Save the Children

Final Report

PROJECT EVALUATION

Improving Migrant Protection and Assistance for Children in Thailand (IMPACT)

July 2017

Disclaimer

This evaluation report has been prepared by independent consultant Min Ma, with the support of research assistant Anna Jacobson, and commissioned by Save the Children International, Thailand Country Office. The views presented in this report are those of the evaluation team members alone, and do not necessarily reflect the views of Save the Children, governments or the Department of Foreign Affairs and Trade (DFAT).

The evaluation team have done their best, in the time available, to ensure the accuracy and reliability of the information provided in this report. Any errors of fact nevertheless remain the responsibility of the evaluation team.

Table of Contents

List of Abbreviations

DCY	Department of Children and Youth
FCD	Foundation for Child Development
FRY	Foundation for Rural Youth
GOM	Government of Myanmar
HWF	Help Without Frontiers
IGA	Income Generation Activity
ILO	International Labor Organisation
IMPACT	Improving Migrant Protection and Assistance for Children in Thailand
MLC	Migrant Learning Center
MOE	Thai Ministry of Education
MOH	Thai Ministry of Health
MOU	Memorandum of Understanding
NFPE	Nonformal Primary Education
RTG	Royal Thai Government
SDHS	Ministry of Social Development and Human Security

Executive Summary

This external final evaluation reviews Improving Migrant Protection and Assistance for Children in Thailand (IMPACT), a 4-year project (2013-2017) aiming to strengthen local and national child protection systems and access to basic services for migrant children in Thailand. The project's direct beneficiaries were migrant children and their households, as well as health, education, and child protection service providers in three provinces in Thailand. IMPACT was implemented by Save the Children Thailand in partnership with Help Without Frontiers (HWF), Foundation for Child Development (FCD), and Foundation for Rural Youth (FRY), and in collaboration with local government authorities.

The evaluation uses primary quantitative and qualitative data collected in May and June 2017. The quantitative endline survey sample is comprised of 206 children and 138 parents from Bangkok, Samut Prakarn, and Tak provinces. The qualitative sample is comprised of 81 key informants from the same provinces including children, parents, teachers, head teachers, child protection and health service providers, community volunteers, and project staff.

The evaluation objectives are to:

1. Evaluate project performance and the extent to which it influenced targeted outcomes
2. Document key lessons learned and project successes
3. Assess the project's policy-level influence on government decision-making.

Findings

IMPACT met and surpassed 3 out of the 7 project targets measured by the endline survey: 96% of children attended education (target: 75%), 99% of parents reported using health, education, or protection services for their children (target: 75%), and 63% of children reported having access to education, health, and protection services (target: 50%). Since the sample size for children in formal care was n=21, the project essentially met this fourth target as well with 91% of children being aware of child protection reporting and complaint mechanisms (target: 100%). The project was close to meeting its outcome target around access to health, with 67% of parents reporting that they had access to health services for their children (target: 75%).

Meanwhile, the project had less success in meeting its impact target around children's feeling of safety and outcome target on access to child protection services. Only 57% of migrant children said they feel safe (target: 85%) and only 49% of children believe they can access child protection services when they need it (target: 100%). Girls were less likely to report feeling safe (45%) than boys (67%).

Outcome Area 1. Procedures, standards, and systems of care and protection for vulnerable migrant children

The project achieved significant progress towards outfcomes in 1) improving school-level child protection mechanisms, 2) strengthening procedures and systems of care among child protection service providers, and 3) moving forward government efforts to develop standards of care for vulnerable migrant children.

The evaluation found high levels of awareness of child rights and protection mechanisms in schools. Eighty-one percent (81%) of children said they know where to seek help if abused (85% girls, 80% boys) and the majority of children (76%) believed they would feel safer if they reported abuse (80% girls, 73% boys), indicating a degree of knowledge and trust in established child protection mechanisms. Teachers at all three Tak MLCs were aware of their schools' child protection policies with several teachers demonstrating their knowledge and positive attitudes towards positive discipline. During activities.However, children had indicated that corporal punishment still occurs at these schools thus revealing a gap between knowledge and practice. This finding shows there is a continued need for school-level support on positive discipline.

The project effectively improved system-level capacity for cross-sector collaboration in child protection and child-centered approaches to case management. Prior to working with IMPACT, the multi-disciplinary team (MDT) at Mae Sot Hospital was already conducting case conferences with various disciplines represented. According to

several MDT members, the greatest impacts of technical assistance from Save the Children were: 1) expanded their network to include more migrant-serving organisations, 2) proved to MDT members the benefits of keeping open lines of communication across disciplines, and 3) introduced a framework for a more consistent and child-centered approach to case conferencing. Most MDT members articulated why and how they need to consider the psychosocial needs of children before, during, and after each case. All of these professionals encounter migrant children in their work, thus with more practice and sharing, these impacts are likely to reach migrant children in the child protection system. Several MDT members agreed that one key remaining barrier is lack of qualified social workers who have the adequate language and technical skills to perform fact-finding and care for children in the system.

IMPACT has effectively convened and bolstered efforts to create government standards of care for informal institutions that house children from Myanmar using a two-pronged method. First, the project has drawn central government attention and support to local efforts to develop these standards of care, a strategy that lessens the risk of stalled progress over potential government turnover. The strategy also lays a foundation for RTG to formally collaborate GoM on cross-border child protection. According to two working group members, the project has contributed significantly to this effort by inviting representatives from the national Ministry of SDHS to visit these institutions in Tak province and observe the current standards of care. Second, IMPACT has worked to improve shelters' willingness to implement these standards of care by convening a meeting for the Thai government to communicate its intentions directly to shelters. However, working group members have stated that they have experienced a continued lack of trust from shelters, indicating that this relationship-building effort will require more time or new strategies.

The project failed to meet two of its goals. First, it did not introduce the practice of creating individual care plans for children living in institutional care in Mae Sot. The senior teacher at the one boarding school covered by the project stated that she does not create such plans and is confident that the practice does not occur with her colleagues. Second, the project also failed to establish sustainable child protection committees (CPCs) at sub-district offices in Tak province. According to the IMPACT project coordinator, the reason is that these offices did not have dedicated social work staff to carry out CPC mandates. Despite this gap in performance, the project effectively shifted its child protection budget to bolster a more appropriate structure (MDTs, as described above) for a more efficient use of resources.

Outcome Area 2. Increased access to basic services for migrant children and adults

Education

IMPACT efficiently leveraged co-funding from Educate a Child to improve access to education for migrant children, surpassing its education target by 21 percentage points. Evaluation evidence on the effects of teacher training was weak. In Tak, qualitative evidence suggests that teachers have an improved understanding of why child-centered teaching is important, however, there is no evidence to say whether or not this has actually led to changes in teaching practices in IMPACT-supported classrooms.

With regards to education, the strongest of IMPACT's achievements is that 11 MLCs in Tak now offer non-formal primary education (NFPE) using a curriculum that is accredited by the Myanmar government. FRY in Bangkok is also in the process of establishing this program. With the Myanmar government's monthly contribution of 2,000 THB to teachers' salaries, these programs may be sustainable. The addition of NFPE to MLCs is a direct response to well-known challenges in migrant education related to accreditation and older students learning at low-grade levels. Key informants highlighted risks for sustainability, namely delayed teacher salary payments and high teacher turnover at MLCs. If NFPE-trained teachers leave, the MLCs would have to pay to send additional teachers to Myanmar to be trained.

Health

The project nearly met its target on access to health services for migrant children. IMPACT successfully extended public health services to previously unreached migrant communities in Samut Prakarn and Tak provinces by providing supplies and training for health posts and lobbying with local government officials. However, endline results indicate that access to health remains a challenge for migrant children, particularly in Samut Prakarn and Bangkok. Only one-third of children in both provinces (33% and 30%, respectively) said they received medical services the last time they needed them. Evidence from the evaluation demonstrates a need for better strategies

to improve parents' attitudes towards health. During focus groups, many of the mothers knew about available free health services, however, only some had taken their children to receive vaccinations and checkups. Some mothers said they did not feel their children needed medical checkups, and others accused their peers of simply being too "lazy." FCD's use of a migrant health volunteer structure to bridge this gap had low success. On the volunteer side, there was lack of interest among community members to perform this role. Despite being the beneficiaries most likely to be in contact with the IMPACT project (FGD participants were selected by volunteers), few of the mothers interviewed for the evaluation could identify who the migrant health volunteers were in their communities, thus indicating that these individuals were not considered go-to resource persons.

In contrast, IMPACT successfully leveraged 10 health volunteers to staff 2 health posts providing medicine and first aid in remote areas of Tak province. Part of this success was due to the fact that many of the volunteers had been trained and engaged by a former IRC project, and they received small monthly remuneration from the project. However, this structure will not be sustained beyond the project due to lack of continued funding for health post staff stipends.

In the final year of the project, a need and opportunity to support screening efforts for the developmental delay on the Thai-Myanmar border was idenfitied. Both health and early childhood development professionals who were interviewed for the evaluation consider they tool they have developed with IMPACT support to be highly relevant to local contexts. During the pilot and early phases of implementation, 100 children were identified at community clinics and referred to the hospital for monitoring and diagnosis. There is strong momentum at Tha Song Yang Hospital to carry forward screenings in remote villages, however, this momentum could be stalled given the remoteness of the communities involved. Continued funding for mobile referrals and language support would increase the speed and quality of referrals as the health team continues the work.

Legal status and birth registration
As of 2016, IMPACT had assisted 655 migrant children to acquire a birth certificate or other legal documents. Despite this progress, the endline survey found that 43% of migrant children still do not have a single identity document and one of the most common reasons for feeling unsafe within their communities is lack of legal documents (27% boys and 37% girls). This finding reiterates a high need for continued support for migrant children around legal documentation.

Outcome Area 3. Policies on the rights of migrant children at both the regional and national level are strengthened and implemented

IMPACT contributed to regional efforts to involve youth in regional migration policy dialogues. According to UN-ACT's National Project Coordinator, the project built youth leadership and critical thinking skills and brought awareness to government officials of the role of youth in promoting safe migration and fighting human trafficking. Although the evaluation could not further examine the effectiveness of this activity by interviewing youth or senior COMMIT officials, the activity represents a critical piece that is often missing in safe migration programming, which is to engage local civil society in the destination country. By engaging Thai youth to understand the issues and consider their potential roles in promoting safe migration in their communities, this initiative may have created opportunities to create further linkages and support from local Thai communities around safe migration.

Among the challenges of influencing policy for migrant children, Save the Children had limited staff to coordinate resources and engage in policy dialogues in the three thematic areas covered by IMPACT. Save the Children was able to address part of this challenge by 1) leveraging partner relationships and positioning for local advocacy, and 2) streamlining local and national education advocacy efforts across projects internally. Both of these strategies increased project efficiency.

Conclusion

With its ambitious design covering three thematic areas to support highly mobile populations in Thailand, IMPACT's greatest successes were in 1) raising awareness at multiple levels on protection issues for vulnerable migrant children and 2) mobilising system-level changes to address these issues. The project was *effective* in building school capacity to recognise and address child protection concerns while simultaneously strengthening local support systems to be more relevant, more attuned to the needs of the child from intake to case closure, and

better able to serve the differentiated needs of vulnerable migrant children. These system-level capacity building efforts are *sustainable*, and even training migrant teachers and parents can be considered sustainable in the sense that they can bring new knowledge and skills with them when they move on to new locations. The project also effectively contributed resources to larger advocacy efforts of both the partners and existing working groups for the inclusion of migrants in Thai basic services and rights protection.

The project became increasingly *efficient* over time as it leveraged existing partnerships and groundwork established under prior and current projects and discontinued ineffective strategies. It also continuously sought to address gaps and better align with organisational priorities and capacities.

Finally, the majority of IMPACT's interventions were highly *relevant* to local needs and contexts, especially related to capacity building for service providers. Where findings indicated that activities were not fully relevant, this was because more awareness was needed among beneficiaries of the importance of health or positive discipline.

The full report contains recommendations on how IMPACT partners can build on these achievements and address these gaps for sustained impact.

I. Introduction

Save the Children commissioned an external final evaluation of IMPACT (Improving Migrant Protection and Assistance for Children in Thailand), a 4-year project (2013-2017) aiming to strengthen local and national child protection systems and access to basic services for migrant children in Thailand. The project's direct beneficiaries are migrant children and their households, migrant adults, and basic service providers in three provinces in Thailand.[1] IMPACT was implemented by Save the Children Thailand in partnership with Help Without Frontiers (HWF), Foundation for Child Development (FCD), and Foundation for Rural Youth (FRY), and in collaboration with local government authorities. Save the Children provided technical support and project oversight for the project

Context

The population of migrant children in Thailand includes:

- Children who accompany their parents from neighboring Myanmar, Cambodia, and Lao PDR to work in Thailand's agriculture, industrial, and service industries,
- Unaccompanied children who travel to Thailand to work or go to school, and
- Children who are born to migrant workers living and working in Thailand.[2]

A new military government took power during the first year of the project in May 2014, bringing with it uncertainty for migrants living in Thailand. Policies towards migrant populations have taken an increased focus on national security and changes frequently.

In the past two decades, Thai law expanded protections to include migrant children, including free basic education and birth registration, regardless of immigration status or nationality of their parents. However, migrant children are often excluded from basic services due to complex barriers. Many parents are not aware of how to enroll their children in schools and cannot afford costs associated with healthcare or education.[3] Parents are also reluctant to access government services when they do not have legal documents to stay in Thailand or do not speak Thai. Despite having introduced legal frameworks that are inclusive of migrants at the national level, many local government agencies and service providers do not consider care and the protection of non-Thai children to be within their mandate. Limited resources and language barriers also create further challenges for service providers.

Tak province

Located in the Western part of Thailand, Tak province has hosted migrant laborers and refugees for decades due to its location on the Thai-Myanmar border and ethnic conflict and economic instability in Myanmar. The recently established Special Economic Zone in Mae Sot reinforces the region's ongoing importance as a transit point and hub for migrants. As such, policies governing migration and undocumented residents in Tak province are unique to the region. The Tak Ministry of Education office has a division which administers migrant education with the stated responsibility of ensuring migrant children in Thailand have access to education according to Thai law. However, the migrant learning centers (MLCs) themselves are run by community-based organisations (CBOs) with heavy reliance on external funding. To accommodate the influx of children who migrate unaccompanied or who are unable to stay with their parents at their places of work, a number of CBO-established boarding houses and orphanages provide children with shelter and education on the Thai-Myanmar border.

Samut Prakarn and Bangkok

In urban Bangkok and neighboring Samut Prakarn, migrants from Myanmar and Cambodia work in factories, cottage industries, domestic service, and markets. Some children are enrolled in Thai public schools and can speak

[1] Saphanpla and Samrong districts in Samut Prakarn province, Bang Bon and Bang Khuntien districts in Bangkok, and Mae Sot, Pop Phra, Tha Song Yang districts in Tak province.

[2] World Education and Save the Children (2014). Pathways to a Better Future: A review of education for migrant children in Thailand.

[3] ACCESS Project Final Evaluation (2017)

Thai. According to FCD, there is a high prevalence of child labor among 13-18 year-olds in Samut Prakarn, particularly in construction and domestic work. Some Myanmar communities in Samut Prakarn are close-knit and live on government-owned properties while other Myanmar and Cambodian communities live spread out among Thai households in urban areas.

Project Objectives

Within this context, the IMPACT project was designed to improve access to basic services for migrant children in each of these three provinces. At the local level in Tak province, IMPACT worked with stakeholders in child protection to improve the quality of protection through capacity building, improving standards of care, and promoting cooperation among relevant agencies.

In Tak, Samut Prakarn, and Bangkok, the project supported children and their parents to have access to health services and legal documents. It also supported children to enroll in Thai public schools and MLCs while aiming to improve quality and relevance of education by supporting teacher training and sustainability planning. In Tha Song Yang district, the project trained local health and education providers to deliver quality services and screen children in hard-to-reach border communities for developmental delay.

Finally, at the national level, the project encouraged youth contributions to national and regional-level dialogue on safe migration. Government officials were engaged in the project at various levels, especially national and district authorities from the Ministry of Social Development and Human Security (SDHS).

IMPACT's project activities are grouped into three targeted outcome areas:

1. Procedures, standards, and systems for the care and protection of the most vulnerable migrant children who have been abused, exploited, and are without adequate parental care, are enhanced and promoted
2. Increased access to basic services (education, healthcare, birth registration, and legal status) for migrant children and adults
3. Policies on the rights of migrant children at both the regional and national level are strengthened and implemented.

Bridge to Myanmar community in Samut Prakarn

Evaluation Objectives

The objectives of the final evaluation are to:

1. Evaluate project performance and the extent to which it influenced targeted outcomes, including capturing overall achievements, unintended consequences, and endline outcome data;
2. Document key lessons learned and success stories; and,
3. Assess the project's policy-level influence on local and national government decision-making.

According to these objectives, the evaluation explores a number of key questions guided by OECD/DAC criteria for evaluating development assistance:[4]

Effectiveness and impact

- To what degree have project outcomes been achieved (local, regional, and national levels)?
- How effectively has the project reached the most vulnerable boys and girls in targeted areas?
- How effectively has the project collaborated with government organisations, partners, and local communities to achieve its goals?
- What changes to practices, systems, and awareness have occurred in communities related to the project's engagement and capacity building efforts? How have migrant communities benefited or been harmed by changes in policies relevant to the project?
- Have there been any unexpected effects of project activities? If so, what kind?

Children with enumerator at Rosefield MLC, Pop Phra district

Efficiency

- Has the project leveraged human, financial, and administrative resources efficiently to achieve its objectives?
- What improvements can be made to improve efficiency in the future?

Relevance

- To what extent were project interventions responsive to local contexts?
- To what extent were project interventions aligned with national policies and Save the Children's country strategy?
- To what extent were project interventions responsive to the child protection concerns of children on the move in Thailand, especially particular concerns of boys, girls, and children with disabilities?

Sustainability

- What aspects of the project are sustainable?
- What challenges and factors will impact sustainability and how can partners work to address these in the future?

[4] OECD, "DAC Criteria for Evaluating Development Assistance," http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

II. Methodology

The findings of this evaluation are based on the analysis of project monitoring reports, quantitative survey data, and qualitative data from beneficiaries, program staff, and key stakeholders.

Quantitative and qualitative data were collected in May and June 2017 at the following locations:

- Household surveys in Bang Bon and Bang Khuntien districts in Bangkok
- Myanmar community in Saphan Pla district, Samut Prakarn province
- Cambodian community in Samrong district, Samut Prakarn province
- Rosefield and KM42 MLCs in Pop Phra district, Tak province
- Parami boarding house and school in Mae Sot, Tak province

Outcome Indicators for Endline Survey

Impact level:
% of migrant children who report having access to education, health and child protection services

% of migrant children who report feeling safe

% of parents/caregivers of migrant children who report using health, education or protection services for their children

Outcome level:
% of migrant children who require it that have access to child protection services

Box 1 Endline indicators measured at endline

Quantitative Endline Survey

The quantitative survey is designed to inform the final evaluation and to provide data for seven of the project's endline indicators (see Box 1). It contains two instruments, one for children and one for parents (see Annex B. Survey instruments).

The quantitative survey relies on *non-probability, convenience sampling* at each site because sampling frames were not available for a random sample. This is a common challenge when surveying migrant populations due to high mobility and undocumented status. Enumerators were instructed to sample 50% boys and 50% girls at each site and to sample all children with learning or physical disabilities (as identified by teachers and headmasters. Children who were identified as having a disability were surveyed individually by the most experienced enumerator. *Annex A. Detailed Methodology* gives more information about how the survey was conducted.

Profile of Quantitative Survey Respondents
The quantitative sample has **206 children** (47% female, 50% male, 3% unidentified) and **138 parents** (72% female, 22% male) (Figure 1). Twenty-three **(**23) of the children live in boarding houses in Mae Sot. The ratio of parents interviewed in Pop Phra was particularly low compared to other data collection sites and to the project. This is the result of scheduling challenges that required the data collection to occur at schools during the week while many parents were at work.

Qualitative Interviews and Focus Groups

The qualitative sample has 81 respondents (see Annex C. Qualitative Key Informants). Figure 2 gives the breakdown of qualitative respondents by sex and type. It shows that the majority of the key informants are female (75%F, 25%M), and notably that no fathers were invited to participate in the focus group discussions.

Limitations

Since the quantitative survey uses non-probability sampling, the findings cannot be used to make inferences about all project beneficiaries. There is also a possibility of sampling and response bias. First, all sampling was performed by teachers, project staff, or migrant volunteers who were familiar with the project's beneficiaries. This was

necessary due to logistical and budget constraints that required strong familiarity with the locations of beneficiary households. As such, respondents in both the qualitative and quantitative samples are likely to be the beneficiaries who interacted the most with IMPACT staff and project activities.

Second, due to low literacy levels among parents, the parent surveys were administered and recorded by the enumerators. This may have introduced pressure for the respondent to give a socially desirable response. To minimise response bias, enumerators reminded participants that their responses would be confidential. They also conducted a thorough consent process prior to beginning the survey. The evaluator monitored data collection in all settings for data quality, providing enumerators with direct feedback in order to minimise response bias and improve data accuracy.

Due to differences in sample size, survey design, and indicator definitions, endline data cannot be directly compared to the baseline data for trends across the four project years. These challenges were discussed with Save the Children during the inception phase. The findings should be considered an indication of the experience of a subset of project beneficiaries who are likely to receive the most benefits from the project.

Quantitative survey respondents

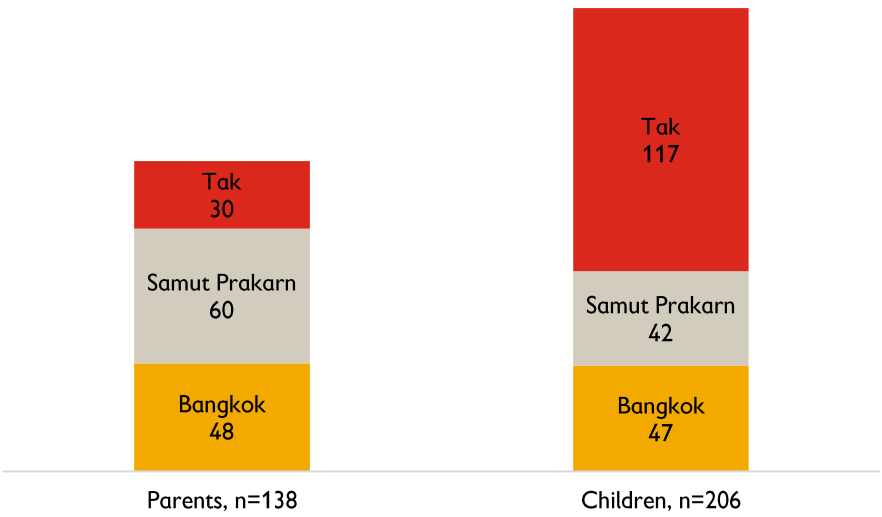

Figure 1: Quantitative sample by type and location

Qualitative key informants

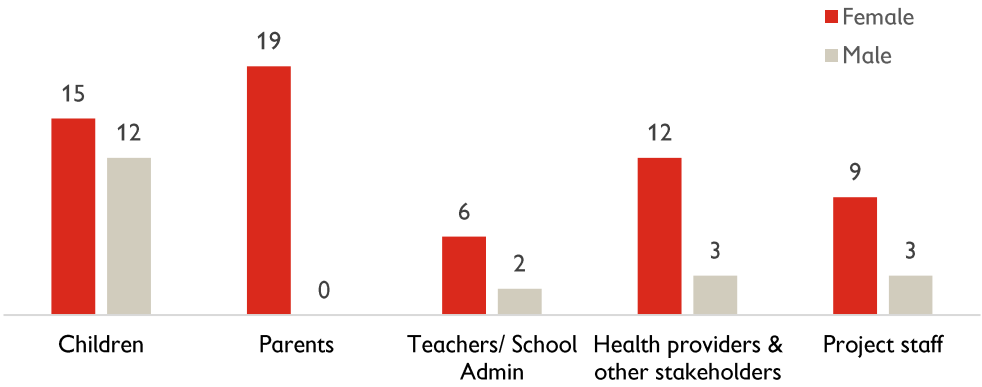

Figure 2: Qualitative sample by sex and type

III. FINDINGS

IMPACT is a dynamic project that capitalised on new partnership opportunities and was adaptive to challenges and gaps. In several instances, the shifts resulted in better project alignment with the priorities and capacities of partner organisations and beneficiaries, including:

- **Discontinued capacity building for Child Protection Committees (CPCs) at sub-district offices in Tak province.** Two years into the project, IMPACT staff observed that its training on referrals was not adding sufficient value because the sub-district offices did not have dedicated social work staff to complete child protection referrals. In seeking a better fit for achieving its aim to improve frontline responses for child protection, Save the Children shifted its technical support to the multi-disciplinary team based at Mae Sot Hospital. By leveraging on existing multi-disciplinary collaboration, IMPACT was able to achieve better *effectiveness* and *efficiency* (see findings for Outcome Area 1).
- **Expanded the health component to Tha Song Yang district.** The project identified additional synergies with Tha Song Yang Hospital where its objectives were well-aligned with local needs. In the final project year, IMPACT identified targeted ways to strengthen hospital efforts to provide legal documents for newborns, improve safe delivery practices, and initiate a systematic response to the high prevalence of developmental delays among young children living along the remote border area. According to key informants, these interventions were highly *relevant* to local needs (see findings for Outcome Area 2).
- **Shifted the child protection scope of work to better align with partner strengths and priorities.** After a careful SWOT analysis that considered both human resource capacity and the extent to which project objectives aligned with organisational goals, the partners decided to shift the child protection budget from HWF to Save the Children. The shift resulted in greater *efficiency* and *effectiveness* as it leveraged HWF's relationships to improve school-level child protection mechanisms in addition to Save the Children's staff expertise in social work to build system-level capacity (see findings for Outcome Area 1).

Although these pathways diverged from IMPACT's original design, its overall goals remained the same.

IMPACT met 3 out of the 7 targets measured by the endline survey. Figure 3 summarises the seven indicators and what they measure. The definitions for these indicators are given in Annex E, and full gender-disaggregated data tables from the quantitative survey, including demographic characteristics of survey respondents, are given in Annex F.

IMPACT has met and surpassed 3 out of the 7 project targets measured by the endline survey: 96% of children attended education (target: 75%), 99% of parents reported using health, education, or protection services for their children (target: 75%), and 63% of children reported having access to education, health, and protection services (target: 50%). Since the sample size of children in formal care was n=21, the project essentially met this fourth target as well with 91% of children being aware of child protection reporting and complaint mechanisms (target: 100%). The project was close to meeting its outcome target around access to health with 67% of parents reporting that they had access to health services for their children (target: 75%).

Meanwhile, the project had less success in meeting its impact targets around children's feeling of safety and access to child protection services. Only 57% of migrant children said they feel safe (target: 85%) and only 49% of children believe they can only access child protection services when they need it (target: 100%). Girls were less likely to report feeling safe (45%) than boys (67%).

The following sections examine these findings **by outcome area**. They highlight project strategies for improving these outcomes, weigh factors that contribute to their sustainability, and discuss possible steps forward after the project closes out.

The IMPACT project exceeded outcome targets for 3 out of 7 indicators

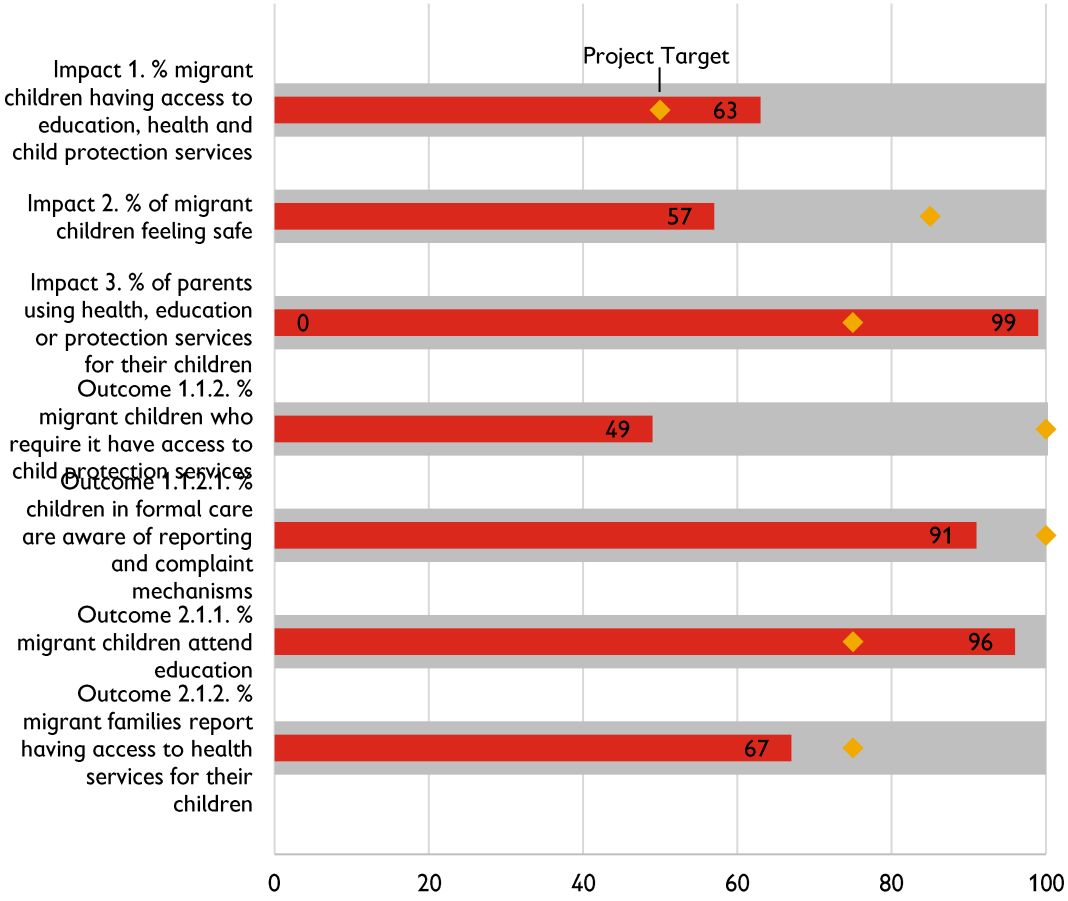

Figure 3: Achievement of endline indicators (yellow diamond denotes project targets)

Outcome Area 1. Procedures, standards, and systems of care and protection for vulnerable migrant children

IMPACT has achieved positive outcomes at the school level, among child protection service providers, and with local government in Tak province. The project used resources efficiently by leveraging existing relationships and foundations established by Save the Children under funding from Oak Foundation and UNICEF to carry forward efforts to strengthen local child protection mechanisms.

Awareness of child rights and reporting mechanisms at schools

Summary:

- High awareness of child protection at MLCs
- There are still many child protection concerns in migrant communities
- Need to create a common understanding of child protection among parents, children, and teachers

Across project sites, children demonstrated high levels of awareness of child rights. Eighty-one percent (81%) of children said they know where to seek help if abused (85% girls, 80% boys). Most children said they would report child protection concerns to parents and teachers (Figure 4), and the majority of children (76%) believe they would feel safer if they reported abuse (80% girls, 73% boys), indicating a degree of trust in existing child protection mechanisms.

According to HWF, all of its partner MLCs now have a child protection policy in place. However, during child protection

trainings, many teachers expressed concern that 1) they would not know how to report child protection cases if they received reports from children, and 2) they would not know how to discipline children without using corporal punishment. In response to the first concern, HWF provided teachers with the contacts of various organisations that offer additional child protection support. This year alone, HWF has received notification of 3 child protection cases from the MLCs it supports. During their interviews, HWF and Save the Children staff both expressed belief that these reports were the result of increased awareness among children of their rights, what constitutes as inappropriate behavior, and knowledge of how to report abuse. Both organisations agree that major cases emerging during the project were handled according to protocol and in the best interests of the children involved.

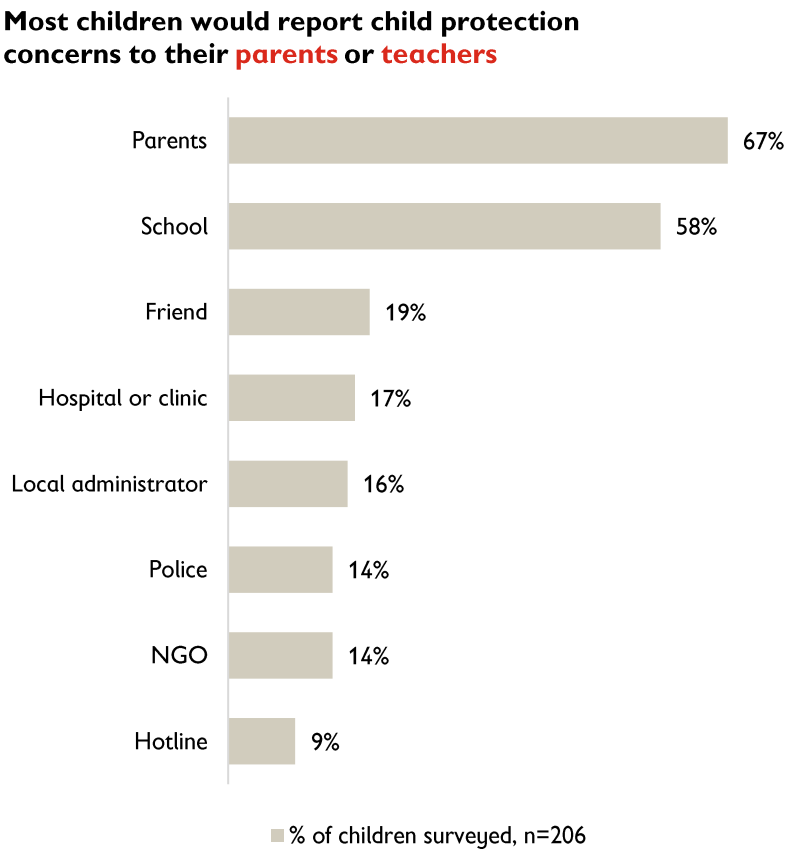

Figure 4: Children's responses to where they would report abuse

Regarding the challenge with positive discipline, HWF acknowledges that changing teachers' attitudes and behaviors requires a large cultural shift that cannot occur overnight. During evaluation interviews, teachers demonstrated awareness of child protection policies and knowledge of why positive discipline is better than corporal punishment, however, children have indicated that during evaluation activities, corporal punishment still occurs at these schools thus revealing a gap between knowledge and practice. One school director acknowledged that it can be challenging to implement positive discipline if children do not understand the approach. These findings demonstrate a continued need for school-level support on positive discipline (see Recommendation #1).

*In the beginning, [the child protection training] seemed irrelevant because children are used to beating and scolding...Then, when students also received the training, it has been easier to handle them. Now we can use what we learned in the training...**After the training, they understood that beating is not the only way to discipline.***

School Director
Rosefield MLC

Challenges and threats

Endline data indicate that children still experience a variety of child protection concerns in their daily lives. The endline survey found that only 57% of children report feeling safe (Impact Indicator 2), and boys tend to feel safer than girls at home and school (Figure 5). Overall, boys and girls share concerns about living in Thailand without legal documents, car accidents, and trouble from gangs. Girls are more concerned than boys about sexual abuse and substances used by people around them (Figure 6). Data from the community mapping activities corroborate many of these findings. Some boys said that ball pitches where they play can be unsafe when people get into fights. Several boys and girls indicated that the roads are not safe because of vehicle accidents or because they are afraid of being kidnapped. A few teachers mentioned hearing students report that their parents send them to the store to buy alcohol, betel nut, and tobacco. Finally, some children state that they feel unsafe at school because they are bullied by their peers or are afraid of being hit by their teachers.

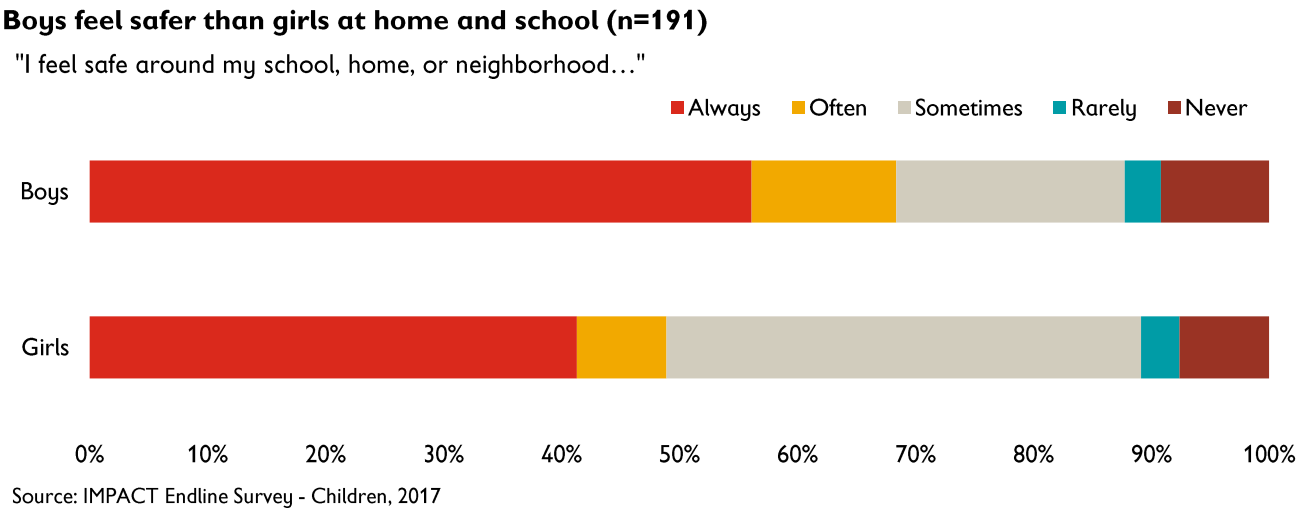

Figure 5: Children indicated the degree to which they feel safe in their communities, by sex

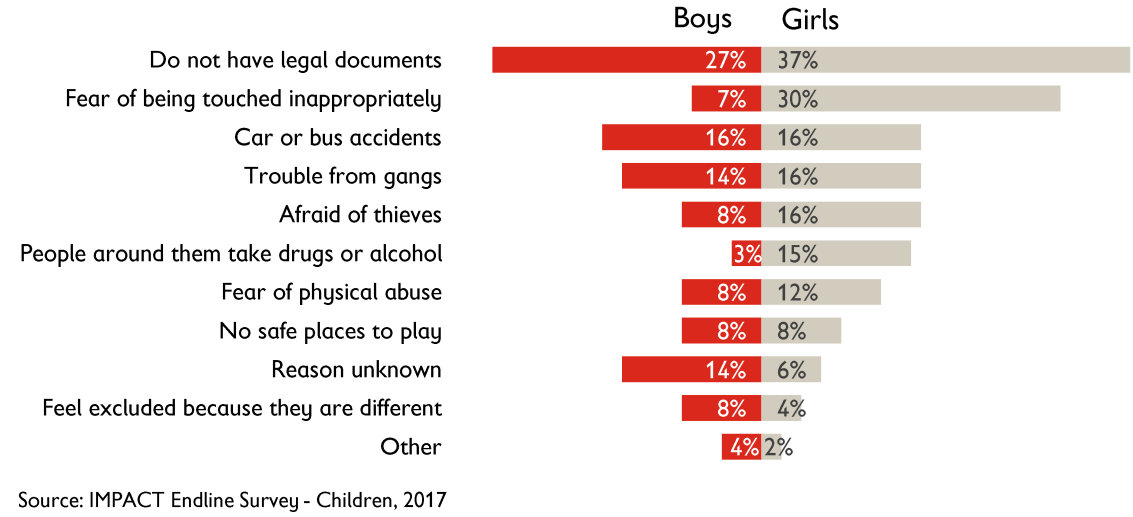

Figure 6: Reasons for feeling unsafe, by sex

Nearly two-thirds (62%) of children state they would report child protection concerns without hesitation. Seventy-nine (79) of the 206 child respondents indicated there are some potential barriers for reporting. There are similarities of potential barriers in between boys and girls. Thirteen percent of children indicated they are afraid of what their families or friends would say . Children also indicated that language barriers (9%) and lack of trust in the services provided (9%) may prevent them from reporting abuse.

These findings highlight a need to create a common understanding of how to address child protection in the communities. While the project has helped build awareness around some of these discrepancies, many gaps remain:

- MLCs in Tak have different standards for child protection and are often reliant on their respective umbrella organisations to lead a response on these issues.
- Students are most likely to report child protection concerns to parents and teachers. However, 41% of parents indicated that they would not know where to seek help if their child was hurt or abused.
- According to teachers and staff, parents tend not to share the same understanding of child protection

In addition to training school staff on child protection, teachers and school directors underscored the importance of co-training children and their parents on their rights and responsibilities. This should involve providing parents with tools on how to report child protection concerns (see Recommendation #2). Refresher trainings would be beneficial to all schools to ensure the school community remains updated on its child protection policies (see Recommendation #3).

Finally, the project failed to meet its goal of introducing individual care plans to caregivers in Mae Sot boarding schools. The senior teacher at the one boarding school covered by the project said that she does not create such plans and is confident that the practice does not occur with her colleagues. This may be due in part to teacher turnover where some teachers may not have received the training. Individual care plans, if relevant, should be implemented at the school level with support from school and boarding house administrators.

Cross-sector collaboration and child-centered approach for child protection

Summary:

- IMPACT raised the bar for cross-sector collaboration among child protection service providers in Tak
- This intervention is sustainable because it provides a framework for continued learning and created new lines of communication

IMPACT effectively improved system-level capacity for cross-sector collaboration in child protection and child-centered approaches to case management. Prior to working with IMPACT, the multi-disciplinary team (MDT) at Mae Sot Hospital was already conducting case conferences to coordinate medical, legal, and social services for victims of abuse. Save the Children introduced a framework for case conferencing by convening monthly case conferencing meetings, coaching the MDT using case examples, and organising an exchange visit to Siriraj Hospital.

According to the majority of MDT members interviewed for this evaluation, the targeted technical support provided by Save the Children improved this process of collaboration. While the practice of case conferencing is not new to most team members, the framework shared by Save the Children allows them to apply good practices with greater consistency. Key informants agreed that Save the Children clarified the steps in case management, provided team members with more defined roles, and suggested useful new tools for action planning. As a result of Save the Children's support, many MDT members said they now understand the importance of taking a holistic approach that considers the psychosocial needs of children as well as their well-being beyond case closure.

As a result of having more regular case conferencing meetings, several MDT members mentioned that they now work in less of a silo. They recognise the benefits of keeping lines of communication open across disciplines for an integrated child protection response. Notably, a social worker from Tak government shelter that houses Myanmar children who are victims of abuse or who have behavioural problems said that she has learned how to

collaborate more efficiently with community leaders and other service providers to work for the best interest of the child:

We did not know that there are people with whom we could talk. In the past, Life Impact worked with other orphanages amongst ourselves. For example,…if the child faced legal issues, we would seek legal justice on our own. But in this case conferencing and MDT, we have the whole system (health, legal, education, etc.) in one place.

Head of Child Protection
Life Impact Thailand

We already had OSCC conferences, however, the quality is different. When Save came in, they guided us that ***case conferencing must be specific*** *and* ***must solve the problem as a whole****–in every area of the person's life.*

Nurse
Mae Sot Hospital

According to this social worker, the shelter has established individual care plans for all 18 children and are in the process of referring them to other services.

For example, in Mae Pa there was a child who was abused. Since we had worked together with local leaders and trained them, they understand how many organisations are working on child protection, including the government department. They also know how to report if they see a case…But since we have local leaders reporting about child abuse, we work together with NGOs and local leaders to stop the abuse in time.

Social worker
Tak shelter

Challenges and threats
Key informants identified several challenges for working with migrant children:

- MDT members who are Thai continue to struggle with language barriers when working with Myanmar children.
- Social workers and government shelter staff acknowledge a need for improved fact-finding techniques when a new case is opened.
- Barriers still persist for placing non-Thai children in government shelters due to limited capacity and enduring belief by some that Myanmar children do not fall within their mandates.

Additionally, evidence suggests that it can be difficult for the MDT to conduct regular case conferencing meetings due to competing professional priorities. However, one key informant said that when there are urgent cases, MDT convenes an emergency meeting to address pressing issues. Some MDT members expressed that they still may struggle with cases but, overall, they are better equipped to address challenges together using the new tools and framework as a guide. These findings indicate that the intervention is sustainable and can be further bolstered with more opportunities to share best practices. (see Recommendation #5).

Standards of care for informal institutions

Summary:

- IMPACT has established a critical link between local and national efforts to raise standards of care for migrant children
- Success of the Mae Sot model will depend on sustained support from key government officials

IMPACT has effectively convened and bolstered efforts to create government standards of care for informal institutions that house children from Myanmar in Tak. Beyond convening a working group containing broad representation of key stakeholders and providing this working group with technical assistance, IMPACT is contributions to this effort are considered highly relevant by working group members because they are targeted towards mitigating risks and position this "Mae Sot Model" for wider adaptation once the working group has proved the concept.

The working group has recognised that the success of the Mae Sot Model will hinge on national government support for several reasons. Although the working group currently has strong local government support from the Department of Children and Youth (DCY) under the Ministry of Social Development and Human Security (SDHS), turnover among government officials is high and can jeapordize the adoption of these standards of care. According to Save the Children, its mitigation plan is to advocate for integration of these standards into the national implementation plan for child protection. If the Mae Sot Model pilot is successful, it could potentially be adapted at other border locations.

The national to local linkage also paves a path for future international agreements on the protection of Myanmar children in Thailand. According to a caseworker at a legal NGO, children should technically be referred to a local Thai government orphanage when they are placed in care, however, some of these cannot take children who do not speak Thai. One solution is to place children in government care across the border in Myawaddy. However, doing so would require a memorandum of understanding (MOU). Save the Children's national level advocacy paves a path for such an agreement.

Thus far, Save the Children's efforts in this regard have resulted in positive responses from national government. At Save the Children's invitation, the Deputy Director of the Department of Children and Youth demonstrated interest and support by planning a visit to private shelters and local NGOs in Mae Sot to observe conditions and progress of this pilot. According to a representative from the Tak provincial SDHS, the national government has also formed a committee for child protection that supports their work to upgrade shelters in Mae Sot. She reiterated that Save the Children's advocacy and coordination efforts in this regard are highly relevant:

The national level also supports us to arrange an MOU with the Myanmar government to work together for these migrant children… we never worked together to give protection to children in the past. We have to appreciate Save the Children because they are the ones who coordinated our meeting.

Representative from Tak provincial SDHS, Department of Children and Youth

Meanwhile, during the shelter mapping activity, the working group found that some shelters were resistant to cooperating with the government on institutional standards of care fearing the true purpose of the activity is to shut them down. According to the same representative from Tak provincial SDHS, Save the Children provided relevant support to improve their trust by convening a meeting for the government to directly explain the process and reassure shelters that the aim of the initiative is to improve standards of care for children rather than to shut them down. This is a simple but highly relevant process that the government did not have financial resources to facilitate. Although this meeting was necessary, anecdotal evidence suggests trust between caregiving institutions and the working group will continue to be a challenge. The working group acknowledges that this will require long-term relationship building efforts. At the moment, national to provincial relationships appear to be strong and the project has progressed relatively quickly. However, Save the Children acknowledges that provincial governors and organisational structures change frequently, thus requiring ongoing engagement and encouragement at multiple levels (see Recommendation #4).

Community map of safe (green dot) and unsafe (pink dot) spaces by KM42 student

Outcome Area 2. Increased access to basic services for migrant children and adults

According to quantitative findings, 63% of migrant children reported having access to education, health and child protection services (72% girls, 57% boys) during the project period. The gender difference is apparent in all three types of services, however there is no evidence in the evaluation nor program monitoring data to explain why girls have had more access than boys. The project outcome tracker shows that, as of 2016, child beneficiaries of education, health, and child protection were split evenly between boys and girls.

Access to basic education

Summary:

- IMPACT leveraged co-funding from other sources to improve on quality of education at MLCs
- Evidence suggests that IGAs for MLC sustainability will be challenging to implement
- IMPACT supported MLCs to offer GoM-accredited nonformal education to migrant children. NFE education in Thailand has GoM support and may be sustained given low teacher turnover

IMPACT leveraged co-funding from other concurrent projects, such as the ACCESS Project funded by Educate a Child, to improve access to education for migrant children. Two-thirds (64%) of enrolled children said they are enrolled in MLCs while one-third (30%) are enrolled in Thai schools. The rest are enrolled in NFE, vocational school, or gave no response (Annex F, Table 4).

IMPACT worked to improve quality of education by supporting teacher training. Qualitative evidence shows that teacher training improved teachers' understanding of why child-centered teaching is important:

In Burma, teaching is teacher-centered but now we have learned to be child-centered. We realized that each child is not the same and their learning abilities are different. We thought that if we say things one time, they will understand. But some don't understand – we have to say things in different ways and many times. We also realized that children come from different backgrounds so their experiences are different.

Headmaster
Parami MLC

There is no evidence in the evaluation data to say whether or not this has actually led to effective use of child-centered teaching practices in IMPACT-supported classrooms. However, evidence from a concurrent study on teaching quality commissioned by Save the Children suggests that MLC teachers still struggle to implement child-centered teaching practices despite understanding the concept.[5]

In addition to professional development, IMPACT trained MLC teachers to guide migrant children and parents on possible education pathways depending on their individual priorities. This practice was found in one of the three MLCs. Parami's teachers said during interviews that they have created education plans for several older students who are behind in their studies. Individual plans link these students to training at vocational schools and life skills education while they stay in Parami's dormitories.

Among the more significant outcomes of IMPACT, several MLCs under HWF now offer non-formal primary education (NFPE) to their students using a curriculum that is accredited and recognised by the Myanmar government. Evaluation does not have program enrollment information. Nine (9) of the 117 surveyed children in Tak province said they are enrolled in an NFPE program. FRY is also in the process of establishing the same program in its MLC. According to HWF education staff, this is one of the major education achievements under IMPACT.

Now they're ready to start implementing the NFPE program in their schools and have received GoM approval to start teaching it. Three years ago, only Parami and KM42 offered this. Last year, 11 schools joined and GoM pays the teachers' salaries. I am very proud of this because it is sustainable.

Alternative Education Coordinator
Help Without Frontiers

Education for children with disabilities

Only 6 of the 206 children surveyed for this evaluation were identified as having a disability.[6] None of the 3 MLCs visited have an official disability policy, however headmasters at each school were able to describe whether and how they have accommodated for physical and learning disabilities.

Parami accommodates for children with disabilities by sending them to a Special Education program several days a week. For those students who are not officially recognised as having a disability, the school promotes them to the next grade with their friends even if they have not passed the grade. According to the headmaster, this is because "it is important to make the students feel happy" by letting them stay with their friends. Some teachers at the other MLCs indicated that they make special efforts to accommodate students with disabilities, such as using teaching aids or spending extra time to help them understand.

[5] Save the Children, "Towards a System of MLC Teacher Professional Development in Mae Sot," forthcoming 2017.

[6] A person with a disability is someone with at least ONE domain that is coded as *a lot of difficulty* or *cannot do at all* (Washington Group). The domains are: sight, hearing, mobility, memory, self-care, speech

However, several teachers and headmasters indicated that students with disabilities tend to drop out because they are unable to keep up in class, indicating potential gaps in learning and development service provision by their schools. A recent survey of MLC teacher competencies in Mae Sot found that teachers have little training and low confidence in their skills to address the learning needs of students with disabilities.[7]

Education challenges and threats

As donors continue to shift their funding priorities across the border to Myanmar, MLCs in Tak province are struggling to cover daily operating costs. Several MLCs have closed down in recent years. IMPACT's response to this trend was to engage school administrators in sustainability planning and to provide business development trainings for schools to engage in income generation activities (IGAs). Thus far, 10 MLCs have received trainings, three of which have been awarded seed funding to pilot their business plans. Although it is too early in the pilot to determine whether this is an effective intervention, the evaluation has identified potential challenges for MLCs to engage in IGAs. At one school, the headmaster said it would not be possible to introduce an IGA because there is insufficient trust between parents and the school. Parents do not trust teachers when they are seen to be selling things to the community or "doing business." Meanwhile, schools are also hesitant to trust parents and community members to operate an IGA because "parents could just take the money and run away." This indicates a need for IGA training to include PTA engagement activities in order to build social capital (see Recommendation #6).

Although the program has enrolled many children in schools, qualitative evidence suggests overall enrollment and attendance from year to year is largely influenced by parents' labor mobility and their attitudes towards education. In Samut Prakarn and Tak, education appears to be a low priority for parents. For example, many Cambodian FGD participants admitted that they sometimes ask their older children to earn income, even though education costs are covered by IMPACT. In Tak, parents are willing to enroll their children in schools and can articulate why education is important, but many are just as ready to pull their children out of school seasonally when they move around for work.

According to FCD staff, it has been challenging to work with the government on migrant rights because of the prevailing attitude in many departments that migrants are a security problem. FCD was successful at changing these attitudes for a time but then lost all progress when a key ministry official was transferred to another position. This experience reiterates the need for targeted and continued advocacy efforts to effect sustainable changes to government practice (see Recommendation #7).

Finally, the addition of an NFPE curriculum in MLCs responds to well-known gaps in migrant education, namely the lack of continuity when students return to Myanmar and the challenge of keeping older students engaged when they must study with younger peers. The new NFPE program provides students with accreditation that is recognised if students return to Myanmar and allows them to catch up with their grade levels. IMPACT covered the cost for teachers to attend a training on the NFPE curriculum while the Myanmar government has committed to paying a teacher stipend of 2,000 THB per month. Although this stipend is lower than the typical MLC teacher salary and payment is sometimes delayed, this intervention can be sustainable with ongoing commitment from the Myanmar Government and given low teacher turnover at the MLCs. If NFPE-trained teachers leave their jobs, the MLCs would need pay for additional teachers to Myanmar to be trained (see Recommendation #8).

[7] Save the Children, "Towards a System of MLC Teacher Professional Development in Mae Sot," forthcoming 2017.

Health

Summary:

- IMPACT collaborated with community members and local health authorities to extend health education and services to migrants in Samut Prakarn and Tak
- The project utilised migrant health volunteers with varied success. Factors for success may include remuneration, community mobility, and workload
- There is strong momentum for development delay screenings in Tha Song Yang

IMPACT successfully advocated with local government to extend health services to previously unreached migrant communities in Samut Prakarn and Tak provinces, however, findings indicate that access to health remains a challenge for migrant children, particularly in Samut Prakarn and Bangkok provinces (Figure 7). Only one-third of children in Bangkok and Samut Prakarn said they received medical services the last time they needed it. This proportion was higher (63%) for children at MLCs in Tak province. Qualitative data reveals that mothers in both the Cambodian and Myanmar communities have accessed services at the local hospital or clinic on their own without the support of FCD. Cambodian mothers said language is the main challenge when visiting hospitals because they cannot communicate with the doctor. Both Myanmar and Cambodian parents said that lack of ID cards or insurance cards are also a barrier to accessing services at the hospital.

When we don't have ID cards, they look down on us because we're just migrant workers. Maybe there is a different level of service. It depends on the behavior of the doctor or nurse, but some don't have a good attitude. I have faced this twice at the hospital.

Mother with 2 children, Cambodian, has lived in Thailand for 16 years

IMPACT collaborated with community members and local health authorities to extend health education and services to migrants in Samut Prakarn. FCD staff understood early in the project that success of any health interventions in Samut Prakarn would hinge on trust and collaboration with each migrant community. According to staff, many migrant workers perceived that they could not leave their communities to seek medical services because they feared being arrested by the police. FCD found that parents had poor knowledge about hygiene and first aid. To engage with the community, FCD brought legal and medical professionals to the community to give them information on health and their legal rights. FCD also engaged 10 migrant health volunteers to act as liaisons between the program and community. The project gave these volunteers information on migrants' rights, how to obtain identity documents, and child well-being, and connected them with other basic services. Volunteers met with FCD once a month to provide updates relevant to migrants, share knowledge, and update FCD's records on medical visits, births, and household migration.

Access to health services remains a challenge for migrant children

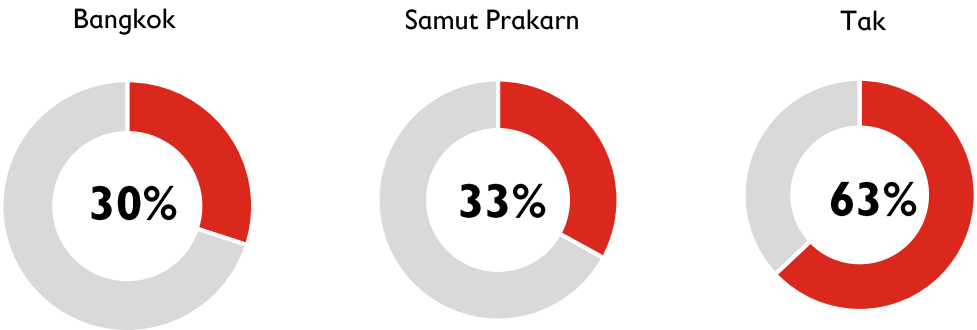

Figure 7: Percentage of migrant children in each location who received health services the last time they needed it

Meanwhile, FCD collaborated with local health authorities to dispatch mobile health units to migrant communities that were previously not covered under the Ministry of Health (MoH). According to FCD, they were able to develop a strong working relationship because local health authorities wanted to expand their areas of coverage in order to control diseases, but needed support from a community-based organisation to access migrant communities. As a result of identifying these shared interests, local health authorities deployed mobile health units two to three times a year to provide services such as vaccinations for children under 6, medical check-ups, and education about infectious diseases. According to FCD staff, the mobile health units have been running without the project's support for two years and have been fully funded by the government, making the intervention efficient and potentially sustainable. According to FCD, these migrant communities are now formally counted and monitored under MoH data so they should be included in MoH budgets moving forward.

Challenges in Samut Prakarn

Despite having successful engagement with local government, the evaluation identified several sustainability challenges for IMPACT's health initiatives in Samut Prakarn. Migrant parents report that the mobile health units visited their communities several times last year, however it has not appeared this year. This finding calls into question the Ministry of Health's commitment to permanently expanding services to these communities or, if the mobile health units have indeed continued, the extent of their reach (see Recommendation #9)

Qualitative findings also raised questions about the utility and relevance of services provided by mobile health units. Mothers from the Cambodian community felt there has been no change in their access to health services in recent years. Only 16 out of the 60 parents surveyed in Samut Prakarn said their children had accessed services at the mobile health units in the past 3 years. In the focus groups, many of the mothers knew about the mobile health unit, however only some had taken their children to receive vaccinations and checkups. Some mothers indicated that they knew about the services but did not feel their children needed medical checkups. Others reinforced this sentiment by saying that many of their peers do not understand the importance of vaccinations or do not go to the doctor because they are "lazy."

Finally, FCD had mixed success training and building community connections through migrant health volunteers. Several mothers indicated confidence that if they or their children are sick, they can call and ask FCD for help. However, throughout the focus group discussions, many mothers described acute medical needs that they had not brought to the attention of FCD nor local medical providers, indicating that there still barriers for seeking help. FCD has also found it challenging to keep health volunteers engaged. Sometimes it only had 6-7 volunteers at a time because trained volunteers frequently move out of the community to work elsewhere or are not interested in the role because it is too time consuming. During focus groups, most mothers could not identify who the health volunteers were in their communities. This indicates that health volunteers may have had limited visibility and reach within their roles. Given the project's reliance on volunteers to update project records, this assigned dual role may limited the effectiveness of volunteers in their roles as knowledgeable individuals about migrant rights, birth registration, and access to services (see Recommendation #10).

Health services in Tak province

In contrast to Samut Prakarn, the project successfully leveraged 10 health volunteers to staff two health posts providing medicine and first aid in Tak. Part of this success was due to the fact that many of the volunteers had been trained and engaged by a former IRC project. The project selected volunteers who have influence and respect from the community, such as section or farm leaders. According to project staff, many of the volunteers are committed, long-term residents of the border area so the project saw less volunteer turnover in that region. Under IMPACT, volunteers also received small monthly remuneration of 700 THB. IMPACT connected the volunteers with trainings in basic health care by Mae Tao Clinic. Meanwhile, the Thai government health department supplied the health posts with tools to deliver babies.

Despite success in engaging community volunteers and leveraging government partnerships and resources in Tak, this intervention is not sustainable without a new funding source. None of the partners have plans to continue paying the monthly volunteer stipend beyond the project.

Tha Song Yang

Halfway through the project, IMPACT collaborated with a number of hospitals on the Thai-Myanmar border to promote birth registration for children of non-Thai migrants. Through this partnership, IMPACT identified additional opportunities to support obstetric care and early child development in Tha Song Yang.

IMPACT improved the quality of existing midwife trainings by providing mannequins for demonstration and practice. During these trainings, midwives learn to identify signs that a pregnant woman should be referred to the hospital. Anecdotal evidence suggests that these trainings give midwives more knowledge about pregnancy danger signs than they would otherwise have. In turn, midwives are slowly changing village-level resistance to seeking hospital services. One village midwife said she encourages pregnant women to go to the hospital when they are about to go into labor, telling them that hospitals offer more professional care and sanitary conditions. Despite such efforts to refer patients for care, transportation options to the hospital are limited or sometimes impossible during the rainy season. This challenge, along with deep-rooted preferences for in-home birthing practices, underscores the relevance of training village midwives to recognise and respond to signs of a dangerous pregnancy.

During the final year, the project also expanded beyond prenatal and postnatal services to support the development of a screening tool for developmental delay in response to data showing high prevalence of developmental delay in Thailand. The project supported trainings for doctors, health post staff, and ECD teachers to use the tool. During the pilot and early phases of implementation, 100 children have been identified at community clinics and referred to the hospital for monitoring and diagnosis. Village-level service providers affirm that the tool is highly relevant to their communities.

Health challenges and threats in Tak

Although there is currently a strong momentum at Tha Song Yang Hospital to carry forward data collection and screening for developmental delays in remote villages, this momentum may become stalled without continued funding. This process is still in its early stages with the tool having recently been finalised. Stakeholders in the process anticipate several challenges ahead. First, the tool's primary users speak Thai while the population to be screened speak Karen. Second, transportation challenges are likely to be a barrier to referral completion since parents still have to bring their children to the hospital for further evaluation. Hospital staff suggest that future support for this initiative could be to initiate mobile clinics that allow doctors to travel to the villages for evaluation (see Recommendation #11).

Legal status and birth registration

According to project records, as of 2016 the project had assisted 655 migrant children to acquire a birth certificate or other legal documents.[8] During the first two years of the project, IMPACT conducted awareness-raising activities with local communities under HWF, FRY, and FCD on how to obtain birth documents. In Samut Prakarn, the strategy was for health volunteers to bring this information to their communities and to act as points of contact that would bring cases to local MoH staff directly. Of the 60 Samut Prakarn parents surveyed at endline, 12 said they received help from FCD to obtain legal documents for their children during the project.

The majority of migrant children assisted to obtain legal documents received the support of a legal consultant who was contracted by IMPACT to advise, on a case by case basis, on the types of documents for which they are eligible and how to obtain them. The consultant simultaneously worked with the Tak ESAO to provide 13-digit numbers for migrant children enrolled in MLCs, a number that is required for children to be counted under the Thai government's education figures.

Despite this progress, 43% of surveyed children still do not have a single identity document (see Figure 8). Moreover, children indicated that one of the most common reasons for feeling unsafe in their communities was lack of legal documents (27% of boys and 37% of girls). These findings reiterate a high need for continued efforts to support migrant children with legal documents (see Recommendation #12).

[8] Save the Children, IMPACT 16-17 Tracker, DIPs, WBS, Issue Log.xls, last updated 1 October 2016.

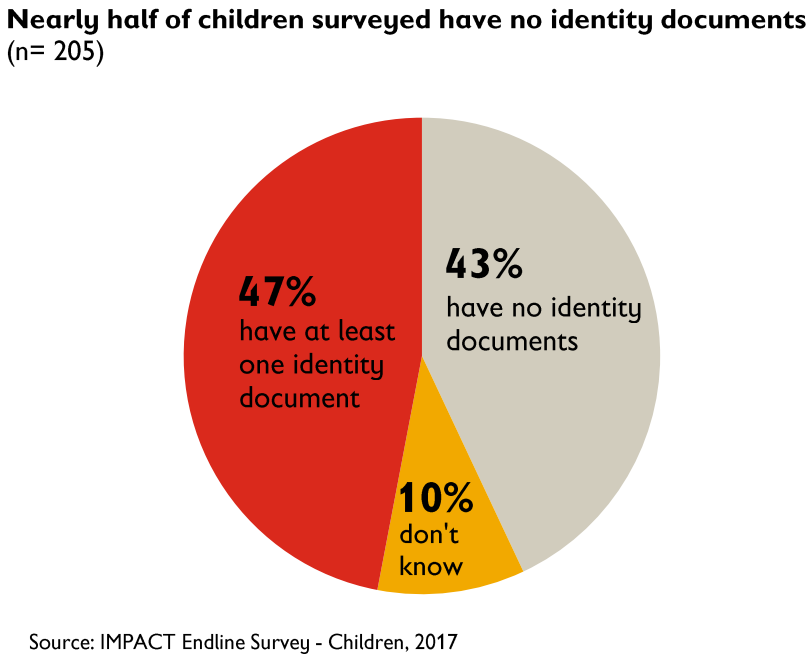

Figure 8: Percentage of children with legal documents

As a member of the Migrant Working Group (MWG), Save the Children monitored the use of the new universal health care program implemented by the Thai government during the first year of IMPACT. Migrant children and families were eligible to apply to this program without presenting legal documents. The MWG monitored the program rollout to better understand the pros and cons of purchasing insurance, and in the process documented several cases in which migrant families purchased insurance but could not use it because hospitals were not clear on policies for migrants.

The MWG has used this evidence to advocate with the Ministry of Public Health. Since the change of political power in 2014, the policy was put on hold. More recently, the government has issued a similar policy that integrates migrant health insurance into registration for migrant work permits. This allows children to acquire migrant health insurance as dependents under their parents. RTG has announced new procedures for migrant worker registration and documentation as of June 2017. With ever frequent policy changes from the Thai government, Save the Children's participation in monitoring and health advocacy for migrant children is relevant and should continue (see Recommendation #13).

Legal status challenges and threats
These examples of changing government policies and differences of interpretation at the local level demonstrate the complexity of tackling statelessness and promoting legal documentation for migrant children. Save the Children acknowledges these are major challenges:

Even in the next 5-10 years, we are probably not going to be able to help all children acquire national identity, but we want to ensure people we come into contact with are not without documents of any kind that say who they are…All of these documents, not matter how small, can be considered a piece of supporting documentation to help verify their nationality.

Khem Krairit
IMPACT Project Coordinator, Save the Children

Outcome Area 3. Policies on the rights of migrant children at both the regional and national level are strengthened and implemented

Summary:

- IMPACT contributed to regional efforts to involve youth in high-level migration policy dialogues
- The project contributed to Save the Children's advocacy goals around migrant education
- IMPACT partners are well-positioned to support local government advocacy and can complement Save the Children's advocacy efforts at national level

Save the Children partnered with UN-ACT and other INGOs to mobilise youth participation in regional policy dialogue on safe migration and human trafficking. During the COMMIT Youth Forum, youth presented their perspectives on safe migration to senior COMMIT officials, a process that builds youth leadership, critical thinking skills, and experience in collaborating with peers from across the region. It also brings awareness to government officials of the important role of youth in promoting safe migration and fighting human trafficking. According to UN-ACT's National Project Coordinator, Save the Children has demonstrated its commitment to youth by working with partners to design the program while engaging with national COMMIT taskforce representatives and other stakeholders to make each event successful.

Although the evaluation could not examine the effectiveness of this activity by interviewing youth or senior COMMIT officials, the activity represents a critical piece that is often missing in safe migration programming, which is to engage local civil society in the destination country. By engaging Thai youth to understand the issues and consider their potential roles in promoting safe migration in their respective communities, this initiative may have created opportunities to create further linkages and support from Thai civil society to raise awareness and inspire action (see Recommendation #14).

Challenges and threats

Among the challenges of influencing policy for migrant children, Save the Children had limited staff to coordinate resources and engage in meaningful policy dialogues in all three thematic areas covered by IMPACT. According to Save the Children, it was difficult to link the work back to local Thai authorities like ESAO and the public health unit since this type of collaboration requires dedicated relationship-building.

Save the Children was able to address some of this challenge by 1) relying on partners for local advocacy, and 2) streamlining advocacy efforts across projects. In general, Save the Children's partners are better positioned to advocate with local governments. The project effectively drew on HWF's ongoing participation in working groups that collaborate with Tak ESAO to promote access to and quality of migrant education in Tak province. It also built effective relationships with local health authorities in Samut Prakarn during the project period. FCD's advocacy resulted in Thai government deployment of mobile health services to migrant populations and inclusion of these populations in future public health planning (see Recommendation #15)

Finally, IMPACT successfully contributed to Save the Children's larger organisational goals to advocate for implementation of the Education for All policy through migrant enrollment in Thai schools. By collaborating internally across projects on education and avoiding duplication of efforts, IMPACT was aligned to Save the Children's country strategy and ongoing advocacy for Education for All in Thailand.

Partnerships and project management

Overall, the local partners said they had positive collaboration with Save the Children and found the targeted technical assistance on child protection, strategic planning, and organisational capacity building to be useful.

Midway through the project, Save the Children and HWF came to a mutual decision to shift the child protection budget from HWF to Save the Children. Individuals involved in this decision agreed that the design and child protection goals of IMPACT were not well-aligned with HWF's organisational goals and strengths. Whereas HWF's organisational priority is to build school- and community-level capacity to address child protection,

IMPACT was designed to strengthen system level child protection by building local government and CBO capacity.

Although these differences were apparent from the beginning, the partners proceeded under the belief that they could integrate their visions over the course of the project. However, after lags in achieving anticipated results, Save the Children convened a reflection workshop in which the partners conducted a SWOT analysis to identify strengths and gaps. This process led to the conclusion that Save the Children would be in a better positioned to push forward the child protection objectives while continuing to provide technical assistance to HWF for its school- and community-level child protection activities.

This major strategy shift was conducted thoughtfully by both partners and allowed both organisations to further advance their respective goals. HWF aims to expand its child protection work by first taking the necessary steps to fill skill gaps by hiring staff with more dynamic social work capabilities. Save the Children can continue to provide technical support as HWF grows its organisational capacity for child protection.

Food and drink supplies at Rosefield School, Pop Phra

Monitoring, Evaluation, Accountability, and Learning (MEAL)

The MEAL framework for IMPACT improved significantly throughout the project, but frequent changes meant that the framework followed the project and did not serve as a guide for project implementation. From the perspective of project staff and partners, MEAL was a top-down process primarily led by Save the Children Australia (SCA) and the Program Implementation Team. The logframe and associated indicators were redesigned frequently, partly to reflect strategy adjustments and partly because there was frequent turnover among the advisory staff at SCA. The latest MEAL framework is vastly improved from the original, however there is little evidence that MEAL has been implemented with consistency across partners and over the course of the project (see Recommendation #16).

There are several issues that contribute to this finding:

- The project made annual changes to its database. Partners moved from manual recordkeeping to an Excel file and finally to a database developed specifically for the project in Year 3. Despite these changes, not all partners were expected to adapt to the new database system. There was little evidence of project efforts to ensure data consistency and accuracy across all partners in relation to recordkeeping and measures to prevent double counting. This limited IMPACT's ability to examine progress over time and aggregate data across partners to construct a meaningful gauge of overall progress (see Recommendation #17).
- The final database design introduced a new requirement for data to be linked to beneficiary names starting in Year 3 as an attempt to minimise double counting and improve data quality. However, from the perspective of partners, this resulted in 'wasted data' since data from prior years had not been associated with names and could not be inserted into the new format.
- Baseline data does not reflect a true baseline as it was collected several months after the project started. Since outcome indicator definitions were not provided for the endline data collection, these were (re)constructed for the endline survey. Given these discrepancies and differences in sample size between the baseline and endline surveys, the two datasets cannot be compared to accurately show trends over time (see Recommendation #18).

IV. Recommendations and Conclusion

Outcome Area 1

Recommendation #1. Train children on child rights and responsibilities to reinforce established reporting mechanisms and positive discipline methods.

Recommendation #2 Train parents on child protection and child development during PTA meetings to reinforce school-level efforts to promote child protection.

Recommendation #3. HWF's school-level sustainability approach to improving child protection mechanisms is appropriate given high levels of teacher turnover and customary use of corporal punishment in Tak province MLCs. HWF should continue to ensure child protection policies are in place and frequently reviewed by staff. Include all school staff in child protection trainings to ensure the whole school community understands and buys-in to child protection policies.

Recommendation #4. Continue the two-pronged (bottom-up and top-down) approach to engage DCY and child protection stakeholders in the process of developing standards of care for informal boarding houses in Mae Sot. In particular, there needs to be ongoing trust-building between the boarding institutions and the working group throughout the pilot and feedback process.

Recommendation #5 Consider sponsoring a second exchange visit for Mae Sot Hospital's MDT. The team recently made a proposal within its own department to conduct a second hospital exchange visit. This proposal was rejected, but the team believes another exchange would be beneficial as it would further improve their skills and allow them to share practices with other hospitals.

Outcome Area 2

Education

Recommendation #6. MLC IGAs are still in the pilot phase. Save the Children should continue to monitor progress on these activities and be aware of the various social dynamics identified in the evaluation that may contribute to the success or failure of an IGA. Given the changing funding environment for migrant education along the Thai-Myanmar border, the work to engage school administration in sustainability is relevant and should continue, with technical assistance to school directors and targeted efforts to build trust for the activity with parents and community members.

Recommendation #7. In the future, FCD might consider creating stronger linkages between its local advocacy efforts and Save the Children's national advocacy efforts to mitigate challenges associated with government official turnover and to streamline advocacy for migrant rights overall.

Recommendation #8. HWF and Save the Children should continue to monitor rollout of NFPE in Tak MLCs to ensure teachers have adequate support to teach the curriculum and children who continue schooling in Myanmar are able to successfully transfer their accreditations. HWF should also monitor enrollment in NFPE to ensure children and their parents understand what this pathway offers.

Health

Recommendation #9. FCD should periodically check in on the local health department's plans to provide mobile health services to migrant communities. FCD played a key role in facilitating these connections between the two during IMPACT and can ensure sustainability of these efforts by acting as a resource to the health department to ensure its services are relevant and to help address any barriers, especially cultural or linguistic, to continuing services.

Recommendation #10. For future projects, build in more technical support and sharing across partners on how to best mobilise volunteers and keep them engaged to achieve optimal results.

Recommendation #11. Continue to support the rollout of developmental screenings in Tha Song Yang. Targeted areas of support might include: translation of the tool to local dialects, offering mobile visits to villages to ensure referral completion, and training teachers and parents on how to promote early child development and identify signs that indicate a child might require professional medical assistance. Save the Children should also ensure there is a functioning data monitoring system in place to track referrals made, referrals completed, and diagnoses for better targeting by medical professionals.

Legal status

Recommendation #12 IMPACT's efforts to promote birth registration and legal documentation of any kind for migrant children are relevant given evolving migrant policies in Thailand. Partners can continue to incorporate messages on the importance of legal documents and how to obtain them into their ongoing programming.

Recommendation #13 Continue to document migrants' experiences participating in nationality verification and purchasing health insurance as the Thai government rolls out its new labor registration policies this year.

Outcome Area 3

Recommendation #14. Save the Children should also document the outcomes of youth participation in the COMMIT Youth Forum and consider ways to further leverage this investment. In general, Save the Children might use this model to engage local youth to support advocacy efforts for vulnerable migrants and create linkages with Thai civil society to build support for programs like IMPACT.

Recommendation #15. Save the Children should continue partnering with and providing technical assistance to local organisations for ongoing local advocacy for migrants. Partners are well-positioned to introduce linkages between local government authorities and the migrant communities they serve. They can also collect evidence on the extent to which policies protecting migrant rights are implemented with fidelity and provide recommendations for Save the Children to bring to higher level government forums.

MEAL Recommendations

Recommendation #16. Involve partners and project staff in developing and/or refining the project MEAL plan early in the project start-up phase. Review the plan annually with partners. MEAL plans should include indicator definitions to ensure indicators reflect what they are intended to measure and that partners have a common understanding of what they are trying to measure.

Recommendation #17. Consider using a lean MEAL system that can be easily adapted to reflect changes in strategy. A lean system is particularly effective when partners do not have budget lines for MEAL staff, and ensures key indicators being measured retain their meaning over the course of the project. Lean MEAL systems can be complemented by other accountability mechanisms such as rigorous baseline/endline surveys, a mid-term evaluation, or documentation of specific project outcomes through case studies.

Recommendation #18. Conduct the baseline survey prior to the start of the project and include basic planning for the endline survey at this early stage by outlining a data analysis plan. This exercise helps to ensure maximum utility of each survey question and consistency across the baseline and endline for comparison. Having a high-level analysis plan in place early on can also help mitigate later challenges in deciding on sample frames and indicator denominators given common difficulties in collecting longitudinal data from highly mobile populations.

Conclusion

With its ambitious design covering three thematic areas to support highly mobile populations in Thailand, IMPACT's greatest successes were in 1) raising awareness at multiple levels on protection issues for vulnerable

migrant children and 2) mobilising system-level changes to address these issues. The project built school capacity to recognise and address child protection concerns while simultaneously strengthening local support systems to be more relevant, more attuned to the needs of the child from intake to case closure, and better able to serve the differentiated needs of vulnerable migrant children. The project also contributed resources to larger advocacy efforts of both the partners and existing working groups for the inclusion of migrants in Thai basic services. Whereas projects serving migrant communities tend to be shorter at three years, the four-year length of this project allowed for partners to identify challenges, test new strategies, and build long-term strategies for engaging key government officials to allow for sustainable policy and system changes.

The challenges identified in this evaluation are common to programs that aim to build sustained support for highly mobile populations. In particular, they highlight the need for a nuanced approach to the concept of "sustainability" within a migration context. On the one hand, training individuals on child protection, health, etc. means that changes in knowledge and attitudes are portable and these ideas will leave with migrants to new places of work or back to their places of origin. On the other hand, programs cannot expect "sustainability", as understood in typical development terms, because they must anticipate high turnover among teachers, volunteers, and other trained service providers. Such programs are further challenged to produce reliable data to demonstrate change over time and thus must rely on mixed data methods.

Equally important, then, are the policies and system mechanisms designed to protect migrant populations. As such, the design of IMPACT is highly relevant to the population of concern since it targets the challenges at multiple levels. Future funding in these areas can take the work further, with more attention at the design phase to what "sustainability" can mean in that particular context and how the project can best mobilise its resources from the beginning to work towards that outcome.

Annex

Annex A. Detailed methodology

Document Review
During the inception phase, the evaluator reviewed project documents provided by the SC MEAL team including logframes, program design documents, mid-term reflection workshop proceedings, project reach records, and issue logs. This review informed the design of the qualitative and quantitative tools as well as the sample selection.

Endline Survey
From May to June 2017, the evaluator trained small data collection teams to conduct surveys in all three provinces covered by the project.

The quantitative survey is designed to both inform the final evaluation and to provide data for seven of the project's endline indicators. The survey contains two instruments, one for children and one for parents (see Annex B. Survey instruments).

Quantitative Sample
The overall sample size was driven by logistical and cost considerations as well as availability of project partners to host the evaluation team. The survey team aimed to sample 204 children (50% boys/girls, including 30 children from boarding schools) and 144 parents. The final sample is close to this, with 206 child respondents (23 children are from a boarding school) and 138 parents.

As is typical in migrant communities and development settings where sampling frames (i.e. lists of total population elements) are not available the quantitative survey relies on *non-probability convenience sampling* within each geographical area because sampling frames were not available. Enumerators were instructed to sample 50% boys and 50% girls at each site, and to sample all children with learning or physical disabilities (as identified by teachers and headmasters). Children who were identified as having a disability were surveyed individually by the most experienced enumerator.

Outcome Indicators for Endline Survey

Impact level:
% of migrant children who report having access to education, health and child protection services

% of migrant children who report feeling safe

% of parents/caregivers of migrant children who report using health, education and protection services for their children

Outcome level:
% of migrant children who require it that have access to child protection services

% of migrant children who attend education

% of migrant families who report having access to health services for their children

At sites in Bangkok and Samut Prakarn, enumerators visited households until they reached their targets. Enumerators were instructed to interview one parent/caregiver per household and, if present, randomly select one child to interview between the ages of 6 and 18. The parent surveys were administered verbally to both parents and children in these two provinces.

In Pop Phra, all surveys were administered at MLCs during the school day. Enumerators administered the surveys to groups of approximately 10 children, reading each question and response option out loud while children circled their own responses. Rosefield MLC in Pop Phra asked parents to come to the school during the day to take the survey, which was conducted verbally with the enumerator circling their responses on their behalf.

Annex B. Survey Instruments

Survey for Children

Introduction

Hello, my name is _____. I would like to ask you some questions on behalf of Save the Children, an international organisation that supports FCD. The purpose of the survey is to help Save the Children understand whether this support benefits households like yours, and to improve this support in the future.

Some of the questions will be personal, which is why I will not ask you to give your name. I will keep all of your answers confidential. If any question makes you feel uncomfortable, you can skip the question and leave the answer blank.

Do you agree to participate in this survey? Yes No

A. Biographical Information

No.	Question	Circle or write your answer
1	What is your ethnicity?	1. Burmese 2. Karen 3. Cambodian 4. Laos 5. Other Myanmar
2	Are you a boy or a girl?	1. Boy 2. Girl
3	How old are you?	_____ years /
4	For how many years have you lived in Thailand?	_____ years/
5	How many people live in your household?	_____ people/
6	Who lives in your household? (circle all that apply)	1. Mother 2. Father 3. Brothers and sisters 4. Grandparents 5. Other 6. I live at a boarding school. I have lived here for _____ years.
7	Do you have any of the following identity documents:	0. None 1. I don't know

	ID card, alien card, special ID, passport, birth certificate?	2. My identity cards are in process 3. Yes

B. Disability

"The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM"

No.	Question	Circle or write your answer
8	Do you have difficulty seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
9	Do you have difficulty hearing even if using hearing aid?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
10	Do you have difficulty walking or climbing steps?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
11	Do you have difficulty remembering or concentrating?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
12	Do you have difficulty (with self care such as) washing all over or dressing?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
13	When speaking with someone in your native language, do you have difficulty communicating (for example, understanding or being understood by others)?	1. No difficulty 2. Some difficulty 3. A lot of difficulty

		4. Cannot do at all

C. Education

No.	Question	Circle or write your answer	
14	Are you currently enrolled in school?	0. No	
15	If yes, what type of school?	1. Yes	1. Thai school 2. Migrant learning center 3. Nonformal education 4. Vocational training 5. Other
16	Were you enrolled in a school last year?	0. No 1. Yes, at the same school 2. Yes, but at a different school	
17	Were you enrolled in one of these schools the year before last (two years ago)?	0. No 1. Yes, at the same school 2. Yes, but at a different school	
18	If you miss school for more than 1 week at a time, what are the primary reasons? (circle all that apply)	1. Work to help family with income 2. Help take care of younger siblings 3. No money to pay for school fees, books, uniforms 4. School is too far away from my home 5. Already completed the highest grade 6. Sickness/Health problems 7. Other _____ 8. I never miss school	

D. Health

No.	Question	Circle or write your answer
19	Do you receive health information from any of the following? (circle all that apply)	0. I do not receive health information/Don't remember 1. Parents 2. NGO 3. Neighbors 4. At school 5. Hospital or health volunteers 6. Work place 7. Printed materials
20	Have you received any the following health services this year or last year? (circle all that apply)	0. None 1. Annual check up 2. Vaccination 3. First aid 4. Dental care 5. Mobile health unit 6. Emergency hospital visit 7. Other _____ 8. Don't know
21	When was the last time you needed medical help from a doctor or nurse due to sickness or injury?	0. Never 1. This year 2. Last year 3. Before last year
22	Did you receive medical help from a doctor or nurse the last time you needed it?	0. No 1. Yes

E. Child protection

No	Question	Circle or write your answer
23	If you sometimes feel unsafe, why? (circle all that apply)	1. I have no legal documents 2. Car or bus accidents 3. No safe places to play 4. Trouble from gangs 5. Afraid of thieves 6. Fear of being beaten up or attacked 7. Fear of being touched in a way that makes me feel uncomfortable 8. People around me take drugs or alcohol 9. I feel excluded because I am different 10. Other 11. I do not know the reasons 12.I always feel safe.
24	Do you feel safe around your school, home, or neighborhood…?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
25	If you are hurt, abused, bullied, or feel unsafe, do you know what you would do to seek help?	0. No 1. Yes
26	If yes, what would you do?	1. Tell a friend 2. Tell parents or family member 3. Tell teacher or school principal

		4. Tell local administrative officer 5. Tell NGO 6. Call hotline 7. Tell police 8. Go to hospital or clinic 9. Others _____ 10. I would not tell anyone
27	What might prevent you from reporting abuse? (Circle all that apply)	1. I am scared of what my family or friends would say or do if they found out 2. I do not trust the services or the people who work there 3. I do not think the people who work there will listen to me or believe me 4. It is against my religion or my cultural practices 5. They do not speak the same language as me 6. I do not have enough money to pay for transportation or the services 7. I do not know about services that can help me if I am abused or neglected 8. Other 9. Nothing, I not hesitate to report abuse
28	Would you feel safer if you reported abuse?	0. No 1. Yes
29	Do you think you would receive help or care if you reported abuse?	0. No 1. Yes

30	Where did you learn about the places where you can seek help or report abuse?	1. Teacher 2. School principal 3. Friend(s) 4. Family member 5. NGO 6. Other

Thank you for sharing your responses.

Survey for parents

Hello, my name is _____. I would like to ask you some questions on behalf of Save the Children, an international organisation that supports FCD. The purpose of the survey is to help Save the Children understand whether this support benefits households like yours, and improve its support in the future.

Some of the questions will be personal, which is why I will not ask you to give your name. I will keep all of your answers confidential, and if any question makes you feel uncomfortable, you can skip the question and leave the answer blank.

Do you agree to participate in this survey? Yes No

A. Biographical Information

No.	Question	Circle or write your answer
1	What is your ethnicity?	1. Burmese 2. Karen 3. Cambodian 4. Laos 5. Other (Myanmar group)
2	Are you a male or female?	1. Male 2. Female
3	For how many years have you lived in Thailand?	_____years/
4	How many children live in your household?	_____children/
5	How many adults live in your household?	_____ adults/

B. Education

No.	Question	Circle or write your answer
6	How many of the school-aged children in your household are currently enrolled in school?	_____children/
7	How many of the school-aged children in your household were enrolled in school **last year**?	_____ children/
8	How many of the school-aged children in your household were enrolled in school **two years ago**?	_____ children/

9	Which type(s) of schools do your children attend? (circle all that apply)	1. Thai school 2. Migrant learning center 3. Nonformal education 4. Other 5. None
10	What are the reasons why children in your household do not attend school? (circle all that apply)	1. Work to help family with income 2. Help take care of younger siblings 3. No money to pay for school fees, books, uniforms 4. School is too far away from my home 5. Do not know how or where to enroll in school 6.Other

C. Health

No.	Question	Circle or write your answer
11	Which of the following health services have your children received in the last 3 years? (circle all that apply)	1. Annual check up 2. Vaccination 3. First aid 4. Dental care 5. Mobile health unit 6. Hospital visit 7. Other _____ 8. Don't know 9. None

12	Did you receive medical help from a doctor or nurse the last time your child was sick or injured?	0. No 1. Yes

D. Child protection

No.	Question	Circle or write your answer
13	If your children are hurt, abused, bullied, or feel unsafe, do you know what you would do to seek help?	0. No, I don't know **If no, skip #14 and 16** 1 Yes
14	If yes, what would you do? **If no on 13, skip this question**	1. Tell a friend 2. Tell community leader 3. Tell teacher or school principal 4. Tell local administrative officer 5. Tell NGO 6. Call hotline 7. Tell police 8. Go to hospital or clinic 9. Other 10. I would not tell anyone

15	Would any of the following prevent you from reporting abuse to yourself or children? (Circle all that apply) Everyone should answer this question	1. I am scared of what my family or friends would say or do if they found out 2. I do not trust the services or the people who work there 3. I do not think the people who work there will listen to me or believe me 4. It is against my religion or my cultural practices 5. They do not speak the same language as me 6. I do not have enough money to pay for transportation or the services 7. I do not know about services that can help me if I am abused or neglected 8. Other 9. Nothing, I would not hesitate to report abuse

16	Where did you learn about the places where you can seek help or report abuse? **If no on 13, skip this question**	1. Teacher/school principal 2. Community leader 3. Friend(s) 4. Family members 5. NGO 6. Other

E. Legal Aid

No.	Question	Circle or write your answer
17	Does each of your children have at least one identity document?	1. None of them have identity documents 2. Some of them have identity documents 3. All children have at least one identity document or their identity documents are in process
18	Which identity documents do your children have?	1. ID card issued by Myanmar 2. Alien card (pink card) 3. Special kind of ID (Thai) 4. Passport 5. Birth certificate (Thai or Myanmar) 6. Other

If the children **do not** have identity documents, thank the respondent and end interview here.

If they **do** have identity documents, please continue.

19	Did you obtain any of the identity documents mentioned above within the past four years?	1. Yes, obtained some or all documents within the past 4 years

		2. No, obtained all documents more than 4 years ago
20	Did FCD help you obtain any of these documents?	0. No 1. Yes
21	Have there been any changes to your child's life as a result of obtaining the documents?	1. Yes, positive changes 2. Yes, negative changes 3. No changes

Thank you for sharing your responses.

Annex C. Qualitative Key informants

Name/Job	Role in project	Organisation	Method
Khem Krairit, Project Coordinator	Project Staff	Save the Children	In-depth Interview
Tommy Chaiya, MEAL Coordinator	Project Staff	Save the Children	In-depth Interview
Ratjai Adjayutpokin, Senior Implementation Manager	Project Staff	Save the Children	In-depth Interview
Kae and Ing (Social Workers)	Project Staff	Save the Children	Group interview
Poonthip (Social Worker), Runsri (Nurse), and Kang (Coach)	Beneficiaries: MDT Members	Mae Sot Hospital	Group interview
Top (Legal Officer), Caseworker, and Sompoch (Head of Child Protection)	Beneficiaries: MDT Members	Light House and Life Impact	Group interview
Pattara (Social Worker)	Beneficiaries: MDT Member	Tak Shelter	In-depth Interview
Panipa	Stakeholder: Officer	Tak Ministry of SDHS, DCY	In-depth interview
Pidchaya Pariyanithiroj	Partner: National Project Coordinator	UN-ACT	In-depth Interview
Midwife	Beneficiary	Tha Song Yang district	In-depth Interview
Health Post Staff	Beneficiary	Tha Song Yang district	In-depth Interview
ECD teacher	Beneficiary	Tha Song Yang district	In-depth Interview
Som, Project Manager	Staff	Save the Children	Group Interview
Psychiatric nurse, child psychiatrist, and midwife trainer	Partners	Tha Song Yang Hospital	Group Interview
Fu	Partner	FRY	In-depth Interview
FRY Teacher	Beneficiary	FRY	In-depth Interview
Kae and Au	Partner	FCD	Group interview
11 Cambodian mothers	Beneficiaries	Samut Prakarn community	Focus Group Discussion
8 Myanmar mothers	Beneficiaries	Samut Prakarn community	Focus Group Discussion
Nang, former Child Protection Specialist	Partner	HWF	In-depth Interview
Ann, Director	Partner	HWF	In-depth Interview
Tu (Health Coordinator) and Tao (Alternative Education Coordinator)	Partner	HWF	Group Interview
3 School Directors/Headmasters	Beneficiaries	Rosefield, Parami, and KM42	Individual interviews
3 Teachers	Beneficiaries	Rosefield, Parami, and KM42	Individual interviews
7 boys, ages 10-13	Beneficiaries	Rosefield MLC	Activity
10 girls, ages 10+	Beneficiaries	Parami Boarding School	Activity
5 boys, 5 girls under 10	Beneficiaries	KM42	Activity

Annex D. Discussion Guides

Children

Key project components and issues to ask about:

Education
- Alignment of current education opportunities with future plans
- Relevance of language instruction
- Accommodations for disabilities

Child protection
- What is your definition of safety?
- What do you do when you do not feel safe? (awareness of reporting/complaint mechanisms)
- Do your teachers/caregivers/parents ever tell you about child rights?

Activity 1 – Vote with Stickers

Key Objectives:
To explore with children the relevance and quality of education at MLCs

Time Needed:
30 minutes

Key Steps:
1. Introduce the activity. *I will read some questions for you to answer and show you some answer choices. Place a sticker on the response that corresponds with your answer. I am asking for each of your opinions on these questions so please remember there is no right or wrong answer.*
2. Practice round. *Which of these fruits do you like the best? Pineapple, Mango, Watermelon*
3. Begin asking questions and ask children to share reasons for their answers, where relevant.

Questions to ask:
About you
1. How old are you?
2. What grade are you in?
3. For how long have you lived in Thailand? 0-3 years / 3-5 years / 5+ years
4. Where were you born? Thailand / Myanmar / Somewhere else
5. For how long have you been a student at this school? Under 2 years / Over 2 years
6. For those who answered 'Under 2 yrs' where did you attend school before coming to this school? Thailand / Myanmar
7. Which language(s) do you speak at home?
8. What languages do your teacher use in the classroom?
9. Which of these languages do YOU feel is the most important for you to learn? Why? [1 sticker color]
10. Which of these languages is the SECOND MOST important for you to learn? [2nd sticker color]
11. How many days of school did you miss last week? 0 / 1 / 2 / 3 / 4 / 5
    a. Why did you miss school on those days?
12. Have there been changes in your life that are the result of attending school? Yes, big changes / Yes, some changes / No changes
    a. What changes have been most important to you?

About your teachers and school:
13. Think about your favorite teacher. Why is he/she your favorite teacher?

14. When you don't understand something in class, who do you ask for help?
15. Do your teachers…come to class prepared? [Draw a line and ask children to place stickers along that spectrum (Never – Sometimes – Always)
16. …Check throughout class whether you understand the lesson?
17. …Use teaching materials and activities during lessons?
18. …Give you individualized feedback on your performance in class?
19. …Teach you about how to stay safe and healthy?
20. …Miss class sometimes?

In preparation for the next activity, ask the children to define 'feeling safe.'

Activity 2 – Drawing safe spaces[9]

Key Objectives:
To enable children to identify safe and unsafe spaces in their communities
To identify possible ways to address child protection concerns

Participants:
Sexes separated; in age groups 6-10 or 11-14

Time Needed:
30 minutes

Key Steps:
1. Give the group of children a large piece of paper and markers. Ask them to collectively map all the places in the community where they spend their day.
2. Ask the children to draw a smile or place a sticker on all the places they feel **safe**.
3. Then ask them to cross out or place another sticker on the dangerous places in their community – where they **do not feel safe, are scared, where they face risks, or where accidents happen**.
4. Ask children: **What can you do** when you encounter situations where you do not feel safe?
5. Ask children: **Who can you tell** when you encounter situations where you do not feel safe? [reporting mechanisms]
6. Have you ever had to tell someone about a situation in which you or someone you know does not feel safe? Who did you tell? What did they do about it?
7. Where do you learn about these [reporting mechanisms]?

[9] Adapted from Risk Mapping activity found in Save the Children Norway's "A Kit of Tools: For participatory research and evaluation with children, young people, and adults" (2008)

Partners

Effectiveness

1. What were the project's biggest successes?
2. What do you think was [organisation]'s biggest impact on migrant children? Communities?
3. …on practices or systems within the relevant sector?
4. What were the projects biggest challenges?
5. Can you think of any positive unintended outcomes of the project?
6. …Negative…?

Strategy

7. Did [org] make any major shifts in strategy or areas of focus during the project? Why? What has been the outcome?
8. What role, if any, did beneficiaries play in developing the project's goals and strategies? How did you ensure project activities were aligned with beneficiary needs?
9. What other similar or complementary efforts are being made by actors (NGOs, CBOs, government) working on this issue? How does this project fit?
10. What considerations, if any, did the project make for differentiated needs of boys and girls?
11. Did [org] have a strategy for ensuring gender equality among beneficiaries?
12. What considerations, if any, did the project make for differentiated needs of children with disabilities?

Monitoring and evidence

13. How do you monitor progress and evaluate outcomes?
14. What system do you have in place to ensure the data you collect and report is accurate? (e.g, avoiding double counting)
15. To what extent did your team use this information to make decisions about the project?
16. Do you think the project indicators are relevant measures of your achievement? How were these developed?

Efficiency

17. What was the structure of the project team? How did the structure come about and how well did it work?
18. Did the project have strategies to leverage existing resources or partnerships to achieve its objectives efficiently?
19. How did the project use volunteers? What was your strategy for engaging volunteers? Was it effective? Did you see high volunteer turnover? How sustainable is this model?

Partnership with Save the Children and partners

20. What kind of technical support did you receive from Save the Children throughout the project? Was this support relevant to your team's needs?
21. Were roles and responsibilities clear?
22. Were there areas where you would have wanted additional support or guidance?
23. Did you collaborate with the other partners during the project? How?
24. Do you have additional positive or negative feedback to share with Save the Children regarding this project?

Sustainability and future plans

25. What has been [org]'s goal for achieving sustainability of positive project outcomes? Do you have a strategy to achieve this?
26. Which aspects of the project are the most sustainable?
27. …Least?

28. What challenges and factors will impact sustainability and how do you plan to address these as the project comes to a close?

MLC and Boarding House directors

Questions

29. In the past 4 years, how has HWF/SC supported your school?
30. Teacher training:
    a. What kinds of trainings do your teachers receive before they start teaching?
    b. ...During the school year or during holidays?
    c. How often are teachers trained?
    d. Who delivers the training and what materials do they use?
    e. Do all teachers in your school receive training or only a select few? *Note: Ask about IMPACT trainings and non-IMPACT trainings. If others, how does IMPACT training*
    f. Does the school have efforts to monitor teacher performance? If yes, what does the school track and how does it measure performance?
    g. Relevance –
        i. How do the trainers decide what types of trainings to provide? Who's involved in this decision-making process?
        ii. How well aligned are the trainings to teachers' skill levels?
        iii. Are there topics or skills you think your teachers need more training on in the future?
    h. Effectiveness –
        i. Do you think the trainings are high quality and helpful to teachers and students?
        ii. What changes have you noticed in teaching? …In the way teachers engage with students?
        iii. What aspects of teacher training are most helpful?...Least helpful?
    i. Sustainability – Do teachers receive any recognition or accreditation for participating in these trainings?
31. Sustainability planning
    a. Given recent shifts in the funding landscape and the end of the IMPACT project, does your school have a funding transition plan in place? What are these plans? How will the school support running costs in the future?
    b. What kind of support have you received from SC or other NGOs on sustainability planning? How helpful and relevant are their suggestions to your school? Have you implemented any of these suggestions for sustainability?
32. Disability or special needs
    a. In the past 4 years, have any students in your school had trouble seeing or hearing properly?
    b. …Communicating with teachers and peers?
    c. …Have learning disabilities, such as being slow to read or understand?
    d. …Have other physical disabilities?
    e. If so, what does the school do to accommodate these learners? What do teachers do…? Are teachers/school staff trained to accommodate learners with disabilities?
33. How many students dropped out of school last year? …Left school for a long time…? Does the school track these students? Does the school make any efforts to get OOSC back into school?
34. Do you collaborate with other MLCs? What is the nature and frequency of the collaboration?
35. Do you collaborate with Thai MoE? What is the nature and frequency of the collaboration?
36. How and how frequently do you communicate with parents? What do you discuss with parents?

Boarding House only:

1. Child protection and child development trainings – what kind of trainings to teachers/caregivers receive?
    a. Relevance –
        i. How do the trainers decide what types of trainings to provide? Who's involved in this decision-making process?
        ii. How well aligned are the trainings to caregivers' skill levels?
        iii. Are there topics or skills you think the caregivers need more training on in the future?
    b. Effectiveness –
        i. Do you think the trainings are high quality and helpful to caregivers and children?
        ii. What changes have you noticed in the way caregivers perform their jobs? …In the way they engage with students?
        iii. What aspects of CP/child development training are most helpful?...Least helpful?
2. Bi-monthly case conferences with caregivers (org'd by SC)
    a. Who organizes the case conferencing meetings and how frequently do they occur?
    b. Who participates…?
    c. Have there been any changes in staff practices as a result of case conferencing and CP training?
3. Individual care plans
    a. Do caregivers use individual care plans with children?
    b. For how long have they used them?
    c. How frequently are these consulted/updated?
4. Have there been any child protection concerns in your school?
5. Is there a formal referral mechanism in place for additional child welfare services? If yes, how does this work? If not, how does your institution deal with child protection concerns?
6. In the past 4 years, has your institution referred children to external child protection services?

Teachers, Boarding House Caretakers

Introduction

37. How long have you been teaching at this school?
38. What kind of teaching experience do you have prior to teaching at this school?
39. What types of pre-service trainings have you received?
40. What types of in-service trainings have you received?

Relevance and Effectiveness

41. Do you find these trainings to be easy or difficult to follow/understand?
42. What do you like about your trainers?
43. …Dislike?
44. What are the most important/relevant skills you have learned in these trainings?
45. …Least important/relevant…?
46. Have the trainings caused you change anything about your teaching or classroom management? What changes have you made?
47. Is the frequency and structure of training appropriate?
48. Have you ever been asked to provide feedback on training design? Have you contributed to planning for trainings in any way?
49. What types of materials are used during training? Are these useful/helpful?
50. Do you receive teaching feedback/support from other teachers or school administrators?
51. What types of trainings do you wish to receive in the future (subject and technique)?

Disability or special needs

52. In the past 4 years, have any students in your school had trouble seeing or hearing properly?
53. …Communicating with teachers and peers?
54. …Have learning disabilities, such as being slow to read or understand?
55. …Have other physical disabilities?
56. If so, what does the school do to accommodate these learners? What do teachers do…? Are teachers/school staff trained to accommodate learners with disabilities?

Parent and child engagement

57. Did any students drop out of your class last year? …Left school for a long time…? Did the school make any efforts to get OOSC back into school?
58. What are the greatest learning challenges for students in your school?
59. How and how frequently do you communicate with parents? What do you discuss with parents?
60. Have there been any child protection concerns in your school?
    a. Is there a formal referral mechanism in place for additional child welfare services? If yes, how does this work? If not, how does your institution deal with child protection concerns? What role did Save the Children play in training on child development and helping you establish CP mechanisms?
61. What kind of impact has this program training/support made to children and teachers?
62. In the past 4 years, has your institution referred children to external child protection services?

Boarding House caregivers only

7. Bi-monthly case conferences with caregivers (org'd by SC)
    a. Who organizes the case conferencing meetings and how frequently do they occur?
    b. Who participates…?
    c. Does case conferencing help you do your job better as a caregiver? What is the most helpful aspect of case conferencing? …Least? How does it affect children?

   d. Have there been any changes in how you do your job as a result of case conferencing and CP training?
8. Individual care plans
   a. Do you use individual care plans with children?
   b. For how long have you used them?
   c. How frequently are these consulted/updated?
   d. Have there been any changes in how you do your job as a result of using/developing individual care plans?

Annex E. Indicator Definitions

Impact Indicator 1.
% of migrant children who report having access to education, health, and child protection services

		Instructions
Definition:	Numerator: # of migrant children surveyed who had access to **all three** education, health, and child protection services during the project period Denominator: # of migrant children surveyed (1) Child was enrolled in school or alternative education program for at least one (1) year in the past three (3) years AND (2) Child received a health service this year or last year AND (3) Child is aware of existing child protection services and knows how to access them	To meet this indicator, child must meet all three (1), (2), and (3)
Source:	Migrant children in schools, institutions, and communities	
Survey question(s): (1) Education	Q14. Are you currently enrolled in school? 1. No 2. Yes Q16. Were you enrolled in one of these schools last year? 1. No 2. Yes, at the same school 3. Yes, but at a different school Q17. Were you enrolled in one of these schools the year before last (2 years ago) 1. No 2. Yes, at the same school 3. Yes, but at a different school	Criteria (1) is met if child answers "yes" to at least one of Q14, 16, or 17
(2) Health	Q20. Have you received any the following health services this year or last year? (circle all that apply) 1. Annual check up 2. Vaccination 3. First aid 4. Dental care 5. Mobile health unit 6. Hospital visit 7. Other _____ 8. Don't know / None	Criteria (2) is met if child circles at least one of options 1-7 Criteria (2) is not met if child circles "8. Don't Know/None"

(3) Child protection	Q25. If you are hurt/abused/assaulted physically or mentally, do you know what you would do to seek help? 1. No 2. Yes	Criteria (3) is met if child circles "2. Yes"
Disaggregation:	Sex	

Impact Indicator 2.
% of migrant children who report feeling safe

		Coding Instructions
Definition:	Numerator: # of migrant children surveyed who report they always or often feel safe in their schools, homes, and neighborhoods Denominator: # of migrant children surveyed	To meet this indicator, child must circle "1. Always" or "2. Often". The indicator is not met if child circles options 3-5.
Source:	Migrant children in schools, institutions, and communities	
Survey question(s):	Q. 24 I feel safe around my school, home, or neighborhood: 1. Always 2. Often 3. Sometimes 4. Rarely 5. Never	
Disaggregation:	Sex	

Impact Indicator 3.
% of parents/carers of migrant children who report using health, education or protection services for their children

		Coding Instructions
Definition:	Numerator: # of parents or carers of migrant children surveyed who recently used health or education or protection services for their children Denominator: # of parents or carers surveyed (1) At least one child was enrolled in school or alternative education program in the past three years OR (2) At least one child received a health service this year or last year OR (3) Parent is aware of existing child protection services and knows how to access them	To meet this indicator, parent must meet at least one of (1), (2), and (3)
Source:	Parents in communities	
Survey question(s): **(1) Education**	Q6. How many of the school-aged children in your household are currently enrolled in school? Q7. How many of the school-aged children in your household were enrolled in school last year? Q8. How many of the school-aged children in your household were enrolled in school two years ago?	Criteria (1) is met if Q6 + Q7 + Q8 >= 1
(2) Health	Q.11 Which of the following health services have your children received in the past 3 years? (circle all that apply) 1. Annual check up 2. Vaccination 3. First aid 4. Dental care 5. Mobile health unit 6. Hospital visit 7. Other _____ 8. Don't know / None	Criteria (2) is met if parent circles at least one of options 1-7 Criteria (2) is not met if parent circles "8. Don't Know/None"
(3) Child Protection	Q13. If your children are abused, bullied, or hurt physically or mentally, do you know where to seek help? 1. No 2. Yes	Criteria (3) is met if parent circles "2. Yes"
Disaggregation:	Sex	

Outcome Indicator 1.1.2
% of migrant children who require it that have access to child protection services

		Coding Instructions
Definition:	Numerator: # of migrant children surveyed who do not identify barriers to reporting abuse and expect that they would feel safer and receive help/care if they reported abuse Denominator: # of migrant children surveyed	This indicator is met if child selects: Q27. "9. Nothing, I would report abuse without hesitation" AND Q28 "2. Yes" AND Q29 "2. Yes"
Source:	Migrant children in schools, institutions, and communities	
Survey question(s):	Q27 What might prevent you from reporting abuse? Q28 Would you feel safer if you reported abuse? Q29 Do you think you would receive help or care if you reported abuse?	
Disaggregation:	Sex	

Output Indicator 1.1.2.1

% of children in formal care that are aware of reporting and complaint mechanisms

		Coding Instructions
Definition:	Numerator: # of children in formal care who know of a reporting mechanism Denominator: # of children surveyed who are in formal care at Parami boarding school	This indicator is met if child selects any of response options 2-8
Source:	Children in formal care at Parami boarding school	
Survey question(s):	Q26 If yes, what would you do? (Select all that apply) 1. Tell friend 2. Tell parents or family member 3. Tell teacher 4. Tell sub-district administrative officer 5. Tell NGO 6. Call hotline 7. Tell police 8. Go to hospital or clinic 9. Others _____ 10. I would not tell anyone	
Disaggregation:	Sex	

Outcome Indicator 2.1.1
% of migrant children who attend education

		Coding Instructions
Definition:	Numerator: # of children surveyed who were enrolled in school or alternative education program for at least one year in the past three (3) years Denominator: # of migrant children surveyed	This indicator is met if child answers "yes" to at least one of Q14, 16, or 17
Source:	Migrant children in institutions, schools, and communities	
Survey question(s):	Q14. Are you currently enrolled in school? 1. No 2. Yes Q16. Were you enrolled in one of these schools last year? 1. No 2. Yes, at the same school 3. Yes, but at a different school Q17. Were you enrolled in one of these schools the year before last (2 years ago) 1. No 2. Yes, at the same school 3. Yes, but at a different school a.	
Disaggregation:	Sex	

Outcome Indicator 2.1.2
% of migrant families who report having access to health services for their children

		Coding Instructions
Definition:	Numerator: # of parents surveyed who say that at least one child in his/her household received a health service during the past two years. Denominator: # of parents surveyed	This indicator is met if parent circles at least one of options 1-7 The indicator is not met if parent circles "8. Don't Know/None
Respondent(s):	Migrant parents in communities	
Survey question(s):	Q11. Have any of your children received any the following health services this year or last year? (circle all that apply) 1. Annual check up 2. Vaccination 3. First aid 4. Dental care 5. Mobile health unit 6. Hospital visit 7. Other _____ 8. Don't know / None	

Disaggregation:	District	

Annex F. Quantitative Tables

Table 1. Sample distribution by location

	n	%			
	Total	F	M	NI	Total
All children					
Bangkok	47	9	13	1	23
Samut Prakarn	42	10	10	0	20
Tak	117	28	28	0	57
Total children n	206	47	50	2	100
All parents					
Bangkok	48	28	6	1	35
Samut Prakarn	60	26	13	4	43
Tak	30	19	3	0	22
Total parents n	138	72	22	6	100

Table 2. Child Respondent Demographics

	n	%
	Total	Total
Age		
3-5	15	7
6-9	34	17
10-12	62	30
13-15	60	29
16-18	31	15
19-23	3	1
Ethnicity		
Burmese	104	50
Karen	47	23
Other Myanmar	33	16
Cambodian	21	10
Lao	0	0
Years lived in Thailand		
0-1	10	5
2-3	23	11
4+	140	68
Not Reported	32	16
Has identity documents?		
No	89	43
Yes	94	46
In process	1	0
Doesn't know	16	8
Not reported	5	2
Has a disability?		

Yes	6	3

Table 3. Children in institutional care in Mae Sot

	n	%		
	Total	F	M	Total
Institutional care				
Lives in boarding school	23	48	52	23
Length of time in boarding school				
Less than one year	1	0	100	4
1-3 years	4	50	50	17
More than 3 years	18	50	50	78

Table 4. Education (according to migrant children)

	n	%		
	Total	F	M	Total
School Enrollment				
Enrolled during project[10]	198	99	94	97
School Type				
Thai School	60	65	66	64
MLC	128	50	50	17
NFE	4	2	2	2
Vocational Training	2	1	1	1
Other	0	0	0	0
Reasons for missing school (if enrolled)				
Work/income generation	10	2	6	5
Care for siblings	8	2	6	4
Fees for education and materials	3	2	1	2
Distance to school too far	0	0	0	0
Sickness/health problems	43	22	22	22
Other	5	1	4	3

Table 5. Health (According to children)

	n	%		
	Total	F	M	Total
Sources of health information				
Parents	114	53	58	55
NGOs	60	37	23	29
Neighbors	12	5	7	6
School	84	48	35	41
Hospital or health volunteers	52	31	21	25
Workplace	3	3	0	1
Other	39	19	20	19
Does not receive health info/doesn't know	35	10	22	17

[10] Child was enrolled in school for at least one year in the past 3 years

Health services received in past 2 years				
Annual check up	33	16	16	16
Vaccination	123	64	59	60
First aid	85	52	34	41
Dental care	71	35	36	34
Mobile health unit	49	27	22	24
Hospital visit	21	10	11	10
Other	3	1	1	1
None	41	14	24	20
Health access				
Received medical help when needed	102	48	50	50

Tables 6. Child Protection (According to Children)

	n			%
	Total	F	M	Total
Feels safe				
Always	97	38	55	47
Often	20	7	12	10
Sometimes	56	37	19	27
Rarely	7	3	3	3
Never	16	7	9	8
Reasons for feeling unsafe				
Does not have legal docs	65	37	27	32
Car or bus accidents	33	16	16	16
No safe places to play	12	4	8	6
Trouble from gangs	32	16	14	16
Afraid of thieves	24	16	8	12
Fear of physical abuse	20	12	8	10
Fear of sexual abuse	36	30	7	17
Substance abuse of peers	19	15	3	9
Social exclusion	12	4	8	6
Other	7	2	4	3
Does not know why	21	6	14	10
Self-reported awareness of reporting mechanism				
Knows how to seek help	167	85	80	81
	Total n	**F**	**M**	**Total %**
Where children would report abuse[11]				
Friend	31	17	20	19
Parents, family member	112	74	60	67
Teacher or principal	97	56	60	58
Local administrative officer	27	18	14	16

[11] Denominator is # of children who know where to seek help, n=167

NGO	23	15	13	14
Call hotline	15	10	8	9
Police	24	20	10	14
Hospital or clinic	29	15	20	17
Others	2	1	1	1
Would not tell anyone	0	0	0	0
Barriers to reporting abuse				
Afraid of what people would think	27	14	12	13
Does not trust services	18	8	9	9
People will not believe me	10	6	4	5
Against religion or cultural practice	0	0	0	0
Language barrier	18	7	11	9
Transportation cost	4	3	1	2
Other	17	6	11	8
No barriers, would not hesitate to report	127	60	63	62
Effectiveness of child protection mechanisms				
Would feel safer if reported abuse	157	80	73	76
Would receive help if reported abuse	178	85	88	86
Sources of info on reporting mechanisms				
Teachers	110	57	51	53
School Principal	47	27	20	23
Friends	28	20	8	14
Family member	134	63	67	65
NGO	41	28	13	20
Other	6	1	5	3

Table 7. Child Protection (According to Children in Institutional care only)[12]

	n	%		
	Total	F	M	Total
Feels safe				
Always	9	9	67	39
Often	0	0	0	0
Sometimes	4	36	0	17
Rarely	0	0	0	0
Never	10	55	33	43
Reasons for feeling unsafe				
Does not have legal docs	17	82	50	74
Car or bus accidents	6	45	8	26
No safe places to play	1	0	8	4
Trouble from gangs	1	0	8	4
Afraid of thieves	3	9	17	13
Fear of physical abuse	4	27	8	17
Fear of sexual abuse	1	0	8	4
Substance abuse of peers	4	27	8	17

[12] Denominator is # children in boarding school, n=23

Social exclusion	0	0	0	0
Other	1	0	8	4
Does not know why	0	0	0	0
Self-reported awareness of reporting mechanism				
Knows how to seek help	21	91	48	91
Where children would report abuse[13]				
Friend	18	80	91	86
Parents, family member	8	10	64	38
Teacher or principal	17	90	73	81
Local administrative officer	6	30	27	29
NGO	10	70	27	48
Call hotline	4	30	9	19
Police	8	50	27	38
Hospital or clinic	4	30	9	19
Others	2	10	9	10
Would not tell anyone	0	0	0	0
Barriers to reporting abuse				
Afraid of what people would think	0	0	0	0
Does not trust services	6	0	50	26
People will not believe me	3	0	25	13
Against religion or cultural practice	0	0	0	0
Language barrier	3	0	25	13
Transportation cost	4	27	8	17
Other	2	9	8	9
No barriers, would not hesitate to report	12	55	50	52
Effectiveness of child protection mechanisms				
Would feel safer if reported abuse	22	100	83	96
Would receive help if reported abuse	23	100	100	100
Sources of info on reporting mechanisms				
Teachers	18	73	92	78
School Principal	9	27	50	39
Friends	11	73	25	48
Family member	3	0	25	13
NGO	12	82	25	52
Other	3	9	17	13

Table 8. Parent respondent demographics

	N	%
Sex		
Male	30	22
Female	100	72

[13] Denominator is #f or #m who say they know where to seek help

Ethnicity		
Burmese	55	40
Karen	24	17
Other Myanmar	29	21
Cambodian	30	22
Years lived in Thailand		
0-1	2	1
2-3	8	6
4+	126	91

Table 9. Health (according to parents)

	n	%
Health services received by children in past 3 years		
Annual check up	8	6
Vaccination	64	46
First aid	26	19
Dental care	19	14
Mobile health unit	29	21
Hospital visit	22	16
Other	4	3
Don't know	0	0
None	46	33
Health access		
Child received medical help when needed	56	41

Table 10. Child Protection (According to Parents, n=138)

	N	%
Awareness of CP reporting mechanisms		
Knows how to seek help	82	59
Where parent would report abuse		
Friend	24	17
Community leader	30	22
Teacher or principal	32	23
Local administrative officer	13	9
NGO	21	15
Call hotline	2	1
Police	29	21
Hospital or clinic	11	8
Others	1	1
Would not tell anyone	0	0
Barriers to reporting abuse		
Afraid of what people would think	3	2

Does not trust services	3	2
People will not believe me	4	3
Against religion or cultural practice	2	1
Language barrier	5	4
Transportation cost	2	1
Does not know what services are available	17	12
Other	9	7
No barriers, would not hesitate to report	93	68
Sources of info on reporting mechanisms		
Teachers/School principals	28	20
Community leader	23	17
Friends	25	18
Family member	5	4
NGO	29	21
Other	9	7

N=138

Table 11. Identity documents

	n	%			
	Total Parents	BKK	Tak	SP	Total
Each child in household has at least one identity doc					
None of them have identity documents	33	17	12	60	24
Some of them have identity documents	37	31	33	7	27
All children have at least one identity document or their identity documents are in process	56	52	45	13	41
Which identity documents children have					
ID card issued by Myanmar	2	2	2	0	2
Alien card (pink card) issued by Thailand	14	17	10	0	15
Special kind of ID (Thai issued)	0	0	0	0	0
Passport (issued by TH or MM)	8	4	10	0	9
Birth certificate (issued by TH or MM)	77	48	73	33	83
Other	15	17	10	3	16
Project legal aid					
Partner helped obtain ID	34	23	38	0	53[14]

[14] Denominator is # of parents who obtained docs in the last 4 years (during the project period)

Table 12. Project Indicators, as given by children

	n	%		
	Total	F	M	Total
Impact level				
I.1 % Children have access to education, health and CP services	129	72	57	63
I.2 % Children report feeling safe	117	45	66	57
I.3 % Parents use health, education, or CP services for their children	136	98	100	99
Outcome level				
O.1.1.2 % Children have access to CP services	101	52	47	49
O.1.1.2.1 % Children in formal care aware of reporting and complaint mechanisms	21	91	85	91
O.2.1.1 % Children attend education	198	99	93	96
O.2.1.2 % Families who have access to health services for their children	92	69	60	67

Table 13. Project Indicators, as given by parents

	n	%		
	Total	F	M	Total
Impact level				
I.3 % Parents use health, education, or CP services for their children	136	98	100	99
Outcome level				
O.2.1.2 % Families who have access to health services for their children	92	69	60	67