



International Rescue Committee

UN Trust Fund to End Violence Against Women

FINAL EXTERNAL EVALUATION

Enhancing a community-based multi-sectoral response to gender-based violence in Ban Mai Nai Soi and Ban Mae Surin, Karenni refugee camps

November 2012 – October 2015

Mae Hong Son, Thailand
31 December 2015



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List of acronyms and abbreviations

BMN	Ban Mai Nai Soi camp
BMS	Ban Mae Surin camp
BPRM	Bureau of Population, Refugees, and Migration (US State Dept.)
Camp 1	Ban Mai Nai Soi
Camp 2	Ban Mae Surin
CBO	Community-based organizations
CPF	Child Protection Forum
DV	Domestic Violence
GBV	Gender-based Violence
GEP	Girls Empowerment Program
IRC	International Rescue Committee
KII	Key Informant Interview
KNRC	Karenni Refugee Committee
KNHD	Karenni National Health Department
KNSU	Karenni National Student Union
KNWO	Karenni National Women's Organization
LAC	Legal Assistance Center
MHS	Mae Hong Son
MIP	Men Involved in Peace-building
PFI	Peaceful Family Initiative
RAT	Raising Awareness Team
RCT	Response Crisis Team
SII	Semi-structured Interview
SOP	Standard Operating Procedures
ToT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
UNTF	United Nations Trust Fund to End Violence Against Women
WCC	Women's Community Center
WHO	World Health Organization
WPE	Women's Protection and Empowerment Program



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About the author



This report was written by Jillian J. Foster, with research assistant support from Jennifer C. Chen and Francine Glaser, as part of Global Insight's gender-based violence and women's empowerment portfolio. Global Insight highlights programmatic impact and answers difficult sociological questions through creative research methodologies.

Headquartered in New York, Global Insight works with partners globally on livelihood, political participation, gender equality, gender-based violence, and countering violent extremism programs in conflict and post-conflict settings.

Jillian J. Foster (Global Insight). Foster is a pioneer in what Global Insight calls 'holistic' program evaluation and research, marrying qualitative finds with big data and broader social theory. A specialist in data analysis, Foster emphasizes the need to disaggregate empirical data to better understand the nuances of impact, sustainability, and individual lived experiences. She is a graduate of New York University (MA in Data Science) and University College London (MA in Gender Studies).

Executive summary

This report examines the impact of the UNTF-funded partnership between IRC Thailand's WPE program in Mae Hong Son and KNWO, which was funded for three years beginning November 2012. There were two objectives for this IRC-KNWO collaboration: 1) to maintain the provision of quality services to survivors of gender-based violence, including technical support to all service providers involved in holistic, survivor-centred response; and 2) to build KNWO's technical and organisational capacity to take over the leadership of GBV service provision, by the end of the grant period. These objectives and corresponding project outcomes, outputs, and key activities were measured using a variety of indicators organized under six themes: effectiveness, relevance, efficiency, sustainability, impact, and knowledge generation.



This study was based on a rigorous mixed-methods research design using semi-structured interviews, focus group discussions, and secondary quantitative data analysis. The evaluation team developed customized tools for each data collection method as well as for each target group: survivors, KNWO staff and leadership, and external stakeholders.

The conceptualization, tools, and overall research design represent key contributions to research on gender-based violence in remote refugee communities living amidst chronic conflict. This evaluation also has

implications for the broader humanitarian community, especially those engaged in gender equality and gender-based violence programming.

Results from this evaluation indicate that the impact of this project has been significant overall, yet annual impact wavered due to (1) staff turnover, particularly within KNWO, (2) shifting priorities year-to-year as indicated in the project design, and (3) high demands on limited resources. Fulfillment of the project plan resulted in increased capacity of KNWO from Year 1 to Year 3 with a considerable increase in GBV service delivery and awareness, especially during Year 2.

Changes in participation rates for prevention activities illustrate the shifting focus of the partnership as well. Specifically, Year 1 of the IRC-KNWO collaboration was concerned with developing the partnership between the IRC and KNWO, and increasing KNWO's knowledge of GBV. In Year 2, the organizations focused on establishing and formalizing the functions of the three safe house shelters and expanding outreach activities. Finally, Year 3 was about further building KNWO's leadership capacity.

The funds for this project were used in an efficient, appropriate, and transparent manner; however, the need to support GBV survivors and continually expand advocacy and outreach programming places great demand on both financial and physical resources, including staff time.

In greater detail, the following findings illustrate the considerable impact of the IRC-KNWO partnership:

- I. **Effectiveness:** Evidence displays an increased confidence for KNWO as a GBV service provider. The subsequent perception by 37.5% of CBOs interviewed is that the rate of GBV had decreased over the 3-year grant period. By Year 3, 100% of survivors who sought services from KNWO reported feelings of increased safety, with a mean psychosocial wellbeing index score of 0.72.¹ IRC-KNWO partnership improved the coordination between stakeholders. Year 2 saw the establishment of Safe House Operation Guidelines. Total participation in discussion groups and advocacy and outreach campaigns reached more than 22,029 participants across the three-year grant period. KNWO also expanded their GBV response services, opening a safe house in Loi Kaw, Kayah State, Myanmar in January 2015.
- II. **Relevance:** Survivors seeking services from KNWO reported feelings of increased safety from Year 1 (95%) to Year 3 (100%). Women and girls (survivors and non-survivors) surveyed before and after workshops about GBV services displayed increased knowledge of services each year.² KNWO's three-year strategic plan was informed by these figures as well as additional feedback from survivors and stakeholders. While past and present relevance of this project is unquestionably high, persistent relevance does not equate to needs fully met. Men's and boys' engagement activities have all but disappeared in Year 3 due to poor attendance and resource constraints, and food, money, and resettlement remain urgent and unmet needs among survivors. KNWO is unable to more fully satisfy these needs without the increased support of donors and improved coordination with UNHCR.
- III. **Efficiency:** Project activities were conducted in a timely and efficient manner with only minor delays each year. The IRC and KNWO both identified critical milestones to be completed in the six months following annual reviews. All critical project milestones have been completed, except for those that involve continued support to KNWO by the IRC.
- IV. **Sustainability:** Building capacity in partnership with the IRC allowed for maximum ownership on the part of KNWO and the Karenni community more broadly. The IRC supported KNWO in building relationships internally and externally, with other camp-based leadership and service providers, and UNHCR and INGOs in MHS. Relationships, coupled with organizational development around standardized roles, responsibilities, core values, and a strategic plan, will continue to solidify the sustainability of progress made during the UNTF grant period. Additionally, KNWO will continue to receive a sub-grant from the IRC to support their ongoing work, while also seeking additional support from other donors for KNWO's livelihoods, early childhood, and women's study programs in Camp 1, Camp 2, and Kayah States, Myanmar.

¹ Index scores ranging from 0 to 1, 1 being total positive psychosocial wellbeing, were built using the seven psychosocial wellbeing quantitative interview questions listed in the Annexes section of this report. The strength of this mean index score reflects the substantial impact of IRC-KNWO programming especially given the chaotic nature of protracted conflict and gender-based violence.

² In Year 1, 15% of participants displayed an increased knowledge of GBV services. In Year 2, that number reached a high with 27.4% of workshop participants. Year 3 saw only 17.4% of workshop participants reporting an increased knowledge of GBV services.

- V. **Impact:** As of 15 October 2015, KNWO manages all three safe house shelters, and has opened an additional shelter in Kayah State. KNWO has also co-facilitated or led 37 trainings and 46 meetings with camp leadership and camp-based service providers, and continues to hold recurring meetings with camp leadership and camp-based service providers. Regular bi-monthly meetings among the IRC, KNWO senior staff, KNWO safe house staff, and KNWO Raising Awareness Team organically developed in an effort to share best practices between camp- and central-level staff. The impact of this project has been significant overall, while annual impact wavered due to (1) staff turnover, particularly within KNWO, (2) shifting priorities year-to-year, and (3) high demands on limited resources.

While funds for this project were used in an efficient, appropriate, and transparent manner, the need to support GBV survivors and continually expand advocacy and outreach programming places great demand on both financial and physical resources, including staff time. Safe house supervisors interviewed at Camp 1 and Camp 2 reported that their roles involved case management, counseling, and conflict resolution when abusers attempted to enter the safe house. These multiple roles placed strain on their already limited time. Additionally, safety planning represents an inconsistency in impact with 64.3% of survivors interviewed for this evaluation not having a safety plan. Knowledge of GBV services increased yet knowledge of what constitutes “GBV” is still lacking with 75% of survivors and 25% of CBO staff members interviewed for this evaluation unable to define GBV.

- VI. **Knowledge Generation:** Schedule flexibility, leadership involvement at all levels for increased understanding, repeated engagement to increase GBV knowledge retention, and development of training modules applicable to all literacy levels would greatly contribute to overall GBV knowledge and impact for stakeholders, staff and community leaders, and survivors and non-survivors.

The evaluation team offers the following recommendations:

- I. **Increase quantity and frequency of GBV trainings:** It is recommended that the IRC increase the quantity and frequency of IRC-led GBV trainings for KNWO, external stakeholders, and survivors in order to establish uniform understanding of GBV. IRC and KNWO should increase GBV outreach and advocacy activities by partnering with schools to engage children and young adults. Men’s and boy’s engagement groups should be established again, using male facilitators to engage other men in discussions and trainings around GBV.



- II. **Establish DV Counselor and uniform confidentiality agreement between DV Counselor, camp leadership, and ICR/KNWO staff:** Upholding confidentiality was cited as a barrier to fluid information exchange. Not sharing some client information with case managers elsewhere delayed communication efforts. As per Dr. Hnin Phyu's recommendation, designating one person as the DV counselor for each case would address this communication barrier.
- III. **Involve beneficiaries in strategic plan development:** During the revision and finalization of KNWO's three-year strategic plan, it is recommended that KNWO more directly involve beneficiaries. This can occur using an open consultation procedure and/or voting process.
- IV. **Improve engagement and attendance in GBV activities for boys and men:** Addressing GBV should be inclusive of everyone. It is suggested that KNWO and the IRC establish GBV prevention programming specifically for and led by men and boys. Examples include MenCare and Program H hosted by Promundo, which have proven effective in promoting equitable and nonviolent approaches to caregiving.³
- V. **Increase security at safe houses:** Security personnel and fences surrounding safe houses were not stable or protective. Safety and feelings of security are paramount for KNWO staff, and survivors and their children. It is recommended that additional security guards be hired and the fencing around safe houses be improved (increased height and strength).
- VI. **Increase safety planning:** About 64.3% of survivors interviewed did not have a safety plan, and those who had a plan reported vague action steps, at best. IRC should lead safety planning training with KNWO and safe house staff, emphasizing that each survivor create an individualized safety plan. Created safety plans should be reviewed and refined as needed during periodic intervals.
- VII. **Require psychosocial and security services for safe house staff:** Given the stressful nature of their work as well as the gravity of topics they encounter, it is recommended that safe house staff engage with psychosocial support services (confidential counseling) on a monthly basis rather than per request. Safe house staff also reported that abusers had approached them at their homes, compromising their security while not working. This is of great concern and should be remedied as quickly as possible through increased confidentiality of safe house location and security between safe house shifts.
- VIII. **Continue support from IRC:** The IRC should support KNWO in further capacity building in the following areas: individual case advocacy and management, psychosocial service delivery, internal communication skills, professionalization of the organization, report and proposal writing, and annual handover process between KNWO elected representatives and safe house staff. This final recommendation has been requested by KNWO staff and leadership, and echoed by the IRC WPE team.

³ Promundo. Our Work. 2016 [cited 2 March 2016]. Available from: <http://promundoglobal.org/work/>



1.0 Context of project

Residents of Myanmar began fleeing the country in 1949 due to political unrest in the borderlands. Karen, Karenni, Shan, and Mon populations were forced to migrate from Karen, Kayah, Shan, and Mon states, respectively.⁴ Mae Hong Son is home to Ban Mai Nai Soi, Ban Mae Surin, Mae La Oon, and Mae Ra Ma Luang refugee sites. Ban Mai Nai Soi (Camp 1) and Ban Mae Surin (Camp 2) are the focus of this evaluation.

According to The Border Consortium, over 90% of refugees in both camps are Karenni.⁵ The first camp in Mae Hong Son, Camp 1, was officially established in 1992. In 1993, the Karenni National Women's Organization (KNWO) was created to provide assistance to Karenni women seeking asylum along the Thailand-Myanmar border.⁶ As of November 2015, a total of 14,135 Karenni people reside in both camps with roughly 51% male and 49% are female.⁷

The International Rescue Committee (IRC) has provided humanitarian assistance to Karen, Karenni, Shan, and Mon refugees in Thailand since 1992. The mission of the IRC Thailand program is to "assist conflict affected populations in Thailand and Eastern Burma to transition to sustainable development by providing aid, and strengthening partners' and local institutions' capacities to provide health, protection, and education services."⁸ The IRC Thailand program provides primary health care, legal assistance, gender-based violence (GBV) services, and legal assistance.⁹

Women and girls in both Camp 1 and Camp 2 are disproportionately affected by violence at the household- and community-level. While Camp 1 has a higher number of reported incidents of violence due to the larger size of this site, Camp 2 also experiences considerable household and community-level violence. According to the GBV Evaluation Report conducted by the IRC in 2011, over 20% of refugee women experienced some form of GBV. Approximately 73% of women living in either site reported violent acts committed by their intimate partner, with the majority of these reports coming from Camp 1. Physical violence represented 41% of the reported violent acts, psychological or emotional abuse represented 36% of all reported violence, and sexual assault or rape cases represented 23% of all reported violence.¹⁰

Under the guidance of the IRC Women's Protection and Empowerment Program (WPE), the IRC Thailand GBV program, which began in 2004, aims to strengthen violence prevention and response services available to GBV survivors in both Camp 1 and Camp 2 in collaboration with community-based service providers and international humanitarian organizations. The program has and continues to develop GBV response protocols and coordination working groups, support women's community centers (WCC), create and build the capacity of response crisis teams, and creatively engage men

⁴ <http://www.burmalink.org/background/thailand-burma-border/overview/>

⁵ <http://www.theborderconsortium.org/where-we-work/camps-in-thailand/ban-nai-soi/>

⁶ IRC GBV Evaluation Report Final 2.4 2011 External Evaluation Report.pdf.

⁷ Health Information System, November 2015.

⁸ IRC GBV Evaluation Report Final 2.4 2011 External Evaluation Report.pdf.

⁹ *ibid*

¹⁰ *ibid*

and boys as active agents in the struggle to end GBV.¹¹ Beginning in 2004, the IRC WPE program partnered with KNWO to improve GBV service delivery and strengthen KNWO's capacity to become the lead response agency and technical resource hub.¹² The WPE also currently implements the Girls Empowerment Program (GEP), and Peaceful Family Initiative (PFI) program.

Given the long history of successful collaboration between the IRC WPE program in MHS and KNWO, the evaluation team was able to easily overcome environmental and institutional challenges related to accessing Camp 1 and Camp 2 during data collection. Moreover, the rich expertise of the IRC WPE staff enabled the evaluation team to navigate the complex political and social context that exists internally, externally, and across each site. This report represents a rigorous evaluation undertaken with the utmost of care for accuracy, and confidentiality and ethics given the sensitive nature of GBV.

2.0 Description of project

UNHCR and the United Nations Trust Fund to End Violence Against Women (UNTF) share the goal to end violence against women. To achieve this goal, UNHCR and UNTF support GBV programs around the world, one of which is the partnership between IRC Thailand's WPE program in MHS and KNWO. The collaboration between IRC Thailand's WPE program in MHS and KNWO began in 2004, and was formally funded by UNTF for a three-year project beginning in November 2012.¹³ UNTF funded this three-year collaboration as a project with two objectives: 1) to maintain the provision of quality services to survivors of gender-based violence, including technical support to all service providers involved in holistic, survivor-centred response; and 2) to build KNWO's technical and organisational capacity to take over the leadership of GBV service provision, by the end of the grant period.



The following outcomes, outputs and key activities were built from the project objectives listed above and create the project's results chain.¹⁴

Outcome 1: Community and camp-based service providers in the health, psychosocial and justice sectors are supported to continue and improve upon their delivery of high quality, compassionate care to survivors of GBV.

¹¹ IRC GBV Evaluation Report Final 2.4 2011 External Evaluation Report.pdf.

¹² Health Information System, February 2015.

¹³ The total project budget is 888,420 USD, of which 750,000 USD is supported by UNTF and 138,420 USD is provided as matching funds by the IRC.

¹⁴ UNTF GX725 Completion Report – 3 Years (November 2012 to October 2015) DRAFT, December 2015.

Output 1.1: Compassionate and high quality healthcare services continue to be delivered to survivors of GBV.

Key activities

- 1.1.1: IRC and KNWO deliver communication/helping skills module to KNHD Response to Crisis Team (RCT).
- 1.1.2: IRC and KNWO provide semi-annual refresher trainings on GBV core concepts, and SOPs to KNHD RCT.
- 1.1.3: IRC and KNWO administer competency checklist assessments to KNHD RCT staff on quarterly basis.
- 1.1.4: IRC provides training on compassionate clinical care to KNHD RCT and Mae Hong Son Hospital staff.
- 1.1.5: IRC supports KNWO and KNHD to hold quarterly meetings for coordination and monitoring of SOPs.

Output 1.2: Improving Service Delivery: IRC and KNWO maintain and improve upon the provision of psychosocial services (including case management, counseling and safe shelter) to survivors of GBV.

Key activities

- 1.2.1: IRC and KNWO provide safe shelter, case management, safety planning and counseling services for survivors of GBV at 3 locations in 2 camps.
- 1.2.2: IRC and KNWO conduct psychosocial support activities with survivors of GBV and their children.
- 1.2.3: IRC and KNWO provide quarterly refresher trainings on GBV core concepts, SOPs and case management for IRC and KNWO caseworkers.
- 1.2.4: IRC and KNWO administer competency checklist assessments to caseworkers on quarterly basis.
- 1.2.5: KNWO and WCC hold quarterly meetings for coordination and monitoring of SOPs.

Output 1.3: Justice and legal services that focus on the specific needs of GBV survivors (including community-based hearings and access to the Thai justice system) continue to be provided, and are strengthened, in both camps.

Key activities

- 1.3.1: IRC and KNWO provide training for camp leadership and IRC legal staff on topics including GBV core concepts, SOPs, referral mechanisms, mediation and communication/helping skills.
- 1.3.2: IRC WPE staff trains and collaborates with IRC legal staff and KNWO to facilitate and monitor appropriate, survivor-centered referral of GBV cases to the Thai justice system.
- 1.3.3: IRC provides technical support to KNWO to participate in the development and dissemination of gender-sensitive Mediation and Dispute Resolution Guidelines.

- 1.3.4: IRC and KNWO monitor camp-based hearing and mediation proceedings to ensure survivor safety and wellbeing.
- 1.3.5: IRC supports KNWO and LAC to conduct quarterly meetings for coordination and monitoring of SOPs.

Outcome 2: KNWO becomes the lead agency for prevention and response to violence against women and girls in the Karenni refugee camps.

Output 2.1: Improved technical capacity enables KNWO to lead the provision of high quality, multi-sectoral care to survivors of GBV.

Key activities

- 2.1.1: IRC develops and delivers training modules on case management, counseling skills, case supervision, operating safe shelters, GBV SOPs, information management and advocacy to KNWO caseworkers.
- 2.1.2: IRC develops and conducts Training of Trainer (ToT) workshops for KNWO on GBV concepts, communication/helping skills for multi-sectoral service providers.
- 2.1.3: IRC provides technical support to KNWO to supervise and monitor safe shelters, case management staff and service quality.
- 2.1.4: IRC monitors KNWO to independently supervise high quality, multi-sectoral service provision to survivors of GBV.

Output 2.2: Strengthening Institutional Response: Improved organizational capacity enables KNWO to be a sustainable, high functioning organization.

Key activities

- 2.2.1: IRC conducts organizational assessment (e.g. finance, HR, admin systems) of KNWO, using participatory methodology and existing Institutional Development tools.
- 2.2.2: IRC and KNWO jointly create organizational capacity development plan based on organizational assessment results.
- 2.2.3: IRC supports KNWO to identify relevant resources for implementation of organizational capacity development plan.
- 2.2.4: IRC participates jointly with KNWO in development of 3-year strategic plan.
- 2.2.5: IRC supports KNWO to organize stakeholder meetings to present finalized strategic plan.

Output 2.3: Strengthening Institutional Response: KNWO leads capacity building and advocacy efforts on GBV in the camps.

Key activities

- 2.3.1: IRC provides a sub-grant to KNWO to each year for organization of trainings and GBV coordination. Please note that this activity will be implemented in line with the organizational development plan under output 2.2. IRC will progressively handover responsibility for the trainings and GBV coordination when KNWO meets set

benchmarks as dictated in the plan. Additional amounts will be added to the sub-grant for KNWO to take on these activities.

- 2.3.2: IRC supports KNWO to independently facilitate trainings for camp leadership and multi-sectoral service providers.
- 2.3.3: IRC supports KNWO to independently facilitate monthly GBV Coordination Working Group meetings with all camp stakeholders.
- 2.3.4: IRC supports KNWO to lead development of two-year advocacy action plan in the camps around gender equitable policies and practices.
- 2.3.5: KNWO conducts awareness raising activities around prevention of and response to gender-based violence.

Ultimately, this UNTF-funded partnership aims to ensure that women and girls affected by violence in Camp 1 and Camp 2 receive comprehensive, high quality GBV assistance from community-based service providers. This GBV assistance aims to address the following forms of violence:

- 1) Violence in the family, including intimate partner physical, sexual, psychological, and emotional violence; and
- 2) Violence in the community, including sexual violence by non-partners (rape/sexual assault) and sexual harassment and violence in public spaces/institutions, such as schools and work places.

This project is unique in that there are two interrelated categories of beneficiaries. Primary beneficiaries include women and girl survivors of violence, and their children in Ban Mai Nai Soi and Ban Mae Surin camps who benefit from the high quality, culturally competent and community-based services provided through the IRC WPE-KNWO partnership. KNWO, who have been supported in becoming the lead implementing organization working on gender-based violence in each camp, are another key primary beneficiary. Secondary beneficiaries include other service providers involved in GBV response through the GBV Standard Operating Procedures (SOPs). These organizations include:

- Staff of UNHCR and INGOs. Focal points of UNHCR and INGOs that have been identified and delegated as first responders to incidents of GBV.
- Staff of community-based organizations/groups. Focal points of community-based organizations/groups that have been identified and delegated as first responders to incidents of GBV. This includes the refugee-led Karenni Health Department, responsible for receiving walk-ins and referrals of GBV cases and providing health care services to GBV survivors.
- Camp governance and administration bodies, including the Karenni Refugee Committee, camp committees, Camp Justice staff, Camp Security staff, section leaders, and the Mediation and Dispute Resolution Guidelines Committee.

The year 2015 marks the final year of this three-year project, with final handover of camp-based GBV programming, specifically the management of the three safe houses, to KNWO on 15 October 2015. As of October 2015, KNWO manages the camp-based GBV shelters and most of the camp-based prevention activities. This report endeavors to evaluate the IRC WPE-KNWO collaboration from 2012 to 2015 for the purpose of informing and strengthening the provision of gender-based violence (GBV) prevention and response services provided by KNWO and the IRC.

3.1 Purpose of evaluation

This report represents the mandatory final project evaluation required by UNTF. This evaluation is meant to ensure that this WPE program has met project goals and objectives, specifically the transition of KNWO from support to lead implementer of GBV services in Camp 1 and Camp 2. The purpose of this evaluation is to inform and strengthen the provision of GBV prevention and response services in the two target camps, implemented by the IRC's WPE program and the partner community-based organization (CBO), KNWO, under the UNTF project period (three years from November 2012 to October 2015). In particular, this report seeks to accomplish the following:

- To assess the IRC's WPE program implementation to ensure the project objectives, indicators, outputs, and expected outcomes are met, that KNWO has the capacity to effectively serve as lead GBV services agency and technical resource hub, and that multi-sector stakeholders and camp-based service providers have the capacity to provide GBV response in the target camps;
- To provide recommendations for further capacity building and technical support to KNWO in particular regard to preparation for return to Myanmar;
- To provide recommendations based on the findings of the evaluation, achievements, lessons learned, gaps and challenges from IRC's long-standing presence to guide subsequent WPE program adjustment and improvement in the target camps.

Evaluation findings will be shared with all relevant stakeholders to obtain feedback, identify and meet remaining needs, and inform future strategies for better capacity building initiatives. These stakeholders include camp stakeholders, IRC staff, KNWO staff and CBOs. The results of this evaluation will also be shared with a view to using the findings to better coordinate and strengthen IRC and KNWO staff capacity related to GBV services; and to enhance collaboration among IRC program teams and concerned CBOs in the camps, as appropriate. The evaluation results will be used beyond the UNTF project from 2016 onward.

In the final section of this report, recommendations are provided which will be used for improving the implementation of GBV services in the area, including KNWO's technical services; and for evaluation of the IRC's long-standing guidance of GBV programming in the camps, particularly with regards to preparation for return to Myanmar.

4.1 Evaluation objectives and scope

This evaluation encompasses the entirety of IRC Thailand's UNTF-funded partnership with KNWO from November 1, 2012 to October 31, 2015 in camps 1 and 2, measuring change in (1) primary beneficiaries, including female survivors of household or community violence and KNWO, and (2) secondary beneficiaries, or service providers, including those at UNHCR, INGOs, CBOs, and camp administration. The evaluation was undertaken from September to December 2015. Data collection was conducted 19-27 November 2015 in MHS, Camp 1 and Camp 2.



The main objectives of this evaluation are to:

- Evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability, impact, and knowledge generation with a strong emphasis on GBV against women.
- Generate key lessons and identify promising practices for learning.
- Generate knowledge that can be adapted to the new WPE program focus, and inform adjustment to the program to continue to respond to GBV given the need for refugees to also increase their preparedness for return.

5.1 Evaluation team

The evaluation team was led by Jillian J. Foster, with Jennifer C. Chen and Francine Glaser as research assistants, Naw Eh Balu Muu serving as the national interpreter, and Khu Moe, Thaw Thaw Moo, Taya Zin Aung, Poe Myar, and Ne Meh making up the enumeration team. Annabelle Mubi (Mu Wee), WPE Program Manager – MHS, Thailand, and her team at IRC Thailand provided in-country support, offered substantial expertise related to context, and recruited the team of enumerators.



5.2 Global Insight

Global Insight highlights programmatic impact and answers difficult sociological questions through creative research methodologies. Headquartered in New York, Global Insight works with partners globally on livelihood, political participation, gender equality, gender-based violence, and countering violent extremism programs in conflict and post-conflict settings. This evaluation report is part of Global Insight's gender-based violence and women's empowerment portfolio.

Jillian J. Foster. Foster founded Global Insight in 2011 as a consultancy that uses a distinctly data-driven, mixed-methodological, gender-sensitive approach to program evaluation and research in conflict and post-conflict settings. She is a pioneer in what Global Insight calls 'holistic' program evaluation and research, marrying qualitative finds with big data and broader social theory. A specialist in rigorous micro- and macro-level data analysis, Foster emphasizes the need to disaggregate empirical data to better understand the nuances of impact, sustainability, and individual lived experiences. She has over a decade of experience working with GBV programs, with six of those years spent in research and program evaluation.

5.3 National Interpreter

The IRC Thailand WPE program, under the leadership of Annabelle Mubi, recruited Naw Eh Balu Muu as the national interpreter. Naw Eh Balu Muu has Burmese, Karenni and English language fluency, with additional experience working with the IRC Thailand WPE GEP program. Naw Eh Balu Muu intimately understands the context of GBV against Karenni refugee women and girls in Thailand.

Naw Eh Balu Muu assisted Foster in the design and implementation of all interviews and focus group discussions with survivors, KNWO staff and leadership and other community-level stakeholders.



With the support of the IRC Thailand WPE team, Naw Eh Balu Muu translated evaluation tools from English to Karenni, as well as ensured that the tools were culturally appropriate. Finally, she supported the translation and interpretation of data by the enumeration team.

5.4 Enumerators

The IRC provide five enumerators for this evaluation, in addition to the IRC Thailand WPE's in-country support. These five enumerators – Khu Moe, Thaw Thaw Moo, Taya Zin Aung, Poe Myar, and Ne Meh – are part of the Karenni National Student Union (KNSU) and all attend Karenni Community College. Because of movement restrictions, the enumerators were not able to leave Camp 1 for data collection elsewhere. This limited data collection in Camp 2 to only those interviews conducted by Foster and Naw Eh Balu Muu.

Following a four-hour qualitative methods training by Foster on Monday, 23 November 2015, the data collection team – including Foster and the national interpreter – began data collection in Camp 1.

5.5 Evaluation Timeline

Description of Activities	Location	Timeline (2015)
<i>PHASE I: Exploratory Literature & Data Review</i>		
Consultant briefing - COMPLETE	Desk	7 October
In-depth literature, program documents & data review	Desk	6-14 October
Semi-structured interviews (SSI) with key international staff	Desk	14-20 October
Draft inception report - COMPLETE	Desk	19-30 October
IRC-Thailand review draft inception report	Desk	30-13 November
<i>PHASE II: Data Collection</i>		
Train data collection team	In Country (IC)	19-27 November
SSIs with clients		
SSIs with KNWO management and staff		
SSIs with key service providers		
FGD with key service providers		
Transcription of SSIs and FGDs	Desk	
SSIs with UNHCR & MHS Provincial One-stop Crisis Center	IC	
<i>PHASE III: Synthesis & Reporting</i>		
Data analysis (past & new data)	Desk	8-24 December
Draft evaluation report	Desk	24-31 December
IRC-Thailand review draft evaluation report	Desk	31 Dec - 5 Jan 2016
Edit and finalize research report	Desk	5-6 Jan 2016
<i>PHASE IV: Presentation of Findings</i>		
Create presentation and summary documents	Desk	7 Jan 2016
Presentation of findings	Desk	8 Jan 2016
Follow up consultation, as needed	Desk	1-14 Jan 2016
Deliverables Deadline:		8 January 2016

6.0 Evaluation questions

The following research questions guided this evaluation with the aim to identify six categories of analysis: effectiveness, relevance, efficiency, sustainability, impact, and knowledge generation.

I. Effectiveness

1. To what extent were the intended project goal, outcomes and outputs achieved and how?
2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
3. To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
4. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?

II. Relevance

1. To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?

III. Efficiency

1. How efficiently and timely has this project been implemented and managed in accordance with the Project Document?

IV. Sustainability

1. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
2. Does KNWO have adequate resources to provide high quality GBV services to refugees after the project ends?
3. How will stakeholders sustain ownership of women and girls' wellbeing after the project ends?

V. Impact

1. What are the unintended consequences (positive and negative) resulted from the project?
2. Have survivors of GBV experienced any positive or unintended negative consequences since receiving services?
3. Has there been any change in attitude toward GVB issues and stigmatization among stakeholders and camp residents?

VI. Knowledge Generation:

1. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
2. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other countries that have similar interventions?



7.1 Evaluation methodology

This evaluation focuses on processes and outcomes using a combination of quantitative and qualitative methods, including case audits and semi-structured interviews with clients, KNWO, and camp stakeholders. Findings are triangulated using secondary quantitative data and multiple forms of primary data, where possible.

7.2 Description of overall evaluation design

To develop a truly holistic understanding this UNTF-funded partnership between the IRC and KNWO, this evaluation mixes qualitative and quantitative techniques. Where possible, data has been used to triangulate findings using secondary data and multiple forms of primary data. Qualitative data provides explanation of ‘why’ and ‘how’ the project has achieved the type and scale of results. Quantitative data offers the opportunity for descriptive and trend analysis. Deeper quantitative analysis into correlation using multiple regression was not possible given the small population size of available quantitative data.

This evaluation employed a four-phase, mixed-methods approach to address the key evaluation questions above, taking into account the need for rigorous yet proportionate and appropriate methods given the context and available resources. The methodological approach listed below enabled the evaluation team to thoroughly review the success of and offer recommendations for the partnership and programming offered by the IRC and KNWO as it relates to the six categories of analysis: effectiveness, relevance, efficiency, sustainability, impact and knowledge generation.

7.3 Data sources

Primary sources:

- GBV-Information Management System and physical case files audit
- SII questionnaire responses
- FGD responses

Secondary sources

- Background documents, provided by IRC Thailand WPE program
- Year 1, 2, and 3, and Final 3-year project UNTF reports
- Results frameworks from past UNTF reports

7.4 Description of data collection methods and analysis

The entirety of this evaluation utilized a four-phase methodology to address the key evaluation questions. That said, data collection and analysis encompasses only the first three phases of that methodology, as described below. The final phase of the evaluation involves report submission and presentation of findings.



PHASE I: *Exploratory literature & data review*

The evaluation began with a review of existing literature and data. This review drew on resources and documents provided by the IRC, as well as other sources found through review of academic and industry literature.

Documents reviewed included:

- Project proposal
- Annual reports and comments provided by the IRC
- Project budget and budget revisions
- Community assessments
- Description of M&E processes, project-specific data
- Internal monitoring reports
- Case studies
- Relevant funding applications and project designs
- Relevant internal policies and procedures

Following this review, Foster participated in a briefing with the IRC team to build upon the information gathered during the review, filling in gaps, answering questions, and ensuring that Foster had a clear understanding of the tasks to be completed.

SIs were conducted, where possible, via Skype with key local and international staff. The aim of this phase was to capture staff findings and reflections from their work on the program. Staff SIs also helped to verify findings previously identified through the document review.

PHASE II: *In-country data collection*

On Monday, 23 November, Foster led a 4-hour comprehensive participatory training for all enumerators using the qualitative tools for this study as examples. The training session focused on building capacity through participatory approaches to mixed-methods research design for assessments and evaluations, and data collection. Simultaneously, the interview and focus group questionnaires were trial tested to verify clarity and reliability of questions. Enumerators were mentored throughout this process to ensure streamlined and cohesive protocols. Directly following this training, the entire data collection team – including Foster and the national interpreter – began data collection in Camp 1.

Enumerators conducted SIs with KNWO staff and management, camp leadership, and other service providers in Camp 1. Foster and the national interpreter conducted SIs and FGDs with KNWO staff and management, UNHCR and the Mae Hon Son Provincial One-Stop Crisis Centre, and beneficiaries at camps 1 and 2.

During this same period of time, Foster manually audited 20 case files provided on site by IRC- Thailand.

PHASE III: *Synthesis & reporting*

Following in-country data collection, Foster synthesized data into coherent findings and recommendations for this report, with the aim of answering the key evaluation questions above. Data was analyzed using grounded theory via NVivo and Excel software programs.

7.5 Description of sampling

Data was collected at the MHS IRC Thailand office, with external stakeholders in MHS, and at camps 1 and 2. Physical case files at each safe house location in the two camps were used as the sampling frame for this study. Cases were randomly selected from files and reviewed with the help of the national interpreter and KNWO staff member on site. Because of the small population size of survivors and stakeholders, more advanced sampling techniques were not possible. Because access to original datasets from previous evaluations was limited, selecting data disaggregated by disability, age, or sex was not possible. However, data analysis was sex-disaggregated where appropriate.

SIs and FGDs were conducted with beneficiaries, KNWO staff and management, other service providers, and UNHCR and Mae Hong Son Crisis Center key personnel.

7.6 Ethical considerations

The evaluation was conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation'¹⁵.

The evaluation team, under Foster's leadership, considered the following ethical standards imperative to our work:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for women that might ask for them.
- Ensure compliance with legal codes governing areas and applicable IRC policies such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Store securely the collected information.

Foster consulted the relevant documents below prior to development and finalization of data collection methods and instruments.

- World Health Organization (2003). Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html
- Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council. Available from www.svri.org/EthicalRecommendations.pdf
- Researching violence against women: A practical guide for researchers and activists November 2005, http://www.path.org/publications/files/GBV_rvaw_complete.pdf

¹⁵ <http://www.unevaluation.org/ethicalguidelines>.

- World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

7.7 Limitations of evaluation methodology proposed

The sensitive nature of this research and the remote location of camps 1 and 2 presented limitations for this evaluation. The research methodology was modified in country as needed and reflected in its final form above.

- 1) *Absence of primary quantitative data.* The initial research proposal included a methodology that relied on gathering primary quantitative data through tablet-bound surveys. This was not possible given challenges with electricity and cell service in Camp 1 and Camp 2. Moreover, mobility restrictions required that enumerators not leave Camp 1, which meant survey administration in Camp 2 would not have been possible.
- 2) *Mobility restrictions and no cell service.* Enumerators were not able to leave Camp 1 and cell service was entirely absent in both camps. Because of this, finding and scheduling SIs was considerably more time consuming than anticipated and total N reduced as a result.
- 3) *Community bias - Non-representative of entire population:* Given that this study is only sampling beneficiaries and stakeholders, there is an inherent inability to (1) contrast with a control population and (2) provide causal analysis of changes in GBV rates. Because of resource constraints, an expansion of the study to include a greater representativeness within the population is not possible.
- 4) *Sharing of sensitive information:* The fact that a beneficiary has received services is considered sensitive information, which can only be obtained with the utmost respect for consent and confidentiality. This does limit the depth of the study to some degree. That said, the evaluation team prioritizes the safety, security, and health of beneficiaries over findings.

8.1 Findings and analysis per evaluation question

The following section provides an overview of the key findings from the study using six subsections: effectiveness, relevance, efficiency, sustainability, impact, and knowledge generation. Within each section, key research questions are used to guide analysis and findings. The discussion of these findings includes primary data as well as secondary data from the sources mentioned above.

8.2 Effectiveness

Key Research Questions

- To what extent were the intended project goal, outcomes and outputs achieved and how?
- To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
- To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
- What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?



The overall project goal for the IRC-KNWO partnership is to ensure that “women and girls affected by violence in Ban Mae Nai Soi and Ban Mae Surin refugee camps receive comprehensive, high quality assistance from community-based service providers and as a result women and girls experience greater safety and wellbeing.” To achieve this goal, the IRC WPE in MHS and KNWO established the following outcomes and outputs to guide and measure their work together:

Outcome 1: Community and camp-based service providers in the health, psychosocial and justice sectors are supported to

continue and improve upon their delivery of high quality, compassionate care to survivors of GBV.

- *Output 1.1:* Compassionate and high quality healthcare services continue to be delivered to survivors of GBV.
- *Output 1.2:* Improving Service Delivery: IRC and KNWO maintain and improve upon the provision of psychosocial services (including case management, counseling and safe shelter) to survivors of GBV.

- *Output 1.3:* Justice and legal services that focus on the specific needs of GBV survivors (including community-based hearings and access to the Thai justice system) continue to be provided, and are strengthened, in both camps.

Outcome 2: KNWO becomes the lead agency for prevention and response to violence against women and girls in the Karenni refugee camps.

- *Output 2.1:* Improved technical capacity enables KNWO to lead the provision of high quality, multi-sectoral care to survivors of GBV.
- *Output 2.2:* Strengthening Institutional Response: Improved organizational capacity enables KNWO to be a sustainable, high functioning organization.
- *Output 2.3:* Strengthening Institutional Response: KNWO leads capacity building and advocacy efforts on GBV in the camps.

The effectiveness of the project was substantial and multi-pronged. Throughout the 3-year UNTF grant period, the IRC-KNWO partnership saw steady growth in GBV response services and prevention campaigns. Changes in participation rates for prevention activities illustrate the shifting focus of the partnership. Specifically, Year 1 of the IRC-KNWO collaboration was concerned with developing the partnership between the IRC and KNWO, and increasing KNWO's knowledge of GBV. In Year 2, the organizations focused on establishing and formalizing the functions of the three safe house shelters and expanding outreach activities. Lastly, Year 3 was centered on further building KNWO's leadership capacity as the primary GBV service provider in both camps.

As evidence of the project's effectiveness, all five GBV training modules – available in three languages: English, Burmese, and Karen – were created and distributed. Safe House Operation Guidelines and GBV SOPs were established, and thousands of survivors and community members engaged in prevention campaigns. These activities led to increased confidence within and for KNWO, and the perception by 37.5% of CBOs interviewed for this evaluation that the rate of GBV had decreased over the 3-year grant period. Additionally, KNWO expanded their GBV response services, opening a safe house in Loi Kaw, Kayah State, Myanmar in January 2015.

While there were considerable gains in effectiveness, there remain communication gaps between safe houses, and IRC's LAC team with WPE and Health program staff. Challenges with cell phone service and the need to maintain confidentiality persist.

In Year 1 (1 November 2012–31 October 2013), 75 survivors and 121 accompanying children stayed at the Women's Community Centre (WCCs) for safety and support services. The IRC supported KNWO in conducting women's discussion groups and awareness-raising sessions in each section of the camp starting in 2013. These discussion groups and awareness-raising sessions





reached a total of 3,410 women and girls. Finally, three large-scale advocacy campaigns were conducted throughout Year 1.

In Year 2 (1 November 2013–31 October 2014), the IRC and KNWO expanded their focus beyond the women's discussion groups, to include a specialized workshop on GBV and available services for 439 girls. This workshop was coupled with distribution of posters and pamphlets, throughout both camps, that displayed information on services available from community-based service providers, including GBV-specific services. Peacebuilding within the home was a focus of advocacy campaigns in Camp 1 and Camp 2 from 25 November to 10 December 2013. A total of 11,149 beneficiaries participated in these campaigns. Finally, to improve coordination between stakeholders and ensure compassionate, high quality healthcare services for GBV survivors, KNWO and the IRC held meetings with the Karenni Health Department (KNHD) to discuss SOPs related to domestic violence and rape survivors, emphasizing the need for compassionate, confidential, and high quality care.

In Year 3 (1 November 2014–31 October 2015), the IRC-KNWO collaboration centered around more fully preparing KNWO to take the lead on all GBV services in both camps, including managing the safe house shelters and continuing to expand prevention activities. With the support of the IRC WPE team in MHS, KNWO began IRC-supported management of all three safe shelters on 1 November 2014, with full-KNWO management of the safe houses on 15 October 2015. A total of 56 GBV incidents were reported in Year 3. From those incidents, 33 survivors requested and received services from KNWO, all of which reported feelings of increased safety and satisfaction with KNWO's services. KNWO also expanded their GBV response services, opening a safe house in Loi Kaw, Kayah State, Myanmar in January 2015, applying their experience from the IRC-KNWO partnership in Camp 1 and Camp 2.

Prior to 15 October 2015, KNWO had accepted full leadership over GBV prevention services in both camps, as evidenced during the preparation for and execution of the most recent *16 Days of Activism Against GBV* campaigns, which was held 25 November – 10 December 2015. A total of 7,470 beneficiaries (4,550 women and 2,920 girls) participated in women's and girls' group discussions and outreach activities on the following topics: peace building in the family, early marriage and its consequences, "say No to sexual abuse", and general awareness raising as to preventing GBV and GBV services available in the camps. Information Education Communication (IEC) materials (posters and pamphlets) outlining CBO services were also distributed at this time. Finally, five advocacy campaigns – focused on human trafficking prevention, drug and alcohol prevention, peace building, early marriage and its consequences, and stopping sexual abuse and all forms of violence – were organized by KNWO, reaching a total of 3,631 participants (2,181 in BMN and 1,450 in BMS) in Year 3.

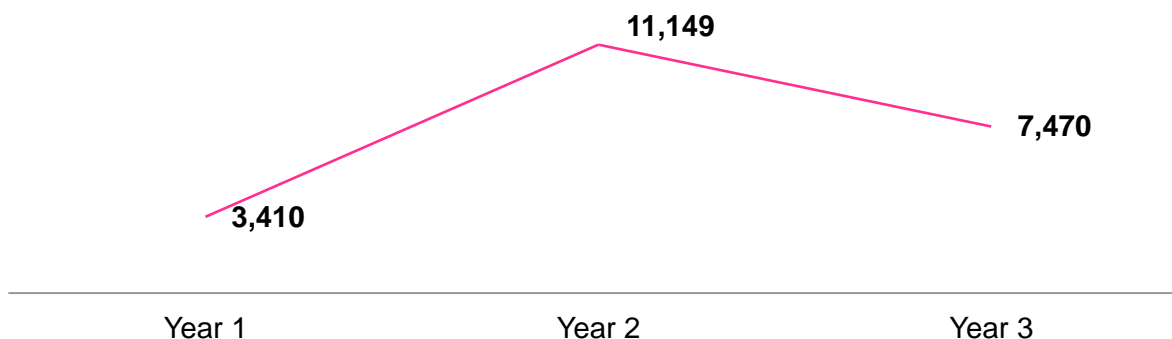
Beyond direct services offered to clients and community members, the IRC-KNWO partnership improved the coordination between stakeholders. During Year 1, the organizations experienced considerable staff turnover, which affected the progress toward accomplishing Key Project Activity 2.1.1. Specifically, the GBV training modules were not completed, rather under development in consultation with the IRC WPE Program Manager and IRC program staff. By the conclusion of Year 2, substantial progress had been made. All five GBV training modules – available in three languages: English, Burmese, and Karen – had been created and distributed to concerned stakeholders.



Year 2 also saw the establishment of Safe House Operation Guidelines, which were printed and shared with safe house committee members. The GBV SOPs were revised and translated into English, Burmese, and Thai, and shared with stakeholders. Annabelle Mubi, IRC WPE Program Manager, notes that these SOPs helped KNWO leadership and safe house staff members feel confident in their work. Moreover, the SOPs added transparency and order to KNWO's programs and partnerships. While the SOPs were helpful, Sister Evelyn, from Jesuit Refugee Services, reports experiencing a lack of communication between safe houses. Given the absence of cell phone service, communication represents a consistently difficult challenge to overcome in the environment, even with the support of the IRC and UNTF. Dr. Hnin Phyu, IRC Clinical Manager/Action Health Coordinator, noted similar challenges in reference to communication gaps between IRC's LAC team and the WPE and Health program staff. The LAC team cites "confidentiality" as the reason for not sharing some client information with case managers elsewhere. Dr. Hnin Phyu suggested assigning one person to service as a DV counselor for each case. That person would accompany a survivor to all health clinic, legal assistance, and case management meetings so as to bridge any communication gap between partners and avoid situations where the survivor would have to recount the sequence of events during the GBV incident(s). Finally, in Year 2, KNWO provided trainings, with the support of the IRC, on the core concepts of GBV, survivor-centered helping skills, and independent safe house operations.

In all, Year 1 was largely concerned with developing the partnership between the IRC and KNWO, and increasing KNWO's knowledge of GBV generally. Year 2 centered around establishing and formalizing the functions of the three safe house shelters and expanding outreach activities. Finally, the focus of Year 3 was to further build KNWO's leadership capacity as the primary GBV service provider in both camps, while also maintaining outreach and advocacy activities within the community. To accomplish these goals, the IRC monitored KNWO's progress and supported their work through a sub-grant used for trainings and to foster stakeholder coordination. *Figure 1* visualizes the number of beneficiaries reached through discussion groups and advocacy and outreach campaigns. These numbers help to illustrate the changing focus of each year. It should also be noted that the Year 3 total represents a partial year due to administrative delay between the IRC and UNTF, and does not include the most recent *16 Days of Activism Against GBV* campaign. As further explanation, the IRC notes, there was a 6-month administrative delay between initial Year 3 budget and project plan submission and UNTF budget revision and approval.

Figure 1: Discussion Groups & Advocacy/Outreach Campaigns Beneficiaries Reach*



* The Year 3 total represents a partial year due to administrative delay between the IRC and UNTF, and does not include the most recent 16 Days of Activism Against GBV campaign. As further explanation, the IRC notes, there was a 6-month administrative delay between Year 3 budget and project plan submission and UNTF budget revision and approval.

Finally, key stakeholders report the KNWO has shown substantial improvement in technical capacity to provide high quality care to GBV survivors. Sister Evelyn, from Jesuit Refugee Services, reports that survivors in both Camp 1 and Camp 2 feel confident in approaching KNWO. She also noted that camp section leaders cooperated with KNWO, leading to greater legitimacy for KNWO in the communities. Indeed, when asked to rate KNWO as a service provider during KIs, survivors gave KNWO a mean score of 9.3/10, which speaks to the quality of services and degree of trust survivors place in KNWO as a GBV response services provider.

KNWO leadership and staff members consistently express the value they see in working directly with the IRC WPE team, as they have done during the UNTF grant period. A member of KNWO's leadership team stated, "The IRC staff are "our people" so they are ready to go. We don't have to teach them [about the culture or context] in beginning." She continued, noting success of the IRC-KNWO partnership, "The most successful part of the grant for us was working with the IRC to expand our GBV staff, and the GBV and human trafficking trainings."

The IRC staff are "our people" so they are ready to go. We don't have to teach them [about the culture or context] in beginning.

To continue propelling KNWO's growth and effectiveness as an organization, it is suggested that the IRC continue to support KNWO in further developing the following skills and services: case management and advocacy, psychosocial services, internal communication mechanisms, report and proposal writing, organization leadership election and safe house staff selection processes, and general professionalization of the entire organization. KNWO leadership echo this suggestion in their request for leadership training. One KNWO stated during an interview, "Our needs are to learn more about leadership."

8.3 Relevance

Key Research Questions

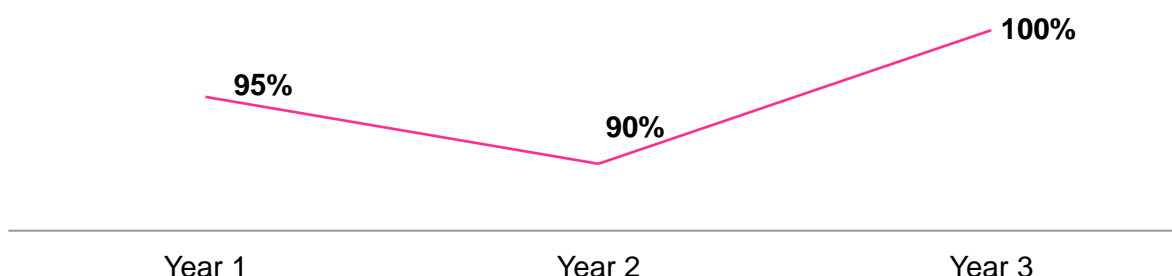
- To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
- To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?

The relevance, both past and present, of KNWO's services, often supported by the IRC WPE team, is unquestionably high. However, persistent relevance does not always equate to needs fully met. For example, men's and boys' engagement activities have all but disappeared in Year 3 due to poor attendance, resource constraints (such as food and money) and resettlement. KNWO is unable to more fully meet all needs without the increased support of donors and improved coordination with UNHCR.

Throughout the entire IRC-KNWO partnership, all beneficiaries – primary beneficiaries include women and girl survivors of violence and their children in Ban Mai Nai Soi and Ban Mae Surin camps, and KNWO; secondary beneficiaries include other service providers involved in GBV response through the GBV Standard Operating Procedures, such as UNHCR/INGO staff and camp governance and administration bodies – were engaged for their feedback. For example, the IRC and KNWO led quarterly coordination and monitoring meetings with KNHD in Year 1. The IRC supported and coached KNWO and KNHD in jointly preparing these quarterly coordination meetings in Year 2, with the addition of SOP monitoring and dialogue facilitation on key issues around referral mechanisms supported by the IRC. In Year 3, KNWO and KNHD alternated leadership roles in organizing these quarterly coordination meetings, SOP monitoring, and discussion of key issues related to referral mechanisms. During Year 3, KNWO and KNHD identified focal points to take the lead for coordination and monitoring of SOPs with the IRC's support.

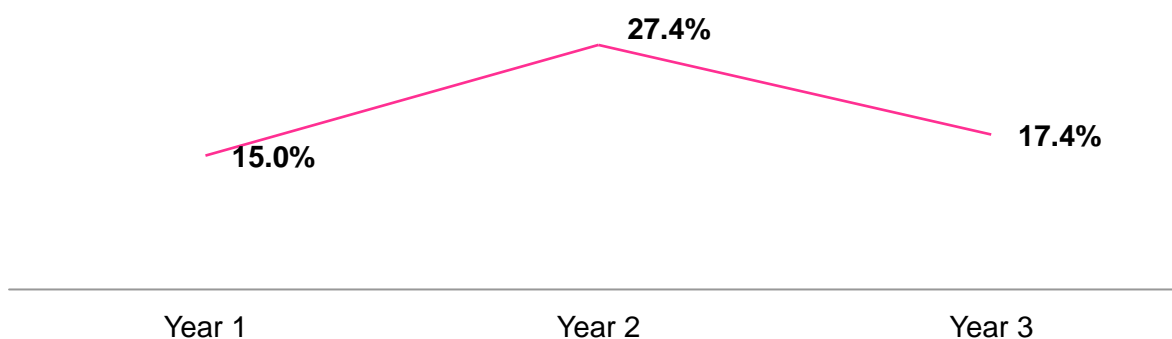
Each year, survivors who received KNWO services were asked about their feelings of safety. *Figure 2* illustrates the responses, clearly displaying an increasing percentage of survivors reporting feelings of safety after having received KNWO services, including shelter at one of the three safe houses. It is hypothesized that this increase in feelings of safety, which coincides with KNWO's increased legitimacy within the community, is the result of KNWO's professionalization through their partnership with the IRC WPE team. *Figure 2* illustrates the survivors' feelings of safety from Year 1 to Year 3.

**Figure 2: Feelings of Increased Safety
% of GBV Survivors Receiving KNWO Services**



Participants, both women and girls (survivors and non-survivors), in discussion groups and workshops were surveyed pre- and post-activity as to their knowledge of the topic(s) explored during these activities. *Figure 3* displays the percent of participants who showed an increase in their knowledge of available GBV services from pre- and post-test figures. These figures illustrate substantial knowledge retention from Year 2 to Year 3. The baseline of GBV services knowledge during Year 3 pre-testing was much higher than the previous year likely due to the increased frequency and quality of workshops during the two years prior to that point.

**Figure 3: Knowledge of GBV Services
% Displaying an Increase in Knowledge**



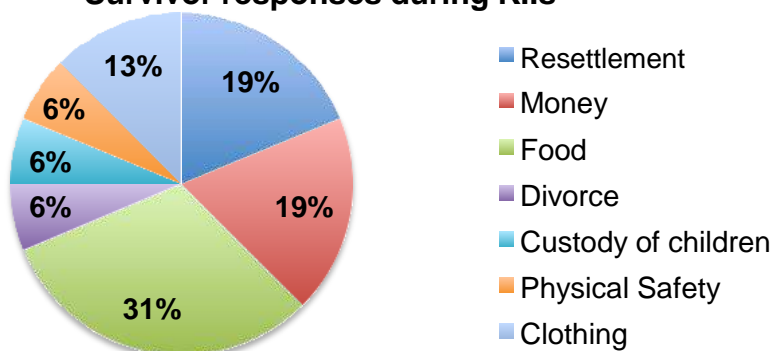
This feedback informed project activities as well as KNWO's strategic plan, created in consultation with the IRC MHS WPE team. Strategic planning began in May 2014 in hopes of presentation to stakeholders by April 2015. By the end of Year 3, the KNWO had a draft strategic plan for 2015-2018. However, finalization, presentation to stakeholders, and implementation of this strategic plan has been delayed due to political instability within Kayah State, Myanmar and unclear repatriation arrangements within the camps. The WPE IRC team also noted that KNWO leadership can sometimes lack focus and follow through on action plans, stating that KNWO will agree to take certain steps but then postpone activities and change timelines. This is especially true with regards to KNHD. Despite these challenges,

KNWO plans to update their strategic plan and begin implementation by 2016. The IRC MHS WPE team will continue to support and provide input, as needed.

There remain two service gaps related to relevance. First, prevention activities specifically targeted at men and boys has been lacking. Both the IRC and KNWO report that men's and boys' engagement was initially part of the IRC-KNWO partnership, but that these services have not been taken up in Year 3 due to poor attendance and resource constraints.

The second service gap is complex and likely outside the scope of what KNWO can provide. Survivors were asked during KIs what their greatest need was at that moment. *Figure 4* provides a visual summary of responses. Food, money, and resettlement are the top three "needs" at this moment. Given limited resources and constraints on mobility, KNWO is unable to more fully satisfy these needs. That said, with increased support from donors and improved coordination with UNHCR, perhaps these needs could be addressed.

Figure 4: Current "Greatest Need"
Survivor responses during KIs



8.4 Efficiency

Key Research Questions

- How efficiently and timely has this project been implemented and managed in accordance with the Project Document?

Table 1 outlines the overall project timeline for the IRC-KNWO project as funded by UNTF. According to project annual reports, the only activity that is off track at present is Key Activity 1.3.4 which states, “IRC and KNWO monitor camp-based hearing and mediation proceedings to ensure survivor safety and well-being.” In their explanation, IRC Thailand writes, “During the reporting period, 28 out of 38 GBV cases were processed through the camp justice system at various levels including section leaders, camp security and camp justice. The cases were closely monitored by IRC and KNWO. Caseworkers and security guards always accompanied survivors to ensure safety and security during the hearing process. Some of the cases have not been closed yet. IRC and KNWO will continue to support, supervise and closely monitor the cases.”

From interviews with primary beneficiaries – survivors and KNWO management and staff – and secondary beneficiaries – UNHCR, INGOs, and camp leadership – the project was conducted in a



timely and efficient manner with only a few minor delays each year. Where there were delays, the IRC team and KNWO leadership worked together to complete those delayed key activities during the following year. As an example, Year 1 saw delays in creation and implementation of GBV training modules due to staff turnover. The IRC worked diligently to remedy the situation, providing all trainings in Year 2 and Year 3. Another example, evident in annual reports as well as during interviews with primary beneficiaries, is the delayed finalization and implementation of KNWO’s three-year strategic plan. Despite considerable effort and progress in creating a three-year strategic plan, the IRC and KNWO have been unable to overcome political instability in Kayah State, Myanmar and the chaotic nature of repatriation within the camp, both of which are external factors entirely outside the control of the IRC and KNWO. Efforts are being made to finalize and implement this strategic plan in 2016.

All other key activities took place according to the project timeline outlined in *Table 1*.

Table 1: IRC-KNWO Collaboration Project Timeline

Description: Key Project Activity	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1.1: IRC and KNWO deliver communication/helping skills module to KNHD Response to Crisis Team (RCT).		X		X		X		X		X		X
1.1.2: IRC and KNWO provide semi-annual refresher trainings on GBV core concepts, and SOPs to KNHD RCT.	X		X		X		X		X		X	
1.1.3: IRC and KNWO administer competency checklist assessments to KNHD RCT staff on quarterly basis.	X	X	X	X	X	X	X	X	X	X	X	X
1.1.4: IRC provides training on compassionate clinical care to KNHD RCT and Mae Hong Son Hospital staff.			X		X		X		X		X	
1.1.5: IRC supports KNWO and KNHD to hold quarterly meetings for coordination and monitoring of SOPs.	X	X	X	X	X	X	X	X	X	X	X	X
1.2.1: IRC and KNWO provide safe shelter, case management, safety planning and counseling services for survivors of GBV at 3 locations in 2 camps.	X	X	X	X	X	X	X	X	X	X	X	X
1.2.2: IRC and KNWO conduct psychosocial support activities with survivors of GBV and their children.	X	X	X	X	X	X	X	X	X	X	X	X
1.2.3: IRC and KNWO provide quarterly refresher trainings on GBV core concepts, SOPs and case management for IRC and KNWO caseworkers.	X	X	X	X	X	X	X	X	X	X	X	X
1.2.4: IRC and KNWO administer competency checklist assessments to caseworkers on quarterly basis.	X	X	X	X	X	X	X	X	X	X	X	X
1.2.5: KNWO and WCC staff hold quarterly meetings for coordination and monitoring of SOPs.	X	X	X	X	X	X	X	X	X	X	X	X
1.3.1: IRC and KNWO provide training for camp leadership and IRC legal staff on topics including GBV core concepts, SOPs, referral mechanisms, mediation and communication/helping skills.	X	X	X	X	X	X	X	X	X	X	X	X
1.3.2: IRC WPE staff trains and collaborates with IRC legal staff and KNWO to facilitate and monitor appropriate, survivor-centered referral of GBV cases to the Thai justice system.	X	X	X	X	X	X	X	X	X	X	X	X
1.3.3: IRC provides technical support to KNWO to participate in the development and dissemination of gender-sensitive Mediation and Dispute Resolution Guidelines.	X	X	X	X	X	X	X	X	X	X	X	X
1.3.4: IRC and KNWO monitor camp-based hearing and mediation proceedings to ensure survivor safety and well-being.	X	X	X	X	X	X	X	X	X	X	X	X
1.3.5: IRC supports KNWO and LAC to conduct quarterly meetings for coordination and monitoring of SOPs.	X	X	X	X	X	X	X	X	X	X	X	X

Description: Key Project Activity	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.1.1: IRC develops and delivers training modules on case management, counseling skills, case supervision, operating safe shelters, GBV SOPs, information management and advocacy to KNWO caseworkers	X	X	X	X	X	X	X	X	X	X	X	X
2.1.2: IRC develops and conducts Training of Trainer (ToT) workshops for KNWO on GBV concepts, communication/helping skills for multi-sectoral service providers.			X		X		X		X		X	
2.1.3: IRC provides technical support to KNWO to supervise and monitor safe shelters, case management staff and service quality.	X	X	X	X	X	X	X	X	X	X	X	X
2.1.4: IRC monitors KNWO to independently supervise high quality, multi-sectoral service provision to survivors of GBV.	X	X	X	X	X	X	X	X	X	X	X	X
2.2.1: IRC conducts organizational assessment (e.g. finance, HR, admin systems) of KNWO, using participatory methodology and existing Institutional Development tools.	X	X										
2.2.2: IRC and KNWO jointly create organizational capacity development plan based on organizational assessment results.			X	X	X							
2.2.3: IRC supports KNWO to identify relevant resources for implementation of organizational capacity development plan.				X	X							
2.2.4: IRC participates jointly with KNWO in development of 3-year strategic plan.			X	X								
2.2.5: IRC supports KNWO to organize stakeholder meetings to present finalized strategic plan.				X	X							
2.3.1: IRC provides a sub-grant to KNWO to each year for organization of trainings and GBV coordination. (Please note that this activity will be implemented in line with the organizational development plan under output 2.2) IRC will progressively handover responsibility for the trainings and GBV coordination when KNWO meets set benchmarks as dictated in the plan. Additional amounts will be added to the sub-grant for KNWO to take on these activities.	X				X				X			
2.3.2: IRC supports KNWO to independently facilitate trainings for camp leadership and multi-sectoral service providers.					X	X	X	X	X	X	X	X
2.3.3: IRC supports KNWO to independently facilitate monthly GBV Coordination Working Group meetings with all camp stakeholders.					X	X	X	X	X	X	X	X
2.3.4: IRC supports KNWO to lead development of two-year advocacy action plan in the camps around gender equitable policies and practices.			X	X	X							
2.3.5: KNWO conducts awareness raising activities around prevention of and response to gender-based violence.	X	X	X	X	X	X	X	X	X	X	X	X

During each annual review and reporting process, the IRC and KNWO identified critical milestones to be completed in the next six months. Those milestones are outlined below in *Box 1*. According to annual reports and interviews with KNWO and IRC staff, all critical project milestones have been completed, except for those that involve continued support to KNWO by the IRC in 2016.

Box 1: Critical Project Milestones

Identified at conclusion of Year 1:

- 16 Days of Activism Against GBV campaign (led by KNWO and IRC)
- Create and implement new training modules and ToT on: GBV core concepts, communication and helping skills, and advanced counseling skills
- Develop terms of reference (TOR) for KNWO executive committee
- Develop KNWO core values statement and three-year strategic plan for 2014-2016.
- KNWO co-facilitate trainings and technical support to other service providers, and existing coordination mechanisms

Identified at conclusion of Year 2:

- Completion of the KNWO organizational assessment documents, including the KNWO Organizational Growth Plan
- Technical guidance from IRC on implementation of Organizational Growth Plan, including review of human resources (HR), finance, and procurement policies
- Completion of the KNWO Executive Committee TOR, organizational chart, and key job descriptions
- Workshops revising KNWO core values and development of KNWO Core Value Statement.
- Develop first draft of KNWO's strategic plan for 2015-2018
- Develop comprehensive work plan for handover of service delivery, coordination, and advocacy responsibilities for camp-based GBV programming to KNWO leadership
- Prepare KNWO 2015 election rules and regulations, including candidates from inside Kayah State, Myanmar
- ToT sessions conducted with 20 KNWO staff members on five GBV modules
- Translation and printing of all modules into three languages: English, Karen, and Burmese
- IRC fully handover safe house operation to KNWO in October 2015

Identified at conclusion of Year 3:

- Final Terms of Reference for the UNTF project external evaluator completed and approved by UNTF
- IRC recruitment of qualified external evaluator
- UNTF project final evaluation completed by January 2016
- IRC-WPE and IRC-PLC provide on-going support for KNWO's 2015-18 Strategic Plan
- IRC continue coaching, supervising, and providing technical support to KNWO on GBV services delivery, coordination, and advocacy
- Support KNWO refreshing GBV modules training in 2016
- IRC coach and support KNWO on information sharing and communication across teams, per communication gaps identified in July 2015 workshop in Kayah State

To continue KNWO's growth as an organization and efficient use of funds, it is suggested that the IRC continue supporting KNWO in developing the following skills and services: case management and advocacy, psychosocial services, internal communication mechanisms, report and proposal writing, organization leadership election and safe house staff selection processes, and general professionalization of the entire organization.

8.4 Sustainability

Key Research Questions

- How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
- Does KNWO have adequate resources to provide high quality GBV services to refugees after the project ends?
- How will stakeholders sustain ownership of women and girls' wellbeing after the project ends?

KNWO will sustain GBV prevention and response services through those partnerships built during the 3-year grant period, as well as with continued funding from the IRC. Whether that funding will be sufficient is yet to be seen. That said, the IRC has committed to providing a grant to KNWO in the years to come. During the UNTF-funded IRC-KNWO partnership, the IRC supported KNWO in building and strengthening their relationship with the One Stop Crisis Center (OSCC) at the MHS hospital, among other partner organizations. These relationships, coupled with organizational development around standardized roles, responsibilities, core values, and a strategic plan, will help to solidify the sustainability of progress made during the UNTF grant period.

The sustainability of services to women and girl survivors of violence is a key aim of this project. Indeed, the entire project was founded on the need to improve the quality and longevity of GBV prevention and response services within and across Camp 1 and Camp 2. As such, considerable effort was made to build the capacity of KNWO as an organization and KNWO executive committee members as leaders in the community, particularly as related to GBV and women's and girls' unique needs. Building capacity through partnership with the IRC allowed for maximum ownership on the part of KNWO and the Karenni community more broadly.

The IRC understands the vital role that relationships play in sustainable services, particularly those across state borders in conflict settings. As such, the IRC supported KNWO in building a web of relationships internally – within KNWO across sites and borders – and externally – with other camp-based leadership and service providers, and UNHCR and INGOs in MHS. As an example, in Year 1, the IRC assisted KNWO in building a relationship with the One Stop Crisis Center (OSCC) at the MHS hospital, which has proven to engender a smooth and on-going referral process for survivors with improved trust and transparency on all parts. KNWO can now take this relationship forward as they assume full leadership of GBV services within the camp. The IRC will continue to support them in this capacity, as needed under their direction.

Creating a system of standardized processes and strategic planning, followed by review and implementation, the IRC has mentored KNWO through organizational development. In so doing, the IRC has strengthened the confidence of and in KNWO as an organization GBV survivors turn to during crisis. Specifically, the IRC has guided KNWO through the development of standardized roles and

responsibilities, core values, and a strategic plan. The IRC has also provided training modules on GBV and corresponding care.

Evidence of the increasing capacity and leadership of KNWO, the movement of the IRC to support rather than lead organization, and the longevity of this project is abundant. Truly, the IRC-KNWO partnership has accomplished all of the following:

KNWO held 46 meetings (first as co-facilitator with the IRC and later as lead) with:

- KNHD
- WCC
- LAC
- GBV Coordination Working Group

KNWO facilitated 37 trainings (first as co-facilitator with the IRC and later as lead) for:

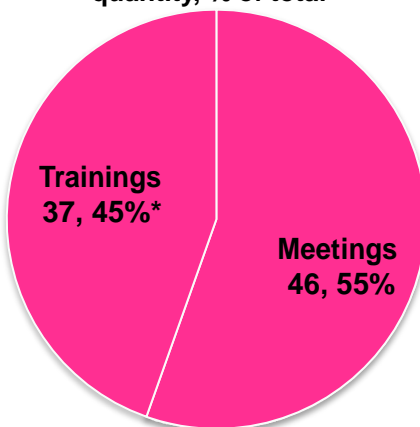
- Camp leadership
- Multi-sectoral service providers
- IRC legal staff

KNWO engaged in monitoring and evaluation (first as co-facilitator with the IRC and later as lead):

- Quarterly assessment of caseworkers using competency checklist assessments
- Monitor camp-based hearing and mediation proceedings
- Quarterly assessment of KNHD RCT staff using competency checklist assessments
- Monitoring of safe shelters, case management staff, and overall service quality

During the three-year UNTF grant period, KNWO completed over 42 trainings led by the IRC Thailand WPE team. These trainings directly informed trainings and meetings that KNWO co-facilitated and later led with external stakeholders, as shown in *Figure 5*.

Figure 5: KNWO Co-Facilitated/Led Activities
Trainings & Meetings with External Stakeholders
 *quantity, % of total





As with any project, the sustainability of KNWO as the focal point for GBV services in the camps requires funding. Throughout this project, the IRC provided a sub-grant to KNWO, gradually increasing this sub-grant each year, while also increasing the role and responsibility of KNWO. The IRC Thailand Sub-Grant Team worked closely with KNWO during this time to establish a budget plan that corresponds to their intended activities plan. Moving forward, the IRC MHS WPE team has confirmed that the IRC will continue to provide this sub-grant funding to KNWO.

The partnership between KNWO and the IRC has very clearly resulted in increased leadership on the part of KNWO as well as substantial capacity building, enabling the organization to step into their role as the primary GBV prevention and response service providers in both camps. The continued support of the IRC MHS WPE team will sustain this work, further empowering KNWO's leadership with potential repatriation as an option.

8.5 Impact

Key Research Questions

- What are the unintended consequences (positive and negative) resulted from the project?
- Have survivors of GBV experienced any positive or unintended negative consequences since receiving services?
- Has there been any change in attitude toward GVB issues and stigmatization among stakeholders and camp residents?



The impact of the IRC-KNWO partnership is twofold. First, consistent mentorship by the IRC allowed for substantial capacity building on the part of KNWO, which has enabled the organization to lead on GBV prevention and response services in the camps. KNWO's ownership of their role in service provision and advocacy and outreach is clear. Second, the collaboration between the IRC and KNWO produced an organic increase in attention to GBV in the camps resulting from stakeholder trainings and outreach and advocacy campaigns. With this impact has come some inconsistency. For example, 64.3% of survivors interviewed for this evaluation do not have a safety plan. Case files reflect safety planning having been discussed, but no details provided as to action steps. The wavering nature of the IRC-KNWO partnership's impact is largely due to (1) staff turnover, particularly within KNWO, (2) shifting priorities year-to-year, and (3) high demands on limited resources.

As of 15 October 2015, KNWO manages all three safe house shelters, continues to work internally to finalize and implement their three-year strategic plan, and holds recurring meetings with camp leadership and camp-based service providers. The impact of the IRC-WPE collaboration is visible in the increased leadership capacity of KNWO on both individual and organization levels. Moreover, KNWO's ownership of their role in service provision and advocacy and outreach is clear. While gathering data for this evaluation, KNWO was observed to lead preparations for and execution of the 2015 *16 Days of Activism Against GBV* campaigns in Camp 1 and Camp 2. Both campaigns were very successful, with the majority of each community participating throughout the entirety of events – mid-day march, presentations, and dramas in Camp 1 and evening presentations, talent show, and raffle in Camp 2.

The greatest challenge is I do not understand about GBV.

Knowledge of GBV services increased directly and indirectly as a result of this project, although knowledge of what constitutes “GBV” is still lacking with 75% of survivors and 25% of CBO staff members interviewed for this evaluation unable to define GBV. Asked what was the most challenging part of the UNTF-funded project, a KNWO staff member stated, “The great challenge is I do not understand about GBV.” A member of KNWO's leadership noted, “I feel that some of KNWO leaders do not understand the

basic ideology of GBV.”

Despite a gap in knowledge about GBV generally, there was an increase in awareness of GBV services offered and KNWO’s role in those services. Whereas most referrals previously came from service providers, over the three-year project timeline, an increasing number of survivors were self-referred to KNWO. To better coordinate services for these survivors, regular bi-monthly meetings among the IRC, KNWO senior staff, KNWO safe house staff, and KNWO Raising Awareness Team organically developed in an effort to share best practices between camp- and central-level staff. It has been agreed that these meetings will continue into 2016.

The impact of this project has been significant overall. Indeed, by Year 3, 100% survivors who sought services from KNWO reported feelings of increased safety. While we are unable to show annual or pre/post-service change without baseline data, survivors interviewed for this evaluation displayed mean psychosocial wellbeing index scores of .72.¹⁶ The strength of this mean index score – ranging from 0 to 1, 1 being total positive psychosocial wellbeing, built using seven quantitative interview questions listed in the Annexes section of this report – reflects the substantial impact of IRC-KNWO programming especially given the chaotic nature of protracted conflict and gender-based violence.

That said, the consistency of this impact has wavered throughout the UNTF grant period. Data suggests that the reason for this slight inconsistency in impact is largely due to (1) staff turnover, particularly within KNWO, (2) shifting priorities year-to-year, and (3) high demands on limited resources. As reported by IRC staff members, KNWO executive committee members, and external stakeholders during SIIIs, staff turnover is the result of resettlement or repatriation. The shifting annual priorities of this project were clear from the beginning and required given the nature of this collaboration. As such, the IRC and KNWO followed the original project plan with only slight adjustments where absolutely necessary. While the project plan spoke to the increased capacity of KNWO from Year 1 to Year 3, this shift in priorities resulted in a considerable increase in GBV service delivery and awareness during Year 2 and a corresponding reduction during Year 3 when both the IRC and KNWO focused on handover to KNWO.

Finally, the funds for this project were used in an efficient, appropriate, and transparent manner; however, the need to support GBV survivors and continually expand advocacy and outreach programming places great demand on both financial and physical resources, including staff time. For example, safe house supervisors interviewed for this evaluation at Camp 1 and Camp 2 reported that their roles involved case management, counseling, and conflict resolution when abusers attempted to enter the safe house. These multiple roles placed strain on their already limited time.

¹⁶ Psychosocial wellbeing Index was calculated using the mean score of all respondents’ indices. Individuals were asked the following seven interview questions and were encouraged to select as many as necessary: (1) I feel hopeful about the future; (2) I am worried about my family; (3) I have goals and dreams for my future; (4) I believe I can accomplish my goals and dreams; (5) I feel safe here; (6) There is trust in my community; and (7) If one of my children is in trouble, I have the power to help them. Positive responses were coded 1 and negative responses as 0 to create an individual index. An average of all respondents were calculated for a total of 0.72. Because of the small sample size, we were unable to test and demonstrate further rigor of this index.

8.6 Knowledge Generation:

Key Research Questions

- What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
- Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other countries that have similar interventions?

The flexibility and dedication of the IRC and KNWO teams is one of the greatest findings from this evaluation. Namely, adjusting timelines and key project activities where needed allowed for maximum impact amidst unforeseen and entirely external challenges. The IRC-KNWO partnership navigated political instability, chronic staff turnover due to resettlement and repatriation, and finally natural disaster – fires in both BMS and BMN in 2013, landslides in BMS in 2014, floods in BMN in 2014, and fire in BMN in 2015. In response to natural disasters, the IRC and KNWO provided emergency relief, which required that they postpone some of their planned project activities. This delayed the accomplishment of some project steps, but increased the legitimacy and trust of both organizations within the community.

Data points to four additional findings with promising applicability for replication in other countries.

1) Involve leadership at all levels for increased understanding and buy-in

Noticing differences in understanding and acceptance of the project between leaders in the community and KNWO, the IRC included all levels of leadership in GBV SOP reviews to bridge any buy-in gaps and ensure common understanding of protocols. Leaders invited to participate in this process included section leaders, camp committee members, and section-level and camp security staff. Involvement of all levels of leadership presented the opportunity to discuss KNWO's overall organizational development and specific issues related to women's and children's protection.

2) Increasing retention of knowledge of GBV requires repeated engagement to breakdown traditional views

There was consistent misunderstanding of what exactly GBV involved among both survivors and camp leadership, with 75% and 25% respectively unable to define GBV during interview. Moreover, traditional views of women and girls pervade at the camp leadership and households levels. To overcome the challenges of knowledge retention and traditional views that harm women and girls, it is paramount that advocacy and outreach activities take place repeatedly over a long period of time.

3) Develop training modules to meet all literacy levels with consistent terminology

Regardless of setting, literacy levels vary within communities, including amongst leadership. As such, it is crucial that training modules be adapted for all literacy levels. Participatory methods of drawing, voting with raised hands or objects, counting physical items, and speaking/acting allow maximum knowledge retention while also overcoming literacy challenges.

The IRC used small group discussions and role playing to deliver trainings to KNWO. The IRC also discovered the need for standardized terminology across trainings, advocacy and outreach materials, and organization documents. Using consistent terminology allows for greater knowledge retention.

4) *Greatest needs of survivors*

When asked what survivors' greatest needs were during KIs, food (31%), money (19%), and resettlement (19%) were the top needs expressed at that time (*Figure 4*). While support to address these needs from KNWO would be difficult, donors and improved coordination with UNHCR could potentially support these survivor needs as well as survivor needs in other vulnerable populations.

9.0 Conclusions

After careful study and rigorous analysis of quantitative and qualitative data, the evaluation team concludes that the IRC-KNWO partnership has produced significant impact overall, yet annual impact wavered due to (1) staff turnover, particularly within KNWO, (2) shifting priorities year-to-year as indicated in the project design, and (3) high demands on limited resources.

Participation rates for prevention activities illustrate the shifting focus of the partnership. Specifically, Year 1 of the IRC-KNWO collaboration was concerned with developing the partnership between the IRC and KNWO, and increasing KNWO's knowledge of GBV. In Year 2, the organizations focused on establishing and formalizing the functions of the three safe house shelters and expanding outreach activities. Finally, Year 3 was about further building KNWO's leadership capacity.

Effectiveness. There was increased confidence within and for KNWO as a GBV service provider, which resulted in the perception by 37.5% of CBOs interviewed that the rate of GBV had decreased over the 3-year grant period. In Year 3, 100% survivors who sought services from KNWO reported feelings of increased safety. Survivors displayed a mean psychosocial wellbeing index scores of .72.¹⁷ The strength of this mean index score reflects the substantial impact of IRC-KNWO programming especially given the chaotic nature of protracted conflict and gender-based violence. The IRC-KNWO partnership improved the coordination between stakeholders. Five GBV training modules – available in three languages; English, Burmese, and Karen – were created and distributed, and Safe House Operation Guidelines and GBV SOPs were established and translated into English, Burmese, and Thai. Total participation in prevention activities reached in excess of 22,029 participants across the three-year grant period. Finally, KNWO opened a safe house in Loi Kaw, Kayah State, Myanmar in January 2015, using their experience from the IRC-KNWO partnership in Camp 1 and Camp 2 as foundation for this expansion. Persistent challenges include communication gaps between safe houses, and IRC's LAC team and WPE and Health program staff.

Relevance. In Year 1, 15% of workshop participants (women and girls, both survivors and non-survivors) displayed an increased knowledge of GBV services. Year 2 reached a high with 27.4% of

¹⁷ Psychosocial wellbeing Index was calculated using the mean score of all respondents' indices. Individuals were asked the following seven interview questions and were encouraged to select as many as necessary: (1) I feel hopeful about the future; (2) I am worried about my family; (3) I have goals and dreams for my future; (4) I believe I can accomplish my goals and dreams; (5) I feel safe here; (6) There is trust in my community; and (7) If one of my children is in trouble, I have the power to help them. Positive responses were coded 1 and negative responses as 0 to create an individual index. An average of all respondents were calculated for a total of 0.72. Because of the small sample size, we were unable to test and demonstrate further rigor of this index.

workshop participants, and Year 3 saw only 17.4% of workshop participants reporting an increased knowledge of GBV services. These figures reflect substantial knowledge retention from Year 2 to Year 3. Meaning, the baseline of GBV services knowledge during Year 3 pre-testing was likely much higher than previous year due to the increased frequency and quality of workshops during the two years prior to that point. The relevance, both past and present, of this project is unquestionably high; however, even with persistent relevance, challenges persist. Men's and boys' engagement activities have disappeared in Year 3 due to poor attendance and resource constraints. Food, money, and resettlement remain urgent and unmet needs among survivors. And finally, due to political instability, the strategic plan has been delayed and is set to be finalized and implemented in 2016.

Efficiency. Project activities were conducted in a timely and efficient manner with only minor delays each year. All critical project milestones have been completed.

Sustainability. Building capacity in partnership with the IRC allowed for maximum ownership on the part of KNWO and the Karenni community. Mentorship by the IRC fostered KNWO's organizational development, strengthening confidence in KNWO as a service provider. The IRC supported KNWO in building relationships internally – within KNWO across sites and borders – and externally – with other camp-based leadership and service providers, and UNHCR and INGOs in MHS. KNWO will continue to receive a sub-grant from the IRC to support their ongoing work. KNWO will also seek additional support from other donors for livelihoods, early childhood, and women's study programs in Camp 1, Camp 2, and Kayah States, Myanmar.



Impact. As of 15 October 2015, KNWO manages all three safe house shelters and opened an additional shelter in Kayah State. KNWO co-facilitated or led 37 trainings and 46 meetings with camp leadership and camp-based service providers. Regular bi-monthly meetings among the IRC, KNWO senior staff, KNWO safe house staff, and KNWO Raising Awareness Team organically developed in an effort to share best practices between camp- and central-level staff. These meetings will continue into 2016. The impact of this project has been significant overall, while annual impact wavered due to (1) staff turnover, particularly within KNWO, (2) shifting priorities year-to-year, and (3) high demands on limited resources. The need to support GBV survivors and continually expand advocacy and outreach programming placed great demand on both financial and physical resources, including staff time. The multiple roles of safe house staff placed strain on their already limited time. Remaining challenges include safety planning and knowledge of what constitutes GBV. 64.3% of survivors interviewed do not have a safety plan. Case files reflect safety planning having been discussed, but no specifics provided as to action steps. Asked "What is GBV?," 75% of survivors and 25% of CBO staff members interviewed were unable to define GBV.



Knowledge Generation. Flexibility – adjusting timelines and key project activities where needed – allowed for maximum impact amidst unforeseen and external challenges. Involving all levels of leadership in GBV SOP reviews bridged buy-in gaps and ensures common understanding of protocols. Training modules were adapted for all literacy levels and utilized standardized terminology to encourage greater knowledge retention. To overcome the challenges of knowledge retention and traditional views that harm women and girls, advocacy and outreach activities must take place repeatedly over a long period of time.

9.1 Recommendations

Given the conclusions found in this report, the evaluation team offers the following recommendations:

- 1) ***Increase quantity and frequency of GBV trainings:*** There was consistent misunderstanding of what exactly GBV involved among survivors and camp leadership. It is recommended that the IRC increase the quantity and frequency of IRC-led GBV trainings for KNWO, external stakeholders, and survivors. With the support of the IRC, KNWO should increase GBV outreach and advocacy activities by partnering with schools and colleges to engage children and young adults while at school. Men's and boys' engagement groups should be established again, using male facilitators to engage other men in discussions and trainings around GBV.
- 2) ***Establish DV Counselor and uniform confidentiality agreement between DV Counselor, camp leadership, and ICR/KNWO staff:*** Upholding confidentiality was cited as a barrier to fluid information exchange. Not sharing some client information with case managers elsewhere delayed communication efforts. As per Dr. Hnin Phyu's recommendation, designating one person as the DV counselor for each case would address this communication barrier.
- 3) ***Involve beneficiaries in strategic plan development:*** During the revision and finalization of KNWO's three-year strategic plan, it is recommended that KNWO more directly involve beneficiaries. This can occur using an open consultation procedure and/or voting process.
- 4) ***Improve engagement and attendance in GBV activities for boys and men:*** Addressing GBV should be inclusive of everyone. It is suggested that KNWO and the IRC establish GBV prevention programming specifically for and led by men and boys. Examples include MenCare and Program H hosted by Promundo, which have proven effective in promoting equitable and nonviolent approaches to caregiving.¹⁸
- 5) ***Increase security at safe houses:*** Both KNWO staff and survivors expressed concern over (1) less effective security personnel and (2) the unstable nature of fences surrounding safe houses. Safety and feelings of security are paramount for survivors and their children. As such, it is recommended that additional security guards be hired and the fencing around safe houses be improved (increased height and strength).
- 6) ***Increase safety planning:*** About 64.3% of survivors interviewed did not have a safety plan, and those who had a plan reported vague action steps, at best. IRC should lead safety planning training with KNWO and safe house staff, emphasizing that each survivor create an individualized safety plan. Created safety plans should be reviewed and refined as needed during periodic intervals.
- 7) ***Require psychosocial and security services for safe house staff:*** Counseling is available by request for safe house staff. Given the stressful nature of their work as well as the gravity of topics they encounter, it is recommended that safe house staff engage with psychosocial support services (confidential counseling) on a monthly basis. Safe house staff also reported

¹⁸ Promundo. Our Work. 2016 [cited 2 March 2016]. Available from: <http://promundoglobal.org/work/>



that abusers had approached them at their homes, compromising their security while not working. This is of great concern and should be remedied as quickly as possible through increased confidentiality of safe house location and security between safe house shifts.

- 8) ***Continue support from IRC:*** The IRC should support KNWO in further capacity building in the following areas: individual case advocacy and management, psychosocial service delivery, internal communication skills, professionalization of the organization, report and proposal writing, and annual handover process between KNWO elected representatives and safe house staff. This final recommendation has been requested by KNWO staff and leadership, and echoed by the IRC WPE team.

Annexes

A1. Evaluation Matrix

Sub-sections	Inputs by the evaluator(s)
Description of evaluation design	Primary evaluation design was qualitative research (KIs) and existing data collection via physical case files; secondary design included quantitative and qualitative research from existing data.
Data sources	Existing data from IRC, IMS, stakeholder reports, and GEP.
Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for quantitative analysis; level of participation of stakeholders through evaluation process, etc.)	Qualitative data collection tools included interview questions for KNWO and non-KNWO staff and management, KNWO beneficiaries.
Description of sampling: a) Area and population to be represented, b) Rationale for selection, c) Mechanics of selection limitations to sample, d) Reference indicators, benchmarks, and baseline, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)	a) Interviews were conducted in IRC Thailand office with external stakeholders and staff at both camps b) Interviewees were selected based on referrals; case files selected at random c) Small sample size d) None used
Description of ethical considerations in the evaluation: a) Actions taken to ensure the safety of respondents and research team	Enumerator confidentiality agreement and informed consent was



b) Referral to local services or sources of support c) Confidentiality and anonymity protocols d) Protocols for research on children, if required.	obtained.
Limitations of the evaluation methodology used.	Recall bias, small sample size.



A2. Data collection instrument: Interview tools

KNWO Staff & Management Questions

1. What do you think about the UNTF project? Tell me about some things that have been successful and things that have been challenging about the UNTF project.
2. In the past 3 years, what has been the best part about the UNTF project?
3. In the past 3 years, what has been the most challenging part about the UNTF project?
4. Do you know about IRC-KNWO quarterly coordination meetings? Have you attended those meetings?
5. Do you work on any of these parts of the UNTF project: safe house, case management, safety planning, psychosocial support for survivors, and/or GBV training for camp leadership?
 - a. What training have you received for these parts of your work? (list/describe all that apply)
 - b. Have you taken an assessment from either KNWO or IRC for these parts of your work?
6. Do you feel prepared to take the lead on GBV prevention and response in this camp?
 - a. Tell me more. How or why do you feel that way?
7. Are there any areas where you feel less prepared to lead on GBV services? Tell me more.
 - a. What can the IRC do to help you feel more prepared?
8. How do you feel about KNWO taking the lead on GBV services in the camp?
9. How do you feel about the IRC handover?
10. Does KNWO have a 2-year advocacy action plan? If yes, can you tell me about it?
11. What kinds of GBV awareness raising activities does KNWO do in the camp?
12. Are there any areas where you would like to receive further support from the IRC? Tell me more.



Non-KNWO Staff/Community Members

1. What is GBV?
2. Do you think GBV is a problem in the camp?
3. In the past 3 years, have you noticed a change in GBV incidents in the camp? Tell me more.
4. In the past 3 years, have you noticed a change in GBV services in the camp? Tell me more.
5. Have you ever been to an IRC or KNWO training on GBV? If yes, which training(s)?
6. Do you attend the quarterly meetings of the GBV Coordination Working Group?
7. What would you do if a friend came to you and told you she had experienced GBV?
8. Do you think the camp leadership understands GBV?
 - a. Tell me more. How or why do you feel that way?
9. What kinds of GBV awareness raising activities does KNWO do in the camp?



KNWO Beneficiaries

1. Label: Camp ____, Safe House ____, Interview #____
2. Age:
3. No. of children:
4. No. of school-aged children:
5. No. of children attending school:
6. Marital status:

7. How long have you lived in the camp?
8. How long have you stayed at the KNWO safe house?
9. How many times have you stayed at the KNWO safe house?
10. What is GBV?
11. Do you think GBV is a problem in the camp?
12. Do you have a safety plan? If you experience GBV again, do you have a plan to get away from danger and to a safe place? Tell me more.
13. What services has KNWO provided to you?
14. Were all your needs met by KNWO? (yes or no)
 - a. In no, what needs were not met?
15. On a scale of 1 to 10 (1 representing terrible and 10 representing amazing) how would you rate KNWO?
16. Are there any services that the community could use to end GBV that KNWO is not providing now? Tell me more.
17. Please state if you 'agree' or 'disagree':
 - a. I feel hopeful about the future.
 - b. I am worried about my family.
 - c. I have goals and dreams for my future.
 - d. I believe I can accomplish my goals and dreams.
 - e. I feel safe here.
 - f. There is trust in my community.
 - g. If one of my children is in trouble, I have the power to help them.
18. At this very moment, what is your greatest need?



A3. Data collection instrument: Enumerator confidentiality agreement

Confidentiality Agreement

I _____ understand that interviews for this UNTF evaluation are confidential, meaning that all information discussed is not to be shared with anyone outside the evaluation team, for any reason.

I _____ promise that I will not reveal to any person or entity any of the material or any similar material of a third party that I am under an obligation to keep confidential. I will not use or attempt to use those materials in any manner that may injure or cause loss to the IRC, KNWO, and/or beneficiaries. All those materials will be and remain the sole and exclusive property of the IRC. Immediately upon the termination of my services I must deliver all items containing Company Material to the IRC without retaining any copy.

I _____ shall at all times use reasonable endeavors to keep confidential the Confidential Information which I may acquire before or during the course of this project and shall not disclose such Confidential Information except with the written consent of the IRC.

Name

Date

Signature

Contact for further information.

Should you wish to contact us for any further information regarding this project:

Jillian J. Foster (Global Insight)
t: +1.202.503.9151
jillian.foster@g-insight.org

Annabelle Mubi (Mu Wee, IRC)
t: 0852522332

Thank you very much for taking the time to read this and for participating in this project.



A4. Data collection instrument: Consent form

Participant Consent Form

Initial box

1. I confirm that I have read and understand the evaluation project information provided and I have had the opportunity to ask questions about the evaluation.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I understand that I am free to decline.

3. I understand that my responses will be kept strictly confidential. I give permission for members of the evaluation team to have access to my anonymous responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the evaluation.

4. I agree for the data collected from me to be recorded and used in the present evaluation or any future research for the IRC.

5. I agree to take part in this evaluation project.

Name of Participant
(or legal representative)

Date

Signature

Name of person taking consent
(To be signed and dated in presence of the participant)

Date

Signature

Contact for further information.

Should you wish to contact us for any further information regarding this project:

Jillian J. Foster (Global Insight)
t: +1.202.503.9151
jillian.foster@g-insight.org

Annabelle Mubi (Mu Wee, IRC)
t: 0852522332

Thank you very much for taking the time to read this and for participating in this project.



A5. Documents consulted

- IRC Child Protection Policy
- IRC Standards for Professional Conduct (IRC Way)
- Project Proposal and RRF
- Baseline data of the project (i.e. Results Monitoring Plan and Baseline Report)
- Monitoring plans, indicators and summary of monitoring data
- Progress and annual reports of the project
- Stakeholder Interview Report
- Client satisfaction survey reports
- GBV IMS database
- GBV Standard Operating Procedure (SOP)
- Girls Empowerment Project (GEP) evaluation report, March 2013
- Gender-Based Violence Program Evaluation Final report, February 2011
- Safe-House Operation Guideline

A6. Key stakeholders and partners consulted

Seven community-based organizations including:

- a. KNWO Central Committee
Mu Ree, KNWO Joint Secretary, KNWO
Central Committee Office
Email: knwoцент@gmail.com; Phone: + 66
(0) 980051929
- b. Karenni Refugee Committee (KnRC)
Naw Htoo Lwin, Secretary
Email: knrc_06@yahoo.com; Tel: +66(0)89-
265-6224
- c. Camp Committee, section leaders, camp
security, camp justice
Khu Paw, Deputy Chair person of Camp
Committee in Site 1
- d. Karenni Health Department (KnHD)
Bwe Paw, KnHD-Director at KnHD Office,
BMN Camp
- e. Karenni Education Department (KnED)
Khu Bu Reh, KnED Director
Section 14, BMN Camp
- f. Karenni Students Union (KnSU)
Law Kee, Post high school teacher, KSU
member
- g. Karenni Youth Organization (KnYO)
Shar Reh, KNYO Chair Person in BMS Cam

NGOs/UNHCR:

- a. IRC WPE team
Annabelle Mubi, WPE Manager Mae Hong
Son
18 Udomchaonit Road, Mae Hong Son,
Muang 58000
Email: Annabelle.mubi@rescue.org
Tel: +66 85 252 2332
- b. IRC Health Acting Health Coordinator and
Clinical Training Officer
Dr. Hnin Phyu, Clinical Manager/Acting
Health Coordinator
18 Udomchaonit Road, Mae Hong Son,
Muang 58000
Email: Hnin.Phyu@rescue.org; Tel: +66 53
611 626 (Ext: 21)
- c. IRC LAC Manager, Legal Advisor, LAC
camp-based assistants, Muang
District/Site1/Site 2
Wisitpong Yangyuentawee, IRC LAC MHS
Program Manger
Email:
wisitpong.yangyuentawee@rescue.org
- d. UNHCR Field Coord. & Protection Officer
Svetlana Karapandzic, UNHCR Office,
Muang District, Mae Hong Son
Email: karapand@unhcr.org
- e. Catholic Office for Emergency Relief and
Refugees (COERR)¹⁹
Benjawan Maliwan, Field Manager, Mae
Hong Son
Email: benjawan@coerr.org
- f. Jesuit Refugee Service (JRS) Project
Director
Sister Evelyn, Mae Hong Son
Email: mhs.accompaniment@jrs.or.th
- g. The Border Consortium (TBC) Field
Coordinator²⁰
Lahsay Sawwah, Field Coordinator
43/5 Panglawnichom road, Muang, Mae
Hong Son 58000
Email: lahsay@theborderconsortium.org

¹⁹ Contact attempted but unable to meet.

²⁰ Contact attempted but unable to meet.

A7. UNTF Results Resource Framework

RRF Step 2: Outcomes, Outputs and Activities

Please provide information for project outcomes, outputs and key project activities requested in the table below. You need to put your inputs in the sections highlighted by in light yellow. The sections highlighted in gray contain instructions and guiding questions. The maximum number of outcomes, outputs and activities each project can have is listed below.

Outcomes	Minimum 1 and maximum 4 per project
Outputs	Minimum 1 and maximum 4 per outcome
Key project activities	Minimum 1 and maximum 5 per output

Each proposal should list only key project activities and minimize the information on preparatory activities and/or detailed processes. For instance, "organize two trainings for community leaders on how to address violence against women in their communities A and B" should be one key project activity. Any detailed preparatory work or processes, such as "identify participants of the training" or "coordinate with senior community leaders to organize training" should not be mentioned in the table below as a key project activity. The size of table below per output will depend on how many outcomes and outputs the user identified in the Results Chain. In the table below, 2 outcomes and 2 outputs per outcome have been provided.

Outcome 1	Definition of Outcome: define the outcome of your project in one phrase (maximum 50 words per outcome) *		Community and camp-based service providers in the health, psychosocial and justice sectors are supported to continue and improve upon their delivery of high quality, compassionate care to survivors of GBV.									
	Beneficiaries at the outcome level (indicators): Whose behaviors/actions and/or what institutions are expected to be changed and/or improved under this outcome?		Current situation of beneficiaries (baseline): What is the current situation of each intended beneficiary? (maximum 100 words per beneficiary group). *		Targeted number of beneficiaries by the end of project *		Expected situation of targeted beneficiary at the end of project: What are the expected main changes in beneficiaries' and/or institutions' behaviors and actions by the end of this project? (maximum 100 words per beneficiary group). *					
	You may select up to 3 groups (drop down menu) *				Provide estimated number of institutions (if applicable)				Provide estimated number of individuals (if applicable)			
	Beneficiary 1:	14. Community-based groups/members	KNWO, RCT and bodies involved in administration of camp justice have some awareness of GBV and the needs of survivors, and some skills in providing appropriate services for them. Coordination Working Groups members have some knowledge of the SOPs and how to make appropriate referrals.		15	300	Local service providers are highly skilled and able to deliver survivor-centered care to women and girls who have experienced violence. Representatives of non-service-providing CBOs, NGOs and camp leadership figures have good knowledge of SOPs and appropriate referral pathways.					
	Beneficiary 2:											
	Beneficiary 3:											
	Strategic area of intervention for Outcome 1: What is the main strategic area of intervention this outcome falls under (preventing violence, improving service delivery, or strengthening institutional response)? Select one that is the most relevant. (drop down menu to select one out of 3) *			2. Improving Service Delivery								
Strategic area of intervention for Outcome 1 (OPTIONAL): You may select the second most relevant strategic area of intervention this outcome falls under. (drop down menu to select one out of 2)			3. Strengthening Institutional Response									
Output 1.1	Definition of Output: define the output of your project in one phrase (maximum 50 words per output) *		Output Indicators (maximum of 3 indicators to measure the output) (maximum 40 words per indicator) *		Baseline per output indicator (maximum 40 words per baseline) *		Annual Targets for each output indicator* (number and/or maximum 40 words per target in case the information is qualitative)					
							Year 1		Year 2		Year 3	
							Number	Qualitative information (maximum 40 words)	Number	Qualitative information (maximum 40 words)	Number	Qualitative information (maximum 40 words)
	Compassionate and high quality healthcare services continue to be delivered to survivors of GBV.		Number of KnHD staff trained		NA		10		10		10	
			% Improvement in KnHD staff knowledge of compassionate clinical care		70%		75%		79%		84%	
			% of cases receive compassionate health services according to established protocols and best practice		To be determined		60%		75%		90%	
Strategy for Output 1.1: What is your project's specific strategy to deliver this output through the key project activities? Select the most relevant one from the list (drop down menu)			1.5 Developing capacities of community groups and leaders									

[illegible]

Output 1.3	Definition of Output: define the output of your project in one phrase (maximum 50 words per output)		Output Indicators (maximum of 3 indicators to measure the output) (maximum 40 words per indicator)		Baseline per output indicator (maximum 40 words per baseline)		Annual Targets for each output indicator (number and/or maximum 40 words per target in case the information is qualitative)							
							Year 1				Year 2		Year 3	
							Number	Qualitative information (maximum 40 words)			Number	Qualitative information	Number	Qualitative information (maximum 40 words)
	Justice and legal services that focus on the specific needs of GBV survivors (including community-based hearings and access to the Thai justice system) continue to be provided, and are strengthened, in both camps.		% improvement in legal and justice stakeholders' knowledge of GBV core concepts and communication/helping skills Guidance adopted by Mediation and Dispute Resolution Committee upholds best practice with regards to protection of survivors' rights		Data to be collected		10%				15%		20%	
			% of monitored cases referred to Thai justice system according to WPE/LAC established protocols		Guidance not yet adopted		0%	Guidance still in development			0%	Guidance still in development	100%	All Guidance notes adopted uphold best practice
				No data available		60%				75%		85%		
Strategy for Output 1.2: What is your project's specific strategy to deliver this output through the key project activities? <i>Select the most relevant one from the list (drop down menu)</i>					1.5Developing capacities of community groups and leaders									

Key Activities for Output 1.3	Description of key project activities (maximum 40 words per key activity)			Responsible parties/Implementing agencies		Timeframe												
						Year 1				Year 2				Year 3				
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Key activity 1.3.1:			IRC and KNWO provide training for camp leadership and IRC legal staff on topics including GBV core concepts, SOPs, referral mechanisms, mediation and communication/helping skills		WPE Program Officer, KNWO		X	X	X	X	X	X	X	X	X	X	X
	Key activity 1.3.2:			IRC WPE staff trains and collaborates with IRC legal staff and KNWO to facilitate and monitor appropriate, survivor-centered referral of GBV cases to the Thai justice system		WPE Case Management Manager, KNWO		X	X	X	X	X	X	X	X	X	X	
Key activity 1.3.3:			IRC provides technical support to KNWO to participate in the development and dissemination of gender-sensitive Mediation and Dispute Resolution Guidelines		WPE/ KNWO Liaison Officer, KNWO		X	X	X	X	X	X	X	X	X	X		
Key activity 1.3.4:			IRC and KNWO monitor camp-based hearing and mediation proceedings to ensure survivor safety and well-being		WPE Case Management Manager, KNWO		X	X	X	X	X	X	X	X	X	X		
Key activity 1.3.5:			IRC supports KNWO and LAC to conduct quarterly meetings for coordination and monitoring of SOPs		WPE Program Manager, KNWO		X	X	X	X	X	X	X	X	X	X		

Outcome 2	Definition of Outcome: define the outcome of your project in one phrase (maximum 50 words per outcome)		KNWO becomes the lead agency for prevention and response to violence against women and girls in the Karenni refugee camps.											
	Beneficiaries at the outcome level (indicators): Whose behaviors/actions and/or what institutions are expected to be changed and/or improved under this outcome?		Current situation of beneficiaries (baseline): What is the current situation of each intended beneficiary? (maximum 100 words per beneficiary group).		Targeted number of beneficiaries by the end of project		Expected situation of targeted beneficiary at the end of project: What are the expected main changes in beneficiaries' and/or institutions' behaviors and actions by the end of this project? (maximum 100 words per beneficiary group).							
	You may select up to 3 groups <i>(drop down menu)</i>				<i>Provide estimated number of institutions (if applicable)</i>	<i>Provide estimated number of individuals (if applicable)</i>								
	Beneficiary 1:		14.Community-based groups/members		KNWO have limited skills in GBV service provision and training materials are not standardised.		1	50	KNWO have the skills and confidence to provide quality services to survivors, and lead the response to GBV. Training modules ensure sustainability of skills.					
	Beneficiary 2:													
	Beneficiary 3:													
	Strategic area of intervention for Outcome 2: What is the main strategic area of intervention this outcome falls under (preventing violence, improving service delivery, or strengthening institutional response)? Select one that is the most relevant. <i>(drop down menu to select one out of 3)</i>					3. Strengthening Institutional Response								
Strategic area of intervention for Outcome 2 (OPTIONAL): You may select the second most relevant strategic area of intervention this outcome falls under. <i>(drop down menu to select one out of 2)</i>					2. Improving Service Delivery									

Output 2.1	Definition of Output: define the output of your project in one phrase (maximum 50 words per output)	Output Indicators (maximum of 3 indicators to measure the output) (maximum 40 words per indicator)	Baseline per output indicator(maximum 40 words per baseline)	Annual Targets for each output indicator (number and/or maximum 40 words per target in case the information is qualitative)							
				Year 1				Year 2		Year 3	
				Number	Qualitative information (maximum 40 words)			Number	Qualitative information (maximum 40 words)	Number	Qualitative information (maximum 40 words)
Improved technical capacity enables KNWO to lead the provision of high quality, multi-sectoral care to survivors of GBV.	Number of KNWO caseworkers trained on new modules	NA	0		20		20				
	% improvement in caseworkers knowledge of new module content	0	0%		15%	Based on results of pre-and post tests	30%	Based on results of pre and post tests			
Strategy for Output 2.1: What is your project's specific strategy to deliver this output through the key project activities? Select the most relevant one from the list (drop down menu)			1.5Developing capacities of community groups and leaders								

Key Activities for Output 2.1	Description of key project activities (maximum 40 words per key activity)		Responsible parties/Implementing agencies	Timeframe											
				Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	Key activity 2.1.1:	IRC develops and delivers training modules on case management, counseling skills, case supervision, operating safe shelters, GBV SOPs, information management and advocacy to KNWO caseworkers.	WPE Capacity Building Manager	X	X	X	X	X	X	X	X	X	X	X	X
	Key activity 2.1.2:	IRC develops and conducts Training of Trainer (ToT) workshops for KNWO on GBV concepts, communication/helping skills for multi-sectoral service providers	WPE Capacity Building Manager			X		X		X		X		X	
	Key activity 2.1.3:	IRC provides technical support to KNWO to supervise and monitor safe shelters, case management staff and service quality	WPE Case Management Manager	X	X	X	X	X	X	X	X	X	X	X	X
Key activity 2.1.4:	IRC monitors KNWO to independently supervise high quality, multi-sectoral service provision to survivors of GBV	WPE Case Management Manager	X	X	X	X	X	X	X	X	X	X	X	X	

Output 2.2	Definition of Output: define the output of your project in one phrase (maximum 50 words per output)	Output Indicators (maximum of 3 indicators to measure the output) (maximum 40 words per indicator)	Baseline per output indicator(maximum 40 words per baseline)	Annual Targets for each output indicator (number and/or maximum 40 words per target in case the information is qualitative)							
				Year 1				Year 2		Year 3	
				Number	Qualitative information (maximum 40 words)			Number	Qualitative information (maximum 40 words)	Number	Qualitative information (maximum 40 words)
Strengthening Institutional Response: Improved organizational capacity enables KNWO to be a sustainable, high functioning organisation	% of organizational capacity development plan implemented	0%	30%			65%		100%			
	% of strategic planning process completed	0%	30%			65%		100%			
	% increase in KNWO management staff capacity to lead prevention and response to GBV	To be determined based on joint competency assessment	0%			40%		80%			
Strategy for Output 2.2: What is your project's specific strategy to deliver this output through the key project activities? Select the most relevant one from the list (drop down menu)			1.5Developing capacities of community groups and leaders								

Key Activities for Output 2.2	Description of key project activities (maximum 40 words per key activity)		Responsible parties/Implementing agencies	Timeframe											
				Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	Key activity 2.2.1:	IRC conducts organizational assessment (e.g. finance, HR, admin systems) of KNWO, using participatory methodology and existing Institutional Development tools.	WPE Program Manager	X	X										
	Key activity 2.2.2:	IRC and KNWO jointly create organizational capacity development plan based on organizational assessment results	WPE Program Manager, KNWO			X	X	X							
	Key activity 2.2.3:	IRC supports KNWO to identify relevant resources for implementation of organizational capacity development plan	WPE Program Manager, KNWO				X	X							
Key activity 2.2.4:	IRC participates jointly with KNWO in development of 3-year strategic plan	WPE Program Manager, KNWO				X	X								
Key activity 2.2.5:	IRC supports KNWO to organize stakeholder meetings to present finalized strategic plan	WPE Program Manager, KNWO					X	X							

Output 2.3	Definition of Output: define the output of your project in one phrase (maximum 50 words per output)	Output Indicators (maximum of 3 indicators to measure the output) (maximum 40 words per indicator)	Baseline per output indicator(maximum 40 words per baseline)	Annual Targets for each output indicator (number and/or maximum 40 words per target in case the information is qualitative)							
				Year 1		Year 2		Year 3			
	Number	Qualitative information (maximum 40 words)	Number	Qualitative information (maximum 40 words)	Number	Qualitative information (maximum 40 words)					
	Strengthening Institutional Response: KNWO leads capacity building and advocacy efforts on GBV in the camps	% of training content facilitated by KNWO	0%	IRC will facilitate 100% of trainings with KNWO trainers observing.	KNWO trainers will facilitate 50% of training activities.		KNWO will facilitate 100% of the training activities, with IRC observing and provide feedback				
% of monthly coordination working group meetings facilitated by KNWO		0%	0%	50%	100%						
KNWO fully leads the campaigns of 16 Days to Activism to End Gender Violence		NA	IRC will lead the campaign	KNWO will facilitate at least 50% of campaign activities.	KNWO will facilitate 100% of the campaign with IRC observing and provide feedback						
Strategy for Output 2.3: What is your project's specific strategy to deliver this output through the key project activities? Select the most relevant one from the list (drop down menu)			1.5Developing capacities of community groups and leaders								

Key Activities for Output 2.3	Description of key project activities (maximum 40 words per key activity)		Responsible parties/Implementing agencies	Timeframe													
				Year 1				Year 2				Year 3					
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
	Key activity 2.3.1:	IRC provides a subgrant to KNWO to each year for organization of trainings and GBV coordination. ** Please note that this activity will be implemented in line with the organisational development plan under output 2.2. IRC will progressively handover responsibility for the trainings and GBV coordination when KNWO meets set benchmarks as dictated in the plan. Additional amounts will be added to the sub-grant for KNWO to take on these activities.		IRC	X				X					X			
	Key activity 2.3.2:	IRC supports KNWO to independently facilitate trainings for camp leadership and multi-sectoral service providers		Capacity Building Manager/ KNWO	N/A	N/A	N/A	N/A	X	X	X	X		X	X	X	X
	Key activity 2.3.3:	IRC supports KNWO to independently facilitate monthly GBV Coordination Working Group meetings with all camp stakeholders		IRC Project Manager/ KNWO	N/A	N/A	N/A	N/A	X	X	X	X		X	X	X	X
Key activity 2.3.4:	IRC supports KNWO to lead development of two-year advocacy action plan in the camps around gender equitable policies and practices		WPE Program Manager/ KNWO			X	X	X									
Key activity 2.3.5:	KNWO conducts awareness raising activities around prevention of and response to gender-based violence		WPE Program Manager/ KNWO	X	X	X	X	X	X	X	X		X	X	X	X	

A8. IRC Thailand TOR

1. Background and Context

1.1 Description of The Project

Project Title:	Enhancing a community-based multi-sectoral response to gender-based violence in Ban Mai Nai Soi and Ban Mae Surin, Karenni refugee camps		
Duration:	Three years		
Start Date:	November 1, 2012	Est. End Date:	October 31, 2015

The overall goal of this project is that women and girls affected by violence in Ban Mai Nai Soi and Ban Mae Surin refugee camps receive comprehensive, high quality assistance from community-based service providers. The project aims to achieve the goal by strengthening prevention and response to GBV in Ban Mai Nai Soi and Ban Mae Surin refugee camps through community-based providers, and addresses the following forms of violence:

1. Violence in the family, including intimate partner physical, sexual, psychological, and emotional violence; and
2. Violence in the community, including sexual violence by non-partners (rape/sexual assault) and sexual harassment and violence in public spaces/institutions, such as schools and work places.

Primary beneficiaries are women and girl survivors of violence in Ban Mai Nai Soi and Ban Mae Surin camps, who benefit from high quality, culturally competent and community-based services promoting health and healing, and preventing re-victimization.

A further key beneficiary and implementing partner is the Karenni National Women's Organization (KNWO), who are supported to become the lead implementing organization working on gender-based violence issues by the end of the project.

Secondary Beneficiaries include other service providers involved in GBV response through the GBV Standard Operating Procedures (SOPs), who benefit from improved knowledge, skills and attitudes around GBV. They include:

- **Staff of UNHCR and INGOs.** Focal points of UNHCR and INGOs that have been identified and delegated as first responders to incidents of GBV.
- **Staff of community-based organizations/groups.** Focal points of community-based organizations/groups that have been identified and delegated as first responders to incidents of GBV. This includes the refugee-lead Karenni Health Department, responsible for receiving walk-ins and referrals of GBV cases.
- **Camp governance and administration bodies.** Includes Karenni Refugee Committee, Camp Committees, Camp justice staff, Camp security staff, section leaders, and Mediation and Dispute Resolution Guidelines Committee.

See Annex 1 Interim Narrative Report covering the period from 1st November 2014 to 30th April 2015 for the most recent information on program achievements.

1.2 Strategy and Results Chain

Key strategies employed in the project include 1) Improving GBV service delivery provided by community-based organizations; and 2) Institutional strengthening of KNWO, a community-based women's organization, to serve as the lead GBV response agency and technical resource hub. These two key strategies in turn contribute to the following Outcomes and Outputs. See Annex 2, RRF for detailed Outcome and Output indicators to be evaluated in the Final External Evaluation.

1.3 Geographic Context

The geographical scope of the project is Ban Mai Nai Soi and Ban Mae Surin refugee camps in Mae Hong Son province on the Thailand-Myanmar border. There are currently 14,561 predominantly ethnic-Karenni refugees in the two camps, consisting of 7,435 females (51.06%) and 7,126 males (48.94%).

Disaggregated population figures (Health Information System February 2015)

Ban Mae Surin (Site 2):

<i>Number per camp</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
Total population	1,455	1,461	2,916	
Number of infant <1 years	48	48	96	3%
Number of children < 5 years	204	205	409	14.%
Number of females 15-49 years		583	583	20%
Number of pregnant and lactating women		117	117	4%

Ban Mai Nai Soi (Site 1):

<i>Number per camp</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
Total population	5,980	5,665	11,645	
Number of infant <1 years	125	119	244	2%
Number of children < 5 years	837	793	1,630	14%
Number of females 15-49 years		2,329	2,329	20%
Number of pregnant and lactating women		466	466	4%

1.4 Total resources allocated for the intervention, including human resources and budgets (budget need to be disaggregated by the amount funded by the UN Trust Fund and by other sources/donors).

The total project budget is \$888,420, of which \$750,000 is supported by the United Nations Trust Fund (UNTF) and \$138,420 is provided as matching funds by the IRC.

1.5 Key partners involved in the project, including the implementing partners and other key stakeholders.

The key partnership in this project is between IRC and KNWO, a community-based organization established in 1993 to organize female refugees who fled their homes to seek asylum along the Thailand-Myanmar border. Given their linkages to the population, experience with GBV response, as well as their own desire to take on additional responsibilities, KNWO is well positioned to lead GBV prevention and response in both camps. Secondary partnerships are maintained with UNHCR, NGOs, community-based organizations and camp governance agencies who are signatories of the SOPs. These

organizations play a role in community awareness raising activities, particularly in the 16 Days Activism Against Gender Based Violence Campaign, as well as service provision and appropriate referral of cases.

The project also partners with IRC's Legal Assistance Centre (LAC) Program Legal Advisors, trained Thai lawyers who provide legal counselling, information on justice options, assistance in facilitating cases to appropriate justice mechanisms, and ensure proper case preparation and representation and liaison with the Thai or camp authorities while the case is ongoing. In addition, the project maintains and deepens existing links with other Thai institutions concerned with service provision and protection of survivors, particularly Mae Hong Son Hospital's One Stop Crisis Centre, and the government-run Shelter for Children and Family of Mae Hong Son Province.

2. Purpose of the evaluation

2.1 Why the evaluation needs to be done

This is a mandatory final project evaluation required by the UN Trust Fund to End Violence against Women.

The purpose of the evaluation is to inform and strengthen the provision of Gender Based Violence (GBV) prevention and response services in the two target camps, implemented by the IRC's Women's Protection and Empowerment (WPE) program and the partner community-based organization (CBO), Karenni National's Women Organization (KNWO), under the UN Trust Fund to End Violence against Women project period (three years from November 2012 to October 2015). In particular, IRC seeks to assess these following:

- To assess the IRC's WPE program implementation to ensure the project objectives, indicators, outputs and expected outcomes are met, that KNWO has the capacity to effectively serving as lead GBV services agency and technical resource hub, and that multi-sector stakeholders, camp-based service providers have the capacity to provide GBV response in the target camps;
- To provide recommendations for further capacity building and technical support to KNWO in particular regard to preparation for return to Myanmar;
- To provide recommendations based on the findings of the evaluation, achievements, lessons learned, gaps and challenges from IRC's long-standing presence to guide subsequent WPE program adjustment and improvement in the target camps.

2.2 How the evaluation results will be used, by whom and when.

Evaluation findings will be shared with camp stakeholders to obtain their feedback and discuss lessons learned. Findings will also be used to identify any remaining needs and to inform strategies for future program and capacity building initiatives.

The results of this evaluation will also be shared with all stakeholders in the camps, concerned staff within IRC MHS and management teams with a view to using the findings to better coordinate and strengthen IRC and KNWO staff capacity related to GBV services; and to enhance collaboration among IRC cross programs teams and concerned CBOs in the camps as appropriate. The evaluation results will be used beyond the UNTF project from 2016 onward.

2.3 What decisions will be taken after the evaluation is completed

After the evaluation is completed, IRC will utilize the results and recommendations to improve, strengthen, and provide guidance for future adjustment, design and implementation of IRC WPE program; and to provide guidance to IRC and KNWO to strengthen KNWO capacity, particularly in regards to preparation for return to Myanmar.

3 Evaluation objectives and scope

3.1 Scope of Evaluation:

This evaluation will encompass the entire project duration from 1st November 2012 to 31th October 2015. The evaluation activities will take place over a timeframe jointly agreed by the evaluation consultant and IRC upon the approval of this term of reference and the recruitment of the external evaluation consultant. The geographic coverage will encompass the two target refugee camps in Mae Hong Son province, namely Ban Mai Nai Soi (Site 1) and Ban Mae Surin (Site 2). The evaluation will cover **primary beneficiaries** of women and girl survivors of violence and KNWO in Ban Mai Nai Soi and Ban Mae Surin camps, and **secondary beneficiaries** of service providers involved in GBV response including UNHCR, INGOs, CBOs, and camp administration bodies as detailed in Section 1 above.

3.2 Objectives of Evaluation: What are the main objectives that this evaluation must achieve?

The overall objectives of the evaluation are to:

- a. To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals;
- b. To generate key lessons and identify promising practices for learning;
- c. To generate knowledge that can be adapted to new WPE program focus, and inform adjustments to the program to continue to respond to preparedness for return

4 Evaluation Questions

The key questions that need to be answered by this evaluation include the following divided into five categories of analysis. The five overall evaluation criteria – relevance, effectiveness, efficiency, sustainability and impact - will be applied for this evaluation.

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	<ol style="list-style-type: none">1) To what extent were the intended project goal, outcomes and outputs achieved and how?2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
Relevance	<ol style="list-style-type: none">1) To what extent was the project strategy and activities implemented

	<p>relevant in responding to the needs of women and girls?</p> <p>2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</p>
Efficiency	<p>1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?</p>
Sustainability	<p>1) How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?</p> <p>2) Does KNWO have adequate resources to provide high quality GBV services to refugees after the project ends?</p> <p>3) How will stakeholders sustain ownership of the well being of women and girls after the project ends?</p>
Impact	<p>1) What are the unintended consequences (positive and negative) resulted from the project?</p> <p>2) Have survivors of GBV experienced any positive or unintended negative consequences since receiving services?</p> <p>3) Has there been any change in attitude toward GVB issues and stigmatization among stakeholders and camp residents?</p>
Knowledge Generation	<p>1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>

5 Evaluation Methodology

This evaluation will focus on process and outcomes and will be conducted by an external consultant specializing in GBV among displaced populations. The evaluation will use a combination of quantitative and qualitative methods, including case audits, surveys and semi-structured interviews with clients, KNWO and camp stakeholders. The following methods and respondents are proposed in this term of reference. However, details may change upon more detailed design discussions with the evaluation consultant:

1. Desk review of program monitoring documents and progress reports
2. Case audits of 20 cases (approximately 30% of average number of cases per year) using Case Audit Checklist form
3. Semi-structured interviews with 10 clients
4. Semi-structured interviews with KNWO management and staff (approximately 10 respondents)
5. Semi-structured interviews with key service providers (e.g. KnHD RCT, IRC Health Program, IRC Legal Assistance Centre Program) (approximately 10) respondents)
6. Focus group discussions with key service providers (e.g. KnHD RCT, IRC Health Program, IRC Legal Assistance Centre Program) (approximately 20)
7. Short quantitative surveys with camp stakeholders (e.g. camp committee members, section leaders, camp security) (approximately 100 respondents)
8. Interviews with UNHCR and the Mae Hon Son Provincial One-Stop Crisis Centre
9. Review of quantitative data from M&E activities conducted throughout the project

The evaluation consultant will conduct two field visits to the two target camps in MHS province to conduct the semi-structured interviews and administer the short quantitative surveys with support from camp-based assistants. The participants in these semi-structured interviews and surveys will be selected using an appropriate means and criteria agreed between the evaluation consultant and IRC. Meanwhile, the cases that will undergo the evaluation audit will be chosen at random based on the GBV information management system (IMS) data collected during the UNTF project period.

The data gathered from these evaluation methods will be analyzed by the evaluation consultant and compiled into an evaluation report to be submitted to IRC Women's Protection and Empowerment Manager for MHS and the Deputy Director of Programs for review by December 2015 prior to submission to UNTF in January 2016.

6 Evaluation Ethics

The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation' <http://www.unevaluation.org/ethicalguidelines>.

It is imperative for the evaluator(s) to:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for women that might ask for them.
- Ensure compliance with legal codes governing areas and applicable IRC policies such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Store securely the collected information.

The evaluator(s) must consult with the relevant documents as relevant prior to development and finalization of data collection methods and instruments. The key documents include (but not limited to) the following:

- World Health Organization (2003). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html
- Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). *Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence*. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council. Available from www.svri.org/EthicalRecommendations.pdf
- Researching violence against women: A practical guide for researchers and activists November 2005 http://www.path.org/publications/files/GBV_rvaw_complete.pdf
- World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

7 Key deliverables of evaluators and timeframe

Deliverables	Description of Expected Deliverables	Timeline of each
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			deliverable (date/month/year)
1	Evaluation inception report (language of report: English)	<p>The inception report provides the grantee organization and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.</p> <p>An inception report must be prepared by the evaluators <u>before</u> going into the technical mission and full data collection stage. It must detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods, proposed sources of data and data collection/analysis procedures.</p> <p>The inception report must include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product.</p> <p>The structure must be in line with the suggested structure of the annex of TOR.</p>	31/10/2015
2	Draft evaluation report (language of report: English)	<p>Evaluators must submit draft report for review and comments by all parties involved. The report needs to meet the minimum requirements specified in the annex of TOR.</p> <p>The grantee and key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.</p>	31/12/2015
3	Final evaluation report (language of report: English)	<p>Relevant comments from key stakeholders must be well integrated in the final version, and the final report must meet the minimum requirements specified in the annex of TOR.</p> <p>The final report must be disseminated widely to the relevant stakeholders and the general public.</p>	31/01/2016

8 Evaluation team composition and required competencies

8.1 Evaluation Team Composition and Roles and Responsibilities

The Evaluation Team will be consisting of one international consultant and one national interpreter.

Evaluator A (e.g. senior evaluator) will be responsible for undertaking the evaluation from start to finish and for managing the evaluation team under the supervision of evaluation task manager from the grantee organization, for the data collection and analysis, as well as report drafting and finalization in English.

The national interpreter will be responsible for assisting the evaluator in the design and implementation of all interviews and focus groups discussions with community level stakeholders. The national staff interpreter will assist the evaluator in ensuring the data collection tools are linguistically and culturally appropriate, and provide high quality interpretation and translation assistance to ensure the evaluator collects accurate and comprehensive information from all stakeholders engaging in the evaluation.

8.2 Required Competencies

Evaluator

Number of working days: 23

- Evaluation experience of 5 to 10 years in conducting external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls
- Specific evaluation experiences in the areas of ending violence against women and girls
- Experience in collecting and analysing quantitative and qualitative data
- In-depth knowledge of gender equality and women's empowerment
- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts
- Regional/Country experience and knowledge: in-depth knowledge of the context of Burmese refugees is highly desirable; in-depth knowledge of gender issues and issues of violence against women and girls in refugee contexts is required.
- Language proficiency: fluency in English is mandatory; good command of Burmese and or Karenni (for Site 1) and Karen (for Site 2) is desirable.

Interpreter

Number of working days: 10

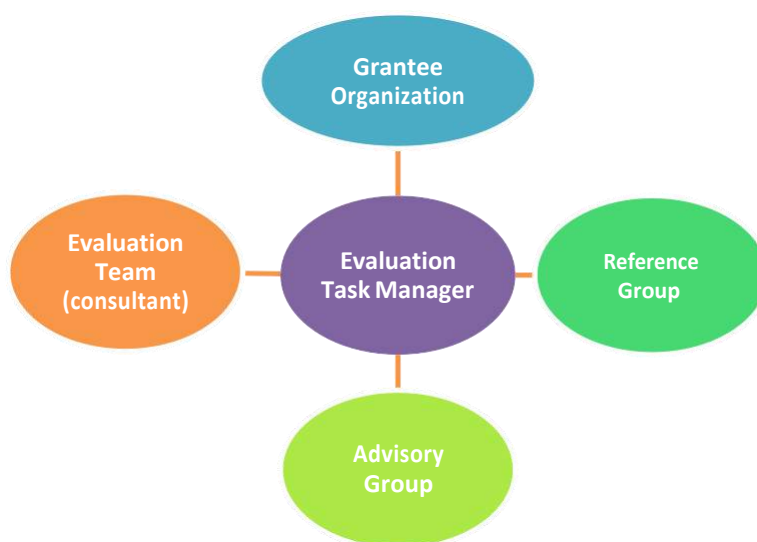
- Burmese and Karenni language proficiency required
- Strong command of English language required
- Burmese and Karenni to English Interpretation experience of at least 3 – 5 years is required
- Knowledge of gender issues and issues of violence against women and girls in the context of Burmese refugees in Thailand is required.

9 Management Arrangement of the evaluation

Name of Group	Role and responsibilities	Actual name of staff responsible
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Evaluation Team	External evaluators/consultants to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Manager.	External evaluators
Evaluation Task Manager	<p>The Women's Protection and Empowerment Program Manager for Mae Hong Son to manage the entire evaluation process under the overall guidance of the Deputy Director of Programs, to:</p> <ul style="list-style-type: none"> • lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management; • manage the recruitment of the external evaluators; • lead the collection of the key documents and data to be share with the evaluators at the beginning of the inception stage; • liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration; • provide administrative and substantive technical support to the evaluation team and work closely with the evaluation team throughout the evaluation; • lead the dissemination of the report and follow-up activities after finalization of the report 	Annabelle Mubi , Women's Protection and Empowerment Program Manager for Mae Hong Son of IRC.
Commissioning Organization	Senior management of the organization who commissions the evaluation (grantee) – responsible for: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	James Lenton , Deputy Director of Programs for IRC Thailand Country Program
Reference Group	Include primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance	<p>Primary beneficiaries:</p> <ul style="list-style-type: none"> • Survivors of violence in Ban Mai Nai Soi and Ban Mae Surin camps • Karenni National Women's Organization (KNWO) <p>Secondary Beneficiaries:</p> <ul style="list-style-type: none"> • Staff of UNHCR and INGOs. • Staff of community-based

		<p>organizations/groups.</p> <ul style="list-style-type: none"> • Camp governance and administration bodies including Karenni Refugee Committee, Camp Committees, Camp justice staff, Camp security staff, section leaders, and Mediation and Dispute Resolution Guidelines Committee
Advisory Group	Must include a focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on <u>the draft TOR</u> and <u>the draft report</u> for quality assurance and provide technical support if needed.	<p>Leora Ward, IRC Women's Protection and Empowerment Technical Advisor</p> <p>Nuntana Tangwinit, Programme Officer, UN Women ROAP</p>



10 Timeline of the entire evaluation process

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe (dd/mm/yyyy - dd/mm/yyyy)
Preparation stage	Prepare and finalize the TOR with key stakeholders	Commissioning organization and evaluation task manager	21 days	01/07/2015 – 30/07/2015
	Compiling key documents and existing data		5 days	24/08/2015 – 28/08/2015

	Recruitment of external evaluator(s)		44 days	01/09/2015 – 31/10/2015
Inception stage	Briefings of evaluators to orient the evaluators	Evaluation task manager and evaluation team	0.5 day	02/11/2015
	Desk review of key documents	Evaluation Team	1.5 days	02/11/2015 – 03/11/2015
	Finalizing the evaluation design and methods	Evaluation Team	1.5 days	04/11/2015 – 05/11/2015
	Preparing an inception report	Evaluation Team	1.5 days	05/11/2015 – 6/11/2015
	Review Inception Report and provide feedback	Evaluation Task Manager, Reference Group and Advisory Group	2.5 days	9/11/2015 – 11/11/2015
	Submitting final version of inception report	Evaluation Team	0.5 day	11/11/2015
Data collection and analysis stage	Desk research	Evaluation Team	2 days	12/11/2015 – 13/11/2015
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluation Team	10 days	16/11/2015 – 20/11/2015 and 23/11/2015 – 27/11/2015
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluation Team	1.5 days	30/11/2015 – 01/12/2015
	Preparing a draft report	Evaluation Team	3.5 days	01/12/2015 – 04/12/2015
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Reference Group, Commissioning Organization Senior Management, and Advisory Group	3 days	07/12/2015 – 09/12/2015
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manger	2 days	10/12/2015 – 11/12/2015
	Incorporating comments and revising the evaluation report	Evaluation Team	1 day	14/12/2015
	Submission of the final report	Evaluation Team	0.5 day	15/12/2015
	Final review and approval of report	Evaluation Task Manager, Reference Group,	1.5 day	15/12/2015 – 18/12/2015

		Commissioning Organization Senior Management, and Advisory Group		
Dissemination and follow-up	Publishing and distributing the final report	commissioning organization led by evaluation manager	14 days	16/01/2016 – 29/01/2016
	Prepare management responses to the key recommendations of the report	Senior Management of commissioning organization	14 days	30/01/2016 – 13/02/2016
	Organize learning events (to discuss key findings and recommendations, use the finding for planning of following year, etc)	commissioning organization	22 days	14/02/2016 – 15/03/2016

11 Budget

The total budget for this evaluation is USD 15,000. This amount will cover the consultant fees and travel costs of USD 14,000, and the amount of USD 2,000 (the additional USD 1,000 to be allocated from the travel budget for local monitoring and evaluation visits and IRC Technical Unit's monitoring and evaluation visits that is subsumed under the evaluation budget line) for local transportation, rental, visa fee for expatriate evaluator/s, accommodation costs and anything other logistical expenses such as fees paid to a local interpreter and a third party (qualified/trained camp residents) to carry out quantitative surveys with camp stakeholders (approximately 100 respondents).

The consultation fees are broken down as follows:

Position	Daily Fee	Number of Days	Total
Evaluator	USD 700	23	USD 16,100
Interpreter	USD 30	10	USD 300

12 Annexes

1) Key stakeholders and partners to be consulted

Seven community-based organizations including:

- a. KNWO Central Committee
Mu Ree, KNWO Joint Secretary, KNWO Central Committee Office
Email: knwocent@gmail.com; Phone: + 66 (0) 980051929
- b. Karenni Refugee Committee (KnRC)
Naw Htoo Lwin, Secretary
Email: knrc_06@yahoo.com; Tel: +66(0)89-265-6224
- c. Camp Committee, section leaders, camp security, camp justice
Khu Paw, Deputy Chair person of Camp Committee in Site 1
Section 14, BMN camp

- d. Karenni Health Department (KnHD)
Bwe Paw, KnHD-Director at KnHD Office, BMN Camp
- e. Karenni Education Department (KnED)
Khu Bu Reh, KnED Director
Section 14, BMN Camp
- f. Karenni Students Union (KnSU)
Law Kee, Post high school teacher, KSU member
- g. Karenni Youth Organization (KnYO)
Shar Reh, KNYO Chair Person in BMS Camp

NGOs/UNHCR:

- a. IRC WPE team
Annabelle Mubi, WPE Manager Mae Hong Son
18 Udomchaonitet Road, Mae Hong Son, Muang 58000
Email: Annabelle.mubi@rescue.org; Tel: +66 85 252 2332
- b. IRC Health Acting Health Coordinator and Clinical Training Officer
Dr. Hnin Phyu, Clinical Manager/Acting Health Coordinator
18 Udomchaonitet Road, Mae Hong Son, Muang 58000
Email: Hnin.Phyu@rescue.org; Tel: +66 53 611 626 (Ext: 21)
Dr.Hnin Zaw Win | Clinical Training Officer
Email: Hnin.ZawWin@rescue.org; Tel. +66 81 750 2393
- c. IRC LAC Manager, Legal Advisor, LAC camp-based assistants, Muang District and Site1 and Site 2
Wisitpong Yangyuentawee, IRC LAC MHS Program Manger
Email: Wisitpong.yangyuentawee@rescue.org; Tel: +66 89 892 3610
- d. UNHCR Field Coordinator and Protection Officer
Urooj Saifi, UNHCR Office, Muang District, Mae Hong Son
Email: saifi@unhcr.org; Tel: +66 53 611 197
- e. Catholic Office for Emergency Relief and Refugees (COERR) Field Manager
Benjawan Maliwan, Field Manager, COERR Mae Hong Son
Soi 1, Khun Lumprapas Rd., Jongkham, Muang, Mae Hong Son 58000
Tel: +6653 613 825
- f. Jesuit Refugee Service (JRS) Project Director
Rosalyn, Project Director, Jesuit Refugee Service-Mae Hong Son
Email: mhs.pd@jrs.or.th; Tel: +66 84 427 4132
- g. The Border Consortium (TBC) Field Coordinator
Lahsay Sawwah, Field Coordinator
43/5 Panglawnichom road, Muang, Mae Hong Son 58000
Email: lahsay@theborderconsortium.org; Tel: +6653 695 086, +66 53 695 576

2) Documents to be consulted

- IRC Child Protection Policy
- IRC Standards for Professional Conduct (IRC Way)
- Project Proposal and RRF
- Baseline data of the project (i.e. Results Monitoring Plan and Baseline Report)
- Monitoring plans, indicators and summary of monitoring data
- Progress and annual reports of the project
- Stakeholder Interview Report

- Client satisfaction survey reports
- GBV IMS database
- GBV Standard Operating Procedure (SOP)
- Girls Empowerment Project (GEP) evaluation report, March 2013
- Gender-Based Violence Program Evaluation Final report, February 2011
- Safe-House Operation Guideline

3) Required structure for the inception report

- 1. Background and Context of Project**
- 2. Description of Project**
- 3. Purpose of Evaluation**
- 4. Evaluation Objectives and Scope**
- 5. Final version of Evaluation Questions with evaluation criteria**
- 6. Description of evaluation team**, including the brief description of role and responsibilities of each team member
- 7. Evaluation Design and Methodology**
 - d. Description of overall evaluation design
 - e. Data sources (accesses to information and to documents)
 - f. Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process)
 - g. Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)
 - h. Limitations of the evaluation methodology proposed
- 8. Ethical considerations:** a) Safety and security (of participants and evaluation team); and b) Contention strategy and follow up
- 9. Work plan with the specific timeline and deliverables by evaluation team** (up to the submission of finalized report)
- 10. Annexes**
 - a. Evaluation Matrix
 - b. Data collection Instruments (e.g.: survey questionnaires, interview and focus group guides, observation checklists, etc.)
 - c. List of documents consulted so far and those that will be consulted
 - d. List of stakeholders/partners to be consulted (interview, focus group, etc.)
 - e. Draft outline of final report (in accordance with the requirements of UN Trust Fund

11. Required structure for the evaluation report

- 1. Title and cover page**
 - Name of the project
 - Locations of the evaluation conducted (country, region)
 - Period of the project covered by the evaluation (month/year – month/year)
 - Date of the final evaluation report (month/year)
 - Name and organization of the evaluators

- Name of the organization(s) that commissioned the evaluation
- Logo of the grantee and of the UN Trust Fund

2. Table of Content

3. List of acronyms and abbreviations

4. Executive summary

- Brief description of the context and the project being evaluated;
- Purpose and objectives of evaluation;
- Intended audience;
- Short description of methodology, including rationale for choice of methodology, data sources used, data collection & analysis methods used, and major limitations;
- Most important findings with concrete evidence and conclusions; and
- Key recommendations.

5. Context of the project

- Description of critical social, economic, political, geographic and demographic factors within which the project operated.
- An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

6. Description of the project

- Project duration, project start date and end date
- Description of the specific forms of violence addressed by the project
- Main objectives of the project
- Importance, scope and scale of the project, including geographic coverage
- Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities
- Key assumptions of the project
- Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders
- Budget and expenditure of the project

7. Purpose of the evaluation

- Why the evaluation is being done
- How the results of the evaluation will be used
- What decisions will be taken after the evaluation is completed
- The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place

8. Evaluation objectives and scope

- A clear explanation of the objectives and scope of the evaluation.
- Key challenges and limits of the evaluation are acknowledged and described.

9. Evaluation Team

- Brief description of evaluation team

- Brief description of each member's roles and responsibilities in the evaluation
- Brief description of work plan of evaluation team with the specific timeline and deliverables

10. Evaluation Questions

- The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation (if any).
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

11. Evaluation Methodology

Sub-sections	Inputs by the evaluator(s)
Description of evaluation design	
Data sources	
Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process, etc.)	
Description of sampling <ul style="list-style-type: none"> • Area and population to be represented • Rationale for selection • Mechanics of selection limitations to sample • Reference indicators and benchmarks/baseline, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.) 	
Description of ethical considerations in the evaluation <ul style="list-style-type: none"> • Actions taken to ensure the safety of respondents and research team • Referral to local services or sources of support 	

<ul style="list-style-type: none"> Confidentiality and anonymity protocols Protocols for research on children, if required. 	
Limitations of the evaluation methodology used	

12. Findings and Analysis per Evaluation Question

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs achieved and how?
Response to the evaluation question with analysis of key findings by the evaluation team	
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	
Conclusions	
Others	

Evaluation Criteria	Effectiveness
Evaluation Question 2	<ul style="list-style-type: none"> To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
Response to the evaluation question with analysis of key findings by the evaluation team	
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	
Conclusions	
Other	

13. Conclusions