုင်း ၆ သို့သွားပါ။ ၅ နှစ်အောက်ကလေးမရှိပါက အပိုင်း (၁၁) သို့သွားပါ။

မိခင်၏အငယ်ဆုံးကလေး (၂)နှစ်အောက်ဖစ်ပါက ကလေးအမည်_____

M2.1 Did you see anyone for antenatal care during your last pregnancy? Any check-ups during pregnancy?
အငယ်ဆုံးကလေး ကိုယ်ဝန်ဆောင်ခဲ့စဉ်အတွင်းက သင့်ကိုယ်ဝန်စောင့်ရှောက်မှုအတွက်တစ်ယောက်ယောက်ကိုပြဖူးလား။ သင်နောက်ဆုံး ကိုယ်ဝန်ဆောင်ခဲ့စဉ်အတွင်း ဆေးစစ်ဆေးမှုတစ်ခုခု လုပ်ခဲ့လား။

Yes	ပြဖူး	1	**Continue**
No	မပြဖူး	2	**M2.**19 သို့သွားရန်

M2.2 If YES, who did you see?
NOTE: Highest rank person who assisted with the birth. i.e., if doctor and nurse were there, only code for doctor.
ပြဖူးလျှင် ဘယ်သူကို ပြခဲ့ဘာလဲ။ SA

Note: ကလေးမွေးပေးသူများထဲမှ ရာထူးအမြင့်ဆုံးကိုရွေးပါ။

Doctor	ဆရာဝန်	1
Nurse	သူနာပြု	2
Health Assistant	လက်ထောက်ကျန်းမာရေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာမ	4
Midwife	သားဖွားဆရာမ	5
Auxiliary midwife	အရန်သားဖွား	6
Traditional Birth Attendant	အရပ်လက်သည်	7
Other (Specify)	အခြား (ဖော်ပြ)	99

M2.3 Where did you see the antenatal care giver?
သင့်ကိုယ်ဝန်စောင့်ရှောက်မှုပေးသူကို ဘယ်မှာသွားပြခဲ့ဘာလဲ။

Government hospital	အစိုးရဆေးရုံ	1
Private hospital	ပုဂ္ဂလိကဆေးရုံ	2
Private clinic	ပုဂ္ဂလိကဆေးခန်း	3
Rural health center	ကျေးလက်ကျန်းမာရေးဌာန	4
Sub rural health center	ကျေးလက်ကျန်းမာရေးဌာနခွဲ	5
Mobile clinic/outreach	လှည့်လည်ဆေးကုဌာန/လှည့်လည်ဆေးကုပေးသူ	6
In the village	ရွာထဲမှာ	7

Other (Specify)	အခြား (ဖော်ပြ)	99

M2.4 Do you have a pregnancy card or MCH handbook?
သင့်မှာ ကိုယ်ဝန်ဆောင်ကဒ် (သို့မဟုတ်) မိခင်နှင့်ကလေးကျန်းမာရေးလက်စွဲစာအုပ် လက်ဝယ် ရှိသလား။

Yes	ရှိ	1	**Continue**
No	မရှိ	0	**M2.7** သို့သွားရန်

Code "1": only if the respondent can show the MCH handbook/pregnancy card.
ကိုယ်ဝန်ဆောင်ကဒ် (သို့မဟုတ်) မိခင်နှင့်ကလေးကျန်းမာရေးလက်စွဲစာအုပ် ရှိလျှင် ၁ ကို ကုဒ်ပါ။

M2.5 Interviewer: If code "1" at M2.4, record the followings from the handbook.
M2.4 တွင် 1 ဖစ်ပါက ကျန်းမာရေးစစ်ဆေးချက်များကို စာအုပ်မှ ကူးယူပါ။

		အကိမ်အရအတွက်	
Number of Abdominal examinations	ဗိုက်စမ်းသည့်အကိမ်ပေါင်း		
Number of tetanus toxoid injections	မေးခိုင်ရောဂါကာကွယ်ဆေးထိုးသည့် အရအတွက်		
Number of iron tablets	သံဓာတ်ဆေးပြားအရအတွက်		
Number of blood pressure checks	သွေးပေါင်ချိန်တဲ့အကိမ်အရအတွက်		ရှိ/မရှိ
Number of Syphils test	Syphilis စစ်ဆေးခြင်း		ရှိ/မရှိ
Any urine test	ဆီးစစ်ခြင်း		ရှိ/မရှိ
HIV/AIDS test	HIV/AIDS စစ်ခြင်း		
Others (Specify)	အခြား (ဖော်ပြ)	99	
Don't have/Don't know	မရှိ၊ မသိ	98	

M2.6 Interviewer: Was the handbook clearly written?

ကိုယ်ဝန်ဆောင်ကဒ် (သို့မဟုတ်) မိခင်နှင့်ကလေးကျန်းမာရေး လက်စွဲစာအုပ်ထဲတွင် အထက်ပါကျန်းမာရေး စစ်ဆေးချက်များကို ထင်ရှားစွာ ရေးထားပါသလား။

Yes	ထင်ရှား	1	**M2.**19 သို့သွားရန်
No	မထင်ရှား/မရေးထား	2	

M2.7 Did you receive any abdominal examination? (for those who do not have a MCH handbook)

ဗိုက်စမ်းခဲ့သလား (မိခင်နှင့်ကလေးကျန်းမာရေးလက်စွဲစာအုပ် မရှိသဖြူအတွက်သာ)

Yes	ဗိုက်စမ်းခဲ့သည်	1	
No	ဗိုက်မစမ်းခဲ့ပါ	2	**M2.**10 သို့သွားရန်

M2.8 How many times did you receive an abdominal examination?
ဘယ်နှစ်ကြိမ်ဗိုက်စမ်းခဲ့သလဲ။

	Record the number of times	အကြိမ်ရေကို မှတ်သားရန်

M2.9 How many of these visits were with a doctor, or nurse, or midwife, or LHV?
အဲဒီထဲက ဘယ်နှစ်ကြိမ်ကာ ဆရာဝန် (သို့မဟုတ်) သူနာပုံဖြူသို့မဟုတ်) သားဖွား (သို့မဟုတ်)၊ အမျိုးသမီးကျန်းမာရေး ဆရာမ (LHV) နှင့်စမ်းခဲ့တာလဲ။

	Record the number of times	အကြိမ်ရေကို မှတ်သားရန်

M.2.10 Did you receive tetanus toxoid injections?
မေးခိုင်ရဲဝါကာကွယ်ဆေးထိုးခဲ့သလား။

Yes	ဆေးထိုးခဲ့	1	
No	ဆေးမထိုးခဲ့	2	**M2.**12 သို့သွားရန်
Don't know	မသိ	98	

M2.11 How many times did you receive tetanus toxoid injection?
မေးခိုင်ရဲဝါကာကွယ်ဆေး ဘယ်နှစ်ကြိမ်ထိုးခဲ့သလဲ။

	Record the number of times	အကြိမ်ရေကို မှတ်သားရန်

M2.12 ကနေ M2.18 ထိ ဖျက်ထားသည်။

M2.19 Where did you give birth to your last child? SA
သင့်၏နောက်ဆုံးကလေးကို ဘယ်မှာမွေးခဲ့တာလဲ။ SA

Government hospital	အစိုးရဆေးရုံ	1	M2.21 သို့သွားရန်
Private hospital	ပုဂ္ဂလိကဆေးရုံ	2	

Private clinic	ပုဂ္ဂလိကဆေးခန်း	3	
Rural health center	ကျေးလက်ကျန်းမာရေးဌာန	4	
Sub rural health center	ကျေးလက်ကျန်းမာရေးဌာနခွဲ	5	
At home	အိမ်မှာ	6	Continue
Others (specify)	အခြား (ဖော်ပြ)	99	M2.21 သို့သွားရန်

M2.20 If you delivered your last child at home, did you use a clean delivery kit?
အိမ်မှာမွေးခဲ့သည်ဆိုပါက မွေးသန့်ထုပ်သုံးခဲ့ပါသလား။

Yes	သုံးခဲ့	1
No	မသုံးခဲ့	2

M2.21 When you gave birth, who assisted you with the delivery? SA
NOTE: Highest rank person who assisted with the birth. i.e., if doctor and nurse were there, only code for doctor.
သင်ကလေးမွေးခဲ့တုန်းက ဘယ်သူက မွေးပေးခဲ့သလဲ။ SA

Note: ကလေးမွေးပေးသူများထဲမှ ရာထူးအမြင့်ဆုံးကိုရွေးပါ။

Doctor	ဆရာဝန်	1
Nurse	သူနာပြု	2
Health assistant	လက်ထောက်ကျန်းမာရေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာမ	4
MW	သားဖွားဆရာမ	5
AMW	အရန်သားဖွား	6
TBA	အရပ်လက်သည်	7
Community Health Worker	လူထုကျန်းမာရေးလုပ်သား	8
Mother / relative	မိခင်ဆွမျိုး	9
Self	ကိုယ်တိုင်(မိမိဘာသာ)	10

Section 2.3: Post-Partum Care
အပိုင်း (၂.၃) မီးဖွားပီးပြစောင့်ရှောက်မှု

Note: Ask only for mothers with under 2 childrem//mothers whose youngest child is under 2 years old youngest child.

အသက် ၂ နှစ်အောက်ရှိသောကလေးမိခင်/အငယ်ဆုံးကလေး ၂ နှစ်အောက်ရှိသော ကလေးမိခင်များအတွက်သာ

M3.1 After delivery, did you have a check-up? SA
မီးဖွားပီပြီနောက် ကျန်းမာရေးစောင့်ရှောက်မှုခံယူခဲ့သေးသလား။ SA

Yes	လုပ်ခဲ့	1	
No	မလုပ်ခဲ့	2	**အပိုင်း (၂.၄)** သို့သွားရန်
Don't know/ Don't remember	မသိ/မမှတ်မိ	98	

M3.2 How long after giving birth did you have your first check up? SA
ကလေးမွေးပီပြီးက်ဘယ်လောက်ကာမြာ သင်ပထမအကိမ်ကျန်းမာရေး စောင့်ရှောက်မှုရရှိခဲ့လဲ။ SA

	Record the number of days	ရက်ပေါင်း

M3.3 With whom did you have your first check up? SA
NOTE: Highest rank person who assisted with the birth. i.e., if doctor and nurse were there, only code for doctor.
မွေးဖွားပီးကြကျန်းမာရေးစောင့်ရှောက်မှုအတွက် ပထမဆုံးအကိမ်ကို ဘယ်သူနဲ့ပခ်ဲ့သလဲ။SA
ရာထူးအမခ်ဲ့ဆုံး ကူညီခဲ့သူကို ဖော်ပပါ။ ဆရာဝန် နှင့် သူနာပုခ်ဲ့ပါက ဆရာဝန်ကို ကုဒ်ရန်။

Doctor	ဆရာဝန်	1
Nurse	သူနာပု	2
Health Assistant	လက်ထောက်ကျန်မားရေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာမ	4
MW	သားဖွားဆရာမ	5
AMW	အရန်သားဖွား	6
Community Health Worker (Gov)	လူထုကျန်းမာရေးလုပ်သား (အစိုးရ)	7
Health volunteer (INGOs/NGOs)	စတေနဲ့ဝန်ထမ်း(NGOs, INGOs)	8

TBA	အရပ်လက်သည်	9
Doctors/nurses from mobile clinics	လှည့်လည်ဆေးကုဌာနမှ ဆရာဝန်၊ သူနာပြု	10
Others (Specify)	အခြား	99

M3.4 How many checks-ups did you have within six weeks of delivery?
(Including going for check-ups by yourself and receiving check-ups from different organizations)
ကလေးမွေးပီးခြင် ပတ်အတွင်း ကျန်းမာရေးစောင့်ရှောက်မှု ဘယ်နှစ်ကိမ်ခံယူခဲ့သလဲ။
(မိမိကိုယ်တိုင် ကျန်းမာရေးစောင့်ရှောက်မှု သွားရောက်ခံယူခင်း နှင့် ၄င်းတို့မှ လာရောက်ကြည့်ရှုခင်း)

	Record the number of times	အကိမ်ရေကို မှတ်သားရန် မမှတ်မိလျှင် ၉၈ ကို ကုဒ်ရန်

Section 2.4: New Born Care
အပိုင်း (၂.၄) မွေးကင်းစ ကလေးကို စောင့်ရှောက်မှု

Note: Ask only for mothers with children under 2 years old.
အသက် ၂ နှစ်အောက်ကလေးရှိသော မိခင်များကိုမေးရန်

M4.1 မှ M4.3 ကို ဖျက်ထားသည်။

M4.4 How many newborn visits did you receive/make in one month after birth of the baby?
ကလေးမွေးပီးနောက်တစ်လအတွင်းမှာ ဘယ်နှစ်ကိမ်လောက် သင့်ကလေး ကျန်းမာရေးစောင့်ရှောက်မှုခံယူခဲ့ရသလဲ။
(မွေးကင်းစကလေးကျန်းမာရေးစောင့်ရှောက်မှု)

	Record the number of times Code 98 for "Don't remember"	အကိမ်ရေကို မှတ်သားရန် မမှတ်မိလျှင် ၉၈ ကို ကုဒ်ရန်

M4.5 When was the first visit made?
ပထမအကိမ်မြမွေးကင်းစကလေးကျန်းမာရေးစောင့်ရှောက်မှုကို ဘယ်တုန်းက ရခဲ့တာလဲ။

On the day of delivery (Hospital/house/at other place)	မွေးတဲ့နေ့မှာပဲ (ဆေးရုံ/အိမ်/အခြားမှာပဲ)	1	
Within 1 week after delivery	မွေးပီးတြာပတ်အတွင်း	2	
Between 1 week and 1 month after delivery	မွေးပီးတြာပတ်နှင့်တစ်လအကြား	3	
No visits made	မရဖူး	4	
Don't remember	မမှတ်မိ	5	**M5.1** သို့သွားရန်
Others	အခြား	98	

M4.6 With whom did you have your first check-up?
NOTE: Highest ranking person who assisted with the birth. i.e., if doctor and nurse were there, only code for doctor.
ပထမအကိမ်မြမွေးကင်းစကလေးကျန်းမာရေးစောင့် ရှောက်မှုကို ဘယ်သူကပေးခဲ့တာလဲ။

NOTE: ကလေးမွေးရန် ရာထူးအမည်ခံဆုံး ကူညီခဲ့သူကို ဖော်ပြပါ။ ဆရာဝန် နှင့် သူနာပုရိပါက ဆရာဝန်ကို ကုဒ်ရန်။

Doctor	ဆရာဝန်	1
Nurse	သူနာပုြ	2
Health Assistant	လက်ထောက်ကျန်းမာရေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာမ	4
MW	သားဖွားဆရာမ	5
AMW	အရန်သားဖွား	6
Community Health Worker (Gov)	လူထုကျန်းမာရေးလုပ်သား	7
Health volunteer (INGOs/NGOs)	စတေနှ့ဝန်ထမ်း(INGOs/NGOs)	8
TBA	အရပ်လက်သည်	9
Doctors/nurses from mobile clinics	လှည့်လည်ဆေးကုဌာနမှ ဆရာဝန်၊ သူနာပုြ	10
Others (Specify)	အခြ့ (ဖော်ပြ်)	99

Section 2.5:Breast Feeding
အပိုင်း (၂.၅) မိခင်နို့ တိုက်ကျွေးခြင်း

Note: Ask only for mothers with children under 2 years old.
အသက် ၂ နှစ်အောက်ကလေးရှိသော မိခင်များကို မေးရန်

M5.1 Are you presently breastfeeding your youngest child? (child under 2 years old)
သင်ယခုသင့်အငယ်ဆုံးကလေးကို မိခင်နို့တိုက်ကျွေးနလော်း။ (အသက် ၂ နှစ်အောက်ကလေး)

Yes	တိုက်ကျွေး	1	**M5.2** သို့သွားပါ
No	မတိုက်ကျွေး	2	

M5.1.1 For how long did you breastfeed him/her? SA
သင်ကလေးကို ဘယ်အရွယ်အထိ မိခင်နို့တိုက်ကျွေးခဲ့သလဲ။ SA

0-1 month	၀ – ၁ လ	1
2- 3 months	၂ – ၃ လ	2

4 - to 6 months	၄ – ၆ လ	3
7 - 12 months	၇ – ၁၂ လ	4
13 months to 18 months	၁၃ – ၁၈ လ	5
19 – 23 Months	၁၉ -၂၃ လ	6
I never breastfed	မိခင်နို့လုံးဝမတိုက်ခဲ့ပါ	7

M5.2 How soon after birth, did you put your child to the breast? SA
ကလေးမွေးပီးခြင်ခေက် ဘယ်လခေက်အကာ်မှာ ကလေးကို မိခင်နို့တိုက်ကျွေးခဲ့တာလဲ။ SA, UNAIDED

Within 30 minutes	မိနစ် ၃၀ အတွင်း	1
Within 1 hour	၁ နာရီအတွင်း	2
Within 24 hours	၂၄ နာရီအတွင်း	3
Within … days after birth (Specify days)	မွေးပီးခြင်ခေက်----------ရက်အတွင်း	4
Did not put to breast	မိခင်နို့မတိုက်ကျွေး	5
Do not remember	မမှတ်မိ	98

Skip to Section 6 if Code "5", otherwise, continue.

၅ ကို ကုဒ်ထားလျှင် အပိုင်း ၆ ကိုကျော်သွားပါ မဟုတ်ပါက ဆက်မေးပါ။

M5.3 Did you give (NAME) colostrums? (yellowish milk in the first three days after birth)
သင် ကလေးကို မိခင်နို့ရည်ကည်/နို့ဦးရည် (မွေးပီး၃ ရက်အတွင်းမှာ ထွက်သောအဝါရောင်နို့)တိုက်ကျွေးခဲ့ပါသလား။

Yes	တိုက်ကျွေးခဲ့	1
No	မတိုက်ကျွေးခဲ့	2
Don't know/ Don't remember	မမှတ်မိ	98

M5.4 During the first 3 days after delivery did you give anything to drink other than breast milk?
ကလေးကို မွေးပီး၃ခေက်ပထမ ၃ ရက်အတွင်းမှာ မိခင်နို့အပြင်တခြား ရအေပါအဝင် အရည်တမျိုး သောက်စရာ (သို့မဟုတ်) စားစရာတခုခုကျွေးခဲ့သလေးလား။

Yes	ကျွေးခဲ့	1
No	မကျွေးခဲ့	2
Don't know/ Don't remember	မမှတ်မိ	98

M5.5 Have you ever given your child any solid/mushy food and/or any liquid including water?

မိခင်နို့အပြင်ရအေပါအဝင် အခြားအစာအမာ (သို့မဟုတ်) ပျော့သောအစားအစာကို ကျွေးဖူးပါသလား။

Yes	ကျွေးဖူး	1	
No	မကျွေးဖူး	2	အပိုင်း ၂.၆ သို့သွားပါ

M5.6 How long after delivery was the child given any solid/mushy food?
ကလေးအသက်ဘယ်နှစ်လမှာမိခင်နို့အပြင်အခြားအစာအမာ (သို့မဟုတ်) ပျော့သောအစားအစာကို စတင်တိုက်ကျွေးပါသလဲ။

	Record the number of months Code 98 for "Don't remember	လ အရအေတွက်ကို မှတ်သားရန် မမှတ်မိလျှင် 98 ကို ကုဒ်ရန်

M5.7 How long after delivery was the child given any liquid?
ကလေးမွေးပီးခြာယ်လောက်အကာမြာ ရအေပါအဝင် အခြားအရည်တစ်မျိုးမျိုး တိုက်ကျွေးခဲ့သလဲ။

	Record the number of days. Code 98 for "Don't remember	ရက် အရအေတွက်ကို မှတ်သားရန် **မမှတ်မိလျှင် ၉၈ ကိုကုဒ်ရန်**

Children Under (5) Years Old
(၅)နှစ်အောက်ကလေး

Section 2.6: Nutrition
အပိုင်း (၂.၆) အာဟာရ

Note: Ask only for mothers with children under 5 years old.

အသက် ၅ နှစ်အောက် ကလေးရှိသောမိခင်ကိုမေးရန်

SHOWCARD

M6.1 Since this time yesterday has (Name) received the following food? MA
မနေ့ကဒီလိုအချိန်ကတည်းက ကလေး (အမည်) ဟာ အောက်ပါအစားအစာများကို စားခဲ့ပါသလား။ MA

Any rice, rice noodle, sticky rice, corn, wheat flour?	ဆန်တစ်မျိုးမျိုး၊ ဆန်ခေါက်ဆွဲ၊ ကောက်ညှင်း၊ ပြောင်း၊ ဂျုံမှုန့်	1
Any locally available root or tuber; potato, arrowroot or taro?	ဒသေထွက်သစ်ဥ၊သစ်ဖု၊အာလူး၊အာတာလွတ်ဥ (သို့မဟုတ်) ပိန်းဥ တစ်မျိုးမျိုး	2
Locally available pumpkin, carrots, golden sweet potato? (Other locally available vegetables with orange/red flesh)	ဒသေထွက် ရွှဖေရုံသီး၊မုန်လာဥ၊ ကန်စွန်းဥ။(အခြားဒသေထွက် အဝါရောင်/အနီရောင်ရှိသောဟင်းသီးဟင်းရွက်)	3
Any foods made from beans, peas, lentils or nuts. Eg Peanut (ground nut), Lentil (dahl), chick peas or beans	ပဲတောင့်၊ ပဲစင်္းပဲနီကလေး၊ အခွံမာသီးမှ ပုည်ြပ်ထားသော အစားအစာတစ်ခုခု။ဥပမာ-မြေပဲ၊ ပဲနီကလေး၊ ကုလားပဲ၊ ပဲတောင့်ရှည်	4
Any dark green leafy vegetables? Eg watercress, gourd (pumpkin) leaves, green spinach, tamarind leaves.	အစိမ်းရင့်ရောင်ရှိသော ဟင်းသီးဟင်းရွက်တမျိုးမျိုး။ ဥပမာ – ကန်စွန်းရွက်၊ ဗူး (ဖရုံ) ရွက်၊ ဟင်းနုန္ဒယ်ရွက်၊မန်းကျည်းရွက်များ။	5

Any locally available fruits with orange or red flesh? Eg papaya, ripe mango	ဒသေထွက် အဝါရောင်/အနီရောင်ရှိသစေအသီး။ ဥပမာ- သင့်ဘဒေသီး၊ သရက်သီးမှည့်	6
Any other fruits or vegetables? E.g. Tomatoes, bananas, guava, eggplant, cucumber, onion, garlic	အခြားအသီးတစ်မျိုးမျိုး (သို့မဟုတ်) ဟင်းသီးဟင်းရွက်တစ်မျိုးမျိုး။ ဥပမာ- ခရမ်းချဉ်သီး၊ ငှက်ပျဒေသီး၊ မာလကာသီး၊ ခရမ်းသီး၊ သခွားသီး၊ ကြက်သွန်နီ၊ ကြက်သွန်ဖူ	7
Liver, kidney, heart or other organ meats?	အသည်း၊ ကျဒောက်ကပ်၊ နှလုံး၊ အခြားကလီစာများ	8
Any meat such as beef, lamb, goat, chicken, rat or frog?	အမဲသား၊ သိုးသား၊ ဆိတ်သား၊ ကြက်သား၊ကွကြ်သား၊ ဖားသားစသည် အသားတစ်မျိုးမျိုး	9
Fresh or dried fish, shellfish, or seafood?(oysters, mussels, squid (not fish paste)	ပင်လယ်စာ၊ အခွံမာရှိသစေရသေတ့်တဝါ(သို့မဟုတ်)ငါးစိ၊ ငါးခြောက်။ (ကမာ မုတ်ကဒေါင်၊ ယဒေါက်သွား၊ ပြည်ကီငြိုး (ငါးပိမဟုတ်)	10
Eggs? (chicken, quail, duck)	ဥများ (ကြက်ဥ၊ ငုံးဥ၊ဘဲဥ စသည်)	11
Yoghurt / other milk products/ tinned/ powder/ fresh milk?	ဒိန်ချဉ်(သို့မဟုတ်)အခြားနို့ထွက်ပစ္စည်းများ(နို့ဆီ/နို့မှုန့်/နို့စိမ်း)	12
Any oil or fats or foods made with any of these? Eg Sesame, sunflower, ground nut, palm oil	ဆီ (သို့မဟုတ်) အဆီ (သို့မဟုတ်) ဆီ၊အဆီတစ်မျိုးမျိုး နှင့်လုပ်ထားသစေအစာများ။ ဥပမာ- နှမ်း၊ နကေဝ်မပြေ၊ စားအုန်းဆီ	13
Any sugary foods such as jaggery, chocolates, sweets, candies, pastries, cakes or biscuits?	ထန်းလျက်၊ ချဒေကလက်၊ ချိုချဉ်များ၊သကြဲလုံးများ၊ ဂျုံထဒေပတ်ဖစ်ြလုပ်ထားသဒေမုန့်၊ ကိတ်၊ ဘီစကွတ်စသည် သကြဲမာတ်ပါသဒေအစားအစာ	14
Salt / savory snacks / fish paste	ဆားလေးသဒေအမွှေးအကိုင်ကဲသဒေမုန့်၊ငါးပိ	15
Commercially available baby food (Dumex .....)	ဝယ်၍ရသဒေကလေးအစားအစာ (ဥပမာ- Dumex, Nestel, Gold Power)	16
Tea/coffee	လက်ဖက်ရည်/ကဖ်ေဖီ	17
Plain water / sugar water / honey water	ရေ/သကြဲရည်/ပျားရည်	18
Juice / juice drink	သစ်သီးအချိုရည်	19
Broth / soup	ဟင်းရည်/စွတ်ပုတ်	20

M6.2 How many meals did you feed (Name) from this time yesterday till now? (A meal consists of solid or mushy food)
မနဲ့ကဒီလိုအချိန်ကစပြီး်အခုအချိန်အထိ သင် သင့်ကလေးကို အစာဘယ်နှစ်ကိမ်ကျွေးခဲ့လဲ။(အစာမာ(သို့မဟုတ်) ပျော့သဒေ အစားအစာပါပါ)

	How many meals did you feed (Name) from this time yesterday till now? (A meal consists of solid or mushy food)	အကိမ်အရအတွက်ကို မှတ်ပါ မိခင်နို့တိုက်ကျွေးပါက ၉၉ ကိုကုဒ်ပါ

M6.3 How many snacks did you feed (Name) from this time yesterday till now?
မနေ့ကဒီလိုအချိန်ကစပြီး အခုအချိန်အထိ သင် သင့်ကလေးကို မုန့်ပဲသရစော ဘယ်နှစ်ခုကျွေးခဲ့လဲ။

	Record the number of times Code 99 for "Breast milk only"	အခုအရအတွက်ကို မှတ်ပါ မိခင်နို့တိုက်ကျွေးပါက ၉၉ ကိုကုဒ်ပါ

Section 2.8: Childhood illness – Diarrhea
အပိုင်း (၂.၈) ကလေးဘဝ ဖျားနာခြင်း၊ ဝမ်းလျှောရောဂါ

Note: Ask only for mothers with under 5 years old.

အသက် ၅ နှစ်အောက် ကလေးရှိသမျှမိခင်ကိုမေးရန်

M8.1 Have any children under-five in the family suffered from diarrhea in the past 2 weeks?
လွန်ခဲ့တဲ့ ၂ ပတ်အတွင်းက သင့်မိသားစုထဲက အသက် ၅ နှစ်အောက်ကလေးတစ်ယောက်ယောက် ဝမ်းပျက်ဝမ်းလျှောရောဂါဖစ်ခဲ့ဖူးလား။

		Yes ဖစ်ဖူး	No မဖစ်ဖူး	If "Yes", record completed age in months ဖစ်ဖူးလျှင် ကလေးအသက်အား လ ဖင့်မှတ်သားရန်	Selected
Youngest Child	အငယ်ဆုံးကလေး	1	2		1
Second Youngest Child	ဒုတိယအငယ်ဆုံးကလေး	1	2		2
Third Youngest Child	တတိယအငယ်ဆုံးကလေး	1	2		3

Note: If none of the children suffered from diarrhea, go to Section 9.
If more than one child suffered from diarrhea, ask the mother who is more severe, select the code under "Selected" column and ask only about that child.

Note: တစ်ယောက်မျှ ဝမ်းပျက်ဝမ်းလျှော မဖစ်ဖူးပါက အပိုင်း ၉ ကိုသွားပါ။ တစ်ယောက်ထက်ပိုဖစ်ဖူးပါက မည်သူသည် အပြင်းထန်ဆုံးဖစ်ခဲ့သနည်းကို မိခင်အားမေးပါ။ **Selected** ဟုဖော်ပြထားသော ကော်လံမှ ကုဒ်ကို ဝိုင်းပါ ထိုနောက် ထိုကလေးအကြောင်းကိုမေးပါ။

M8.2 Thinking about the most recent occurrence, did you seek treatment from any source?
လွန်ခဲ့တဲ့ ၂ ပတ်အတွင်းက သင့်မိသားစုထဲက အသက် ၅ နှစ်အောက်ကလေးတစ်ယောက်ယောက် ဝမ်းပျက်ဝမ်းလျှောရောဂါ ကုသမှုခံယူခဲ့လား။

Yes	ခံယူဖူး	1	

No	မခံယူဖူး	2	**M8.5 သို့သွားပါ**
Don't know	မသိပါ	96	

M8.3 From whom did you seek treatment? **SA**
ဘယ်သူထံမှ ကုသမှုကို ရရှိခဲ့လဲ။ **SA**

Doctor	ဆရာဝန်	1
Nurse	သူနာပြု	2
Health Assistant	လက်ထောက်ကျန်းမာရေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာ	4
MW	သားဖွားဆရာမ	5
AMW	အရန်သားဖွား	6
Community Health Worker (Gov)	လူထုကျန်းမာရေးလုပ်သား	7
Health volunteer (INGOs/NGOs)	စတေနှ့ဝန်ထမ်း (NGOs, INGOs)	8
Doctors/nurses from mobile clinics	လှည်လည်ဆေးကုဌာနမှဆရာဝန်၊ သူနာပြု	10
Quack	ဆေးထိုးဆရာ	11
Drug Store	ဆေးဆိုင်	12
Others (Specify)	အခြား (ဖော်ပြပါ)	99

M8.4 နဲ့ M8.5 ကိုဖျက်ထားသည်။

SHOWCARD

M8.6 During the incidence of diarrhea, did you give your child any of the following? SA
ဝမ်းပျက်ဝမ်းလျှောရောဂါခံစားနရေတဲ့ကာလအတွင်းမှာ သင့်ကလေးကို အောက်ပါထဲက တခုခုကို သင်တိုက်ကျွေးခဲ့ပါသလား။ **SA**

ORS from a packet, after mixing it with boiled and cooled water?	ဓာတ်ဆားရည် (အထုပ်အားဖောက်၍ ရကျေက်အေးတွင်ဖျော်တိုက်ခင်း)	1
Other recommended home-made fluid?	အခြားသင့်တော်သော အိမ်လုပ်အရည်တစ်မျိုးမျိုး	2
None of the above	တခုမှမဟုတ်ပါ	99

M8.7 Was there anything else given to the child to treat diarrhea?

ဝမ်းပျက်ဝမ်းလျှောရောဂါ ကုသရန် အခြားတစ်ခုခုရော တိုက်ကျွေးခဲ့လား။

Yes	တိုက်ကျွေး	1	
No	မတိုက်ကျွေး	2	**အပိုင်း ၉ သို့သွားပါ။**
Don't know	မသိပါ	96	

M8.8 What else was given to treat the diarrhea? **MA**
လုပ်ခဲ့တယ်ဆိုရင် ဝမ်းပျက်ဝမ်းလျှောရောဂါ ကုသ/သက်သာရန် အခြားဘာလုပ်ခဲ့လဲ။ **MA**

Herbal medicine	ဆေးဘက်ဝင်သော သစ်သီး၊သစ်ရွက်မှ ပုလ္လင်ထားသောဆေး	1
Antibiotics	ပိုးသတ်ဆေး	2
Syrup	သောက်ဆေးရည်	3
Pill	သောက်ဆေးဟပ်ဖြူ	4
Zinc	ဇင့် ဆေးဟပ်ဖြူ	5
Injection	ထိုးဆေး	6
Others (specify)	အခြား (ဖော်ပြပြန်းပါ)	99

Section 2.9: Childhood Illness – Acute Respiratory Infection
အပိုင်း (၂.၉) ကလေးဘဝ ဖျားနာခြင်း၊ ပင်းထန်သော အသက်ရှူလမ်းကြောင်းဆိုင်ရာ ရောဂါဖစ်ခြင်း

Note: Ask only for mothers with under 5 children.
အသက် ၅ နှစ်အောက် ကလေးရှိသောမိခင်ကိုမေးရန်

M9.1 Have any children under five in the family suffered from cough in the past 2 weeks?
လွန်ခဲ့တဲ့ ၂ ပတ်အတွင်းက မိသားစုထဲက ၅ နှစ်အောက်ကလေးတစ်ယောက်ယောက်များ ချောင်းဆိုးရောဂါခံစားခဲ့ရသလားး။

		ချောင်းဆိုး	ချောင်းမဆိုး
Youngest Child	အငယ်ဆုံးကလေး	1	2
Second Youngest Child	ဒုတိယအငယ်ဆုံးကလေး	1	2
Third Youngest Child	တတိယအငယ်ဆုံးကလေး	1	2

M9.2 Have any children under five in the family suffered from fast breathing in the past 2 weeks?
လွန်ခဲ့တဲ့ ၂ ပတ်အတွင်းက မိသားစုထဲက ၅ နှစ်အောက်ကလေးတစ်ယောက်ယောက်များ သာမန်ထက်ပိုပီပြင်အသက်ရှူမန်ကြာ/အသက်ရှူခက်ခဲတာဖစ်ခဲ့လား။

		အသက်ရှူမြန်	အသက်ရှူမမြန်	Selected	မေးမန်းရန် ရွေးချယ်ခဲ့လျှင် ကလေး အသက် ကို လ ဖြင့်ရေးရန်
Youngest Child	အငယ်ဆုံးကလေး	1	2	1	
Second Youngest Child	ဒုတိယအငယ်ဆုံးကလေး	1	2	2	
Third Youngest Child	တတိယအငယ်ဆုံးကလေး	1	2	3	

Note: If none of the children suffered from cough OR fast breathing, go to Section 10.
If more than one child suffered from cough OR fast breathing, choose the child who suffered both symptoms and code under "selected" column for that child and ask only about that child.
If more than one child suffered from cough AND fast breathing (or) cough OR fast breathing, ask the mother who suffer more severely and select code under "Selected" for that child and only ask about that child.
အသက်ရှူမန်ခြင်း ချောင်းဆိုးချင်း မရှိပါက အပိုင်း ၁၀ ကို သွားပါ။ ကလေးတယောက်ထက်ပိုပီးပြချောင်းဆိုးခြင်း သို့ အသက်ရှူမန်ခြင်း ရှိပါက ထိုကလေးကိုရွေးချယ်ပါ။ ရွေးပီးပြာဂ်လံအောက်တွင် ကုဒ်ပီးပြာလေးအကြောင်းကိုမေးပါ။ တကယ်လို့ ကလေးတယောက်ထက်ပိုပီးပြ ချောင်းဆိုးခြင်းနှင့် အသက်ရှူမန်ခြင်း သို့မဟုတ် ချောင်းဆိုးခြင် သို့မဟုတ် အသက်ရှူမန်ခြင်း ရှိပါက မိခင်အား မည်သည့်ကလေး သည် ပိုပြင်းထန်စွာခံစားရသနည်းဟုမေးပါ။ ထို့နောက် ရွေးပီးပြာဂ်လံအောက်တွင် ကုဒ်ပီးပြာလေးအကြောင်းကိုမေးပါ။

M9.7 Thinking about the most recent occurrence, was treatment given?
အသက်ရှူမန်ခြင်း ချောင်းဆိုးချင်း ရှိပါက ကလေး (အမည်) ချောင်းဆိုး/အသက်ရှူမန်ခြင်တုန်းက ဆေးကုသခဲ့ပါသလား။

Yes	ကုခဲ့	1	
No	မကုခဲ့	2	**Section 9.10 သို့သွားပါ။**
Don't know	မမှတ်မိ	96	

M9.8 When did you take the child for treatment/ after how many days since cough and rapid breathing began? **SA**
ကုခဲ့တယ်ဆိုလျှင် ချောင်းဆိုး/အသက်ရှူမန်ပီးကြာတည်းက ဘယ်နှစ်ရက်ကြမှ ကလေးကို ကုသမှုလုပ်ခဲ့တာလဲ။ **SA**

Within 24 hours	၂၄ နာရီအတွင်း	1
Within 48 hours	၄၈ နာရီအတွင်း	2
After 2 days	၂ ရက်ကြပီးနှောက်	3
After 3 days	၃ ရက်ကြပီးနှောက်	4
Don't remember	မမှတ်မိ	98

M9.9 From whom did you seek treatment? **SA**
ဘယ်သူထံမှ ကုသမှုယူခဲ့တာလဲ။ **SA**

Doctor	ဆရာဝန်	1
Nurse	သူနာပြု	2

Health Assistant	လက်ထောက်ကျန်းမာရေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာ	4
MW	သားဖွားဆရာမ	5
AMW	အရန်သားဖွား	6
Community Health Worker (Gov)	လူထုကျန်းမာရေးလုပ်သား	7
Health volunteer (INGOs/NGOs)	စတေနှ့ဝန်ထမ်း (NGOs, INGOs)	8
Doctors/nurses from mobile clinics	လှည်လည်ဆေးကုဌာနမှ ဆရာဝန်၊ သူနာပြု	10
Quack	ဆေးထိုးဆရာ	11
Drug Store	ဆေးဆိုင်	12
Others (Specify)	အခြား (ဖော်ပြ)	99

M9.10 Was the child given any drug for treatment? **SA**
အဲဒီကလေးကို ဆေးတစ်မျိုးမျိုး တိုက်ခဲ့သလား။**SA**

Yes	တိုက်ခဲ့	1	
No	မတိုက်ခဲ့	2	**အပိုင်း ၁၀ သို့သွားပါ။**
Don't know	မမှတ်မိ	96	

M9.11 What type of drug (s) was the child given for treatment? MA
ကလေးကိုဘယ်ဆေးပေးခဲ့သလဲ။MA

Antibiotics	ပဋိဇီဝဆေး	1
Paracetamol	ပါရာစီတမော (Paracetemol)	2
Cough tablets/syrup	ချောင်းဆိုးပျောက်ဆေးဖုန့်/ချောက်ဆိုးပျောက်ဆေးရည်	3
Vitamins/Tonic	ဗီတာမင်ဆေး/အားဆေး	4
Others (Specify)	အခြား (ဖော်ပြပြီးပါ)	99
Don't know	မမှတ်မိ	98

Section 2.10: Childhood Illness – Malaria
အပိုင်း (၂.၁၀) ငှက်ဖျားရောဂါ

Note: Ask all households.
အားလုံး ကို မေးရန်။

M10.1 Has any child in your household been ill with fever in the last two weeks?
လွန်ခဲ့တဲ့ ၂ ပတ်အတွင်းက အဖျားကခြင့် သင့်အိမ်ထောင်စုအတွင်းက ကလေးတစ်ယောက်ယောက် မိသားစုဝင်တဦး နမေကောင်း (ချမ်းတုန်)တာဖစ်ခဲ့လား။

		ဖစ်ခဲ့သည်	မဖစ်ခဲ့
Youngest Child	အငယ်ဆုံးကလေး	1	2
Second Youngest Child	ဒုတိယအငယ်ဆုံးကလေး	1	2
Third Youngest Child	တတိယအငယ်ဆုံးကလေး	1	2
Any other members (Specify)	အခြားမိသားစုဝင် (ဖော်ပြ)	1	2
Any other members (Specify)	အခြားမိသားစုဝင် (ဖော်ပြ)	1	2

M10.3 Did the child suffer any symptoms of fever with chills and rigor?

လွန်ခဲ့တဲ့ ၂ ပတ်အတွင်းက အဖျားကခြင့် သင့်အိမ်ထောင်စုအတွင်းက ကလေးတစ်ယောက်ယောက်/လူကီးတြာစ်ယောက်ယောက် နမေကောင်း (ချမ်းတုန်)တာဖစ်ခဲ့လား။

		Fever with chills ချမ်းတုန်ဖျားခြင်း	Fever without chills ချမ်းတုန်ဖျားခြင်း မဟုတ်	Selected	If "Fever with chills and rigor", record completed age in months for children and years for adult ချမ်းတုန်ဖျားသောကလေး/ လူကီးမြ၏အသက်ကလေး၏အသက်ကို လ ဖြင့် ဖော်ပြပြီးလူကီး၏အသက်ကို နှစ် ဖြင့်ဖော်ပါ
Youngest Child	အငယ်ဆုံးကလေး	1	2	1	
Second Youngest Child	ဒုတိယအငယ်ဆုံးကလေး	1	2	2	
Third Youngest Child	တတိယအငယ်ဆုံးကလေး	1	2	3	
Any other members (Specify)	တခြားမိသားစုဝင် (ဖော်ပြ)	1	2	4	
Any other members (Specify)	တခြားမိသားစုဝင် (ဖော်ပြ)	1	2	5	

Note: If none of the household member suffered from fever with chills, go to Section 11.

If more than one household member suffered from fever with chills, ask the mother who suffered more severely and select code under "Selected" for that child and only ask about that child.

Note: မည်သည့် ကလေး/လူကီးမြို့ နမေကဘေင်းခင်း ချမ်းတုန်ခင်း အဖျားတက်ခင်း မရှိပါက အပိုင်း ၁၁ ကို သွားပါ။ တကယ်လို့ကလေး/လူကီးတြာစ်ယဘော်ထက်ပိုပီး ချမ်းတုန်ခင်း အဖျားတက်ခင်း ရှိပါက မိခင်အား မည်သည့်ကလေးသည် ပိုပင်းထန်စွာခံစားရသနည်းဟုမေးပါ။ ထိုနဘော် Selected ကဘ်လံအဘော်တွင် ကုဒ်ပီးကြလေးအကခြောင်းကိုမေးပါ။

ချမ်းတုန်ဖျားသဘ ကလေးအားလုံးကို ဖဘ်ပပြါ။ တစ်ဦးထက်ပိုက အပင်းထန်ဆုံး တစ်ယဘော်ကို ရွေးချယ်ထားပါ။
လွန်ခဲ့သဘ (၂) ပတ်အတွင်းမှာ သင့်အိမ်ထဘောင်စုက ချမ်းတုန်ဖျားတဲ့ကလေးတွကေ _____ လို့သိရတယ်။
သူတို့တွထဲက အပင်းထန်ဆုံးဖစ်ခဲ့တာဘယ်သူလဲ။ အသက် _____။ အမည်_____။

M10.4 Thinking about the last time your child/ one of your children experienced fever, did you seek advice or treatment from any source?
သင့်ကလေးနဘော်ဆုံးနမေကဘေင်း၍အဖျားတက်စဉ်က ကုသမှုပုံစံပါလား။

Yes	ကုခဲ့	1	
No	မကုခဲ့	2	**M10.7 သို့သွားပါ**
Don't remember	မမှတ်မိ	96	

M10.5 From whom did you seek treatment? **SA**
ဘယ်သူထံမှ ကုသမှုယူခဲ့တာလဲ။ **SA**

Doctor	ဆရာဝန်	1
Nurse	သူနာပြု	2
Health Assistant	လက်ထဘော်ကျန်းမာရဘေးမှူး	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရဘေးဆရာမ	4
MW	သားဖွားဆရာမ	5
AMW	အရန်သားဖွား	6
Community Health Worker (Gov)	လူထုကျန်းမာရဘေးလုပ်သား	7
Health volunteer (INGOs/NGOs)	စတေနှ့ဝန်ထမ်း (NGOs, INGOs)	8
Doctors/nurses from mobile clinics	လှည့်လည်ဆဘေးကုဌာနမှ ဆရာဝန်/သူနာပြု	10
Quack	ဆဘေးထိုးဆရာ	11
Drug Store	ဆဘေးဆိုင်	12

Others (Specify)	အခြား (ဖော်ပြပါ)	99

M10.6 How long after you noticed <NAME's> fever did you seek treatment from that person or place?
အဲဒီသူဖျားနေတာကို သင်သတိထားမိပြီးဘယ်လောက်ကြာမှ ကုသမှုကို ခံယူခဲ့တာလဲ။

Within 24 hours	၂၄ နာရီအတွင်း	1
Within 48 hours	၄၈ နာရီအတွင်း	2
After 2 days	၂ ရက်ကျပြီးနှောက်	3
After 3 days	၃ ရက်ကျပြီးနှောက်	4
After a week	တစ်ပါတ်ကျပြီးနှောက်	5
Don't remember	မမှတ်မိ	98

M10.7 Was the child/adult tested by blood test through finger prick?
အဲဒီသူကို လက်ချောင်းထိပ်ကလေးတွကိုဖောက်ပီးသွေးစစ်ခဲ့လား။

Yes	သွေးစစ်ခဲ့	1
No	သွေးမစစ်ခဲ့	2
Don't remember	မမှတ်မိ	96

M10.8 Was (name) given any drugs?
အဲဒီသူကို ဆေးတစ်မျိုးမျိုးပေးခဲ့လား။

Yes	ပေးခဲ့	1	
No	မပေးခဲ့	2	**M10.10 သို့သွားပါ**
Don't remember	မမှတ်မိ	96	

M10.9 What medicines were given to the child/adult? **MA**
အဲဒီသူကို ဘာဆေးတွပေးခဲ့လဲ / **MA**

Herbal medicine	ဆေးဘက်ဝင်သော သစ်သီးသစ်ရွက်များမှလုပ်ထားသောဆေး	1
Fever pill (specify name)	အဖျားပျောက်ဆေးဟိုး(အမည်ဖော်ပြပေးပါ)	2
Fever syrup (specify name)	အဖျားပျောက်ဆေးရည် (အမည်ဖော်ပြပေးပါ)	3
Antibiotics (specify name)	ပဋိဇီဝဆေး(အမည်ဖော်ပြပေးပါ)	4

Chloroquine	၄က်ဖျားဆေး (Chloroquine)	5
Quinine	၄က်ဖျားဖတ်ဆေး (ကွီနိုင်းဆေး)	6
Injection	ထိုးဆေး	7
Other medicine (Specify)	အခြားဆေး(အမည်ဖော်ပြပေးပါ)	99
ACT- combo drug	၄က်ဖျားခုခံတိုက်ဖျက်ဆေး(ACT-COARTEM)	9
Don't know	မသိ	98

M10.10 Do you have a mosquito net(s) which is still usable in your house?
သင့်အိမ်မှာ သုံးလို့ရနတဲ့ ခင်ထောင်ရှိလား။

Yes	ရှိ	1
No	မရှိ	2

M10.11 Are they long lasting insecticide net or regular nets (needs regular treating)? **MA**
အဲဒီခင်ထောင်တွဟော ကာရှည်ခံပိုးသတ်ဆေးသုံးထားသခေါ်ထောင်လား (သို့မဟုတ်) ပုံမှန်ခင်ထောင်လား။ **MA**

Long Lasting Insecticide Net	ကာရှည်ခံပိုးသတ်ဆေးသုံးထားသခေါ်ထောင်	1
Regular Net	ပုံမှန်ခင်ထောင်	2
Don't know	မသိ	98

M10.13 Did you and your children sleep under the net last night?
သင်နှင့်သင့်ကလေးတွေ ပီးခဲ့တဲ့ညက ခင်ထောင်နဲ့အိပ်ခဲ့လား။

Yes	အိပ်ခဲ့	1
No	မအိပ်ခဲ့	2

Section 2.11: Contraception
အပိုင်း (၂.၁၁) သန္ဓတောားခြင်း

Note: Ask only housewife.
အိမ်ထောင်ရှင်မများကို သာမေးရန်

M11.1 Are you pregnant now?

သင်ယခု ကိုယ်ဝန်ရှိနေပါသလား

Yes	ရှိ	1
No	မရှိ	2
Not sure/ Don't know	မသချော/မသိ	98

M11.2 Are you or your partner currently using any methods to delay or avoid pregnancy?
သားဆက်ခြားရန် သင် (သို့မဟုတ်) သင့်အိမ်ထောင်ဘက်က ယခုနည်းလမ်းတစ်ခုခုကို သုံးနလော်။

Yes	သုံးန	1
No	မသုံးနဘူး	2

M11.3 Can you please list methods of contraception that you are aware of? Any others else? (Probe more) **MA, Do notprompt**
သင်သိသည့် သားဆက်ခြားနည်းများကိုပြောပြနိုင်မလား။ **MA, Do not prompt**

Injection	ထိုးဆေး	1
Pill (Daily/Emergency)	သောက်ဆေး	2
IUD	သားအိမ်အတွင်း သားဆက်ခြားပစ္စည်းထည့်ခြင်း (အိုင်ယူဒီ)	3
Condom	ကွန်ဒုံး	4
Tubal ligation	အမျိုးသမီးသားကြောဖတ်ခြင်း	5
Vasectomy	ယောင်္ကျားသားကြောဖတ်ခြင်း	6
Lactational amenorrhea	မိခင်နို့တိုက်ကျွေးခြင်းဖြင့်သားဆက်ခြားခြင်း	7
Abstinence	လိင်ဆက်ဆံမှုရှောင်ကျဉ်ခြင်း	8
Calendar method	ပက္ခဒိန်အသုံးပုနည်း (အတူမနသေင့်ရက်မှတ်သားပြီရှောင်ခြင်း)	9
Withdrawal	သုတ်မလွှတ်ခင်ဖိုအင့်ဂါကို မအင့်ဂါမှဖယ်လိုက်ခြင်း	10
Implant	လက်မောင်းအတွင်း သားဆက်ခြင်း ပစ္စည်းထည့်ခြင်း	11
Others (Specify)	အခြား (ဖော်ပြပေးပါ။)	99

M11.4 Can you tell me which one of you described methods you are using as a major method including the major method used by spouse? **SA, Do not prompt Ask only those who answered Code 1 at M11.2**
သင်ယခု ကိုယ်ဝန်မရအောင် သန္ဓဓတေားနည်းကိုသုံးနတေယ်ဆိုရင် ဘယ်နည်းကိုသုံးနပေါသလဲ။ ခင်ပွန်းသည်သုံးသော သားဆက်ခြားနည်းလမ်းလည်းပါပါသည်။ (အဓိကသုံးနသေနေနည်းကိုရေးပါ)။

SA, Do not prompt . 11.2 မှာ Code 1 ဆိုမှ မေးရန်။

Injection	ထိုးဆေး	1
Pill (Daily/Emergency)	ဆေးပြား	2
IUD	သားအိမ်အတွင်း သန္ဓေတောားပစ္စည်းထည့်ခြင်း (အိုင်ယူဒီ)	3
Condom	ကွန်ဒုံး	4
Tubal ligation	အမျိုးသမီးသားကြောဖတ်ခြင်း	5
Vasectomy	ယောင်္ကျားသားကြောဖတ်ခြင်း	6
Lactational amenorrhea	မိခင်နို့တိုက်ကျွေးခြင်းဖြင့်သားဆက်ခြင်း	7
Abstinence	လိင်ဆက်ဆံမှုရှောင်ကျဉ်ခြင်း	8
Calendar method	ပက္ခဒိန်အသုံးပုန်ည်း (အတူမနသေင့်ရက်မှတ်သားပီး်ရှောင်ခြင်း)	9
Withdrawal	သုတ်မလွှတ်ခင်ဖိုအင့်ဂါကို မအင့်ဂါမှဖယ်လိုက်ခြင်း	10
Implant	အရပေါ်အောက်တွင် သန္ဓေတောားကိရိယာ တစ်မျိုးထည့်ခြင်း	11
Others (Specify)	အခြား (ဖော်ပြပေးပါ။)	99

M11.5 To whom did you go for advice regarding contraception and birth spacing? **MA**
သားဆက်ခြားရန် (သို့မဟုတ်) သားဆက်ခြားရန်နှင့်ပတ်သက်ပီး်အကံဉာဏ် ရယူရန် သင် ဘယ်သူထံကို သွားခဲ့လဲ **MA**

M11.6 From where did you receive services regarding contraception / services? **MA**
ဘယ်သူဆီက သားဆက်ခြားပစ္စည်း /ဝန်ဆောင်မှု ရရှိပါသလဲ။**MA**

		M11.5	M11.6
Doctor	ဆရာဝန်	1	1
Nurse	သူနာပြု	2	2
Health Assistant	လက်ထောက်ကျန်းမာရေးမှူး	3	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာမ	4	4
MW	သားဖွားဆရာမ	5	5
AMW	အရံသားဖွားဆရာမ	6	6
Community Health Worker (Gov)	လူထုကျန်းမာရေးလုပ်သား (အစိုးရ)	7	7
Health volunteer (INGOs/NGOs)	ကျန်းမာရေး စတေနှ့ဝန်ထမ်း (NGO,INGOs)	8	8

TBA	အရပ်လက်သည်	9	9
Doctors/nurses from mobile clinics	လှည်လည်ကျန်းမာရေးဆေးခန်းမှ ဆရာဝန်	10	10
Quack	ဆေးထိုးဆရာ	11	11
Drug Store/ Pharmacist	ဆေးဆိုင်	12	12
Friends/neighbours	သူငယ်ချင်း/မိတ်ဆွေ	13	
Spouse	လင်မယား	14	
No one/ Don't receive services	မည်သူမျှမဟုတ်/ မည်သည့်ဝန်ဆောင်မှုမှမရပါ	98	98
Others (Specify)	အခြား (ဖော်ပြပါ။)	99	99

M11.7 I would like to ask you some questions about the future: would you like to have another child, or, would you prefer not to have any more children?
အနာဂတ်နှင့်ပတ်သက်သောမေးခွန်းအချို့ကိုမေးချင်ပါတယ်။ သင်နောင်မှာ ကလေးထပ်လိုချင်သေးလား။ ဒါမှမဟုတ် မလိုချင်တော့ ဘူးလား။

Have another child	ကလေးထပ်လိုချင်	1
No more children/none	ကလေးထပ်မလိုချင်	2
Undecided/ don't know	မဆုံးဖြတ်ရသေး/မသိ	98

Section 2.12: Knowledge
အပိုင်း (၂.၁၂) အသိပညာ

Ask all housewives
All questions in this section are unaided questions.
အိမ်ထောင်ရှင်မအားလုံးကိုမေးရန်။

ယခုအခန်းမှ မေးခွန်းများအားလုံးအတွက် အဖြေများကို ဖတ်ပြဖော်ပြပြီ မရပါ။

M12.1 What are the danger signs during **pregnancy** indicating the need to seek health care? Anything else? **MA**
ကိုယ်ဝန်ဆောင်စဉ်ကာလဆေးရုံ၊ ဆေးခန်းသို့သွားရန်လိုအပ်သော အန္တရာယ်လက္ခဏာများကိုဖော်ပြပါ။ ထပ်ရှိပါသေးလား။ **MA**

Fever and too weak to leave the bed	အဖျားရှိခြင်း၊အိပ်ရာမှမထနိုင်လောက်အောင်အလွန်အားနည်းခြင်း	1
Shortness of breath/Difficulty Breathing	အသက်ရှူမဝခြင်း/ အသက်ရှုခက်ခဲခြင်း	2
Bleeding	မိန်းမကိုယ်မှ သွေးဆင်းခြင်း	3
Severe headache/dizziness	အပြင်းအထန်ခေါင်းကိုက်ခြင်း/ခေါင်းမူးခြင်း	4

Loss of fetal movement	သန္ဓေသားလုပ်ရှားမှုမရှိတော့ခြင်း	5
Fits	တက်ခြင်း	6
Severe abdominal pain	ပြင်းပြင်းထန်ထန်ဝမ်းဗိုက်နာကျင်ခြင်း	7
Swelling of face/hands/feet	မျက်နှာ/လက်/ခြေထောက်ရောင်ရမ်းခြင်း	8
Unconsciousness	သတိလစ်ခြင်း	9
Blurred vision	အမြင်ဝေါးခြင်း	10
Significantly decreased urine	သိသာစွာဆီးနည်းသွားခြင်း	11
Don't know	မသိ	98
Other (specify)	အခြား (ဖော်ပြပေးပါ။)	99

M12.2 What are the danger signs **during delivery** that indicates the need to seek emergency care outside home? Anything else? **MA**
မွေးဖွားစဉ်ကာလ ဆေးရုံ၊ ဆေးခန်းသို့သွားရန်လိုသော အန္တရာယ်လက္ခဏာများကိုဖော်ပြပါ။ ထပ်ရှိပါသေးလား။ **MA**

Prolonged delivery of more than 12 hours	ဗိုက်နာပြီး၂၄နာရီကျော်သည်အထိကလေးမမွေးနိုင်ခြင်း	1
Bleeding	သွေးသွန်ခြင်း	2
Retained placenta (over 1 hour)	ကလေးမွေးပြီး၍စာစ်နာရီကျော်သည်အထိ အချင်းမကျခြင်း	3
Fits	တက်ခြင်း	4
Shortness of breath	အသက်ရှူမဝခြင်း	5
No abdominal pain after 6 hours after membrane rupture	ရေမွှောပါက်ပြီး၍ နာရီကျော်သည်အထိ ဗိုက်မနာခြင်း	6
Don't know (SA)	မသိ	98
Other (specify)	အခြား (ဖော်ပြပေးပါ။)	99

M12.3 What are the danger signs **after giving birth** that indicate the need to seek emergency care outside of the home? Anything else? **MA**
မွေးဖွားပြီးကာလ ဆေးရုံ၊ ဆေးခန်းသို့သွားရန်လိုသောအန္တရာယ်လက္ခဏာများကိုဖော်ပြပါ။ ထပ်ရှိပါသေးလား။ **MA**

Excessive bleeding	သွေးသွန်ခြင်း	1
Fever and too weak to get out of bed	ဖျားပြီး၍အိပ်ရာမှမထနိုင်အောင် အလွန်အားနည်းခြင်း	2
Smelly vaginal discharge	မိန်းမကိုယ်မှ အနံ့ဆိုးသော အရည်ဆင်းခြင်း	3

Fits	တက်ခြင်း	4
Severe abdominal pain	ပြင်းပြထန်ထန် ဝမ်းဗိုက်နာကျင်ခြင်း	5
Shortness of breath	အသက်ရှူမဝခြင်း	6
Painful, red, or torn vagina	မိန်းမကိုယ်နာကျင်ခြင်း၊ နီခြင်း (သို့မဟုတ်) စုတ်ပဲခြင်း	7
Painful, swollen nipples or breasts	နို့သီးခေါင်း (သို့မဟုတ်) ရင်သား နာကျင်ခြင်း၊ ရောင်ရမ်းခြင်း	8
Difficult to urinate	ဆီးသွားရန်ခက်ခဲခြင်း	9
Incontinence or urine dribbling	ဆီးမထိန်းနိုင်ခြင်း (သို့မဟုတ်) ဆီးတစ်စက်စက်ကျခြင်း	10
Don't know (SA)	မသိ	98
Others (specify)	အခြား (ဖော်ပြပေးပါ။)	99

M12.4 Can you mention any danger signs indicating that newborns may be sick and you need to seek health care? Anything else? **MA**

မွေးကင်းစကလေးအတွက် ဆေးရုံဆေးခန်းသို့သွားရန်လိုသော နမေကောင်းဖစ်နိုင်သော အသွင်အပြင်လက္ခဏာများကို ဖော်ပြပါ။ ထပ်ရှိပါသေးလား။ **MA**

Very small child	ကလေးအလွန်သေးခြင်း	1
Poor sucking	နို့မစို့နိုင်ခြင်း	2
Fast noisy breathing, inward drawn chest	အသက်ရှူမန်ခြင်း၊ လည်ချောင်းအစ်ဆို့သံကြားခြင်း ရင်ဘတ်ချိုင့်ဝင်ခြင်း	3
Very sleepy, fatigue, poor movement	မှိန်းခြင်း၊ နုံးခြင်း	4
Fever	အဖျားရှိခြင်း	5
Poor movement	ခြေလက် လှုပ်ရှားမှုနှေးကွေးခြင်း	6
Fit	တက်ခြင်း	7
Yellow discoloration, jaundice	အသားဝါခြင်း	8
Skin infection	အရေပေါ်ပြည်ဖုများ(၁၀)ခုထက် ကျော်ခြင်း၊ ပြည်ဖုကိန်းများရှိခြင်း၊ အရေပေါ်ရောင်ခြင်း၊ နီခြင်း၊ မာခြင်း	9
Bleeding from cord or body	ချက်မှသွေးထွက်ခြင်း	10

Unconscious	သတိလစ်ခြင်း	11
Grunting	ညည်းခြင်း	12
Condition not improving	ကလေးရောဂါပိုဆိုးလာသည်ဟုထင်ရခြင်း	13
Swollen/redness discharge from eyes	မျက်လုံးရောင်၍ ပြည်ထွက်ခြင်း	14
Don't know (SA)	မသိ	98
Other (specify)	အခြား (ဖော်ပြပါ။)	99

M12.5 Do you know the danger signs of pneumonia? / Can you identify the danger signs of pneumonia? **MA**
နှိုးနီးယား ရောဂါ၏ အန္တရာယ်ရှိသော လက္ခဏာတွကို ပြောပြနိုင်မလား။ ထပ်ရှိပါသေးသလား။ **MA**

Fits	တက်ခြင်း	1
Unable to drink or feed	မစားနိုင်တော့ခြင်း၊ နို့မစို့နိုင်တော့ခြင်း	2
Drowsiness	ကလေးမှိန်းနခြင်း	3
Unconscious	သတိလစ်ခြင်း	4
Continuous vomiting	အဆက်မပြတ်အော့အန်ခြင်း	5
Cyanosis in lips, nails and tongue	နှုတ်ခမ်းများ၊ လက်သည်းများနှင့် လျှာများ ဟပ်နမ်းလာခြင်း	6
Coldness of extremities	လက်ဖျား၊ ခြေဖျား အေးစက်ခြင်း	7
Cough	ချောင်းဆိုးခြင်း	8
Fast/rapid breathing	အသက်ရှူမန်လာခြင်း	9
Sunken chest/indrawn chest	ရင်ဘတ်ချိုင့်ဝင်အောင် အသက်ရှူခြင်း	10
Wheezing	လည်ချောင်းအစ်ဆိုသံကဲ့ခြင်း	11
Don't know (SA)	မသိပါ	98
Other (specify)	အခြား (ဖော်ပြပါ။)	99

M12.6 Can you identify danger signs of diarrhea in children? **MA**
ကလေးမှာဖစ်တဲ့ ဝမ်းလျောရောဂါ၏ အန္တရာယ်ရှိသော လက္ခဏာ များကို ပြောပြနိုင်လား။ **MA**

Sunken eyes	မျက်တွင်းချိုင့်ခြင်း	1
Restlessness	ဂနာမငြိမ်ဖစ်ခြင်း	2

Drowsiness with fatigue	မှိန်းခြင်း၊နုံးခြင်း၊ သတိလစ်ခြင်း	3
Intense thirst	ရအေလွန်ငတ်ခြင်း	4
Dry throat	လည်ချောင်းခြောက်ခြင်း	5
Pinched skin gets back very slowly	ဝမ်းဗိုက်အရပေါ်ဒဏ်ကိုဆွဲမကြွပါက နဂိုအနသေို ချက်ချင်း ပန်မရောက်ခြင်း	6
Don't know (SA)	မသိ	98
Other (specify)	အခြား (ဖော်ပြပါ။)	99

M12.7 What are the causes of malaria? **MA**
ငှက်ဖျားရောဂါဖစ်စေသောအရာတွကောဘာတွလေဆိုတာမေးချင်ပါတယ်။ **MA**

Mosquito Bites	ခြင်ကိုက်ခြင်း	1
Witchcraft	စုန်းပုစ်ားခြင်း	2
Rainy season	မိုးရာသီ	3
Intravenous drug use	အကြောဆေးသွင်းခြင်း	4
Blood infusions	သွေးသွင်းခြင်း	5
Injections	ဆေးထိုးခြင်း	6
Don't know (SA)	မသိ	98
Other (specify)	အခြား (ဖော်ပြပါ။)	99

Section 2.13: Health Contacts and Source of Information
အပိုင်း (၂.၁၃) ကျန်းမာရေးနှင့် ပတ်သက်သော သတင်းအချက်အလက် ဇာစ်မစ်များ

ASK ALL. SHOWCARD
အိမ်ထောင်စု အားလုံးကိုမေးရန်

M13.1 During the last month, how often have you come in contact with each of the following? **SA PER ROW**
ပီးခဲ့တဲ့လအတွင်း အောက်ပါတွထဲက တစ်ခုခုနှင့် သင်ဘယ်နှစ်ကိမ်မြားဆက်သွယ်ခဲ့လဲ။ **SA PER ROW**

		1-3times တစ်ကိမ်မှ သုံးကိမ်	4 times and more	Never

			၄ ကိမ်နှင့် အထက်	မဆက်သွယ်ခဲ့ပါ
Doctor (Government)	ဆရာဝန် (အစိုးရ)	1	2	3
Doctor (Private)	ဆရာဝန် (ပုဂ္ဂလိက)	1	2	3
Nurse (Government)	သူနာပြုအစိုးရ)	1	2	3
Nurse (Private clinic)	သူနာပြုပြုဂ္ဂလိက)	1	2	3
Midwife	သားဖွားဆရာမ	1	2	3
Community health volunteer	လူထုကျန်းမာရေးလုပ်သား	1	2	3
Mobile clinic / outreach	လှည့်လည်ကုသသဘောဆေးခန်း၊ အဖွဲ့အစည်းတစ်ခုခုမှ ကျန်းမာရေး ဝန်ဆောင်မှု	1	2	3
Traditional Birth Attendant	အရပ်လက်သည်	1	2	3
Traditional Healer	တိုင်းရင်းဆေးဆရာ	1	2	3

M13.2 Who is your primary source for information or advice on health and nutrition? **MA**
ကျန်းမာရေး၊အာဟာရနှင့်ပတ်သက်တဲ့ အကံဉာဏ်တွေ သတင်းအချက်အလက်တွေ ကို ဘယ်သူဆီက အဓိကရပါသလဲ။ **MA**

No one	မည်သူဆီကမှမရ	2
Government doctor	အစိုးရဆရာဝန်	3
Government nurse	အစိုးရသူနာပြု	4
Private doctor	ပုဂ္ဂလိကဆရာဝန်	5
Private nurse	ပုဂ္ဂလိက သူနာပြု	6
Mobile clinic	လှည့်လည်ကုသသဘောဆေးခန်း	7
Midwife	သားဖွားဆရာမ	8
Community health worker	လူထုကျန်းမာရေးလုပ်သား	9
Trained volunteer	သင်တန်းတက်ထားသဘောစတေနာ့ဝန်ထမ်း	10
TBA	အရပ်လက်သည်	11

Husband	ခင်ပွန်း	12
Mother/Mother in law	မိခင်/ ယောက္ခမ	13
Friend/Neighbor	မိတ်ဆွေ/သူငယ်ချင်း/အိမ်နီးချင်း	14
Traditional healer	တိုင်းရင်းဆေးဆရာ	15
Village elder	ကျေးရွာအကီးဩကဲ	98
Others (specify)	အခြား (ဖော်ပြပါ။)	99

SHOWCARD

M13.3 In the past month, have you received any health messages from the following: **MA** ပြီခဲ့တဲ့လအတွင်းအောက်ပါတွေထဲမှ ကျန်းမာရေးနှင့်ပတ်သက်သောသတင်းများရခဲ့သေးလား။ **MA**

Doctor	ဆရာဝန်	1
Nurse	သူနာပြု	2
Health Assistant	လက်ထောက်ကျန်းမာရေးမှူး (HA)	3
Lady Health Visitor	အမျိုးသမီးကျန်းမာရေးဆရာမ	4
MW	သားဖွားဆရာမ	5
AMW	အရံသားဖွားဆရာမ	6
Community Health Worker (Gov)	လူထုကျန်းမာရေးလုပ်သား (အစိုးရ)	7
Health volunteer (INGOs/NGOs)	ကျန်းမာရေး စတေနှ့ဝန်ထမ်း (NGO,INGOs)	8
TBA	အရပ်လက်သည်	9
Doctors/nurses from mobile clinics	နယ်လှည့်ကျန်းမာရေးဆေးခန်းမှ ဆရာဝန်	10
Quack	ဆေးထိုးဆရာ	11
Drug Store/ Pharmacist	ဆေးဆိုင်	12
Friends/neighbors	သူငယ်ချင်း/မိတ်ဆွေ	13
Spouse	လင်မယား	14
Radio	ရဒီယို	15

Newspaper	သတင်းစာ	16
TV	တီဗီ (ရုပ်မင်္ဂသံကာ်ဒ်)	17
No one/Nowhere else (SA)	ဘယ်နရောကမှမရပါ	98
Others (specify)	အခာ်ဒ် (ဖော်ပပြေးပါ။)	99

Module 3: LIVELIHOODS
အပိုင်း (၃) အသက်မွေးဝမ်းကြောင်းဆိုင်ရာ မေးခွန်းလွှာ

Section 3.1: Source of HH Income
အပိုင်း (၃.၁) အိမ်ထောင်စု၏ ဝင်ငွေအရင်းအမစ်

L1.1 What were the sources of income for your household during the previous 12 months? **MA**
လွန်ခဲ့သော ၁၂-လအတွင်းကမိသားစုဝင်ငွေရေသောလုပ်ငန်းများကိုဖေါပပြါ။(အဖြောစ်ခုထက်ပိုနိုင်)

L1.2 List the **three most important** sources of income for your household during the last 12 months.
လွန်ခဲ့သော ၁၂-လကာလအတွင်း မိသားစုအတွက် အရေးကီခြိုးသောဝင်ငွေအေရင်းအမစ်(၃) ခုကို ဖော်ပပြါ။

Note: From the selected income sources from L1.1, rank 1-3 at L1.2.

L1.1 တွင် ရွေးချယ်ထားသော ဝင်ငွေမှေ အဆင့်သတ်မှတ်ပါ။ L1.2 တွင် အရေးကီခြအဆင့် (၁-၃) သတ်မှတ်ပေးပါ။

		L1.1	L1.2 အရေးကီခြိုး(1-3)
Grow Agricultural crops (all food and non-food cash crops)	စိုက်ပျိုးရေးသီးနှံများကိုယ်တိုင်စိုက်(အစားအစာနှင့် အစားအစာမဟုတ်သောဝင်ငွေရေသီးနှံအား လုံး)	1	
Livestock and poultry breeding	မွေးမူရြေးကိုယ်တိုင်လုပ် (ကြက်၊ ဝက်၊ ဘဲစသည်မွေးခင်း)	2	
Fish breeding/catching	ငါးပွစ်နမွေး/ဖမ်းခင်း	3	
Small scale trading of agricultural products (all food and non-food cash crops)	စိုက်ပျိုးရေးထွက်ကုန်များအားအသေးစားကုန်သွယ်ရောင်းချခင်း	4	
Small scale trading of livestock and fishery products	မွေးမူရြေးနှင့်ရထွေက်ပစ္စည်းများအားအသေးစားကုန်သွယ်ရောင်းချခင်း	5	

Small scale trading of non-agricultural products (forest products and non-timber forest products)	စိုက်ပျိုးရေးမဟုတ်သောပစ္စည်းအားအသေးစားကုန်သွယ်ရောင်းချခြင်း (သစ်တောထွက်နှင့် သစ်မ ဟုတ်သောသစ်တောထွက် ပစ္စည်းများ)	6	
Small Shop/grocery store	စျေးဆိုင်ငယ်/ကုန်စုံဆိုင်	7	
Hawker	လမ်းလျှောက်စျေးသည်/ခေါင်းရွက်စျေးသည်	8	
Large scale trader/dealer	ကုန်သည်/ပွဲစား	9	
Casual labor- agriculture, fishery, forestry, other	ကျပန်းလုပ်သား- စိုက်ပျိုးရေး၊ ရလေ့ပ်ငန်း၊ သစ်တော၊အခြား	10	
Government (pension)/NGO assistance (cash for work)	အစိုးရ (ပင်စင်)၊NGO မှထောက်ပံ့ပေးငွေ(Cash For Work)	11	
Full time employment	အချိန်ပည့်ပုံမှန်အလုပ်	12	
Service Provider	ဝန်ဆောင်မှုလုပ်ငန်း	13	
Remittances/Gifts/Migrant labours	အဝေးမှထောက်ပံ့ပေးပို့ငွေ/လက်ဆောင်	14	
No Income	ဝင်ငွေမရှိ	98	
Other (Specify)	အခြား (ဖော်ပပြ)	99	

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L1.3 What is the average monthly total income for your household from all sources in a year? **SA**
ပုံမှန်လတစ်လတွင် လုပ်ငန်းအားလုံးမှ သင်၏မိသားစုရရှိသော စုစုပေါင်းပျမ်းမျှဝင်ငွေကိုပြောပပါ။ SA

Less than Ks 25,000	၂၅,၀၀၀ ကျပ် ထက်နည်း	1
> Ks 25,001 – Ks 50,000	၂၅,၀၀၁ ကျပ် မှ ၅၀,၀၀၀	2
> Ks 50,001 – Ks 75,000	၅၀,၀၀၁ ကျပ် မှ ၇၅,၀၀၀	3
> Ks 75,001 – Ks 100,000	၇၅,၀၀၁ ကျပ် မှ ၁၀၀,၀၀၀	4
> Ks 100,001 – Ks 150,000	၁၀၀,၀၀၁ ကျပ် မှ ၁၅၀,၀၀၀	5
> Ks 150,001 – Ks 200,000	၁၅၀,၀၀၁ ကျပ် မှ ၂၀၀,၀၀၀	6
> Ks 200,001 – Ks 250,000	၂၀၀,၀၀၁ ကျပ် မှ ၂၅၀,၀၀၀	7
> Ks 250,001 – Ks 300,000	၂၅၀,၀၀၁ ကျပ် မှ ၃၀၀,၀၀၀	8

Over Ks 300,000	ကျပ် ၃၀၀,၀၀၀ အထက်	9
Don't know/no response	မသိပါ/မဖြေဆို	98

L1.4 How do you describe your household's financial well being over the past 12 months with the previous year?
လွန်ခဲ့သော ၁၂-လအတွင်းက မိသားစုဝင်ငွေကို မတိုင်မီတစ်နှစ်က အလားတူအချိန်ဝင်ငွေနှင့် နှိုင်းယှဉ်ဖော်ပြပါ။

Very good	အရမ်းကောင်း	1
Somewhat good	အတိုင်းအတာတခုထိကောင်း	2
Neutral (the same as before)	ပုံမှန် (အရင်လိုပါပဲ။)	3
Somewhat not good	အတိုင်းအတာတခုထိမကောင်	4
Not good at all	လုံးဝမကောင်း	5

Section 3.2: Casual Employment (not full-time)
အပိုင်း (၃.၂) ကျပန်းအလုပ် (အချိန်ပည့်မဟုတ်)

L2.1 How do you describe the employment availability in the past 12 months in this area with the previous year?
မနှစ်ကနှင့်စာလျှင် ဒီနှစ် ဒီဒသေမှာ လွန်ခဲ့တဲ့ ၁၂ လအတွင်း အလုပ်အကိုင်အခွင့်အလမ်း အခြေအနကေို ဘယ်လိုပြောမလဲ။

Very good	အရမ်းကောင်း	1
Somewhat good	အတိုင်းအတာတခုထိကောင်း	2
Neutral (the same as before)	ပုံမှန် (အရင်လိုပါပဲ။)	3
Somewhat not good	အတိုင်းအတာတခုထိမကောင်	4
Not good at all	လုံးဝမကောင်း	5

Section 3.3: Household Diet Diversity Score
အပိုင်း (၃.၃) အိမ်ထောင်စု၏ အစားအစာမျိုးစုံကွဲဟုိမှု အတိုင်းအတာ

L3.1 Now I would like to ask you about the types of foods that you or anyone else in your household ate **yesterday** during the day and night. Did you or anyone else in your HH eat: Anymore? **MA, CAN PROBE**

Note: If they have unusual event yesterday, please ask a day before for usual meals.

မနေ့က နေ့ပိုင်းနှင့်ညပိုင်းတွင် သင်နှင့်သင့်မိသားစုတို့ စားသောက်သောအစားအစာအကြောင်းကို မေးမန်းလိုပါသည်၊ သင်ကိုယ်တိုင် (သို့) မိသားစုဝင်တစ်ဦး အောက်ပါအစားအစာကို စားခဲ့ပါသလား။ **MA,** စကားလမ်းကြောင်းပေးပါ။

Note: တကယ်လို့မနေ့က ပုံမှန်မဟုတ်သော အဖစ်အပျက်ရှိခဲ့ပါက ထိုနေ့မတိုင်ခင် သာမန်အစားအသောက်စားခဲ့သော နေ့ကိုသာမေးပါ။

Any rice, sticky rice, or any other food made from rice, sticky rice, maize, wheat, barley, oats, millet, sorghum?	ဆန် (ထမင်း)၊ ကောက်ညင်း၊ ပြောင်း၊ ဂျုံ၊ဘာလီ၊နှံစားပြောင်း စသောပစ္စည်းများ၊ သို့မဟုတ် ၄င်းပစ္စည်းများနှင့်လုပ်သော အစားအစာ တစ်ခုခု၊	1
Any noodles, bread, biscuits or any other foods made from of flour/sticky rice	ခေါက်ဆွဲ၊ ပေါင်မုန့်၊ ဘီစကစ် (သို့) ဆန် (သို့မဟုတ်)၊ ကောက်ညင်း (သို့) ဂျုံဖြင့်လုပ်ထားသော အစားအစာတစ်ခုခု၊	2
Any potatoes, cassava, yams, taro, or any food made from roots or tubers?	အာလူး၊ ပီလပေါနံ့၊ မျှော်ကြ၊ ပိန်းဥ (သို့) အပင်ဥများနှင့် ပုလြုပ်ထားသော အစားအစာတစ်ခုခု၊	3
Bamboo shoot, mushroom, etc.	မျှစ်၊မို့ စသောသစ်တောထွက်အစားအစာများ	4
Any vegetables?	ဟင်းသီးဟင်းရွက်များ၊	5
Any fruits?	သစ်သီးများ၊	6
Any beef, pork, lamb, goat, rabbit, chicken, duck, other birds, other meats or organs such as liver, heart, kidney etc?	အမဲသား၊ ဝက်သား၊သိုးသား၊ ဆိတ်သား၊ ယုန်သား၊ ကြက်သား၊ဘဲသား၊ ၄က်သား၊ အဆုံးအသား (သို့) အသည်း၊ နှလုံး၊ကျောက်ကပ် စသည်ဖြင့် တစ်ခုခု၊	7
Any other meats from frogs, rats, snakes, dogs, cats etc?	ဖားသား၊ ကြွက်သား၊မွေးသား၊ခွေးသား၊ ကြောင်သား တစ်ခုခု၊	8
Any eggs from chickens, quails, ducks or other birds?	ကြက်ဥ၊ ငုံးဥ၊ ဘဲဥ၊ အဆုံးငှက်ဥ တစ်ခုခု၊	9
Any fish, crabs, prawns, or shellfish, either fresh or dried?	ငါး၊ ဂဏန်း၊ပုဇွန်၊ အခွံပါသောပင်လယ်သတ္တဝါ တစ်ခုခုကို အစိမ်း (သို့) အခြောက်	10
Any food made from gram, peas, cowpeas, pigeon peas, lentils, beans, peanuts or other nuts?	မတ်ပဲ၊ ဘိုကိတ်ပဲ၊ ပဲစင်းငုံ၊ ပဲရာဇာ၊ ပဲတောင့်ရှည်၊ မြေပဲစသည်တို့ဖြင့် ပုလြုပ်ထားသော အစားအစာတစ်ခုခု၊	11
Any milk, milk solids, yogurt, cheese, or other milk products?	နွားနို့၊ နို့ခဲ၊ ဒိန်ချဉ်၊ ဒိန်ခဲ (သို့) အဆုံးနို့ဖြင့်ပုလြုပ်ထားသော အစားအစာတစ်ခုခု၊	12
Any food made with peanut oil, coconut oil, palm oil, sesame oil, sunflower oil or other oils, animal fat, butter or margarine?	မြေဆီ၊ အုန်းဆီ၊ စားအုန်းဆီ၊ နှမ်းဆီ၊ နကော်ဆီ (သို့) အဆုံးဆီ တစ်ခုခု၊ တိရစ္ဆာန်အဆီ၊ ထောပတ်၊ မာဂျရင်း တို့ဖြင့်ပုလြုပ်သော အစားအစာ၊	13
Any sugar, jaggery, honey?	သကြား၊ ထန်းလျက်၊ ပျားရည်ပါသော(သို့မဟုတ်)သကြား၊ထန်းလျက်၊ ပျားရည်သည်တို့ဖြင့်လုပ်ထားသောအစားအစာ၊	14
Coffee, tea, green tea, black tea, pickle tea	ကော်ဖီ (သို့) လက်ဖက်ရည်၊ လက်ဖက်သား။ လက်ဖက်ချဉ်	15

L3.2 How many meals did your household eat yesterday? **SA**

မနေ့က သင့်အိမ်ထောင်စု ထမင်းဘယ်နှစ်နပ်စားခဲ့လဲ။ **SA**

1 meal	တစ်နပ်	1
2 meals	နှစ်နပ်	2
3 meals	သုံးနပ်	3
More than 3 meals	သုံးနပ်ထက်ပိုသော	4

L3.3 Over the past week, how many days did you household eat meat?
ပြီးခဲ့တဲ့တစ်ပတ်အတွင်းက ဘယ်နှစ်ရက်လောက် သင့်မိသားစုအသား၊ ငါးစားခဲ့လဲ။(အမဲသား။ ဝက်သား။ သိုးသား၊ဆိတ်သား၊ယုန်သား။ ကြက်သား။ဘဲသား အဆိုးနှက်/တောင်ပံပါ သောအကောင်သား။ ဥ။ ကလီစာ။ ငါး။ ပုစွန်။ ဂဏန်း။ မွေ့။ ဖား။ ကွက်။)

	Record the number of days	ရက်ဖြင့်ဖော်ပြရန်

Section 3.4: Months of Adequate HH Food Provisioning
အပိုင်း (၃.၄) အိမ်ထောင်စုအတွက် အစားအစာလုံလောက်သောလများ

L4.1 I'll read out the months here. Which of these months did you have problems meeting food needs of your household? **MA**
တစ်နှစ်တာ၏လအသီးသီးအတွက် (ဆန်/ထမင်း) အစားအစာရရှိမှုအခြေအနကေို သိရှိလိုပါသည်၊ လွန်ခဲ့သော ၁၂-လနှင့် ယင်းမတိုင်မီနှစ် ၁၂-လကာလ များကို နှိုင်းယှဉ်စဉ်းစားရန်ဖစ်ပါသည်။ လတွကေိုဖတ်ပပြါမယ်။ သင့်အိမ်ထောင်စုအတွက် အစားအစာ အခက်အခဲကုံကြုံခဲ့ရ တဲ့လက ဘယ်လလဲပခြေပပြေးပါ။ **MA**

June	နယုန်	1
July	ဝါဆို	2
August	ဝါခေါင်	3
September	တော်သလင်း	4
October	သီတင်းကျွတ်	5
November	တန်ဆောင်းမုန်း	6
December	နတ်တော်	7
January	ပြာသို	8
February	တပို့တွဲ	9
March	တပေါင်း	10
April	တန်ခူး	11
May	ကဆုန်	12
Never	မရှိပါ	0

Section 3.5: Coping Strategies and HH Hunger Scale
အပိုင်း (၃.၅) အစားအစာ မလုံလောက်ခြင်းကို ဖြေရှင်းခြင်းနှင့်အစားအစာမလုံလောက်မှု အတိုင်းအတာ

L5.1 In the past four weeks, how many days did your family reduce the size and/ or the number of meals eaten in a day because there was not enough food to eat?
လွန်ခဲ့သော ၄-ပတ်အတွင်း အစာမဖူလုံခြင်းကြောင့်၊ သင့်မိသားစုသည် ထမင်းဟင်း လျှော့စားသလား (သို့) ထမင်းအနပ်ကိုလျှော့စားသလား။

Rarely (1-3 days)	(၁ ရက်မှ ၃ရက်) ရှားရှားပါးပါးမရှိသလောက်	1
Often (more than 3 days)	(၃ ရက်နဲ့အထက်) မကြာခဏ	2
Never	မရှိပါ	0

L5.2 In the past four weeks, how many days did your family change the family diet to cheaper or less-preferred foods, in order to have enough food to eat?
လွန်ခဲ့သော ၄-ပတ်အတွင်း သင်၏မိသားစုသည် အစာမလုံလောက်၍ ဈေးသက်သာသောအစာ (သို့) မကိုက်ညီသောအစာကို ပြောင်းလဲစားသုံးခဲ့ပါသလား။

Rarely (1-3 days)	(၁ ရက်မှ ၃ရက်) ရှားရှားပါးပါးမရှိသလောက်	1
Often (more than 3 days)	(၃ ရက်နဲ့အထက်) မကြာခဏ	2
Never	မရှိပါ	0

L5.3 In the past four weeks, how many days did your family eat wild food (e.g. berries, fruits, roots, leaves, insects, small animals etc) more frequently than usual, in order to have enough food to eat?
လွန်ခဲ့သော ၄-ပတ်အတွင်း သင်၏မိသားစုသည် အစာမလုံလောက်၍ ဘယ်ရီသီး၊ သစ်သီး၊ သစ်ဥ၊ သစ်ရွက်၊ ပိုးကောင်၊ တိရစ္ဆာန်ငယ်စသော အစာကမ်းများကို စားခဲ့ပါသလား။

Rarely (1-3 days)	(၁ ရက်မှ ၃ရက်) ရှားရှားပါးပါးမရှိသလောက်	1
Often (more than 3 days)	(၃ ရက်နဲ့အထက်) မကြာခဏ	2
Never	မရှိပါ	0

Household Hunger Scale
မိသားစု အစားအစာမလုံလောက်မှု အတိုင်းအတာ

L5.4 In the past four weeks, was there any time when there was no food to eat of any kind in your household?
လွန်ခဲ့သော ၄-ပတ်အတွင်း သင့်မိသားစု စားစရာမရှိတဲ့ အချိန်တွေရှိခဲ့လား။

Rarely (1-3 days)	(၁ ရက်မှ ၃ရက်) ရှားရှားပါးပါးမရှိသလောက်	1
Often (more than 3 days)	(၃ ရက်နဲ့အထက်) မကြာခဏ	2

Never	မရှိပါ	0

L5.5 In the past four weeks, did you or any member of your household go to sleep at night hungry?
လွန်ခဲ့သော ၄-ပတ်အတွင်း သင်ကိုယ်တိုင် (သို့) သင့်မိသားစုဝင်တစ်ဦး အစာမစားရဘဲ အိပ်ရာဝင်ရတာမျိုး ရှိခဲ့ပါသလား။

Rarely (1-3 days)	(၁ ရက်မှ ၃ရက်) ရှားရှားပါးပါးမရှိသလောက်	1
Often (more than 3 days)	(၃ ရက်နဲ့အထက်) မကြာခဏ	2
Never	မရှိပါ	0

L5.6 In the past four weeks, did you or any member of your household go a whole day and night without eating?
လွန်ခဲ့သော ၄-ပတ်အတွင်း သင်ကိုယ်တိုင် (သို့) သင့်မိသားစုဝင်တစ်ဦး တစ်နေ့လုံး၊ တစ်ညလုံး အစာမစားရဘဲ နခဲ့ရတာမျိုးရှိခဲ့ပါသလား။

Rarely (1-3 days)	(၁ ရက်မှ ၃ရက်) ရှားရှားပါးပါးမရှိသလောက်	1
Often (more than 3 days)	(၃ ရက်နဲ့အထက်) မကြာခဏ	2
Never	မရှိပါ	0

L5.7 In the past 12 months, did your HH sell off (or consume) seeds meant for planting next season's crops in order to have enough food to eat?
လွန်ခဲ့သော ၁၂-လအတွင်းအစားအစာရရှိဖို့အတွက် မျိုးစပါး/မျိုးစေ့များကို ရောင်းရခြင်း(သို့) ကိတ်ခွဲချက်စားရခြင်းရှိခဲ့ပါသလား။

Yes	ရောင်းချ/ချက်စားပါတယ်	1
No	မရောင်းချ/မချက်စားပါ	2

L5.8 In the past 12 months, did your HH use savings in order to have enough food to eat?
လွန်ခဲ့သော ၁၂-လအတွင်းအစားအစာရရှိဖို့အတွက် စုဆောင်းထားငွေကို ထုတ်သုံးရခြင်းရှိခဲ့ပါသလား။

Yes	ထုတ်သုံးခဲ့	1
No	ထုတ်မသုံးခဲ့	2

L5.9 In the past 12 months, did one or more children from your HH discontinue school in order to save money or work to bring in additional income, so that your HH had enough food to eat?
လွန်ခဲ့သော ၁၂-လက အစာလုံလောက်ရအောင် ချွတောတဲ့ အနနဲ့ကလေးတစ်ဦး (သို့) ကလေးများကို ကျောင်းထုတ် ရခြင်း (သို့) ဝင်ငွေရေရန်အလုပ်လုပ်ခိုင်းရခြင်းရှိခဲ့ပါသလား

Yes	ရှိ	1

No	မရှိ	2

L5.10 In the past 12 months, did you or any member of your HH decrease money spent on health or medicines, so that your HH had enough food to eat?
လွန်ခဲ့သော ၁၂-လက အစားအစာလုံလောက်ရအောင် ဆေးကုသစရိတ် (သို့) ဆေးဝါးစရိတ် လျှော့သုံးခဲ့ရခြင်း ရှိခဲ့ပါသလား။

Yes	လျှော့သုံး	1
No	လျှော့မသုံး	2

L5.11 In the past 12 months, did your HH borrow food or money for food from relatives, friends or neighbors, in order to have enough to eat?
လွန်ခဲ့သော ၁၂-လအတွင်း သင့်မိသားစုကအစားအစာအတွက် ဆွမျိုးများ၊ မိတ်ဆွများ၊ အိမ်နီးချင်းများထံမှ အစားအစာ (သို့) ငွေကို ချေးယူခဲ့ခြင်းရှိခဲ့ပါသလား။

Yes	ချေးယူခဲ့	1
No	ချေးမယူခဲ့	2

L5.12 In the past 12 months, did your HH borrow money from money lenders, loans associations, banks, traders or shop keepers in order to buy enough food to eat?
လွန်ခဲ့သော ၁၂-လအတွင်းအစားအစာအတွက် ငွေထုတ်ချေးသူများ၊ ငွေချေးအသင်းအဖွဲများ၊ ဘဏ်များ၊ ကုန်သည်များ၊ ဆိုင်ပိုင်ရှင်များထံမှ ငွေချေးရခြင်းရှိခဲ့ပါသလား။

Yes	ချေးယူခဲ့	1
No	ချေးမယူခဲ့	2

L5.13 In the past 12 months, did your HH sell, pawn or exchange any of the household's assets, including tools, equipment or any other possessions, in order to buy enough food to eat?
လွန်ခဲ့သော ၁၂-လအတွင်းအစားအစာအတွက်ပစ္စည်းကိရိယာများအပါအဝင် မိသားစုပိုင်ပစ္စည်းကိုရောင်းချရခြင်း၊ ပေါင်နှံခြင်းအစာနှင့် ဖလှယ်ရခြင်းရှိခဲ့ပါသလား။

Yes	ရှိခဲ့	1
No	မရှိခဲ့	2

L5.14 In the past 12 months, did your HH sell (or consume) more of your livestock than usual (e.g. cattle, goats, chicken, ducks, pigs, buffalo) in order to have enough food to eat?
လွန်ခဲ့သော ၁၂-လအတွင်း မိသားစုလုံလောက်စွာစားသောက်ရန်မိသားစုပိုင် ကျွဲ၊နွား၊ဆိတ်၊ ကြက်၊ဘဲ၊ ဝက် စသည်တို့ကို ရောင်းရခြင်း၊ ခါတိုင်းထက်ပိုပိုးပြတ်စားရခြင်း များရှိခဲ့ပါသလား။

Yes	ရှိခဲ့	1

No	မရှိခဲ့	2

L5.15 In the past 12 months, did your HH sell, mortgage or rent any of your land, in order to have enough food to eat?
လွန်ခဲ့သော၁၂-လအတွင်းအစားအစာအတွက်သင့်မိသားစုပိုင်မြေကို ရောင်းရခြင်း၊ ပဓါင်နှံခြင်း၊ငှားရခြင်းရှိခဲ့သလား။

Yes	ရှိခဲ့	1
No	မရှိခဲ့	2

L5.16 Overall, how would you describe your household general food security in the past 12 months with the previous year?
လွန်ခဲ့သော ၁၂-လအတွင်း မိသားစု အစားအစာရရှိနိုင်မှုကို ၄င်းကာလမတိုင်မီ ၁၂-လအတွင်း အခြေအနေနှင့် ခုံမှုန်ိင်းယှဉ်ပါ။

Very good	အရမ်းကောင်း	1
Somewhat good	အတိုင်းအတာတခုထိကောင်း	2
Neutral (the same as before)	ပုံမှန် (အရင်လိုပါပဲ။)	3
Somewhat not good	အတိုင်းအတာတခုထိမကောင်း	4
No good at all	လုံးဝမကောင်း	5

Section 3.6: Access to land for agriculture (everyone)
အပိုင်း (၃.၆) စိုက်ပျိုးမြေရရှိရေး (ဖြေဆိုသူတိုင်းအားမေးရန်)

ASK ALL.

L6.1 Does your household or any of its members own any agriculture land?
သင့်မိသားစု (သို့) မိသားစုဝင်တစ်ဦးဦး စိုက်ပျိုးမြေပိုင်ဆိုင်ပါသလား။

Yes	ပိုင်ဆိုင်သည်	1	
No	မပိုင်ဆိုင်ပါ	2	**L6.3 သို့သွားပါ**
I don't work agriculture	စိုက်ပျိုးရေးမလုပ်ကိုင်ပါ	3	**L12.1 သို့သွားပါ**
Yes , don't work agriculture	ရှိတယ် စိုက်ပျိုးရေးမလုပ်ပါ	4	**L6.2** ထိပဲမေးရန်။

Note: Ownership should be considered very broadly to include cases where land is formally titled and registered in one or more household member's name; land that has been purchased, transferred or inherited but not formally titled (or if titled not registered in the household's name); land leased from government; and, land where the household believes it has an established right (formal or informal) to use the land, a right that is generally recognized by the community

မှတ်ချက် – ပိုင်ဆိုင်မှုတွင် ၄င်းမြေကို မိသားစုဝင်တစ်ဦးက တရားဝင်အမည်ပေါက်ဖြစ်ပိုင်ဆိုင်ခြင်း၊မှတ်ပုံတင်ထားခြင်း၊ ဝယ်ယူရရှိ၊ လွှဲပြောင်းရရှိ၊ အမွေရရှိထားပြီးအမည်ပေါက်မရှိသေးခြင်း၊ မှတ်ပုံမတင်ရသေးခြင်း၊ အစိုးရထံမှငှားယူထားခြင်း၊ ၄င်းမြေကို မိသားစုက လုပ်ကိုင်ခွင့်ရှိသည်ဟု ယူဆထားခြင်း (သို့) ရပ်ရွာမှ ထိုသို့ယူဆခြင်း စသည်ဖြင့်ကျယ်ကျယ်ပန့်ပန့်ပါဝင်ပါသည်။

L6.2 What is the total area of land that your household owns?
ပိုင်ဆိုင်သည်ဆိုပါက စုစုပေါင်းမြေရိယာကို ဖေါ်ပြပါ။

	Record the units of land in Acres	ကေ

L6.3 What type is that agriculture land which is also your major land for agriculture?
သင်၏စိုက်ပျိုးရေးအတွက် အဓိက အသုံးပြုသော စိုက်ပျိုးမြေသည် မည်သို့သော မြေအမျိုးအစားဖစ်သနည်း။ **SA**

Own Land	ကိုယ်ပိုင်မြေ	1
Rent land in cash or kind	ငွေ (သို့မဟုတ်) ပစ္စည်းဖြင့်ငှားထား သောမြေ	2
Share crop	သီးစားချထားသောမြေ	3

Note: Ask the following questions for the selected type of land only.
ရွေးချယ်ထားသော မြေနှက အတွက်သာ အောက်ဖော်ပြပါ မေးခွန်းများကိုမေးပါ။

L6.4 In the past 12 months, largest area cultivated
လွန်ခဲ့တဲ့ ၁၂ လအတွင်း ပီြခဲ့တဲ့စိုက်ပျိုးရာသီ (မိုးရာသီ)မှာ စိုက်ခဲ့သောကေ။

	Record the units of land in Acres	ကေ

L6.5 In past 12 months, did you irrigate on it?
လွန်ခဲ့တဲ့ ၁၂ လအတွင်းရသွေင်းစိုက်ခဲ့လား။

Yes	ရသွေင်း	1	
No	ရမေသွင်း	2	**အပိုင်း ၇ သို့သွားပါ**

L6.6 Largest area under irrigation
ရသွေင်းစိုက်ပျိုးခဲ့သောအများဆုံးကေ

	Record the units of land in Acres	ကေ

L6.7 What is the main source of irrigation during the dry and wet seasons? **SA PER COLUMN**
နွေရောသီနှင့်မိုးရာသီအတွင်းမှာ ရသွေင်းစိုက်ရ၏ အဓိက အရင်းအမစ်ကဘာလဲ။ **SA PER COLUMN**

		ခြောက်သွေ့သောရာသီ	မိုးရာသီ

Rehabilitated canal	ပန်လည်ထူထောင်ထားသောတူးမြောင်း	1	1
Lake, stream, river	ရကေန်၊ စမ်းချောင်း၊ မစ်ြ	2	2
Community ponds	လူထုပိုင်ရကေန်များ	3	3
Dam/reservoirs	ဆည်/ရလှောင်ကန်	4	4
Private pond	ပုဂ္ဂလိကရကေန်များ	6	6
Community boreholes/wells	လူထုပိုင်ရတွငး်/စက်ရတွငး်	7	7
Private boreholes/wells	ပုဂ္ဂလိကရတွငး်/ စက်ရတွငး်	8	8
Not applicable	မသက်ဆိုင်	98	98
Others (specify)	အခြား (ဖော်ပြ)	99	99

Section 3.7: Agriculture Inputs (Fertilizer)
အပိုင်း (၃.၇) စိုက်ပျိုးရေးအတွက် ထည့်သော (သုံးသော) ပစ္စည်းများ (မြေဩဇာ။)

L7.1 Does the household apply pesticides on crops?
သီးနှံတွမှောပိုးသတ်ဆေးသုံးသလား။

Yes	သုံး	1
No	မသုံး	2

L7.2 Does the household apply on crops? (please specify all of them) MA
သီးနှံတွမှော မြေဩဇာသုံးသလား အကုန်လုံးကို ဖော်ပြ။ MA

Compost or Farm Yard Manure	သစ်ရွက်ဆွေးမြေဩဇာ (သို့)(နွားချေးနှင့်မြက်ြ်ြ တိရစ္ဆာန်ထွက် သဘာဝမြေဩဇာ	1
Chemical fertilizer	ဓာတုဗေဒဓာတ်မြေဩဇာ	2
Mixed	သဘာဝမြေဩဇာ နှင့် ဓာတုဗေဒဓာတ်မြေဩဇာကိုရောနော သုံးခြင်း	3
None of above	တခုမှမဟုတ်	99

Section 3.8: CROPPING PATTERNS in the last 12 months
အပိုင်း (၃.၈) လွန်ခဲ့သော ၁၂ လအတွင်းသီးနှံစိုက်ပုံစံများ

(PLEASE LOOK AT CROP CODES PROVIDED BELOW)

ကျေးဇူးပြု၍အောက်တွင်ပေးထားသောသီးနှံကုဒ်တွကိုကြည့်ပါ

	L8.1	L8.2	L8.3	L8.4	L8.5	L8.6	L8.7	L8.8	L8.9	L8.10	L8.11	L8.12	L8.13	L8.14	L8.15	L8.16
	Crops Cultivated (Code) စိုက်သော သီးနှံများ	Source of planting material (seed source) % required Rate according to most popular source to least စိုက်သောသီးနှံ (မျိုးစဉ်) အရင်းအမစ် အသုံးအများဆုံးမှ အနည်းဆုံးစဉ်ရန်။	Acres planted % required စိုက်သော ကေများ	Total yield/acre (baskets / viss) % required တစ်ကေ အထွက်နှုန်း	Quantity retained for HH consumption (baskets/viss)% required and classify according to number of baskets/ viss by creating ranges အိမ်ထောင်စုစားသုံးရန်ထားသော ပမာဏ။ တင်းပိသာအလိုက်စီရန်။	Quantity retained as seed for next cropping season % required နောက်နှစ်စိုက်ရန် ထားသောပမာဏ	Quantity Sold (baskets/ viss) % required ရောင်းသော ပမာဏ	Quantity used to repay loans (basket / viss) % requiredချေးထားသောမျိုးစေ့ကို ပြန်ဆပ်သည့် ပမာဏ	Quantity milled/ husked % ကိတ်ခွဲသော ပမာဏ	Quantity After milled/ Husked % ကိတ်ပြီးအစေ့အဆန်	Do you store your farm products? % for each option သင့်ခံစားပစ္စည်းတွေကို သိုလှောင်ထားလား။ /	Where do you store your farm products? % သိုလှောင်ထားလျှင် တယ်နရော မှာသိုလှောင်ထားလဲ။	Did you have the problems in keeping/storing your products? % သင်၏ပစ္စည်းတွေကို သိုလှောင်တဲ့ နရောမှာ အခက်အခဲများရှိသလား။	If yes, what Are these problems? (multiple choices % for each option) အခက်အခဲရှိတယ်ဆိုလျှင် အဲဒီပြဿနာတွေကော ဘာတွေလဲ။	How much seed do you lose in total? % စုစုပေါင်းအစေ့အဆန်တွေ ဘယ် လောက်များများဆုံးရှုံးလဲ	Reasons for losses % for each option ဆုံးရှုံးရတဲ့ အကြောင်းအရာ

	Code	Code									Yes .....1 No.....2 DK ....96 If Code 2 & 96, Skip to 8.15 သိုလှောင် ၁ မသိုလှောင်၂ မသိ ၉၆ ကိုကုဒ်ပါက 8.15 သိုသွားပါ	Code	Yes ..... 1 No ..... 2 DK..... 96 If Code 2&96, skip to 8.15. ရှိ (၁) မရှိ(၂) မသိ (၉၆) if 2 သို ၉၆ ကိုကုဒ်ပါက ၈.၁၅ သိုသွားပါ	Code		
	မိုးရာသီ															
1																
2																
3																
	အခြားရာသီ															
4																
5																
6																

Root crop and tuber	သစ်ဥနှင့် အမစ်များ

L8.2	L8.2	L8.12	L8.12
Seed from previous crop 1	အရင်နှစ်သီးနှံမျိုးချန် 1	Keep it open. 1	အပြင်မှာပဲထား 1
From market 2	ဈေးက.....2	Keep it inside the house. 2	အိမ်ထဲမှာ သိမ်းထား 2
Myanmar Agri Service 3	မန်မာစိုက်ပျိုးရေးလုပ်ငန်း.....3	Keep it covered.....3	အဖုံးအုပ်ပီးသိမ်းထား.....3
Local NGOs 4	ဒသေတွင်း NGOs.....4	Keep it in a building/shed with air passing through.....4	လဝေင်လထွေက်ကောင်းသော အဆောက်အဦး/တဲထဲမှာ သိမ်းထား 4
INGOs.....5	INGOs.....5	Others (specify).....99	အခြား(ဖော်ပြပါ။) 99
Other farmers.....6	အခြားလယ်သမားများ 6		
Community seed bank.....7	ကျေးရွာမျိုးစေ့ဘဏ် 7		
Others (specify)..... 99	အခြား(ဖော်ပြပါ။).....99		

L8.14	L8.14	L8.16	L8.16
Pest Damage.....1	ပိုးမွှားဖျက်ဆီး.....1	Loss in harvesting time and in the field..1	ရိတ်သိမ်းချိန် မတိုင်ခင်နှင့် ရိတ်သိမ်းချိန်မှာ အစေ့အဆန်တွေ ဆုံးရှုံး..... 1
Rodent and other animal damage. 2	ရှဉ့်၊ ကြွက်စသည်နှင့်အ ခြားဖျက်တီရစ့်ဆာန်များ 2	Loss while moving from the field to threshing floor 2	စိုက်ခင်းကနေ ချွေ့ဆီသယ်တဲ့နရောမှာရော အစေ့အဆန်တွဆုံးရှုံး. 2
Fungus..... 3	မှို 3	Loss in threshing time.....3	ချွေ့နေချိန်မှာရော အစေ့အဆန်တွေ ဆုံးရှုံး 3
Dampness. 4	စိုထိုင်းမှု 4	Loss in milling/cleaning/winnowing time. 4	စက်ခွဲန/သန့်ရှင်းနချိန်/ လှေ့နေချိန်တွရော အစေ့အဆန်တွေ ဆုံးရှုံး.....4
Extremely hot. 5	အလွန်အမင်းပူ..... 5	Loss in storage time.....5	သိုလှောင်ထားချိန်မှာရော အစေ့အဆန်တွေ ဆုံးရှုံး 5

Low market potential. 6	ဈေးကွက်မရှိလို့.....6		
Scarce source of labor. 7	လူအင်အားမလုံလောက်လို့.....7		
Other (specify) 99	အခြား(ဖော်ပြပြီးပါ။) 99		

L8.17 How do you rate the quality of the soil on your agricultural land? **SA**
စိုက်ပျိုးမြေ၏မြေဆီလွှာအရည်အသွေးကို သင်ဘယ်လိုသတ်မှတ်မလဲ။ **SA**

Very fertile	တော်တော်မြေဩဇာကောင်း	1
Good	ကောင်း	2
Average	အသင့်အတင့်	3
Poor	မကောင်း	4
Other (specify)	အခြား (ဖော်ပြ)	99

L8.18 What measures did you take to improve the fertility of your land? **MA**
လယ်ယာမြေကို မြေဩဇာကောင်းရန် ဘာတွေလုပ်ခဲ့လဲ။ **MA**

Add compost	(အမှိုက်စသည်)မြေဆွေးမြေဩဇာထည့်	1
Add Green manure	သစ်စိမ်းမြေဩဇာကျွေးခြင်း	2
Growing synergy crops with sequential pattern	အတန်းလိုက်အဟာရစုပ်ယူမှုမတူသော၊အမစ်ထိုးဆင်းမှုမတူသော သီးနှံများကို တစ်ကွက်ထဲတွင် စိုက်ခြင်း (ဥပမာ-နှံစားပြောင်းနှင့် ပဲမျိုးစုံ)	3
Growing compatible crops	သီးနှံများကိုအလှည့်ကျစိုက်ပျိုးခြင်း	4
Mulching/growing cover crops	မြေဆွေးထိန်းရန် အအုပ်သီးနှံများစိုက်ခြင်း(ဥပမာ-ပဲအမျိုးမျိုး)	5
Contouring	ကွန်တိုလိုက်ထွန်ယက်ခြင်း၊စိုက်ပျိုးခြင်း (ဥပမာ-တောင်ယာလှကောင်းထစ်စိုက်ခင်း)	6
Soil testing	မြေဆီလွှာစမ်းသပ်ခြင်း	7
Leave land fallow for a season	လယ်ယာကို တစ်ရာသီပလပ်ထားခြင်း	8
Add organic fertilizer	သဘာဝမြေဩဇာထည့်ခြင်း	9
Add inorganic fertilizer	သဘာဝမဟုတ်သောမြေဩဇာထည့်ခြင်း	10
Did nothing (SA)	ဘာမှမလုပ်	11

Don't know (SA)	မသိ	98
Others (specify)	အခြား (ဖော်ပြပါ)	99

L8.19 Have you tested your soil in the last 12 months?
လွန်ခဲ့သော ၁၂ လအတွင်းက သင်မြေဆီလွှာကို စစ်ဆေးမှုလုပ်ခဲ့သေးလား။

Yes	လုပ်	1	
No	မလုပ်	2	**အပိုင်း ၉ သို့သွားပါ**

L8.20 How have you tested your soil in the last 12 months?
လွန်ခဲ့သော ၁၂ လ အတွင်းက မြေဆီလွှာကို ဘယ်လိုစစ်ဆေးခဲ့တာလဲ။

By hand	လက်ဖြင့်	1
By hand with equipment	ကိရိယာပါသောလက်ဖြင့်	2
By machines (Soil test kit)	စက်ဖြင့်(မြေဆီလွှာတိုင်းကိရိယာ)	3
Other (Specify)	အခြား (ဖော်ပြပါ)	99

Section 3.9: Post-Harvest Activities
အပိုင်း (၃.၉) ရိတ်သိမ်းပြီးချိန် လုပ်ငန်းဆောင်တာများ

L9.1 Did you thresh your crops during the last 12 months? **SA**
လွန်ခဲ့တဲ့ ၁၂ လအတွင်းမှာ သီးနှံကို ချွေခဲ့လား။**SA**

Yes	ချွေခဲ့	1	
No	မချွေခဲ့	2	**L9.3 သို့သွားပါ**

L9.2 How did you thresh? **MA**
ချွေခဲ့တယ်ဆိုရင် ဘယ်လိုချွေခဲ့လဲ။ **MA**

By hand	လက်ဖြင့်	1
By hand with equipment	ကိရိယာပါသောလက်ဖြင့်	2
By animals	တိရစ္ဆာန်များဖြင့်	3
By machines	စက်ဖြင့်	4
Others (Specify)	အခြား (ဖော်ပြပါ)	99

L9.3 Did you dry your crops after harvesting? **SA**
ရိတ်သိမ်းပြီးနောက် သီးနှံတွေကို အခြောက်လှမ်းသလား။ **SA**

Yes	လုပ်	1	
No	မလုပ်	2	**အပိုင်း ၁၀ သို့သွားပါ**
Don't know	မသိ	98	**အပိုင်း ၁၀ သို့သွားပါ**

L9.4 Where do you dry your crops?
ဘယ်နရောမှာ အခြောက်လှမ်းလဲ။

On farms	လယ်	1
At home	အိမ်မှာ	2
On the street	လမ်းပဓါမှာ	3
Others (Specify)	အခြား (ဖော်ပြ)	99

L9.5 How do you dry your crops?
သီးနှံကို ဘယ်လိုခြောက်အောင်လုပ်လဲ။

Sunlight	နရောင်ခြည်	1
Dry in shade	အရိပ်ထဲမှာအခြောက်ခံ	2
Under roof of home	အိမ်အမိုးအောက်	3
Fan dry	ပန်ကာနှင့် အခြောက်ခံ	4
With drying machine	အခြောက်ခံစက်ဖြင့်အခြောက်ခံ	5
Others (Specify)	အခြား (ဖော်ပြ)	99

Section 3.10: Constraints to Crop Production
အပိုင်း (၃.၁၀) သီးနှံစိုက်ပျိုး ထုတ်လုပ်ခြင်းဆိုင်ရာ အခက်အခဲများ

L10.1 What are the major constraints or problems limiting your HH's crop production? Probe more (Why didn't your household produce more baskets of crop?) **Do not read out the answers**. **MA**
သင့်မိသားစု သီးနှံစိုက်ပျိုးထုတ်လုပ်ခြင်းတွင် မည်သည့်အခက်အခဲများကို အဓိကရင်ဆိုင်နရေသလဲ၊ ဘာကြောင့်ပိုပီးမြထုတ်လုပ်နိုင် တာလဲ။ အဖြေကိုဖတ်မပြပြန့် **MA**

Lack of money to buy the necessary inputs (or lack of credit)	စိုက်ပျိုးမှုသွင်းအားစုအတွက် ငွေမရှိ(ချေးငွေမရရှိ)	1
Lack of land	မြေမရှိ	2
Lack of draught power/mechanical power (or too expensive)	စက်ကိရိယာမရှိ (သို့မဟုတ် ဈေးအလွန်ကြီးသဖြင့်)	3
Lack of other tools and equipment (or too expensive)	လယ်ယာသုံးကိရိယာမရှိ (သို့မဟုတ် ဈေးကြီးလွန်း သဖြင့် မဝယ်နိုင်ပါ)	4
Lack of fertilizer (or too expensive)	မြေဩဇာမရှိ (သို့မဟုတ် ဈေးအလွန်ကြီးသဖြင့်)	5
Lack of seeds (or too expensive)	မျိုးစေ့မရှိ (သို့မဟုတ် ဈေးအလွန်ကြီးသဖြင့်)	6
Lack of household labor	မိသားစုမှလုပ်အားမပါဝင်နိုင်	7
Lack of casual labor available locally (or too expensive)	အပင်ကကျပန်းအလုပ်သမားမရနိုင် (သို့မဟုတ် ဈေးအ လွန်ကြီးသဖြင့်)	8
Lack of pesticides / insecticides / fungicides (or too expensive)	ပိုးသတ်ဆေးမရှိ (သို့မဟုတ် ဈေးအလွန်ကြီးသဖြင့်)	9
Lack of knowledge, skills or experience	ဗဟုသုတ၊ ကျွမ်းကျင်မှု၊ အတွေ့အကုံမရှိ	10
Not interested/grows enough/too risky to grow more	စိတ်မဝင်စား၊ များများမစိုက်ရဲ	11
Low prices for the agricultural crops grown	လယ်ယာထွက်ကုန်အားဈေးနည်းနည်းဖြင့် ရောင်းရ	12
Bad/unreliable weather (including too little or too much rain)	ရာသီဥတုမကောင်း (မိုးအလွန်နည်း/များအပါအဝင်)	13
Lack of water resources or irrigation infrastructure	ရမေရ (သို့) တူးမြောင်းရသွေင်းစနစ်မရှိ	14
Crop pests and disease	ကောက်ပင်ရောဂါရ၊ ပိုးဖျက်	15
Low soil fertility/poor soil structure etc	မြေဆီလွှာညံ့ဖျင်း	16
Salinity	စိုက်ပျိုးမြေအငန်ဓါတ်များ	17
Lack of market potential	ဈေးကွက်အလားအလာမရှိခြင်း	18
Other (specify)	အခြား (ဖော်ပြ)	99

Section 3.11: Household Ownership and Access to Agricultural Equipment and Machinery
အပိုင်း (၃.၁၁) အိမ်ထောင်စု၏ စိုက်ပျိုးရေးဆိုင်ရာ ပစ္စည်းကိရိယာနှင့် စက်ပစ္စည်းများပိုင်ဆိုင်မှု

Note: ဖြေဆိုသူတိုင်းကိုမေးပါ။

ASK ALL – SHOWCARD

SHOWCARD

L11.1 Does your household currently own any of the following agricultural equipment and machinery? **MA .**
Note: The equipment must be functioning.
သင့်အိမ်ထောင်စုက ယခုလက်ရှိ အောက်တွင်ဖော်ပြထားသော စိုက်ပျိုးရေးဆိုင်ရာ ပစ္စည်းကိရိယာနှင့် စက်ပစ္စည်းများ တစ်ခုခုကို ပိုင်ဆိုင်ပါသလား။ (ပေးထားသောနရောလွတ်တွင် အဖြေကို ရေးမှတ်ပါ။တစ်ဦးတည်းပိုင် သို့မဟုတ် အခြားအိမ်ထောင်စုနှင့်မျှဝေပိုင်) **/MA**

Note: ပိုင်ဆိုင်သောကိရိယာများသည် အသုံးပုန်ိုင်သောအခြေအနရှိရမည်။

		ပိုင်ဆိုင်မှု	မျှဝေပိုင်ဆိုင်မှု
Ploughs/tillage equipment for use with draught animals	တိရစ္ဆာန်နှင့်အသုံးပုဆြေ ထွန်ယက်ပစ္စည်း	1	1
Power tiller	လက်တွန်းထွန်စက်	2	2
Tractor	ထွန်စက်	3	3
Power thresher	ချွေ့စက်	4	4
Backpack sprayer	ကျောပိုးဆေးဖျန်းပုံး	5	5
Improved crop storage bin or silo	မျိုးစေ့သိုလှောင်ရန်အဖုံးပါသောပုံး (သို့မဟုတ်) ကျီ	6	6
Tarpaulin or seed drying net	တာပလင်(သို့မဟုတ်) အစေ့၊ စပါးစသည် အခြောက်လှမ်းရန်ဆန်ခါ	7	7
Irrigation pump	ဆည်ရေသွေင်းရစေ့ပ်စက်	8	8
Animal drawn cart	တိရစ္ဆာန်ဆွဲသောလှည်း	9	9
Trailer (drawn by vehicle)	ထော်လာဂျီ (စက်တပ်)	10	10
Seeder	မျိုးစေ့ချထွန်/ကရိယာ	11	11
Other 1 (specify)	အခြား ၁ (ဖော်ပြပြေးပါ)	12	12
Other 2 (specify)	အခြား ၂ (ဖော်ပြပြေးပါ)	13	13
Other 3 (specify)	အခြား ၃ (ဖော်ပြပြေးပါ)	14	14
No	မရှိပါ။	15	15

Section 3.12: Household Livestock Ownership
အပိုင်း (၃.၁၂) အိမ်ထောင်စု၏ မွေးမူရြေး ပိုင်ဆိုင်မှု

Note: ဖြေဆိုသူတိုင်းကိုမေးပါ။

L12.1 How many animals does your household currently own? Does your household share the ownership of any livestock with others? **MA**
ယခုလက်ရှိသင့်အိမ်ထောင်စုမှာ တိရစ္ဆာန်ဘယ်လောက်များ ပိုင်ဆိုင်သလဲ။ တခြားသူတွနှေ့င့်ခွဲဝပိုင်ဆိုင်တာမျိုးရောရှိလား။ ပေးထား သောကွက်လပ်နရောမှာ အရအေတွက်တွကေို ရေးမှတ်ပါ / **MA**

		မျှဝေ/ပိုင်ဆိုင်မှု	ပိုင်ဆိုင်မှုအရအေတွက်	မျှဝေ ပိုင်ဆိုင်မှုအရအေတွက်
Cattle	နွား	1		
Horses	မြင်း	2		

Goats and/or sheep	ဆိတ်နှင့်/(သို့မဟုတ်) သိုး	3		
Buffalo	ကျွဲ	4		
Pigs	ဝက်များ	5		
Chickens	ကြက်များ	6		
Ducks	ဘဲများ	7		
Other 1 (specify)	အခြား (ဖော်ပြပြီးပါ)	8		
Other 2 (specify)	အခြား (ဖော်ပြပြီးပါ)	9		
Other 3 (specify)	အခြား (ဖော်ပြပြီးပါ)	10		

Section 3.13: Marketing
အပိုင်း (၃.၁၃) ဈေးကွက်တင်ခြင်း

NOTE: If Code 1/2/3 is coded at QL1.1, ask this section. Otherwise, skip to L14.1.
တကယ်လို့ QL1.1တွင် 1/2/3 ကို ကုဒ်ထားပါက ဤ အပိုင်းကိုမေးပါ။ မဟုတ်ပါ L14.1 သို့သွားပါ။

L13.1 Did your household sell your main products alone or did you sell in a group? **SA**
သင်၏အဓိကထွက် ပစ္စည်းတွေကို တစ်ဦးတည်းရောင်းခဲ့သလား (သို့မဟုတ်) အုပ်စုလိုက်ရောင်းသလား **/SA**

Sold alone only	တစ်ဦးတည်းရောင်း	1
Sold in group only	အုပ်စုလိုက်ရောင်း	2
Sold alone and in group	တစ်ဦးတည်းရော အုပ်စုလိုက်ရောရောင်း	3

L13.2 Were you able to access information on prices for the main products before you sold it? **SA**
မရောင်းခင်သင်၏အဓိကထွက် ပစ္စည်းအတွက် စျေးနှုန်းတွေ သတင်းတွေကိုရခဲ့သလား။ **SA**

Mostly	အများအားဖြင့်	1	
Sometimes	တခါတရံ	2	
Rarely	တော်တော်နည်း	3	
Never	ဘယ်တော့မှမရ	4	**L13.4သို့သွားပါ**

L13.3 If you were able to access information on prices, where did you get this information from? Anything else?
MA, Do not prompt

စျေးနှုန်းတွေ သတင်းတွေကို ရခဲ့တယ်ဆိုလျှင် အဲဒီသတင်းအချက်အလက်တွေကိုဘယ်ကရခဲ့တာလဲ။**MA, စကားလမ်းကြောင်းမပေးပါနှင့်**

TV/Radio	ရဒီယို/ရုပ်မြင်သံကြား	1
Newspaper/weekly journal	သတင်းစာ/အပတ်စဉ်ဂျာနယ်	2
Friends/Family	သူငယ်ချင်းမိတ်ဆွေ/မိသားစု	3
Farmer association/cooperative	လယ်သမားအဖွဲ့/သမအသင်း	4
NGO/other organization	NGO/ အခြားအဖွဲ့များ	5
Dealer/broker	အရောင်းအဝယ်သမား/ပွဲစား	6
Other (Specify)	အခြား (ဖော်ပြပါ)	99

L13.4 Where did you sell your main crop? **MA**
သင်၏အဓိကထွက် သီးနှံကို ဘယ်နရောမှာရောင်းခဲ့သလဲ **/MA**

Own village/at home	အိမ်မှာပဲ	1
Other village	အခြားရွာမှာ	2
Market in the town	မိုကြ်စျေးမှာ	3
Dealer in the village	ရွာမှာရှိ အရောင်းအဝယ်သမားထံမှာ	4
Dealer in township	မိုရ်ှ်အရောင်းအဝယ်သမားထံမှာ	5
Other (Specify)	အခြား (ဖော်ပြပြေးပါ)	99

L13.5 How did you transport your product to the market? MA
သင်၏သီးနှံကို စျေးကွက်ကို ဘယ်လိုသယ်ပို့လဲ။ **MA**

On foot	ခြေလျင်	1
Bicycle	စက်ဘီး	2
Push Cart	တွန်းလှည်း	3
Animal Cart	နွားလှည်း/မြင်းလှည်းစည် တိရစ္ဆာန်တပ်ထားသောလှည်း	4
Motorcycle	ဆိုင်ကယ်	5
Hire/Owned vehicle	အငှားယာဉ်/ကိုယ်ပိုင်ယာဉ်	6
Boat	လှေ	7

Other (Specify)	အခြား (ဖော်ပြပါ)	99

Section 3.14: Credit
အပိုင်း (၃.၁၄) ချေးငွေ

ASK ALL
ဖြေဆိုသူအားလုံးကိုမေးရန်

L14.1 Have you or any household member taken a loan in the **last 12 months**?
လွန်ခဲ့တဲ့ (၁၂) လက သင် (သို့မဟုတ်) သင်မိသားစုဝင် တစ်ဦးဦးက ချေးငွေချေးယူခဲ့ဖူးလား။

Yes	ချေး	1	**L14.3aသို့ သွားပါ**
No	မချေး	2	

L14.2 Do you have any outstanding loans?
သင့်မှာ ယခုအချိန်ထိအော်ငင် ချေးယူခဲ့သောငွေ (အကွဲကြွေး) ရှိနလော်း။

Yes	ရှိ	1
No	မရှိ	2

NOTE: if code 2 has been coded in both L14.1 and L14.2, skip to L15.1.
NOTE: တကယ်လို့ L14.1 နှင့် L14.2 တွင် **2 ကို ကုဒ်ထားပါက L15.1 သို့သွားပါ။**

Interviewer: Record all loans ***taken in the last 12 months and any outstanding loans.***

မေးမန်းသူ။ လွန်ခဲ့တဲ့ ၁၂ လကချေးယူခဲ့သောချေးငွေနှင့် လက်ရှိရှိနသေောချေးငွေ (အကွေး) များအားလုံးအတွက် မေးမှတ်ပါ။

	L14.3a	L14.3b	L14.3c	L14.3d	L14.3e
	Source of loan ချေးငွေချေးယူခဲ့သောနရော	Loan taken in the month of: ချေးငွေယူခဲ့သောလနှစ်	Amount of loan ချေးငွေပေမာဏ	Interest on loan (Monthly) လစဉ်အတိုးနှုန်း	Purpose of loan ချေးငွေချေးယူခြင်း၏ရည်ရွယ်ချက်
	Private bank ပုဂ္ဂလိကဘဏ် 1		Less than Ks 25,000 ၂၅၀၀၀ ကျပ်ထက်နည်း 1	**Least interest %, hightest interest %**	Home improvement including water supply ရအေပါအဝင်အိမ်ပိုမိုကောင်းမွန်မှု 1
	Micro-credit provider အသေးစားချေးငွေထောက်ပံ့သူ 2		Ks 25,001 _ 50,000 ၂၅၀၀၁-၅၀၀၀၀ ကျပ်ကြား 2		House purchase or construction အိမ်ဝယ်ခြင်း (သို့) အိမ်ဆောက်ရန် 2
	Village Savings and Loans Association ရပ်ရွာငွစုနှင့်ငွချေးအဖွဲ့ 3		Ks 50,001 _ 75,000 ၅၀၀၀၁- ၇၅၀၀၀ ကျပ်ကြား 3		Construction other than house အိမ်မဟုတ်သောအခြားအရာတွဆောက်ရန် 3
	Family/friend မိသားစု/သူငယ်ချင်းမိတ်ဆွေ 4		Ks 75,001 _ 100,000 ၇၅၀၀၁- ၁၀၀၀၀၀ ကျပ်ကြား 4		Land purchase/rent မြေဝယ်/ငှားရန် 4
	Money lender ငွချေးငှားသူ/အပေါင်ဆိုင် 5		Ks 100,001 _ 150,000 ၁၀၀၀၀၁-၁၅၀၀၀၀ ကျပ်ကြား 5		Purchase of working tools or equipment လုပ်ငန်းသုံးကိရိယာများ ဝယ်ယူရန် ...5
	Shop-keeper စျေးဆိုင်ရှင် 6		Ks 150,001 _ 200,000 ၁၅၀၀၀၁- ၂၀၀၀၀၀ ကျပ်ကြား 6		Food purchases အစားအစာဝယ်ရန် 6

	Private company ပုဂ္ဂလိက ကုမ္ပဏီ 7		Ks 200,001 _ 300,000 ၂၀၀၀၀၁- ၃၀၀၀၀၀ ကျပ်ကြဲ.....7		Purchase of agricultural inputs စိုက်ပျိုးရေးသုံး(မျိုးစဉ့၊ဓာတ်မြေဩဇာ၊ပိုးသတ်ဆေး)များဝယ်ရန်.....7
	Farmers Association/Cooperative လယ်သမားအဖွဲ့/သမဝါယမ..... 8		Ks 300,001 _ 400,000 ၃၀၀၀၀၁- ၄၀၀၀၀၀ ကျပ်ကြဲ.....8		Purchase of animals/medicine for animals တိရစ္ဆာန်ဝယ်ရန်/တိရစ္ဆာန်အတွက်ဆေးဝယ်ရန် 8
	Pre-sale of product to trader ကုန်သည်ထံမှ မရောင်းခင် ငွေကြိုယူ 9		Ks 400,001 _ 500,000 ၄၀၀၀၀၁-၅၀၀၀၀၀ ကျပ်ကြဲ.....9		Purchase of other assets အခြားပိုင်ဆိုင်မှု ပစ္စည်းများဝယ်ရန် ..9
	Government အစိုးရ.....10 Village Health and Develpoment Fund ကျေးလက်ကျန်းမာရေးနှင့်ဖွံ့ဖြိုးမြှင့်ရေးရံပုံငွေ .....11 Woman Saving Groups အမျိုးသမီးငွေစုအဖွဲ့.....12		Over Ks 500,000 ၅၀၀၀၀၀ ကျပ်ကျော်.....10		Social affairs သာရေး/နာရေး/လူမှုရေး 10
	Other (specify) အခြား (ဖော်ပြပါ).....99		No Debt အကွေးမရှိ 11		Health emergency အရေးပေါ်ကျန်းမာရေးစရိတ် 11
					Business investment စီးပွားရေးလုပ်ငန်းအရင်းအနှီးအတွက်.12
					Repayment of loans ချေးငွေပေါ်ဆပ်ရန် 13
					School/education fees/costs ကျောင်းစရိတ်/ပညာရေးစရိတ်အတွက် 14
		လ နှစ်			Other (specify) အခြား (ဖော်ပြပါ) 99

Section 3.15: Other Household Assets
အပိုင်း (၃.၁၅) အိမ်ထောင်စုပိုင်ဆိုင်သော အခြားပစ္စည်းများ

L15.1 What is the major source of **lighting** in your household? **SA**
သင့်အိမ်ထောင်စုအတွက် မီးအလင်းရောင်၏ အဓိက အရင်းအမစ်ကဘာလဲ။ **SA**

Electricity from grid	ဓာတ်အားလိုင်းမှလာသော လျှပ်စစ်မီး	1
Village generator	ရပ်ရွာပိုင်မီးစက်	2
Own generator	ကိုယ်ပိုင်မီးစက်	3
Shared generator with households	အခြားအိမ်ထောင်စုများနှင့်မျှဝေသုံးမီးစက်	4
Lamp (kerosene/oil)	မီးအိမ် (ရနံ့ဆီသုံး/လောင်စာဆီသုံး)	5
Candle	ဖယောင်းတိုင်	6
Batter (rechargeable)	ဘက်ထရီ/ဓာတ်ခဲ	7
LED battery	LED ဘက္ထရီ	8
Solar System	နရောင်ခြည်စွမ်းအင်ဟ်ြ (ဆိုလာဟ်ြ)	9
Other (Specify)	အခြ (ဖော်ပြပါ)	99

L15.2 What is the major source of **cooking fuel** in your household?
သင့်အိမ်ထောင်စု ချက်ပြုတ်ရန်အတွက် အဓိကလောင်စာ အရင်းအမစ်ကဘာလဲ။

Electricity	လျှပ်စစ်မီး	1
Gas	ဓာတ်ငွေ့	2
Charcoal	မီးသွေး	3
Kerosene	ရနံ့ဆီ	4
Wood	သစ်သားထင်း	5
Dung	တိရစ္ဆာန်အညစ်အကြေး။ နွားချေးခြောက်	6
Other (Specify)	အခြ (ဖော်ပြပါ)	99

SHOWCARD

L15.3 Does your household, including the head, spouse and all members, own any of the following items which are still functioning? **SA PER ROW**
အိမ်ထောင်ဦးစီး၊ အိမ်ထောင်ဘက်၊ အိမ်သားအားလုံးအပါအဝင် အိမ်ထောင်စုဟာ အောက်ပါပစ္စည်းများထဲမှ တစ်ခုခုကိုပိုင်ဆိုင်ပါသလား။ **SA PER ROW**

		ပိုင်ဆိုင်မှု	မျှဝေပိုင်ဆိုင်မှု
Bicycle	စက်ဘီး	1	2
Motorcycle	မော်တော်ဆိုင်ကယ်	1	2
Trishaw	ဆိုက်ကား	1	2
Trawlarjeep	ထလော်လာဂျီ	1	2
Car	ကား	1	2
Truck	ကုန်တင်ကား	1	2
Bed	ခုတင်	1	2
Mattress	မွေ့ရော	1	2
Stove (gas or electric)	မီးဖို (လျှပ်စစ် သို့မဟုတ် ဂက်စ်)	1	2
Fuel efficient wood stove	လောင်စာဆီသက်သာထင်းမီးဖို(အဝေမ်းမီးဖို)	1	2
Chairs	ကုလားထိုင်	1	2
Table	စားပွဲ	1	2
Gold/ Jewelry	ရွှေ/ရတနာပစ္စည်း	1	2
Radio/cassette	ရေဒီယို/ကက်ဆက်	1	2
TV / satellite dish	တီဗီ/ဂိုဂြ်တုစလောင်း	1	2
DVD player	ဒီဗီဒီဖွင့်စက်	1	2
Sewing machine	အပ်ချုပ်စက်	1	2
Weaving loom	ယက်ကန်းစင်	1	2
Wrist Watch	လက်ပတ်နာရီ	1	2
Solar panel	နရောင်ခြည်စွမ်းအင်ဟ်ဒြ (ဆိုလာဟ်ဒြ)	1	2
Boats without motor	စက်မပါလှေ	1	2

		ပိုင်ဆိုင်မှု	မျှဝေပိုင်ဆိုင်မှု
Boats with motor	စက်ပါလှေ	1	2
Fishing nets	ငါးဖမ်းပိုက်	1	2
Fish/aquaculture pond	ငါး/ရသေတ္တာတဝါမွေးကန်	1	2
Household savings	အိမ်စုငွေ	1	2
Other 1 (specify)	အခြား (ဖော်ပြပါ)	1	2
Other 2 (specify)	အခြား (ဖော်ပြပါ)	1	2

Note: If the respondent owns one item as personal and shared, please choose owned.
တကယ်လို့ဖြေဆိုသူသည် ကိုယ်ပိုင် ပိုင်ဆိုင်သောပစ္စည်း နှင့် မျှဝေပိုင်ဆိုင်သောပစ္စည်းများ ရှိပါက ဖြေဆိုသူကိုယ်ပိုင် ပိုင်ဆိုင်သော ပစ္စည်းကိုသာရွေးပါ။

L15.4 Does your household own the house you are living in?
ယခုနေသောအိမ်ကို သင့်မိသားစုပိုင်ဆိုင်ပါသလား။

Yes	ပိုင်	1
No	မပိုင်	2

L15.5 What is the **<u>main</u>** material of the house roof, walls and floors? if more than one house record for the best house. **SA**

အိမ်အမိုး၊နံရံ၊ နှင့် ကြမ်းခင်းတွင်၏အဓိက အသုံးပြုထားသောအရာကဘာလဲ။
ကိုယ်တိုင်ကြည့်ရှုလေ့လာမှုပေါ်မှာ အခြေခံပီးအဖြေကိုရေးပါ။ အိမ်ကတစ်ခုထက်ပိုခဲ့လျှင် အကောင်းဆုံးတစ်ခုအတွက် မှတ်ခဲ့ပါ။ **SA**

NOTE: If possible answer based on observation –

မေးမန်းသူမှ ကြည့်ရှုလေ့လာမှတ်သားရန်

Zinc sheets or corrugated iron	သွပ်မိုး (သို့မဟုတ်) မြောင်းဖော်ထားသောသွပ်ဟင်း	1
Tarpaulin or plastic sheet	တာပလင် (သို့မဟုတ်) ပလပ်စတစ်	2
Palm frond or thatch	ဝါး၊ထန်းလက် (သို့မဟုတ်) ဓနိ	3
Brick	အုတ်	4
Earthen tiles	အုတ်ကွပ်	5
Timber	သစ်	6

Other (Specify)	အခြား (ဖော်ပြ)	99

L15.6 Wall Material **OBSERVATION, SA**
နံရံနှင့်အကာ မေးမန်းသူမှ ကြည့်ရှုလေ့လာမှတ်သားရန်**, SA**

Zinc sheets or corrugated iron	သွပ်မိုး (သို့မဟုတ်) မြောင်းဖော်ထားသောသွပ်ဟုဒ်	1
Tarpaulin or plastic sheet	တာပဓိလင် (သို့မဟုတ်) ပလပ်စတစ်	2
Bamboo, Palm frond or thatch	ဝါး၊ထန်းလက် (သို့မဟုတ်) ဓနိ	3
Mud bricks/mud	အုတ်	4
Brick, cement, cement block, or cement and stone	အုတ်ကွပ်(ဘိလပ်မြေဖြင့်ပူလြှပ်ထားသောအုတ်ခဲ၊ကွန်ကရစ်တုံး၊ ဘလောက်တုံး)	5
Timber	သစ်	6
Other (Specify)	အခြား (ဖော်ပြ)	99

L15.7 Floor Material **OBSERVATION, SA**
ကမ်းခင်းပစ္စည်း မေးမန်းသူမှ ကြည့်ရှုလေ့လာမှတ်သားရန် **SA**

Timber	သစ်	1
Bamboo	ဝါး	2
Earth	မြေ/သဲ	3
Cement	ဘိလပ်မြေ	4
Other (Specify)	အခြား (ဖော်ပြ)	99

Section 3.16: Training
အပိုင်း (၃.၁၆) သင်တန်း

ASK ALL.

L16.1 Over the past 3 years, has any member of your household received any training in crop production?
လွန်ခဲ့သော ၃ နှစ်ကျော်က သင့်မိသားစုဝင်တစ်ဦးဦးက စိုက်ပျိုးရေးနှင့်ပတ်သက်ပြီးသင်တန်းတစ်ခုခုရခဲ့ဖူးလား။

Yes	တက်ဖူးသည်	1
No	မတက်ဖူးပါ	2

L16.2 Over the past 3 years, has any member of your household received any training in livestock production?

လွန်ခဲ့သော ၃ နှစ်ကျော်က သင့်မိသားစုဝင်တစ်ဦးဦးက မွေးမူရေးနှင့်ပတ်သက်ပြီး သင်တန်းတစ်ခုခုရခဲ့ဖူးလား။

Yes	တက်ဖူးသည်	1
No	မတက်ဖူးပါ	2

L16.3 Over the past 3 years, has any member of your household received any training in fisheries (aquaculture)?
လွန်ခဲ့သော ၃ နှစ်ကျော်က သင့်မိသားစုဝင်တစ်ဦးဦးက ငါး (ရေ) လုပ်ငန်း နှင့်ပတ်သက်ပြီး သင်တန်းတစ်ခုခုရခဲ့ဖူးလား။

Yes	တက်ဖူးသည်	1
No	မတက်ဖူးပါ	2

L16.4 Over the past 3 years, has any member of your household received any training in any other vocational skill?
လွန်ခဲ့သော ၃ နှစ်ကျော်က သင့်မိသားစုဝင်တစ်ဦးဦးက အခြားအသက်မွေးဝမ်းကြောင်းလုပ်ငန်း တစ်ခုခုနှင့်ပတ်သက်ပြီး သင်တန်း တစ်ခုခုရခဲ့ဖူးလား။

Yes	တက်ဖူးသည်	1
No	မတက်ဖူးပါ	2

L16.5 Over the past 3 years, has any member of your household received any training in financial literacy training?
လွန်ခဲ့သော ၃ နှစ်ကျော်က သင့်မိသားစုဝင်တစ်ဦးဦးက ငွေကြေးဆိုင်ရာ အတတ်ပညာ တစ်ခုခုနှင့်ပတ်သက်ပြီး သင်တန်းတစ်ခုခု ရခဲ့ဖူးလား။

Yes	တက်ဖူးသည်	1
No	မတက်ဖူးပါ	2

Module 4: WATER, SANITATION AND HYGIENE (WASH)
အပိုင်း (၄) **ရေသန့်ရှင်းရေးနှင့်** တစ်ကိုယ်ရသေနှ့ရှင်းရေး

Section 4.1: Water Source & Utilization
အပိုင်း (၄.၁) ရအေရင်းအမစ််နှင့် အသုံးပုမ်ု

အိမ်ထောင်စုတိုင်းကိုမေးရန်

W1.1 What is your main source of drinking water in the dry and wet seasons? **SA, UNAIDED**
နွေရာသီနှင့်မိုးရာသီမှာ သင့်၏သောက်ရအေတွက် ဘယ်ရကေို အဓိက ထားသောက်သလဲ။ **SA, UNAIDED**

		မိုးရာသီ	ခြောက်သွေ့သောရာသီ
Piped water into house	အိမ်အတွင်းသို့ပိုက်ဖြင့်သွယ်ထားသောရေ	1	1
Piped water into yard	အိမ်ခံအြတွင်းသို့ပိုက်ဖြင့်သွယ်ထားသောရေ	2	2
Public water tap	အများသုံးဘုံပိုင်ရေ	3	3
Protected dug well	အကာအကွယ်ရှိရတွေင်း	4	4
Unprotected dug well	အကာအကွယ်မရှိရတွေင်း	5	5
Tube well with hand pump	အဝီစိတွင်း (ရစေုပ်စက်ဖြင့်)	6	6
Rain water	မိုးရေ	7	7
Surface water (pond, river, lake, etc.)	မြေပေါရေ (ရကေန်၊ မစ်ြ ရအိုင်၊ ဆည်ရေစသည်)	8	8
Protected Spring water	အကာအကွယ်ရှိစမ့်ရေ	9	9
Unprotected spring water	အကာအကွယ်မရှိစမ့်ရေ	10	10
Motor equipped tube well	(မော်တာ) စက်တပ်ရတွေင်း	11	11
Sand hole	လက်ယက်တွင်း	12	12
Other (specify)	အခြား (ဖော်ပြပါ။)	99	99

W1.2 What is your main source of water for washing and bathing water during the dry and wet seasons?
နွေရောသီနှင့်မိုးရာသီအတွင်းမှာ လျှော်ဖွတ်ရန်နှင့်ချိုးရအေတွက် ဘယ်ရကေို အဓိကထားသုံး၊ ချိုးသလဲ။ **/SA, UNAIDED**

		မိုးရာသီ	ခြောက်သွေ့သောရာသီ
Piped water into house	အိမ်အတွင်းသို့ပိုက်ဖြင့်သွယ်ထားသောရေ	1	1
Piped water into yard	အိမ်ခံအြတွင်းသို့ပိုက်ဖြင့်သွယ်ထားသောရေ	2	2
Public water tap	အများသုံးဘုံပိုင်ရေ	3	3
Protected dug well	အကာအကွယ်ရှိရတွေင်း	4	4

Unprotected dug well	အကာအကွယ်မရှိရတွင်း	5	5
Tube well with hand pump	အဝီစိတွင်း (ရစေုပ်စက်ဖင့်)	6	6
Rain water	မိုးရေ	7	7
Surface water (pond, river, lake, etc.)	မြစ်ရေ (ရကေန်၊ မစ်ြ ရအိုင်၊ ဆည်ရေ စသည်)	8	8
Protected Spring water	အကာအကွယ်ရှိစမ့်ရေ	9	9
Unprotected spring water	အကာအကွယ်မရှိစမ့်ရေ	10	10
Motor equipped tube well	(မော်တာ) စက်တပ်ရတွင်း	11	11
Sand hole	လက်ယက်တွင်း	12	12
Other (specify)	အခြား (ဖော်ပြပါ။)	99	99

W1.3 Does your household have any rain water harvesting system?
သင့်အိမ်ထောင်စုမှာ မိုးရကေို သိုလှောင်ခြင်းရှိသလား။

Yes	ရှိ	1
No	မရှိ	2

W1.4 If you had water shortage for drinking and washing purposes, what months of the year did you face these difficulties? **MA**
သောက်သုံးရေ နှင့် လျှော်ဖွတ်ရေ၊ ချိုးရရေယူဖို့ ရပေြာ်လပ်မှု ရှိတယ် ဆိုလျှင် ဘယ်လတွမှော အဲဒီ အခက်အခဲတွနှေ့ရင်ဆိုင်ရလဲ။ **MA**

		Drinking Water သောက်ရေ	Domestic Water သုံးရေ
January	ဟြသို	1	1
February	တပို့တွဲ	2	2
March	တပေါင်း	3	3
April	တန်ခူး	4	4
May	ကဆုန်	5	5
June	နယုန်	6	6
July	ဝါဆို	7	7
August	ဝါခေါင်	8	8

September	တော်သလင်း	9	9
October	သီတင်းကျွတ်	10	10
November	တန်ဆောင်မုန်း	11	11
December	နတ်တော်	12	12
January	ပြာသို	13	13
February	တပို့တွဲ	14	14
Never	မရှိပါ	0	0

W1.5 How far is the drinking water source from your house? (in feet) (SA)
သင့်အိမ်ကနေ သောက်ရအေရင်းအမစ်ရှိတဲ့နရောနှင့် ဘယ်လောက်ကွာသလဲ။ (အလျားပဖေ့)် **SA**

In Dry Season	နွေရောသီ	Record in Feet Code "98" for unkown/not applicable	**ပ၉ မသိလျှင်98 ကို ကုဒ်ပါ**
In Rainy Season	မိုးရာသီ	Record in Feet Code "98" for unkown/not applicable	**ပ၉ မသိလျှင်98 ကို ကုဒ်ပါ**

W1.6 How long does it take to go there, get water (including queuing), and come back (one trip)?
အဲဒီရနေ အိမ်ကိုရောက်ရန် (တန်းစီရသော အချိန်အပါအဝင်၊ တစ်ခေါက်စာ) အချိန် ဘယ်လောက်ကြာသလဲ။

In Dry Season	နွေရောသီ	Record in minutes Code "98" for unkown/not applicable	မိနစ် **မသိလျှင်98 ကို ကုဒ်ပါ**
In Rainy Season	မိုးရာသီ	Record in minutes Code "98" for unkown/not applicable	မိနစ် **မသိလျှင်98 ကို ကုဒ်ပါ**

W1.7 How does the person fetch water? **SA PER COLUMN**
ရသေယ်တဲ့သူက ဘယ်လို သယ်လဲ။ **SA PER COLUMN**

		နွေရောသီ	မိုးရာသီ
By foot	ခြေလျင်	1	1
Cart	လက်တွန်းလှည်း	2	2
Bicycle/trishaw	စက်ဘီး/ဆိုက်ကား	3	3
Water cart	ရလှေည်း	4	4
Animal drawn cart	တိရစ္ဆာန်ဖစ်ဆွဲသောလှည်း	5	5
Motorcycle/other motorized vehicle	မော်တော်ဆိုင်ကယ်/အခြားမော်တာတပ်ယာဉ်ဖစ်သယ်ယူ	6	6
No need to fetch water	ရသေယ်စရာမလိုပါ	7	7
Other (specify)	အခြား (ဖော်ပြပါ)	99	99

Note: Skip to W1.9 for Code "6".

Note:6 ကိုကုဒ်ခဲ့ပါက W1.9 သို့သွားပါ

W1.8 How many trips does your household make in a week to fetch water?
သင့်မိသားစုက တစ်ပတ်ကို ရဘေယ်နှစ်ကိမ်လောက် ခပ်ရသလဲ။

In Dry Season	နွေရောသီ	Record in times Code "98" for unkown/not applicable	အကိမ်ရေဖော်ရေးရန် မသိလျှင် ၉၈ ကိုကုဒ်ပါ
In Rainy Season	မိုးရာသီ	Record in times Code "98" for unkown/not applicable	အကိမ်ရေဖော်ရေးရန် မသိလျှင် ၉၈ ကိုကုဒ်ပါ

W1.9 Do you treat water to make it safe and prevent from diseases before drinking?
ရကေိုမသောက်ခင်မှာ အနှတရာယ်ကင်း(စိတ်ချရ) အောင် လုပ်သေးလား။

Yes	လုပ်	1	
No	မလုပ်	2	**W1.11 သို့သွားပါ**

W1.10 How do you usually treat water to have safe drinking water? MA, UNAIDED
ရကေိုသောက်ရန် စိတ်ချရတဲ့ရဖော်အောင် သင်ဘယ်လိုလုပ်လေ့ရှိသလဲ /MA, UNAIDED

Let it stand and settle (sedimentation)	အနည်ထိုင်စခေြင်း	1
Cloth filtration	အဝတ်ဖြင့်စစ်ခြင်း	2
Filtration (ceramic, sand)	ကွေြသဲဖြင့်စစ်အိုး	3
Eathern filtration pot	မြေရုစေစ်အိုး	4
Boil	ကျိုချက်	5
Solar disinfection	နရေောင်ခြည်ဖြင့်ပိုးသတ်ခြင်း	6
Use bleach	ဆေးသုံးခြင်း	7
Don't know/None of above (SA)	မသိ	98
Other (Specify)	အခြား (ဖော်ပြ)	99

W1.11 If the drinking water is NOT available throughout the year, what do you do when the drinking water source goes dry? တနှစ်ပတ်လုံးသောက်ရမေရခဲ့လျှင် သောက်ရအေတွက်ရအေရင်းအမစ်ြခမ်းခြောက်သွားသောအခါ
သင်ဘာလုပ်လဲ **/MA**

		W1.11
Buy drinking water	သောက်ရဝေယ်	1

Fetch drinking water from an neighboring village	အနီးအနားရွာကနသေဘောက်ရခေပ်တယ်	2
Fetch drinking water from another source	အခြားသောက်ရအေရင်းအမစ်ြကနေ ခပ်တယ်	3
Available for the whole year (**SA**)	တစ်နှစ်ပတ်လုံးသောက်ရရေ	4
Other (Specify)	အခြား (ဖော်ပြ)	99

W1.12 If the water for domestic use is NOT available throughout the year, what do you do when the water source goes dry? **MA**

တနှစ်ပတ်လုံးလျော်ဖွတ်ရနှေင့် ချိုးရေ မရခဲ့လျှင် ရအေရင်းအမစ်ြခမ်းခြောက်သွားသဘေအခါ သင်ဘာလုပ်လဲ။ **MA**

		W1.12
Buy for bathing & washing	လျော်ဖွတ်ရနှေင့် ချိုးရဝေယ်	1
Fetch from an neighboring village	အနီးအနားရွာကနရေခေပ်တယ်	2
Fetch from another source	အခြား ရအေရင်းအမစ်ြကနေ ခပ်တယ်	3
Available for the whole year (SA)	တစ်နှစ်ပတ်လုံး ရရေ	4
Other (Specify)	အခြား (ဖော်ပြ)	99

Section 4.2: Latrine and Hygiene
အပိုင်း (၄.၂) အိမ်သာနှင့် တစ်ကိုယ်ရေ သန့်ရှင်းမှု

ASK ALL.
အိမ်ထောင်စုတိုင်းကိုမေးရန်

W2.1 What type of toilet facility does you or your family use?
သင် (သို့မဟုတ်) သင့်မိသားစုက ဘယ်လို အိမ်သာမျိုးသုံးလဲ။

Flush/pour flush to: Piped sewer system	ရလေဆင်းအိမ်သာ ပိုက်ဖင်္ခြဆင်း	1
Septic tank	ရလေဆင်းအိမ်သာ မိလ္လာကန်	2
Ventilated improved pit latrine (VIP)	လဝေင်လထွေက်ကောင်းသော တွင်းအိမ်သာ	3
Direct Pit latrine/Pit latrine without slab/open pit	အဖုံးမပါသော/ပွင့်နသေောတွင်းအိမ်သာ/တွင်းအတွင်းတိုက်ရိုက်အိမ်သာ	4

Offset Pit latrine with slab	အဖုံးပါသောတွင်းအိမ်သာ/ မိလ္လာကန်နှင့် အိမ်သာ လွှဲထားသော အိမ်သာ	5
Composting toilet	ကျင်ကီးပြကျင်ငယ်ခွဲခန်းရှိစသောအိမ်သာ	6
Hanging toilet/latrine	တွဲလောင်းအိမ်သာ	7
Latrine without pit	မြေဓါတ်အိမ်သာ	8
No latrine/ open defecation/bush/field	အိမ်သာမရှိ/ချုံပုတ် ၊ကွင်း ၊လဟာပင်ညွှား	9

NOTE: Skip to W2.9 for code "9".
NOTE: 9 ကိုကုဒ်ပါက W2.9 သို့သွားပါ။

W2.2 Do you share the toilet with other Households?
သင့်အိမ်သာကို တခြားအိမ်ထောင်စုတွနှေင့် (အတူတူ) မျှဝေသုံးပါသလား။

Yes	သုံး	1	
No	မသုံး	2	W2.4 သို့သွားပါ

W2.3 How many households use this toilet facility?
အဲဒီအိမ်သာကိုအိမ်ထောင်စု ဘယ်နှစ်စုလောက်သုံးလဲ။

	Record in Persons	လူဦးရဖော်မြူတ်ပါ

W2.4 How far is the latrine from the nearest water source?

အဲဒီအိမ်သာက အနီးဆုံးရအေရင်းအမစ်နှင့် ဘယ်လောက်ဝေးလဲ။

	Record in Feet	အလျား ပဖော်မြူတ်ပါ

W2.5 Do you own that toilet?
သင် (သို့မဟုတ်) သင့်မိသားစုအသုံးပုန်သောအိမ်သာကို သင် (သို့မဟုတ်) သင့်မိသားစုပိုင်ပါသလား။

Yes	ပိုင်	1	
No	မပိုင်	2	W 2.9 သို့သွားပါ

Ask only for codes 1/2/3/4/5/6 at W2.1
W2.1တွင် 1/2/3/4/5/6 ကိုကုဒ်ခဲ့မှ ဆက်မေးပါ။

W2.6 What do you usually do when your septic tank/pit is full? **SA**
သင့်မိလ္လာကန်/တွင်းပြည့်သွားလျှင် အများအားဖြင့်သင်ဘာလုပ်လေ့ရှိသလဲ။ **SA**

Seal off current pit and dig another pit	လက်ရှိတွင်းကိုဖိုပီးပြန်မောက်ထပ်တွင်းတူး	1
Order vehicle tanker and pump out the faeces	မိလ္လာစုပ်ကားမှာပီးမြစင်များကို စုပ်ထုပ်	2
Let out the faeces during the flood so that septic tank never gets full	မိလ္လာကန်ဘယ်တော့မှ မပြည့်စရေန် မစင်များကို ရကြီးပြသည့်အခါ ပါသွားစေ	3
Run out of space so former pit has to be dug and used again	နရောမရှိ။ဒါကခြင့် တွင်းဟောင်းကို ပန်တူးပီးသုံး	4
Put a lot of salt into the pit	တွင်းထဲကို ဆားများစွာထည့်	5
Pour acid into the pit	တွင်းထဲကို အက်ဆစ်လောင်း	6
Other (Specify)	အခြဲ (ဖော်ပပြ)	99

W2.7 How often do you deal with the situation of your septic tank/pit getting full? **SA**
သင့်မိန်လ္လာကန်/တွင်းပြည့်သွားတဲ့အခါ သင်ဘယ်နှစ်ကိမ်လောက် ဖြေရှင်းပါသလဲ။ **SA**

Regularly (whenever it is full)	ပုံမှန်လုပ် (ပြည့်သောအခါတိုင်း)	1
Once a year	၁နှစ်တစ်ကိမ်	2
Once in every two years	၂-နှစ်တစ်ကိမ်	3
Once in every three years	၃-နှစ်တစ်ကိမ်	4
Once in every four – five years	လေးနှစ်-ငါးနှစ်တစ်ကိမ်	5
Have dug a very deep hole. Do not need to empty it	အလွန်နက်သော တွင်းတူးထား။ဒါကခြင့် ထုတ်စရာမလို။	6
Never	ဘယ်တော့မှမလုပ်	98

W2.8 What are the problems with your latrine? **MA**
အိမ်သာနှင့်ပတ်သက်ပီးပြဿနာ၊အခက်အခဲရှိဖူးလား။**MA**

Not enough water to wash	ဆေးရန်ရမေလုံလောက်	1
Had flies and mosquitoes	ယင်နှင့်ခင်ကြိ	2
Bad smell	အနံ့ဆိုးရ	3
Flooding in the rainy season	မိုးရာသီမှာ ရမေ့ပြ်	4

Difficult for children to use	ကလေးတွေသုံးရန်ခက်ခဲ	5
The toilet floor is not strong. It is dangerous	အိမ်သာကမြဲခင်းမခိုင်ခန့်ဘူး။ အန္တရာယ်ရှိ။	6
Difficult to use in the rainy season (no roof)	မိုးတွင်းသုံးရန်ခက်ခဲ။ (အမိုးမရှိလို့)	7
It can partly be seen from outside	အပြင်ကနမြင်ရတယ် (မလုံခုံ၍	8
Difficult to access the latrine during wet season	မိုးတွင်းမှာ အိမ်သာနား ရကျီခြေဖဝင်သွားရတာခက်တယ်	9
No problem (SA)	ပြဿနာ၊အခက်အခဲမရှိ	98
Other (Specify)	အခြား (ဖော်ပြပါ)	99

ASK ONLY CODE "2" AT W2.5.

W2.5 တွင် 2 ကို ကုဒ်ခဲ့မှ ဆက်မေးပါ

W2.9 What is the main reason for not building and utilizing a latrine? **SA**
အိမ်သာမဆောက်ဖစ်တဲ့ အဓိကအကြောင်း အရာကဘာလဲ။ **SA**

No space to build it	အိမ်သာဆောက်ရန်မမြေရှိ	1
Can't dig the pit (swamp/daily tide)	တွင်းတူးလို့မရ (နုန်းမြေ/နေ့စဉ်ဒီရတောက်)	2
Can't dig the pit (hardness of earth	တွင်းတူးလို့မရ (မမြော)	3
Neighbours do not approve	အိမ်နီးချင်းကအတူးမခံ	4
Can't afford to build one	အိမ်သာဆောက်ရန်ငွေကြေးမတတ်နိုင်လို့	5
Not customary	အိမ်သာသုံးသည့်ဓလေ့မရှိ	6
No one urges me (Health/authority)	တိုက်တွန်းမည့်သူမရှိ(ကျန်းမာရေး/အာဏာပိုင်)	7
No one urges me (family/friends)	တိုက်တွန်းမည့်သူမရှိ (မိသားစု/သူငယ်ချင်း)	8
Do not know the consequences	အကျိုးဆက်ကိုမသိ	98
Other (Specify)	အခြား (ဖော်ပြပါ)	99

ASK ONLY FOR THE HOUSEHOLD WITH UNDER 5 CHILDREN.

အသက် ၅ နှစ်အောက် ကလေးရှိသော အိမ်ထောင်စုများကိုသာ မေးရန်။

W2.10 Now, I would like to ask you about disposal of feces of children under 5 years of age. Where are the feces disposed? **MA**
ယခု အသက် ၅ နှစ်အောက်ကလေး မစင်စွန့်ပစ်မှုနှင့်ပတ်သက်ပီး မြေးချင်ပါတယ်။ မစင်ကို ဘယ်မှာစွန့်လဲ။ MA

Into the surface latrine	တွင်းမရှိမပြေါအိမ်သာထဲ	1
Into the sewer system	မိလ္လာကန်ရှိသောအိမ်သာ	2
In the pit latrine	တွင်းအိမ်သာထဲ	3
In the compound	ခံြင်းထဲ	4
Bury	မြေမှုပ်	5
Into the river / stream	မစ်ထဲ/စမ်းချောင်းထဲ	6
Outside the compound	ခံြင်းအပင်သို့	7
Other (Specify)	အခြား (ဖော်ပါ)	99

ASK ALL

အားလုံးကို မေးရန်

W2.11 When do you wash your hands? **MA**
ဘယ်လုပ်ဆောင်မှုတွေ (မလုပ်ခင်/လုပ်ပီးချိန်မှာ) က လက်ဆေးရန်အလေ့အကျင့်လိုအပ်သလဲ။ **MA**

After defecation	မစင်စွန့်ပီး	1
Before preparing meals	အစားအစာမချက်ပုတ်မီ	2
Before feeding a child	ကလေးအစာမကျွေးခင်	3
Before eating	အစာမစားခင်	4
After eating	အစာစားပီး	5
After cleaning baby's bottom	ကလေးဖင်သန့်စင်ပီးချိန်	6
After work	အလုပ်ပီးချိန်	7
After handling animals	တိရစ္ဆာန်ကိုင်ပီးနောက်	8
Other (Specify)	အခြား (ဖော်ပါ)	99

NOTE FOR INTERVIEWER: W2.12 to W2.14 are for your observation only. Please observe and note down the findings.

NOTE FOR INTERVIEWER: W2.12 မှ W2.14 သည်သင့်၏ ကည့်ရှုစစ်ဆေးမှု ဖစ်ပါသည်။ ကည့်ရှုစစ်ဆေးပီးရွာဖွတွေ့ရှိချက်များကိုမှတ်သားပါ။

W2.12 Please show me where members of your household most often wash their hands.
ကျေးဇူးပုပြီးသင့်အိမ်ထောင်စုဝင်တွေ အများဆုံးလက်ဆေးတဲ့နရောကို ပပြေးလိုရမလား။

Observed	ကည့်ရှုခဲ့	1	
Not observed (not in dwelling/ yard/ plot)	မကည့်ရှုခဲ့ (အိမ်ဝင်းခံမြကြွက်ထဲမှာမရှိ)	2	**အဆင်းအပိုင်းသို့ သွားပါ**
Refused permission to see	ကည့်ခွင့်မပေး	3	

W2.13 Check water availability.
လက်ဆေးရန်ရရှိတာ ကည့်ရှုခဲ့

Yes	ရေ ရှိ/ရ	1
No	ရေ မရှိ/မရ	2

W2.14 Check availability of soap / detergent or other cleansing agent. **SA**
ဆပ်ဖတ်/ဆပ်ဖတ်မှုန် (သို့မဟုတ်) အဆင်းသန့်ရှင်းရေးပစ္စည်း ရှိ/မရှိကည့်ရှုခဲ့ပါ **SA**

Soap present (bar/liquid/powder/paste)	ဆပ်ဖတ်ရှိ (အတောင့်/အရည်/အမှုန်/အနှစ်)	1
Ash/mud/sand	ဖတ်/ရွံ့/သဲ	2
None	ဘာမှမရှိ	99

Module 5: STRENGTHENED SOCIAL AND COMMUNITY INSTITUTIONS FOR DEVELOPMENT
အပိုင်း (၅) အင်အားပည့် ရပ်ရွာအခပြုလုပ်မှုအဖွဲ့အစည်းများ

SHOWCARD

CI1 Are you aware of any of the following community-based groups operating in the village?
ရပ်ရွာထဲတွင် အောက်ပါအဖွဲ့များထဲမှ တစ်ဖွဲ့ဖွဲ့ကို ကားဖူးပါသလား။ **MA**

Village health development fund	ကျေးရွာကျန်းမာရေးနှင့် ဖွံ့ဖိုးရေး ရံပုံငွေ	1
Village development committee	ကျေးရွာဖွံ့ဖိုးမှု ကော်မတီ	2
Income generation groups	ဝင်ငွတိုးအဖွဲ့များ	3
Women's savings groups	အမျိုးသမီးငွစုအဖွဲ့များ	4

Mother's learning groups	အမျိုးသမီး စာဖတ်ဝိုင်း	5
Village farmers groups	လယ်သမားအဖွဲ့များ	6
Agricultural extension networks	စိုက်ပျိုးရေးတိုးချဲ့ ပညာပေး အဖွဲ့/ ကွန်ယက်	7
Livestock extension networks	မွေးမူရေးတိုးချဲ့ ပညာပေးအဖွဲ့/ ကွန်ယက်	8
None of above	တစ်ခုမှမဟုတ်	99

Note: Although the respondent does not aware of any groups, the following questions will be asked in his/her opinion.

Note: ဖြေဆိုသူသည် ဖော်ပြပါ အဖွဲ့အစည်းများကို မသိသော်လည်း ဖြေဆိုသူ၏ အတွေးအမြင်များကို သိရှိနိုင်ရန် အောက်ပါမေးခွန်းများကို ဆက်မေးပါ။

CI2 Do you believe that such community-based groups deliver a valuable service in your community?
ထိုကဲ့သို့ အကျိုးဆောင်အဖွဲ့များရှိခြင်းသည် လူထုကို လိုအပ်သောဝန်ဆောင်မှုကို အကျိုးရှိစွာ ပေးနိုင်တယ်လို့ ထင်ပါသလား။

Yes	ထင်ပါတယ်	1
No	မထင်ပါ	0
Don't know	မသိပါ	98

CI3 What do you believe are the valuable contributions that such groups make to the community? **MA, UNAIDED**
မည်ကဲ့သို့ အကျိုးရှိသော လုပ်ငန်းဆောင်တာများ ထိုအဖွဲ့များက ပေးနိုင်မည်လို့ သင်ထင်ပါသလဲ။**MA, UNAIDED**

Delivering services that are not provided by the government	အစိုးရက မလုပ်ပေးနိုင်သော ဝန်ဆောင်မှုများပေးခြင်း	1
Helping to implement specific projects to meet the needs of the community	လူထု၏လိုအပ်ချက် အလိုက်စီမံကိန်းများ အကောင်အထည် ဖော်ခြင်းဖြင့်ကူညီခြင်း	2
Representing the voice of the people in the community	လူထု၏ အသံကို ကိုယ်စားပုပြင်းခြင်း	3
Helping community members work together	ရပ်ရွာသူ/သားများအားအတူတကွလုပ်ဆောင်နိုင်အောင် ကူညီပေးခြင်း	4
Provide the opportunity to build skills and knowledge of community members	လူထု၏ အသိပညာနှင့် အတတ်ပညာအတွက် မှုတ်တင်ရန် အခွင့်အရေးများ ယူဆောင်လာခြင်း	5
Health and hygiene has improved	ကျန်းမာရေးနှင့် တစ်ကိုယ်ရသေနှ်ရှင်းရေး ကောင်းမွန်လာခြင်း	6

Income or livelihoods have improved	ဝင်ငွေနှင့် အလုပ်အကိုင် ကောင်းမွန်လာခြင်း	7
Community water infrastructure improved	ရေရရှိရေး အခြေခံလိုအပ်ချက်များ ကောင်းမွန်လာခြင်း	8
We communicate/share more with other communities	အခြား ရွာသူ/သားများနှင့် ဆက်သွယ် နှီးနှောမှုရှိလာခြင်း	9
Other (Specify)	အခြား (ဖော်ပြပါ)	99

CI4 Do you personally take part in any of the following community-based groups?
သင်ကိုယ်တိုင် ရွာတွင်းရှိ အောက်ဖော်ပြပါ ဘယ်ရပ်ရွာအခြေပြုအဖွဲ့အစည်းဆောင်အဖွဲ့/ကော်မတီတစ်ခုခုတွင် လုပ်ရှားပါဝင်ပါသလဲ။ **MA**

Village health development fund	ကျေးရွာကျန်းမာရေးနှင့် ဖွံ့ဖြိုးရေး ရံပုံငွေ	1
Village development committee	ကျေးရွာဖွံ့ဖြိုးမြှ ကော်မတီ	2
Income generation groups	ဝင်ငွေတိုးအဖွဲ့များ	3
Women's savings groups	အမျိုးသမီး ဝင်ငွေတိုး အဖွဲ့/ အမျိုးသမီး စွမ်းအားမှုဉ် အဖွဲ့	4
Mother's learning groups	အမျိုးသမီး စာဖတ်ဝိုင်း	5
Village farmers groups	ကျေးရွာ လယ်သမားများ အဖွဲ့	6
Agricultural extension networks	စိုက်ပျိုးရေးတိုးချဲ့ ပညာပေး အဖွဲ့/ ကွန်ယက်	7
Livestock extension networks	မွေးမူရေးတိုးချဲ့ ပညာပေးအဖွဲ့/ ကွန်ယက်	8
None of above	အထက်ပါတို့မှ တစ်ခုမ မပါဝင်ပါ	99

CI4.2 CI4.3 CI4.4 ဖျက်ထားသည်။

CI5 Have you ever made an enquiry or raised a formal complaint about the public services, project activities, infrastructure or anything else in your village?
သင်သည် သိလိုသည်များ/မကျနေပ်သည်များကို သက်ဆိုင်ရာဌာန၊ စီမံကိန်း၊ ရွာတာဝန်ခံ၊ အကျိုးဆောင်အဖွဲ့ စသည်တို့ထံတွင် စုံစမ်းမေးမန်မှု (သို့) တိုင်ကြားခြင်းတို့ကို ပုံ့ပ်ဖူးပါသလား။

Yes	လုပ်ဖူးပါသည်	1	
No	မလုပ်ဖူးပါ	0	**CLOSE INTERVIEW** **နောက်တစ်ခန်းသို့ သွားပါ**

CI6 Who did you complain about the most recent issue to? **UNAIDED, MA**

မည်သူထံတွင် တိုင်ကြားခဲ့ပါသလဲ။ **UNAIDED, MA**

Village head	ရွာသူကြီး	1
Village elders	ရွာ ရိ လူကြီးများ၊ အကြီးအကဲများ	2
Other government officials (ie Midwives)	အခြား အစိုးရဝန်ထမ်းများ (ဥပမာ သားဖွားဆရာမ)	3
Village development committee	ကျေးရွာဖွံ့ဖြိုးမှု ကော်မတီ	4
(List sub-committees/groups from C1)	C1 မှ အဖွဲ့များ (အဖွဲ့အမည်ကိုရေးရန်)	5
Township authorities	မြို့နယ်ရှိ တာဝန်ရှိသူများ	6
Shae Thot staff	ရှင့်သို့ စီမံကိန်း ဝန်ထမ်းများ	7
Within (mothers, savings, other group they belong to)	အဖွဲ့ဝင်အချင်းချင်း ဆွေးနွေးခြင်း (မိခင်များအဖွဲ့၊ ကော်မတီဝင်များအဖွဲ့)	8
To friends or family	မိသားစု သို့ သူငယ်ချင်းများ	9
Other (Specify)	အခြား (အသေးစိတ် ဖော်ပြပါ)	99

SHOWCARD

CI7 How well do you feel that your complaint was dealt with?
သင်၏ တိုင်ကြားမှုအပေါ် စိတ်ကျနေပ်မှု ဘယ်လောက်ရှိပါသလဲ။

My issue was fully and very satisfactorily dealt with မိမိ၏အရေးကိစ္စ အတွက် အပြည့်အဝ စိတ်ကျနေပ်မှု									***There was no follow up or resolution on my issue*** တိုင်ကြားမှုအပေါ် အရေးယူဆောင်ရွက်ခြင်း (သို့) လုပ်ဆောင်ပေးခြင်း လုံးဝမရှိပါ။
1	2	3	4	5	6	7	8	9	10

Module 6: SHAE THOT PROJECT AWARENESS AND SERVICES
အပိုင်း (၆) ရှင့်သို့စီမံကိန်းအား သိရှိမှု

S1. Have you heard of the Shae Thot Project?
ရှင့်သို့ စီမံကိန်းအား သင်ကြားဖူးပါသလား။

Yes	ကြားဖူးသည်	1	
No	မကြားဖူးပါ	0	**အဆုံးသတ်ပါ**

S2. What activities are you aware of that have been implemented in your community?
ရှင့်သို့ စီမံကိန်းမှ မည်သို့သော ဝန်ဆောင်မှု/ပံ့ပိုးမှုမျိုး သင်ရရှိဖူးပါသနည်း။ **MA, UNAIDED**

		S2

Mobile clinics	နယ်လှည့်ကျန်းမာရေး စောင့်ရှောက်မှု ဆေးခန်း	1
Medical advice / support from volunteer health workers	ကျန်းမာရေး စတေနာ့ဝန်ထမ်းများထံမှ အကံဉာဏ်များ	2
Credit provision from the Village Health Development Fund Loans	ကျေးရွာကျန်းမာရေးနှင့် ဖွံဖြိုးရေးရံပုံငွေမှချေးငွေထုတ်ပေးခြင်း	3
Service / advice from mobile clinics	နယ်လှည့်ကျန်းမာရေး စောင့်ရှောက်မှု ဆေးခန်းမှ အကံဉာဏ်များ	4
Credit provision through microfinance institute	အသေးစားငွေစုငွေချေးအဖွဲ့အစည်းမှ ချေးငွေထုတ်ပေးခြင်း	5
Credit provision through savings group	ငွေစုအဖွဲ့များမှ ချေးငွေထုတ်ပေးခြင်း	6
Micro-enterprise training	အသေးစားစီးပွားရေးလုပ်ငန်း သင်တန်း	7
Training on farming techniques	စိုက်ပျိုးရေးနည်းပညာ သင်တန်း	8
Training on irrigation	ရေသွေင်းစိုက်ပျိုးရေး သင်တန်း	9
Training on livestock management	တိရစ္ဆာန်မွေးမူမြှစျိမံခန့်ခွဲမှုသင်တန်း	10
Training on sanitation and hygiene practices	ရနှေင့် ပတ်ဝန်းကျင် သန့်ရှင်းရေး သင်တန်း	11
Training on building water and sanitation	ရနှေင့်ပတ်ဝန်းကျင်သန့်ရှင်းရေးအဆောက်အဦးဆောက်လုပ်မှုသင်တန်း	12
Infrastructure grants for the community	ကျေးရွာလမ်းတံတားရကေောင်းရသေန့်ရရှိရေးအဆောက်အဦးအတွက် ချပေးသောငွေ	13
Establishing of Village Development Committees	ကျေးရွာဖွံဖြိုးမြှကော်မတီတည်ထောင်ခြင်း	14
other (please specify)	အခြား (ဖော်ပြ)	99

S3 Compared to 6 years ago, how different are things in your village with respect to each of the following areas?

လွန်ခဲ့သော (၆) နှစ်နှိုင်းယှဉ်ပါက အောက်ဖော်ပြါအချက်တွေ သင့်ရွာမှာ ဘယ်လိုပြောင်းလဲသွားခဲ့လဲ။

		Much worse အရမ်းဆိုးရွားသွားသည် ..... 1 Somewhat worse နည်းနည်းဆိုးရွားသွားသည် ..... 2 About the same အတူတူပဲ ..... 3 Somewhat better နည်းနည်းပိုကောင်းလာတယ် ..... 4 Much better အများကီးပြိုကောင်းသွားသည် 5
Health	ကျန်းမာရေး	
WASH	ရသေန့်ရှင်းရေး နှင့် တစ်ကိုယ်ရသေန့် ရှင်းရေး	

Food Security	စားနပ်ရိက္ခာဖူလုံရေး	
Access to finance	ငွေကြေးလက်လှမ်းမှီမှု	
Livelihoods	ဘဝရပ်တည်နိုင်မှု	
Education	ပညာရေး	
Road infrastructure	လမ်းပန်းဆက်သွယ်ရေး	
Access to electricity	လျှပ်စစ်ရရှိရေး	

S4 How different are certain aspects of your community compared to 6 years ago:

လွန်ခဲ့သော (၆) နှစ်နှိုင်းယှဉ်ပါက ရပ်ရွာပတ်ဝန်းကျင်ရဲ့ တစ်ချိုကိစ္စစရပ်တွဘေယ်လိုထူးခြားမှုတွရှိပါသလဲ။

		Much worse အရမ်းဆိုးရွားသွားသည် 1 Somewhat worse နည်းနည်းဆိုးရွားသွားသည် 2 About the same အတူတူပဲ 3 Somewhat better နည်းနည်းပိုကောင်းလာတယ် 4 Much better အများကီပြိုကောင်းသွားသည် 5
Interaction among community members	ရပ်ရွာပတ်ဝန်းကျင်အဖွဲဝင်များတစ်ဦးနဲတစ်ဦးဆက်ဆံ လာခြင်း	
Collaboration among the community members	ရပ်ရွာအဖွဲဝင်များအချင်းချင်း ပူးပေါင်းပါဝင်လာခြင်း	
How united the community is	ရပ်ရွာစည်းလုံးမှုများရှိလာ	
Representation of your needs in community decision-making	ရပ်ရွာဆုံးဖြတ်ချက်များတွင် မိမိကိုယ်စားပုဖွင့်ရခြင်း	
Your awareness of the needs of others in your community	ရပ်ရွာတွင် သင့်အနနဲ့ အခြားသူများပါဝင်မှုလိုအပ်လာမှု ကိုသိရှိလာခြင်း	
Representation of the needs of all groups in community decision-making	ရပ်ရွာဆုံးဖြတ်ချက်များတွင် အဖွဲအစည်းအားလုံးကိုယ် စားပုလြှိအပ်ခြင်း	
Women taking leadership roles in the community	အမျိုးသမီးများရပ်ရွာတွင် ဦးဆောင်တာဝန်ယူရခြင်း	
Women's economic contributions to household income	အမျိုးသမီးများ အိမ်ထောင်စုဝင်ငွရှာဖွရေးတွင် ပါဝင်မှု	
The collaboration of our community with other villages	မိမိရပ်ရွာအဖွဲအစည်းနှင့် အခြားရပ်ရွာပူးပေါင်းဆောင်ရွက်မှု	

ANNEX VIII: VILLAGE PROFILE SURVEY INSTRUMENT

Shae Thot Evaluation Village Profile Instrument
ရှေ့သို့စီမံကိန်း ကျေးရွာသွင်ပြင်လက္ခဏာ မေးခွန်း

This village profile shall be completed in each village where the household survey is conducted. The enumerator or supervisor shall complete this profile by speaking with knowledgeable persons in the village such as village authorities, or health workers, community based organization members, or community based trainers/ volunteers/ extension workers, if any, or school teachers.

ဤကျေးရွာအချက်အလက်ကောက်ယူမှုကို အိမ်ထောင်စုစစ်တမ်း ကောက်ယူမှုပြုလုပ်သည့် ရွာတိုင်းတွင်မေးရန်။ ကွင်းကြီးကြပ်သူ (သို့) စာရင်းကောက်များသည် ရွာရှိ ရွာအုပ်ချုပ်သူ၊ ကျန်းမာရေးဝန်ထမ်း၊ ကျေးရွာအခြေစိုက် အဖွဲ့အစည်းများ (သို့) ကျေးရွာအခြေပြု သင်တန်းဆရာ/ဆရာမ များ၊ လုပ်အားပေးများ (သို့) ကျောင်းဆရာ/ဆရာမ များအား မေးရန်။

SECTION 1: VILLAGE PROFILE (ကျေးရွာ သွင်ပြင်လက္ခဏာ)

1	State/Region ပြည်နယ်/တိုင်းဒေသကြီး	
2	Township name မြို့နယ်အမည်	
3	Village tract name ကျေးရွာအုပ်စု	
4	Village name ကျေးရွာအမည်	
4.1	Is this Village Shae Thot Project Village? ဒီကျေးရွာက ရှေ့သို့စီမံကိန်းကျေးရွာလား။	Yes.....1 No.....2 ဟုတ်ပါသည် .....1 မဟုတ်ပါ 2
5	Village MIMU Code (if available) ရွာ၏ MIMU Code	
A1.1	Name of Key respondent (Gender/ Age) မေးမြန်းသူအမည်	_____; Male(ကျား)/ Female(မ); Age(အသက်) _____
A1.2	His/her position/title ရာထူး	
A1.3	His/her contact number ဆက်သွယ်ရန်ဖုန်း	
A2.1	Name of alternate respondent အခြားဖြေကြားသူ	_____; Male(ကျား)/ Female(မ); Age(အသက်) _____
A2.2	His/her position/title ရာထူး	
A2.3	His/her contact number ဆက်သွယ်ရန်ဖုန်း	

For Shae Thot Project Village

ရှေ့သို့စီမံကိန်း ကျေးရွာဖြစ်က မေးရန်။

	Do you know Shae Thot Active consortium partners? ရှေ့သို့စီမံကိန်းမှာပါဝင်တဲ့ အဖွဲ့အစည်းတွေသိလား။		Yes.....1 No.....2 သိပါသည် .....1 မသိပါ.....2
6	Active consortium partners စီမံကိန်းတွင်ပါဝင်သော အဖွဲ့အစည်းများ		7. Year of beginning activities for Shae Thot ရှေ့သို့စီမံကိန်းစတင်သည့်နှစ်
	MSI	1	
	Pact	2	
	UNHabitat	3	
	Worth	4	
	CESVI	5	
6	Phased out consortium partners လုပ်ငန်းပြီးသွားသော အဖွဲ့အစည်းများ		7. Year of phasing out activities for Shae Thot ရှေ့သို့စီမံကိန်းပြီးဆုံးသည့်နှစ်
	UNHabitat	3	
	WORTH	4	

[If Q6 answers not blank, then ask:]

Q6 ကိုဖြေဆိုထားပါက မေးရန်။

8	Name of PACT Implementing Partners who are working in this village. MA ရွာထွင် PACT နှင့် ပူးပေါင်းဆောင်ရွက်လျှက်ရှိသော မိတ်ဖက်အဖွဲ့အစည်းများ၏ အမည်များ-	Activities (လုပ်ဆောင်ချက်များ)
1		
2		
3		
4		
5		

9	What improvement have you observed in your community as a result of these programs (Shay Thot?)? (MSI/Pact/UNHabitat/Worth/CESVI) ရှေ့သို့စီမံကိန်းမှ မိမိပတ်ဝန်းကျင်မှာ ဘာတွေတိုးတက်ပြောင်းလဲလာတာတွေသတိထားမိပါသလဲ။ (MSI/Pact/UNHabitat/Worth/CESVI)		

Ask All Village: ကျေးရွာအားလုံးကိုမေးရန်

10	Name of other organizations who have worked in this village in the last 5 years? လွန်ခဲ့သော ၅ နှစ်အတွင်းဒီရွာမှာ အခြား တယ်အဖွဲ့အစည်းတွေ စီမံကိန်းတွေ ရှိခဲ့ပါသလဲ။	Activities (we would like to have precoded list of activities, please find our suggestions below this question) ဆောင်ရွက်ခဲ့သည့်လုပ်ဆောင်ချက်များ ကိုအောက်ဖော်ပြပါဖယားမှ ကုဒ်ကိုရေးသားပါ။
1		
2		
3		
4		
5		

Code	Activities (ဆောင်ရွက်ခဲ့သည့်လုပ်ဆောင်ချက်များ)	
1	Build common infrastructure	အခြေခံလိုအပ်ချက်များ အဆောက်အအုံ၊ ရေတွင်းရေကန်၊ လမ်းပန်းဆက်သွယ်ရေး
2	Build individual housing	သီးသန့်အိမ်များ တည်ဆောက်ပေးခြင်း
3	Access to finance	ငွေကြေးရရှိမှု
4	Agricultural supports	စိုက်ပျိုးရေးအတောက်အပံ့များ
5	Livestock related supports	မွေးမြူရေးဆိုင်ရာအထောက်အပံ့များ
6	Health	ကျန်းမာရေး
7	Education	ပညာရေး
8	Emergency after shock help	ဘေးအန္တရယ်ဖြစ်ပြီးနောက် အရေးပေါ်အထောက်အပံ့များ
9	Forestry	သစ်တော
10	Food security & nutrition	စားနပ်ရိက္ခာဖူလုံမှုနှင့်အဟာရ
11	Water & Sanitation	ရေနှင့်သန့်ရှင်းရေး
12	Energy	စွမ်းအင်
13	Other (Specify)	အခြား

11.	Do you have a Village Development Committee (VDC)? ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီ ဒီရွာမှာရှိပါသလား။		Yes ..... 1 No..... 2 ရှိပါသည် ..... 1 မရှိပါ ..... 2 >>skip to Q12
11a.	How many members do you have in your VDC? ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီ တွင်အဖွဲ့ဝင်ဘယ်နှစ်ယောက်ရှိပါသလဲ။		Write number _____ အရေအတွက်
11b.	In the last year, how many times has the VDC meet to discuss community issues? လွန်ခဲ့တဲ့နှစ်က ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီနဲ့ ရပ်ရွာ		Write number _____ အရေအတွက်

	အရေးဆွေးနွေးမှုများအတွက် ဘယ်နှစ်ကြိမ် လောက် တွေ့ဆုံဖြစ်ပါသလဲ။		
11c.	In the last three years, how often has the VDC typically met to discuss community issues? လွန်ခဲ့တဲ့သုံးနှစ်က ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီက ရပ်ရွာအရေးဆွေးနွေးမှုများအတွက် ပုံမှန်ဘယ်နှစ်ကြိမ်လောက်တွေ့ဆုံဖြစ်ပါသလဲ။		[ ] Once per week or more often တစ်ပတ်တစ်ကြိမ် (သို့) တစ်ကြိမ်ထက်ပို [ ] Every two weeks နှစ်ပတ်တစ်ကြိမ် [ ] Every three weeks သုံးပတ်တစ်ကြိမ် [ ] Once a month တစ်လတစ်ကြိမ် [ ] Once every two months နှစ်လတတစ်ကြိမ် [ ] Less often than two months နှစ်လတစ်ကြိမ်ထက်နည်း
11d.	How does your VDC identify issues that are addressed by your committee. ရပ်ရွာကိစ္စရပ်များကို ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီမှ ဘယ်လို ဆောင်ရွက်ပါသလဲ။		
11e.	Once an issue has been identified, what is the process to resolve it? အကြောင်းအရာကိစ္စတစ်ခုတင်ပြလာပါက အဲ့ဒီဟာကို ဘယ်လိုဖြေရှင်းတဲ့ အဆင့်ဆင့်ကိုဖော်ပြပါ။		
11f.	Are any of your VDC activities related to the different Shae Thot programs? ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီရဲ့ လှုပ်ရှားမှုတွေက Shae Thot ရဲ့မတူညီသောစီမံကိန်းများနှင့် ဆက်စပ် နေပါသလား။		Yes ..... 1 No..... 2 ရှိပါသည် ..... 1 မရှိပါ ..... 2 >>skip to Q12
11g.	If yes, which program(s)? To what extent have these activities been influenced by the Shae Thot program? ရှိပါသည်ဆိုက ဘယ်စီမံကိန်းပါလဲ။ အဲ့ဒီစီမံကိန်းတွေက ဘယ်လောက်အတိုင်းအတာထိ Shae Thot စီမံကိန်းကို အကျိုးသက်ရောက် မှုရှိပါသလဲ။		VCD Program / လုပ်ဆောင်မှုကိုများ GreatExtent / အကျိုးအများကြီးရှိတယ် SomeExtent / တချို့ပဲအကျိုးသက်ရောက် NotVeryMuch / နည်းနည်းပဲအကျိုးသက်ရောက် Not at all / လုံးဝအကျိုးသက်ရောက်မှုမရှိ [ ] Health / ကျန်းမာရေး [ ] [ ] [ ] [ ] [ ] Livelihoods / အသက်မွေးဝမ်းကျောင်း [ ] Food security / စားနပ်ရိက္ခာဖူလုံမှု [ ] Water / သောက်သုံးရေ [ ] Governance / အုပ်ချုပ်မှုစနစ်
12	Do you have Village Development Funds		Yes ..... 1 No..... 2

	(VDF) in your village? ရပ်ရွာဖွံ့ဖြိုးရေးရံပုံငွေ အဖွဲ့ ဒီရွာမှာရှိပါသလား။		ရှိပါသည် ..... 1 မရှိပါ ..... 2 >>skip to Q13
12a.	In your opinion, how important are village development funds in providing resources for community-based initiatives? ရပ်ရွာအခြေစိုက် လုပ်ငန်းတွေအတွက် လိုအပ်တဲ့ အရင်းအမြစ်တွေ ထောက်ပံ့ပေးဖို့ရပ်ရွာဒေသဖွံ့ဖြိုးရေး ရန်ပုံငွေက ဘယ်လောက်အထိ အရေးကြီးပါသလဲ။ သင့်အမြင်ကို ပြောပါ။		[ ] Very important အရမ်းအရေးကြီး [ ] Somewhat important တချို့တဝက်အရေးကြီး [ ] Not important အရေးမကြီးပါ။
12b	Please explain why you think so. Why do you think that? ဘာဖြစ်လို့အဲ့လိုထင်တာလဲဆိုတာရှင်းပြပေးပါ။ ဘာကြောင့်အဲဒီလို စဉ်းစားမိတာလဲ။		[Open ended- a few sentences]
13	[If 11=Yes] Has your VDC led to other activities (not related to Shae Thot) intended to improve life in your village (Y/N) If yes, please describe. ရပ်ရွာဖွံ့ဖြိုးရေးကော်မတီကအခြားလုပ်ဆောင်ချက်တွေကို ဦးဆောင်ပြီး လုပ်ဆောင်ချက် များရှိသလား။ အဲဒီ လုပ်ဆောင်ချက်တွေက ရှေ့သို့ နဲ့ ဆက်နွယ်မှုရှိပါ သလား။		[Open ended but can add codes] Yes ..... 1 No..... 2 ရှိပါသည် ..... 1>>ဖော်ပြပေးပါ။ မရှိပါ 2

SECTION 2: VILLAGE LEVEL INFORMATION (ကျေးရွာအဆင့်သတင်းအချက်အလက်)

1. Households (အိမ်ထောင်စုဝင်များ)		**Total (စုစုပေါင်း)**
1.1	# of households	|_____|
2. Village population (ကျေးရွာလူဦးရေ)		**Total (စုစုပေါင်း)**
2.1	Male (ကျား)	|_____|
2.2	Female (မ)	|_____|

3. Land မြေ

Sr	Type of land (မြေအမျိုးအစား) (record for the major types present in village) (ရွာတွင်လက်ရှိ အဓိကရှိသော မြေအမျိုး အစားကိုမှတ်ပါ။)	Percentage of : ရာခိုင်နှုန်းဘယ်လောက်လဲ **(based on land area)** (မြေဧရိယာပေါ်မူတည်ပြီး)
3.1	Le (wet) လယ်မြေ (အစိုဓာတ်ရှိသောမြေ)	_____
3.2	Ya (dry) ယာမြေ (ခြောက်သွေ့သောမြေ)	_____
3.3	Kaing (Islands etc) ကိုင်း (ကျွန်းမြေစသည့်)	_____
3.4	Garden ဥယျာဉ်	_____
3.5	Dani (swamp lands) ဓနိ (ဒီရေတော)	_____
3.6	Taungya (shifting cultivation) တောင်ယာ	_____
3.7	Other(specify) 1_____ အခြား:	_____
3.8	Other(specify) 2_____ အခြား:	_____
3.8	Other(specify) 2_____ အခြား:	_____
	Total စုစုပေါင်း	

4. Village assets (ကျေးရွာပိုင်ဆိုင်မှု)		Total (စုစုပေါင်း)
4.1	Power tiller ထွန်စက်	_____
4.2	Thresher ချေလှေ့စက်	_____
4.3	Rice mill ဆန်စက်	_____
4.4	Pond ရေကန်	_____
4.5	Tube well(Hand/ treadle pump) အဝီစိတွင်း(လက်တုံ့ကင်)	_____
4.6	Tube well (Motor pump) အဝီစိတွင်း(စက်)	_____
4.7	Shallow well လက်ယက်တွင်း	_____
4.8	Powered water pump ရေစုပ်စက်	_____
4.9	Generator မီးစက်	_____
4.10	Trawlarjee ထော်လာဂျီ	_____
4.11	Repair shop စက်ပြင်ဆိုင်	_____
4.12	Grocery shop ကုန်စုံဆိုင်	_____
4.13	Phone ဖုန်း	_____
4.14	Other 1 (Please specify)..... အခြား (ဖော်ပြပါ)	_____
4.15	Other 2 (Please specify)..... အခြား (ဖော်ပြပါ)	_____
4.16	Other 3 (Please specify)..... အခြား (ဖော်ပြပါ)	_____
4.17	Other 4 (Please specify)..... အခြား (ဖော်ပြပါ)	_____

5. Village access and proximity to services (ရွာပိုင်ဆိုင်မှုအခြေအနေ)								
		Distance from village (mile)(if within village, record as '0'. If "0", then skip b, c, d, e, f, g for that response.) ရွာမှအကွာအဝေး (မိုင်) ရွာအတွင်းမှာဆိုရင် '၀' ဟုမှတ်ပါ။ '၀' ဖြစ်ခဲ့ရင် b, c, d, e, f, g အမေးခွန်းများကိုကျော်သွားပါ။	Most common mode of transport အများဆုံးအသုံးပြုသည့်ဆက်သွယ်ရေး		Time needed (One-way) (minutes) သွားခိုအတွက်အချိန် ဘယ်လောက်လိုလဲ (အသွားတစ်ကြောင်း)		Cost (Kyats) (Oneway) ဘယ်လောက်ကျလဲ (လမ်းကြောင်းတစ် ကြောင်း)	
			Rainy Season မိုးရာသီ	Dry ခြောက် သွေ့ ရာသီ	Rainy Season မိုးရာသီ	Dry ခြောက် သွေ့ ရာသီ	Rainy Season မိုးရာသီ	Dry ခြောက် သွေ့ ရာသီ
		a	b	c	d	e	f	g
5.1	Nearest town အနီးဆုံးမြို့							
5.2	Nearest Rural or Sub-rural health centre အနီးဆုံးကျေးလက်၊ကျေးရွာကျန်းမာရေးဌာန							
5.3	Primary school (govt) အစိုးရမူလတန်းကျောင်း							
5.4	Middle school (govt) အစိုးရအလယ်တန်းကျောင်း							
5.5	High school (govt) အစိုးရအထက်တန်းကျောင်း							
5.6	Bank ဘဏ်							
5.7	Grain bank/seed bank မျိုးစေ့ဘဏ်							
5.8	Community building ကျေးရွာအဆောက်အဦး							
5.9	Private clinic ပုဂ္ဂလိကဆေးခန်း							
5.10	Monastery ဘုန်းကြီးကျောင်း							
5.11	Market (weekly) ဈေး (အပတ်စဉ်)							

Codes for Column b and c:

B & C ကော်လံအတွက်ကုဒ်

On foot (ခြေလျင်).....1
Ox-cart/ horse cart (နွား/မြင်းလှည်း) 2
Trailer Jeep (ထော်လာဂျီ).....3
Bicycle (စက်ဘီး).....4
Motorcycle(မော်တော်ဆိုင်ကယ်).....5
Car (ကား).....6
Boat (လှေ).....7
OtherSpecify(အခြား(ဖော်ပြပါ).....99

6. Standard of road access to the village: TICK ONE THAT BEST DESCRIBES THE SITUATION **ရွာသို့ရောက်သည့် လမ်းအခြေအနေကို ဖော်ပြပေးပါ။ (SA)**		
No road reaching all the way to the village (eg access by water sea/river) ရွာသို့ကုန်းလမ်းမရှိ (ဥပမာ- ရေလမ်းခရီးဖြင့်သာ သွားလာရန်ရှိသည်)	1	|_____|
Rough track reaching all the way to the village (**bullock cart** or walking only) လမ်းကြမ်း(နွားလှည်း (သို့)လမ်းလျှောက်၍သာသွားလို့ရ)	2	
Rough track Suitable for **trawlargee** but not for cars/trucks လမ်းကြမ်း-ထော်လာဂျီနှင့်သာသင့်တော် (ထရပ်ကားနှင့်ကားများသွား၍မရ)	3	
Accessible by car/truck in **dry weather** only ခြောက်သွေ့ရာသီမှသာ ကား၊ထရပ်ကားများသွားနိုင်	4	
Accessible by car/truck in **all weather** ရာသီမရွေး ကား၊ ထရပ်ကားများ သွားနိုင်	5	

	Type (အမျိုးအစား)	Yes.....1 No.....0 ရှိသည် .....1 မရှိပါ.....0	**If 'yes', No. of HH** ရရှိသည် ဆိုပါက အိမ်ထောင်စုအရေအတွက်
7. Availability of electricity လျှပ်စစ်ရရှိမှု			
7.1	Electricity (Govt) အစိုးရလျှပ်စစ်	|____|	|_____|

7.2	Electricity organized by village ရပ်ရွာမှစီစဉ်ထားသောလျှပ်စစ်မီး	|____|	|_____|
7.3	Electricity (Private/commercial generator) ပုဂ္ဂလိပိုင်စီးပွားဖြစ်ဆောင်ရွက်ထားရှိသောလျှပ်စစ်မီး	|____|	|_____|
7.3	Electricity by solar home system အိမ်သုံးဆိုလာမီးစနစ်	|____|	|_____|

8.Water sources in the village ရွာရှိရေအရင်းအမြစ်

	Main water source ရေအရင်းအမြစ်		Quantity အရေအတွက်	Purpose of use အသုံးပြုပုံ	All-year-round availability တစ်နှစ်ပတ်လုံးရရှိပါသည်။
				Drinking .....1 Other HH uses.....2 Both.....3 သောက်ရေ.....1 အခြားသုံးရေ.....2 နှစ်မျိုး 3	Yes.....1 No .....0 ရှိပါသည်.....1 မရှိပါ.....0
			a	b	c
8.1	River မြစ်	1		|___|	|___|
8.2	Creek ချောင်း	2		|___|	|___|
8.3	Pond ကန်	3		|___|	|___|
8.4	Brick well အုတ်ကန်	4		|___|	|___|
8.5	Hand-dug well လက်ယက်တွင်း	5		|___|	|___|
8.6	Tube Well (Motor pump) အဝိစိ (မော်တာသုံး)	6		|___|	|___|
8.7	Tube well (Hand pump) အဝိစိ (လက်တုံကင်)	7		|___|	|___|
8.8	Spring water (natural) စမ်းရေ (သဘာဝ)	8		|___|	|___|
8.9	Spring water (stored) စမ်းရေ(သိုလှောင်ထားသော)	9		|___|	|___|
8.10	Public water supply system အများသုံးရေစနစ်	10		|___|	|___|
8.11	Dam ရေကာတာ	11		|___|	|___|

8.12	Rain water storage tank မိုးရေလှောင်ကန်	12		|___|	|___|
8.13	Other (specify) _____ အခြား	13		|___|	|___|
8.14	Other (specify) _____ အခြား	14		|___|	|___|
8.15	Other (specify) _____ အခြား	15		|___|	|___|

9. Malaria ငှက်ဖျား:		
9.1	Have there been cases of Malaria in the past 12 months in this village? ရွာတွင်လွန်ခဲ့သော(၁၂)လအတွင်း ငှက်ဖျားဖြစ်ပွားမှုများရှိခဲ့ပါသလား။	Yes.....1 No.....0 ရှိပါသည်.....1 မရှိပါ.....0 |_____|

Village Selection Process

Stage/Region

Sample Township _____

_____

Urban/Rural

City/Sub township _____

Ward/Village Tract _____

Village _____

_____

Record of random selection

Total households = _____ Number of sample households ____20____ ➔ K= _____

Number of digit = _____ Row = _____ ı Column = _____ ı Random No. = _____

First sample household no = _____ ı Second sample household no = _____ and so on…

Sr	Name of head of household	Father name of head of household	Address	Sample unit No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

RESPONDENT CONTACT INFORMATION		
Name		
Address (street address)		
Landmarks/ directions to help locate house		
Telephone numbers (include area code)	**Mobile phone**	
	Home	
	Other	
Additional contact 1		
	Name	
	Address	
	Telephone numbers (include area code)	
Additional contact 2		
	Name	
	Address	
	Telephone numbers (include area code)	

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily.

Name: _____

Signature: _____ **Date** _____ **(DD/MM/YYYY)**

ANNEX IX: EVALUATION STATEMENT OF WORK

SECTION C – STATEMENT OF WORK

FINAL PERFORMANCE EVALUATION OF USAID/BURMA SHAE THOT: THE WAY FORWARD ACTIVITY

SUMMARY INFORMATION

Activity/Project Name	Shae Thot (The Way Forward)
Implementer	Pact, Inc.
Cooperative Agreement #	AID-486-A-11-00010
Type of Evaluation	Final Performance Evaluation
Total Estimated Ceiling of the Evaluated Project/Activity(TEC)	$70,000,000.00
Life of Project/Activity	September 2011 to March 2018
Active Geographic Regions	Kayah State (Balawkhe, Hpasawng and Mese Townships) Magway Region (Aunglan, Magway, Pakokku, Salin, Seikphyu, Sinbaungwe, Yenangyaung, Yasagyo Townships) Mandalay Region (Madaya, Meiktila, Myingyan, Nyaung-U and Pyin Oo Lwin Townships) Sagaing Region (Budalin, Monywa, Pale and
Development Objective(s) (DOs)	This Activity contributes to Embassy Yangon's Integrated Country Strategy FY2015-FY2017, Goal # 4 "Burmese people, households, communities and systems are more stable,
USAID Office	USAID Burma, Office of Democracy & Governance – Humanitarian Assistance

BACKGROUND

Cyclone Nargis struck Burma in May 2008, resulting in the worst natural disaster in Burma's history and caused significant damage and suffering. In response, the U.S. Government provided significant assistance for immediate relief and rehabilitation efforts, as well as sustained humanitarian recovery in Nargis-affected communities of the Ayeyawaddy Delta. However, profound humanitarian needs and entrenched poverty were present in many communities throughout Burma, including the central Dry Zone area.

In 2011, Burma officially dissolved the military junta and established a nominally civilian government, bringing an end to nearly 50 years of military rule. In 2012, the U.S. Government announced the exchange of Ambassadors between the United States and Burma, and formally affirmed the U.S. –Burma Partnership for Democracy, Peace and Prosperity during President Obama's historic visit to Yangon (Yangon) that year. Since then, the U.S. Government has prioritized support to Burma's transition in the areas of national reconciliation, democratic governance, improving the legal and regulatory environment for trade and investment, building healthy and resilient communities, and regional economic integration.

As one of the U.S. Government's first major assistance investments implemented in Burma, USAID initiated a five-year, $55 million USD project is to provide humanitarian assistance in three key sectors – maternal child health, livelihoods/food security, and water/sanitation/hygiene (WASH) – to communities in Central Burma, later refined to target Yangon Division, the Dry Zone (Magway and Mandalay divisions, southern Sagaing division, and northern Bago division), and subsequently expanded to include Kayah State. The project emphasizes building of community-based knowledge, improving community participation and gender integration. The approach for this expanded humanitarian assistance project in Burma was to address pressing humanitarian needs while creating opportunities for inclusive community participation and transparent, accountable decision-making.

After the launch of Shae Thot, ongoing reforms, significant private sector growth and a dynamic operating environment opened new opportunities for the project to respond to the changing needs of Burmese society, especially in areas recovering from decades of conflict. Following a 2012 ceasefire agreement between the government and the Karenni National Progressive Party (KNPP), an ethnic armed group active in Kayah State, Shae Thot conducted a feasibility assessment for expanded programming in Kayah State in September 2012.

Based on this assessment and a request from Kayah State Government, USAID expanded the program to Kayah State in May 2013 and revised the program description to reflect new directions, scope and geography. Shae Thot's expansion to underserved townships in southern Kayah presented an opportunity to leverage program resources to achieve noticeable impact in communities affected by decades of armed conflict and chronic underdevelopment. This geographic expansion also demonstrated that U.S. assistance addresses the needs not only of the central, ethnic-majority Burmese areas, but also ethnic-minority areas. Shae Thot baseline survey was conducted in April 2013 and Mid-term Performance Evaluation was undertaken in May 2015.

DESCRIPTION OF THE PROBLEM, DEVELOPMENT HYPOTHESIS(ES), AND THEORY OF CHANGE

After nearly 50 years of misrule by military junta, there have been a lot of unmet needs in humanitarian assistance particularly in health, food security and livelihoods, water and sanitation, and strengthening civil society and building the capacity of community groups. Shae Thot is an integrated model for humanitarian assistance in Burma, recognizing that health, livelihoods, food security, and water are inextricably linked. In each community, Shae Thot provides a comprehensive set of services, building off of existing community structures and empowering

communities to build leadership capacity, self-sufficiency and resilience. Shae Thot puts communities at the center of the development process and facilitates a coordinated process through which they can make decisions around how to best use resources and time.

The development hypothesis for the Shae Thot project is that by addressing health, income, and water needs, which rank as the most needed interventions in the targeted population, the lives of the poorest and most vulnerable households will improve and death and suffering will be reduced. Furthermore, with capacity building, awareness raising and resource mobilization, communities will be able to address shorter-term humanitarian and longer-term development needs because supporting existing and new village-based community-based organizations will be critical to achieving long-term and sustainable program results.

Activity interventions in each of the four target sectors are guided by distinct theories of change to get the intended results.

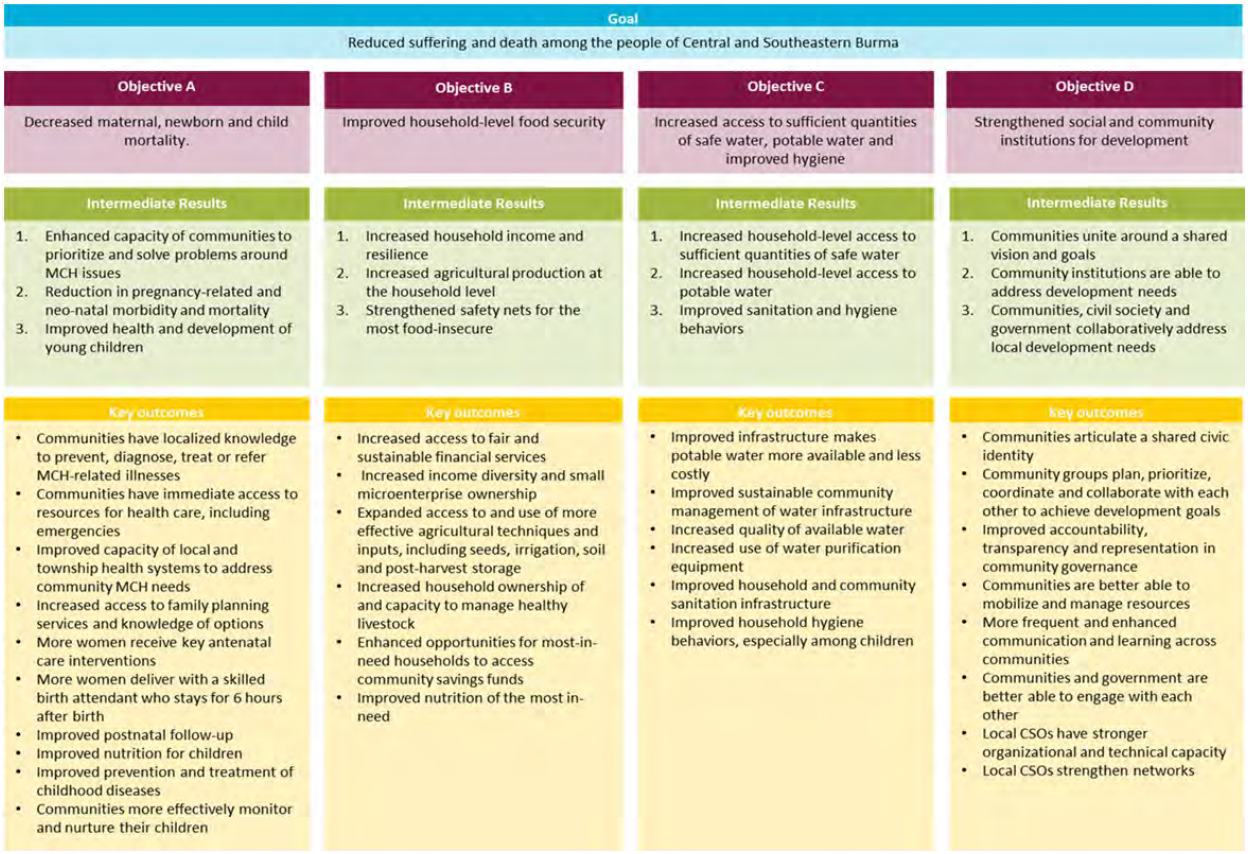
Maternal and Child Health – If communities have increased understanding of maternal and child health issues, accessibility to health services and access to resources for health care, then maternal, newborn and child mortality will be decreased in target areas.

Livelihoods and Food Security – If communities have increased access to sustainable financial services, opportunities for increased income diversity and small microenterprise ownership, and improved agricultural techniques, then food security at the household level will be increased in target areas.

Water, Sanitation and Hygiene (WASH) – If communities have improved infrastructure for WASH and knowledge on effective management of WASH infrastructure and improved hygiene behaviors, then increased access to sufficient quantities of safe water, potable water and improved hygiene will be attained in target areas.

Strengthened Community Institutions – If community members and community groups are involved in the planning, prioritization, coordination and management of development interventions in an accountable and transparent way, then social and community institution will be strengthened to contribute and maintain sustainable development in target areas.

Results Framework



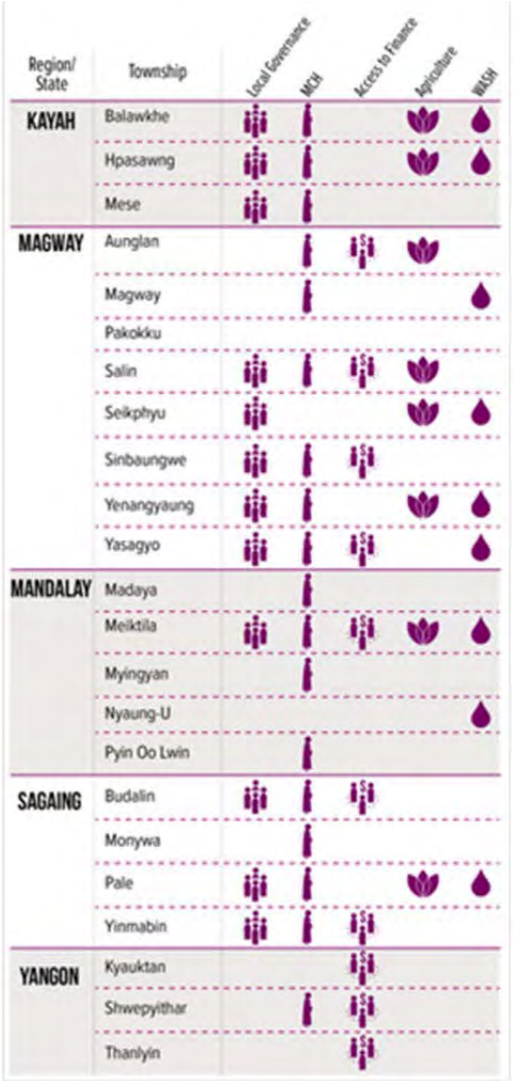
SUMMARY STRATEGY/PROJECT/ACTIVITY/INTERVENTION TO BE EVALUATED

Since September 2011, Shae Thot, "The Way Forward," has provided comprehensive, holistic services in maternal and child health (MCH), livelihoods and food security, and water, sanitation and hygiene (WASH) through an integrated, community-driven development model unique to the Burma context. Shae Thot is implemented by a consortium of Pact, Marie Stopes International, Cesvi, UN-Habitat and PGMF, who coordinate to deliver overlapping and complementary support to communities.

Shae Thot has empowered more than two million people to take self-directed steps to meet their development needs, while building stronger, more resilient communities. Shae Thot partners have been active in a total of 2,424 villages across 23 townships in the Dry Zone, Yangon, and Kayah State. Shae Thot has trained more than a million people in child health and nutrition programs and provided more than half a million people with access to improved water sources. The program has disbursed $38.2 million in agricultural and rural loans, and almost 90,000 clients have benefitted from Shae Thot financial services. Additionally, Shae Thot has facilitated the creation and election of 1,125 Village Development Committees (VDCs). Through VDCs, citizens exercise basic democratic governance, make decisions about transparent resource allocation, create shared safety nets, and build plans for their future.

The Shae Thot model demonstrates that health, livelihoods, food security clean water and improved sanitation are inextricably linked and have a synergistic effect on development. To achieve sustainable results across these areas, Shae Thot employs an integrated approach across sectors that strengthens community-level governance through VDCs and promotes financial sustainability through Village Development Funds (VDFs). Sector-specific interventions vary according to needs and priorities within each community and are intended to: decrease maternal, newborn and child mortality; improve household-level food security; increase access to sufficient quantities of safe water, potable water and improved hygiene; and strengthen social and community institutions for development.

Maternal and Child Health (MCH) – Shae Thot's approach to improving MCH includes community-based action and mobile clinical services. Volunteer health workers called "Change Agents" are trained in safe pregnancy, diagnosing and treating common illnesses, and facilitating emergency care. They are linked to Mothers Groups, networks of mothers who meet weekly to learn about and discuss MCH-related illnesses, hygiene and nutrition. In addition, Shae Thot has established Village Health and Development Funds (VHDFs), through which communities raise funds from household-level contributions. VHDFs can provide immediate access to financial resources for health emergencies, addressing a common barrier to vital MCH care and services. Shae Thot also addresses this barrier through strengthening the role of auxiliary midwives and deploying mobile clinics to targeted villages at least once every six weeks to offer a range of family planning services.



Life-of-Project Sectoral Interventions by Township

Livelihoods and Food Security – Household-level food insecurity is widespread in central and southeastern Myanmar as a result of repeated devastation caused by natural disasters and ongoing instability due to decades of armed conflict. Shae Thot takes a dual approach towards improving livelihoods and food security that includes expanded access to financial services and improved agricultural techniques. Credit provision services both institutional and savings-group models – are combined with microenterprise training to promote income generation. In addition, Shae Thot provides technical assistance and resources in support of agricultural diversification and intensification, including new techniques, improved irrigation and livestock management.

Water, Sanitation and Hygiene (WASH) – Shae Thot's WASH activities are conducted through building community members' hands-on kills in order to develop and maintain local expertise. The project trains local carpenters, masons and artisans to create low-cost, low-technology solutions for constructing bio-sand water filters, deep-tube or hand-dug wells, mini-dams, access roads, sanitation for community schools, or other types of water and sanitation infrastructure. Community grants are a central element of the WASH strategy, enabling communities and groups to develop joint plans for infrastructure projects. In addition, training community volunteers on hygiene promotion promotes sustainable behavior change across the community.

Strengthened Community Institutions – In each project village, Shae Thot forms or supports an existing Village Development Committee (VDC), comprised of democratically-elected village members who are independent from village authorities. Through these committees, Shae Thot supports inclusive and participatory village decision making and transparent and accountable community planning, implementation and monitoring. Through the implementation of a Local Partner Initiative (later called the Civil Society Partner Initiative), the project works with a small number of local organizations operating in MCH, livelihoods and WASH sectors to strengthen their organizational capacity and implement complementary interventions in the Dry Zone and Kayah State.

In May 2016, the Shae Thot project was extended by 18 months to consolidate its impact in MCH, livelihoods, and WASH, while scaling up support to VDCs and building linkages with local government institutions. In the extension phase, Shae Thot is working to deepen interventions for a more sustained impact in current villages, increase integration of sector services at the village level, strengthen VDCs as the primary institution at the community level, engage with local government actors as the Government of Burma (GoB) decentralizes, and continue partnering with local organizations to build stronger civil society voice. The Shae Thot project has concentrated efforts in 1,039 villages in 13 townships in the Dry Zone and Kayah State during the extension period. Shae Thot is currently in the final months of implementation and most activities are planned to end in late 2017 to allow sufficient time for project close-out.

SUMMARY OF THE PROJECT/ACTIVITY MONITORING, EVALUATION, AND LEARNING (MEL) PLAN

The Performance Management Plan for Shae Thot builds upon the project's Results Framework, linking objectives to expected intermediate results and outcomes, with appropriate indicators and performance targets for measurement. The project is monitored to determine overall efficiencies and if project implementation is on track and evaluated to determine overall effectiveness in achieving the project's expected outcomes, results and objectives. The project's monitoring system identified a series of both output and outcome indicators, as well as annual performance targets, with progress reported to USAID on a quarterly basis. Targets are revised annually to reflect updated work plans and adjustments due to past achievements. Data sources include pre- and post-test results, committee and other village institution record keeping, clinic records, and activity logs. In 2012, a baseline assessment of the project was conducted to capture the initial status of key maternal and child health, food security and livelihoods, and WASH variables in the intended intervention and comparison communities in the Dry Zone. The baseline assessment surveyed 4,400 respondents in 220 villages – 3,040 respondents in 152 villages targeted for the

intervention and 1,360 respondents in 68 villages not intended to be involved in the project. The baseline used two quantitative questionnaires, one at the household level and one for village characteristics. The mid-term evaluation used mixed methods, including quantitative and qualitative data sources. A quantitative household survey based on the baseline questionnaire was conducted with a representative sample of 4,680 households – 3,640 in Shae Thot areas and 1,040 in comparison areas. The midterm evaluation was conducted in the same areas as the baseline assessment, with the addition of villages in townships where project implementation had just begun. Ten focus group discussions and 57 in- depth interviews were conducted to provide qualitative data on project outcomes and integration.

Internal and external analyses have been undertaken throughout the project's lifecycle to assess progress, identify best practices, and evaluate project interventions. These include regular application of the Community Organization Performance Index (COPI), participatory community learning and assessment techniques, an external mid-term evaluation, a General Accountability Office Program Performance Audit, an external political economy analysis of local governance dynamics, and an external integrated development model analysis. An illustrative list of internal and external resources that should inform this final evaluation is listed below and will be provided to the evaluation team after award.

Project Evaluations & Learning

- Performance Audit – GAO (July 2015)
- Local Governance Political Economy Analysis (May 2017)
- Integrated Development Model Analysis (June 2017)
- Shae Thot Performance Management (i.e., Monitoring, Evaluation and Learning) Plan (FY 2012-2017)
- Shae Thot Annual Reports (Years 1-5)
- Social Return on Investment of Shae Thot's Livelihoods Work (September 2016)

External Resources

- Myanmar Population and Housing Census (August 2014)
- Myanmar Demographic and Health Survey (2015-2016)
- World Development Indicators, World Bank (2016)
- 2016 Human Development Report, United Nations Development Programme
- The State of Local Governance: Trends in Myanmar A Synthesis of people's perspectives across all States and Regions, UNDP (2015)
- Achieving Health Equity in Contested Areas of Southeastern Myanmar, Asia Foundation (June 2016)
- Ethnic conflict and Social services in Contested areas of Myanmar, Asia Foundation (June 2014)

EVALUATION QUESTIONS

The following evaluation questions, in their entirety, must be addressed during the evaluation.

Question 1: To what extent have Shae Thot activities contributed to achieving the project's

expected outcomes, intermediate results, objectives and goal in targeted communities? In answering this question, the offeror should address the following focus areas:

1a: Improved maternal, newborn and child health;

1b: Improved household-level food security and income generation;

1c: Increased access to sufficient quantities of water, potable water and improved hygiene; and

1d: Strengthened social and community institutions for development.

Question 2: To what extent has a multi-sectoral and integrated community development approach contributed to achieving Shae Thot's expected outcomes, results and objectives?

2a. Are there unintended positive or negative effects of this approach?

Question 3: How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes?

3a: What elements of this model that promotes sustainability could be applied to similar community development interventions?

3b. Are there certain characteristics of various operating environments that make interventions more or less sustainable?

Question 4: To what extent have Shae Thot activities – and the project as a whole – advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery?

4a. What are some key good practices and/or lessons learned that could be replicated in other community development initiatives?

EVALUATION DESIGN AND METHODOLOGY

To support determination of evaluation design and methodology, the limitations of baseline survey and mid- term evaluations are described below.

Limitations in baseline Survey Sampling design

Due to the methods of selecting the non-treatment villages, selection bias in the results is possible, though using statistical matching in future survey rounds can minimize this.

While the longitudinal design chosen is the most robust design for measuring impact, it is likely to result in a decreased sample size at the midterm and endline rounds. If statistical matching is used, this will also decrease the sample size.

The difference in sample size between the treatment and non-treatment cohorts means that we can measure the treatment group with greater precision than the non-treatment group and have a greater probability of discovering a significant change in the treatment group than in the non-treatment. All of these trade-offs were made with the intention of making the best use of the resources available.

Respondent response bias

While the questions utilize widely accepted criteria for recall time period, recall bias is a limitation, particularly for questions related to agricultural and health service utilization.

There is concern that some responses may be inaccurate due to cultural norms: respondents may be unwilling to answer questions related to household food security and hunger negatively, thus resulting in the high degree of food security suggested by the survey results.

Limitations in Mid-term Evaluation (MTE)

The MTE was modeled on the baseline study as much as possible. However, the later articulation of the integrated approach and community governance as key elements of Shae Thot meant that there were no baseline measurements related to these objectives. Activities in Kayah and Yangon also had no baseline measurement, which, combined with the heightened sensitivities and language barriers in Kayah, led to a decision not to conduct the household survey in either region. Instead, five focus group discussions were held in Yangon and Kayah to discuss what is working, what are the challenges on the ground, and to solicit program recommendations.

Because of the data filtering required, described in detail in the analysis section above, the sample size and statistical power of the results were reduced. Project villages were deliberately chosen to be those most in- need. Comparison villages are also often closer to urban areas, meaning they likely also benefited more from increasing investments in infrastructure and services currently happening in Myanmar. This limited the value of the comparison group as a counterfactual.

This evaluation is expected to use mixed methods, including quantitative and qualitative data collection and analysis. The evaluation is expected to conduct a household survey with existing in-country local research firm that specializes in this area, based on the baseline and mid-term survey questionnaire, among a statistically representative sample size. In addition to the quantitative household survey, the evaluation will collect supplementary qualitative information through key informant interviews and focus group discussions to describe the project context and sufficiently capture results that may not be captured in the quantitative data. Interview and focus group questions should be based on a preliminary analysis of the baseline and midline survey data, desk review materials and existing program data, and focus on the changes in communities and for beneficiaries, due to project activities, how communities feel about the project, intended and unintended outcomes, and project sustainability. Key informants may include USAID and project staff, members of VDCs and VDC sub-groups (mother's groups, agriculture and livestock groups, village development funds, farmer's groups, etc.), microfinance and savings group participants, VDC patrons, township administrators, midwives, auxiliary midwives, and mobile clinic patients.

The evaluator will determine an appropriate sample and questionnaire, as well as key informant and focus group discussion questions, in consultation with USAID. Interviews and focus group discussions are expected to be conducted in a representative subset of villages made up of project beneficiaries. Government approval may be required for travel to certain project areas, particularly in Kayah State, and may limit data collection.

Quantitative data should be analyzed using difference in difference, and qualitative data should be analyzed using most significant change, or other appropriate methods. The evaluator will propose an appropriate method in consultation with USAID. The illustrative design matrix is included to support the identification of specific evaluation methods pertinent to each evaluation question.

Questions	Suggested Data Sources (*)	Suggested Data Collection Methods	Data Analysis Methods
1. ***To what extent have Shae Thot activities contributed to achieving the project's expected outcomes, intermediate results, objectives and goal in targeted communities? In answering this question, the offeror should address the following focus areas:*** ***1a: Improved maternal, newborn and child health;*** ***1b: Improved household-level food security and income generation;*** ***1c: Increased access to sufficient quantities of water, potable water and improved hygiene; and*** ***1d: Strengthened social and community institutions for development.***	Documents (including. performance monitoring data, mid-term evaluation, baseline survey, etc.), national statistics, project staff, implementing partners, local stakeholders, beneficiaries.	Key informant interviews, questionnaires or surveys, focus group discussions, direct observation, desk review.	[To be determined by evaluation team] [Requested level of disaggregation—age, gender, ethnicity, location (region, townships), etc.…]
2. ***To what extent has a multi-sectoral, integrated community development approach contributed to achieving Shae Thot's expected outcomes, results and objectives?*** ***2a. Are there unintended positive or negative effects of this approach?***	Documents (including. performance monitoring data, mid-term evaluation, Integrated Development Model Analysis (June 2017), project staff, implementing partners, local stakeholders, beneficiaries.	Primarily qualitative: Key informant interviews, focus group discussions, direct observation, and most significant change stories.	[To be determined by evaluation team] [Requested level of disaggregation—age, gender, ethnicity, location (region, townships), etc.…]

3. ***How has the Shae Thot model contributed to the sustainability of project investments, results and/or outcomes?*** ***3a: What elements of this model that promotes sustainability could be applied to similar community development interventions?*** ***3b. Are there certain characteristics of various operating environments that make interventions more or less sustainable?***	Documents (including. performance monitoring data, mid-term evaluation, Integrated Development Model Analysis (June 2017), project staff, implementing partners, local stakeholders, beneficiaries.	Primarily qualitative: Key informant interviews, in-depth interviews, focus group discussions, direct observation, and most significant change stories.	[To be determined by evaluation team] [Requested level of disaggregation—age, gender, ethnicity, location (region, townships), etc.…]
4. ***To what extent have Shae Thot activities – and the project as a whole – advanced equality and inclusiveness in project communities in terms of gender equality, inclusion of other marginalized groups, social protection and/or service delivery?*** ***4a. How can these results be replicated in other community development initiatives?***	Documents (including. performance monitoring data, mid- term evaluation, Integrated Development Model Analysis (June 2017), Local Governance Political Economy Analysis (May 2017) project staff, implementing partners, local stakeholders, beneficiaries.	Primarily qualitative: Key informant interviews, focus group discussions, direct observation, individual in-depth interviews, and most significant change stories.	[To be determined by evaluation team] [Requested level of disaggregation—age, gender, ethnicity, location (region, townships), etc.…]

EVALUATION TEAM

The evaluation team shall consist of the following members:

KEY PERSONNEL:

One (1) **evaluation team lead/integrated community development expert** with experience evaluating multi- sectoral, integrated community development approaches using mixed methods. Experience in Asia and/or Southeast Asia required and experience in Burma highly desired. The Team Lead will have ultimate responsibility for the technical approach, analysis, findings,

recommendations and successful management of the evaluation.

One (1) **research specialist** with experience evaluating humanitarian or community development approaches and extensive knowledge of the operating environment in Burma. Must speak, read and write Myanmar language and English. S/he will be responsible for ensuring technically sound information and analysis throughout the planning, data collection, analysis and reporting processes. S/he will ensure that the data gathered adequately addresses the evaluation questions.

NON-KEY PERSONNEL:

Data analyst with experience evaluating humanitarian or development projects in Burma, including experience analyzing quantitative and qualitative data, leading focus group discussions and administering key informant interviews. Must speak and read Myanmar language. English preferred. They will contribute to the development of the evaluation design and methods, provide technical supervision and quality control for data collection, code and analyze the data, and assist in reporting.

Field supervisors with experience overseeing field data collection of a similar scale and scope to what is required for this evaluation. Must speak and read Myanmar language. Field supervisors will be responsible for ensuring data is collected effectively, efficiently and in a conflict-sensitive manner.

Field workers/survey enumerators experienced at administering household surveys or similar data collection methods in an impartial, unbiased and conflict-sensitive manner. Must speak and read Myanmar language. Ethnic languages spoken in Kayah State preferred. Field workers/survey enumerators will be responsible for administering household surveys and collecting other relevant quantitative and qualitative data in an effective, efficient and conflict-sensitive manner.

Data entry workers familiar with statistical data entry methods and procedures. Must speak and read Myanmar language and English. Data entry workers will be responsible for accurately inputting quantitative and qualitative data into spreadsheets, statistical analysis software, or other platforms for coding and analysis.

Interpreter/administrative assistant/notetaker with experience translating development issues and concepts in Myanmar language among diverse groups and with sufficient administrative and organizational skills to successfully support execution of this scope of work. Must speak, read and write Myanmar language and English. The interpreter/administrative assistants/notetaker will be responsible for translation of written materials and interpretation in meetings, key informant interviews, focus group discussions or other tasks related to this evaluation. The interpreter/administrative assistants/notetaker will also provide logistical support including travel arrangements, meeting arrangements, and other administrative tasks as needed.

Advisory support from the contractor's **technical specialists,** as appropriate, in maternal and child health, food security and livelihoods and/or WASH. Must have extensive experience evaluating interventions in relevant sectors. Experience in Asia and/or Southeast Asia required. Experience in Burma preferred. These specialists will work closely with the evaluation team lead,

evaluation specialist and research analysts to advise on the evaluation design, findings, conclusions and recommendations related to their area of technical expertise.

As part of the team and to provide the support from the mission, Monitoring and Evaluation Specialist from USAID/Burma office will be involved in this evaluation process including but not limited to evaluation design, data collection and reporting.

All team members will be required to provide a signed statement attesting to a lack of conflict of interest or describing any existing conflict of interest.

The evaluation team shall demonstrate familiarity with USAID's Evaluation Policy (Attachment 1) and guidance included in the USAID Automated Directive System (ADS) in Chapter 201. The contractor is responsible for making all travel, transportation and lodging arrangements as per the evaluation work plan. Logistical support in-country will be responsibility of the contractor. A representative of USAID may participate in the meetings with government officials and field data collections.

[END OF SECTION C]

ANNEX X: EVALUATION TEAM

SI conducted this evaluation with a team of highly skilled evaluation and sectoral specialists that thoroughly reviewed and analyzed available documentation through desk review, designed qualitative and quantitative data collection instruments, oversaw enumerator training, conducted KIIs and FGDs, analyzed and presented findings, and developed conclusions and recommendations in the evaluation report. The ET comprised two key personnel, a Team Leader and a Research Specialist. The team was supported by a Data Analyst from Third Eye, **Mr. San Naing,** who provided overall guidance to the survey enumerator teams and oversaw the data entry and coding process. **Ms. Angie Aung,** a translator/logistician, who managed the ET's field agenda while in-country for data collection. Ms. Aung worked closely with all evaluation stakeholders to manage logistics, arrange travel between data collection sites, and organize meetings. Ms. Aung also provided interpretive services to the Team Leader during KIIs and FGDs.

Dr. Nassrin Farzaneh, Team Leader, is a senior research, monitoring and evaluation adviser with over 15 years of experience designing, managing and conducting program evaluations and developing results-based management frameworks and reporting systems for community mobilization/participation, child survival, reproductive health, HIV/AIDS, and economic development related programs/projects funded by USAID and other donors. She has extensive experience in Asia, northeast Asia, and Burma. Dr. Farzaneh brings demonstrated experience evaluating multi-sectoral, integrated community development approaches using mixed methods, having led numerous impact and performance evaluations using both quantitative/statistical and qualitative analysis. She holds a PhD in Sociomedical Sciences from Columbia University. As Team Leader, Dr. Farzaneh was responsible for designing the evaluation approach, developing data collection tools, collecting qualitative data, and analyzing data, and preparing the evaluation report.

Mr. Aung Tun, Research Specialist, is an experienced researcher with over eight years of professional experience evaluating humanitarian and community development approaches for international development donor-funded projects. As an evaluation team member on the Final Evaluation of USAID's Inclusive Natural Resource Management project, Mr. Tun assisted the Team Leader in all aspects of research design and methodology, providing expert local operating environment context, particularly in the research design and methodology phase. Mr. Tun also contributed to the final evaluation report to ensure it considered the local political, economic, and social context. He is a native speaker and writer of Bamar and is proficient in English. Mr. Tun worked with the Team Leader to collect and analyze qualitative data and ensure that all data collection protocols and findings were contextualized.

The ET was supported by an SI home office team of **Dr. Olga Rostapshova, Meredith Feenstra, Julia Kresky,** and **Tommie Thompson,** who provided technical direction to the evaluation, oversaw technical quality, ensured contractual and budgetary compliance, and provided administrative and logistical support. The home office team was principally responsible for overseeing quantitative data collection and conducting quantitative data analysis, supported quality assurance on all data collection instruments and deliverables and ensured successful implementation of SI's data quality assurance approaches.

ANNEX XI: DISCLOSURE OF CONFLICTS OF INTEREST

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Nassrin Farzaneh
Title	Ms
Organization	Social Impact
Evaluation Position?	■ Team Leader ☐ Team member
Evaluation Award Number *(contract or other instrument)*	AID-482-TO-17_00002
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	USAID Shae Thot
I have real or potential conflicts of interest to disclose.	☐ Yes ■ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. *Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* 2. *Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* 3. *Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* 4. *Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* 5. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 6. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	9/4/2017

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Aung Tun
Title	Associate
Organization	SI
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number *(contract or other instrument)*	
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

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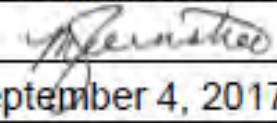
Signature	
Date	12-21-2017

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Meredith Feenstra
Title	Program Associate
Organization	Social Impact
Evaluation Position?	☐ Team Leader ■ Team member
Evaluation Award Number *(contract or other instrument)*	AID-486-I-14-00001 / AID-482-TO-00002
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Burma Shae Thot
I have real or potential conflicts of interest to disclose.	☐ Yes ■ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. *Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* 2. *Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* 3. *Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* 4. *Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* 5. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 6. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	September 4, 2017

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Julia Kresky
Title	Program Assistant - Impact Evaluation
Organization	Social Impact, Inc.
Evaluation Position?	☐ Team Leader ■ Team member
Evaluation Award Number *(contract or other instrument)*	AID-486-I-14-0001 / AID-482-TO-00002
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Burma Shae Thot
I have real or potential conflicts of interest to disclose.	☐ Yes ■ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. *Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* 2. *Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* 3. *Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* 4. *Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* 5. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 6. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	Julia Kresky
Date	12/19/2017

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Olga Rostapshova
Title	Technical Director
Organization	Social Impact
Evaluation Position?	☐ Team Leader ■ Team member
Evaluation Award Number *(contract or other instrument)*	AID-486-I-14-00001 / AID-482-TO-00002
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Burma Shae Thot
I have real or potential conflicts of interest to disclose.	☐ Yes ■ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. *Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* 2. *Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* 3. *Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* 4. *Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* 5. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 6. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	Olga Rostapshova
Date	9/14/2017

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Tommie Thompson
Title	Quantitative Analyst
Organization	Social Impact
Evaluation Position?	☐ Team Leader ■ Team member
Evaluation Award Number *(contract or other instrument)*	AID-486-I-14-0001 / AID-482-TO-00002
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Burma Shae Thot
I have real or potential conflicts of interest to disclose.	☐ Yes ■ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. *Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* 2. *Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* 3. *Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* 4. *Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* 5. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 6. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	Tommie Thompson
Date	1/8/2018

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