

Child Focused Local Social Plan, Chin State

**A policy document supporting Chin State's Comprehensive
5-year Development Plan and Annual Planning
2016 – 2021**



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Acknowledgements

The Local Social Plan (LSP) is an initiative that UNICEF has been successfully developing and implementing in a number of countries. The work carried out in Chin State by the Myanmar Institute for Integrated Development (MIID), with UNICEF's financial and technical assistance, is designed to develop a LSP for Chin State – as part of the State Comprehensive Development Plan - and establish a LSP methodology that may be replicable in other states and regions of Myanmar. Danida has provided generous financial support.

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Table of Contents

| | |
|---|-----------|
| ABBREVIATIONS | I |
| MAP OF CHIN STATE | II |
| 1. INTRODUCTION | 1 |
| 2. THE CURRENT SITUATION IN CHIN STATE | 1 |
| 2.1 DEMOGRAPHICS | 2 |
| 2.2 GENDER ROLES | 3 |
| 2.3 CHIN STATE – CHALLENGES AND OPPORTUNITIES | 4 |
| 3. KEY FEATURES OF SOCIAL PROBLEMS IN CHIN STATE | 5 |
| 3.1 CAPACITY FOR SOCIAL PROTECTION | 5 |
| 3.1.1 INSTITUTIONAL SET-UP | 5 |
| 3.1.2 CIVIL SOCIETY ORGANIZATIONS | 6 |
| 3.2 SOCIAL PROTECTION AND VULNERABLE GROUPS | 7 |
| 3.2.1 CHILDREN | 7 |
| 3.2.2 WOMEN AND GENDER EQUALITY | 10 |
| 3.2.3 PERSONS WITH DISABILITIES | 12 |
| 3.2.4 ELDERLY PEOPLE | 14 |
| 3.3 EDUCATION SERVICES | 16 |
| 3.3.1 SCHOOL ENROLMENT AND HUMAN RESOURCES | 17 |
| 3.3.2 LIMITED ACCESS TO PRE-SCHOOLS | 18 |
| 3.3.3 DROP-OUTS | 18 |
| 3.3.4 NO EDUCATION OPPORTUNITIES FOR CHILDREN WITH DISABILITIES | 19 |
| 3.3.5 POOR LEARNING ACHIEVEMENTS AND VERNACULAR TEACHING | 19 |
| 3.3.6 QUALITY OF TEACHING AND THE EFFECTS OF ISOLATION | 19 |
| 3.4 PUBLIC HEALTH SERVICES AND HEALTH SITUATION | 20 |
| 3.4.1 ACCESS TO HEALTH CARE SERVICES | 20 |
| 3.4.2 LACK OF FOOD SECURITY | 23 |
| 3.4.3 COMMUNICABLE DISEASES | 24 |
| 3.4.4 REPRODUCTIVE HEALTH AND RIGHTS | 26 |
| 4. SITUATIONAL ANALYSIS AND INTERVENTION LOGIC | 27 |
| 4.1 MAIN PROBLEMS IDENTIFIED | 29 |
| 4.1.1 LIMITED RESOURCES AND CAPACITY | 29 |
| 4.1.2 RIGHTS OF VULNERABLE GROUPS | 29 |
| 4.2 MAIN PRIORITIES IDENTIFIED | 30 |
| 4.2.1 SOCIAL PROTECTION AND VULNERABLE GROUPS | 31 |

| | | |
|------------|--|-----------|
| 4.2.2 | PRIORITY AREAS FOR EDUCATION SERVICES | 32 |
| 4.2.3 | PRIORITY AREAS FOR THE DEVELOPMENT OF THE HEALTH SECTOR | 32 |
| 4.3 | RESOURCES AVAILABLE | 33 |
| 4.3.1 | GOVERNMENT INSTITUTIONS | 33 |
| 4.3.2 | CIVIL SOCIETY | 34 |
| 4.3.3 | PRIVATE SECTOR | 34 |
| 4.3.4 | EXTERNAL ACTORS | 34 |
| 4.4 | IMPLEMENTATION STRATEGIES | 35 |
| 5. | PROPOSED PROJECTS | 36 |
| 5.1 | PROJECTS TO INCREASE INSTITUTIONAL CAPACITY | 37 |
| 5.1.1 | CAPACITY BUILDING OF GOVERNMENT AND CIVIL SOCIETY ON SOCIAL PROTECTION AND RIGHTS OF VULNERABLE GROUPS | 37 |
| 5.1.2 | ADDRESSING THE SHORTAGE OF TEACHERS FOR POST-PRIMARY LEVEL CLASSES BY DEPLOYING MOBILE TEACHING TEAMS | 37 |
| 5.1.3 | IMPROVING LOW TEACHING AND LEARNING QUALITY IN CHIN STATE | 37 |
| 5.2 | PROJECTS TO MEET THE NEEDS AND PROTECT THE RIGHTS OF CHILDREN | 38 |
| 5.2.1 | ADDRESSING THE PROBLEM OF LOW QUALITY OF EARLY CHILDHOOD CAPACITY DEVELOPMENT PROGRAMS AND LIMITED ACCESS TO PRE-SCHOOLS IN CHIN STATE | 38 |
| 5.2.2 | IMPROVING THE LEARNING EFFICIENCY OF CHIN CHILDREN ENTERING PRIMARY SCHOOL WITHOUT SUFFICIENT KNOWLEDGE OF MYANMAR LANGUAGE - CHIN LANGUAGE CURRICULUM DEVELOPMENT | 38 |
| 5.2.3 | IMPROVING CHILDREN’S AND WOMEN’S FOOD RIGHTS AND NUTRITIONAL STATUS | 38 |
| 5.3 | PROJECTS TO MEET THE NEEDS AND SUPPORT THE RIGHTS OF PERSONS WITH DISABILITIES | 38 |
| 5.3.1 | INCREASING ACCESS OF CHILDREN WITH DISABILITIES TO PRIMARY EDUCATION | 38 |
| 5.3.2 | ADVOCACY AND DISSEMINATION OF INFORMATION ON DISABILITY RIGHTS | 39 |
| 5.4 | PROJECTS TO SUPPORT THE RIGHTS OF WOMEN | 39 |
| 5.4.1 | IMPROVEMENT OF WOMEN’S ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS | 39 |
| 5.4.2 | IMPROVEMENT OF WOMEN’S SOCIAL STATUS AND REALIZATION OF WOMEN’S/ HUMAN RIGHTS: PARA-LEGAL ADVISORY TRAINING FOR WOMEN | 39 |
| 5.4.3 | INSTITUTIONAL STRENGTHENING OF WOMEN’S ORGANIZATIONS – SUPPORT CHIN WOMEN’S ORGANIZATIONS NETWORK | 39 |
| 5.4.4 | PROMOTING GENDER EQUALITY BY STRENGTHENING WOMEN’S ROLE IN COMMUNITY DEVELOPMENT AND PUBLIC DECISION-MAKING | 39 |
| 5.5 | PROJECTS TO ADDRESS PRIORITY AREAS FOR DEVELOPMENT OF THE HEALTH SECTOR | 40 |
| 5.5.1 | ADDRESSING TECHNICAL MANPOWER SHORTAGES IN RURAL HEALTH SECTOR THROUGH GREATER USE OF TRAINED VOLUNTEERS | 40 |
| 5.5.2 | INCREASED SUPPORT FOR PREVENTING PRIORITY COMMUNICABLE DISEASES | 40 |
| 5.6 | EXPECTED OUTCOME AND MAIN ASSUMPTIONS | 41 |

List of Tables

| | | |
|----------|---|----|
| Table 1 | Population data per township and sub-townships in Chin State (2014) | 2 |
| Table 2 | Sex-disaggregated population data of Chin State | 3 |
| Table 3 | Percentage of households in Chin State with vulnerability characteristics | 7 |
| Table 4 | Child Rights Committee set up at State level | 8 |
| Table 5 | Overview of Myanmar school system | 16 |
| Table 6 | Number of schools per township (AY 2013-2014) | 17 |
| Table 7 | Numbers of schools, teachers and students in three districts (2012-2013) | 17 |
| Table 8 | Chin State Human Resources in health sector | 21 |
| Table 9 | Rural Health Centres and its serving population per township | 22 |
| Table 10 | Indicators of malnutrition for children in Chin State (2010-2011) | 23 |
| Table 11 | Underweight of children in Chin State and Union level in 2011 | 24 |
| Table 12 | Health parameters for Chin State in 2013 | 25 |

List of Pictures

| | | |
|------------------|---|----|
| Picture 1 | Poster on child soldiers returning to their parents | 10 |
| Picture 2 | Chin Disabled Organization in Thantlang | 14 |
| Picture 3 & 4 | Home for elderly people, Falam Baptist Church | 15 |
| Picture 5 | Educational service of Grace Baptist Mission, Study Camp for middle school students | 19 |

List of Figures

| | | |
|----------|--|----|
| Figure 1 | An intervention Logic for social protection initiatives analysis | 28 |
|----------|--|----|

Abbreviations

| | |
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| AY | Academic Year |
| BHS | Basic Health Staff |
| CEDAW | Convention on the Elimination of all Discrimination Against Women |
| CBO | Community Based Organization |
| CDO | Chin Disabled Organization |
| CRC | Convention on the Rights of the Child |
| CRPD | Convention on Rights of People with Disabilities |
| CSO | Civil Society Organization |
| CSR | Corporate Social Responsibility |
| DFID | Department for International Development (UK) |
| DSW | Department of Social Welfare |
| ECCD | Early Childhood Care and Development |
| FBO | Faith Based Organization |
| FGD | Focus Group Discussion |
| GAD | General Administration Department |
| GEI | Gender Equality Initiative |
| HIV | Human Immune-defensive Virus |
| ILO | International Labour Organization |
| INGO | International Non-governmental Organization |
| LSP | Local Social Plan |
| MDG | Millennium Development Goals |
| MNPED | Ministry of National Planning and Economic Development |
| MIMU | Myanmar Information Management Unit |
| MMCWA | Myanmar Mother and Child Welfare Association |
| MMK | Myanmar Kyat (currency) |
| MoE | Ministry of Education |
| MSWRR | Ministry of Social Welfare, Relief and Resettlement |
| MWAF | Myanmar Women's Affairs Federation |
| PWD | Person with Disability |
| RHC | Rural Health Center |
| SPRRG | Social Policy and Poverty Research Group |
| STD | Sexually Transmitted Diseases |
| TB | Tuberculosis |
| UN | United Nations |
| UNDP | United Nations Development Program |
| UNICEF | United Nations Children's Fund |
| WFP | World Food Program |

1 USD = 1000 MMK (or, as used in text: Ks - Kyats)

Map of Chin State



Myanmar Information Management Unit

District Map - Chin State

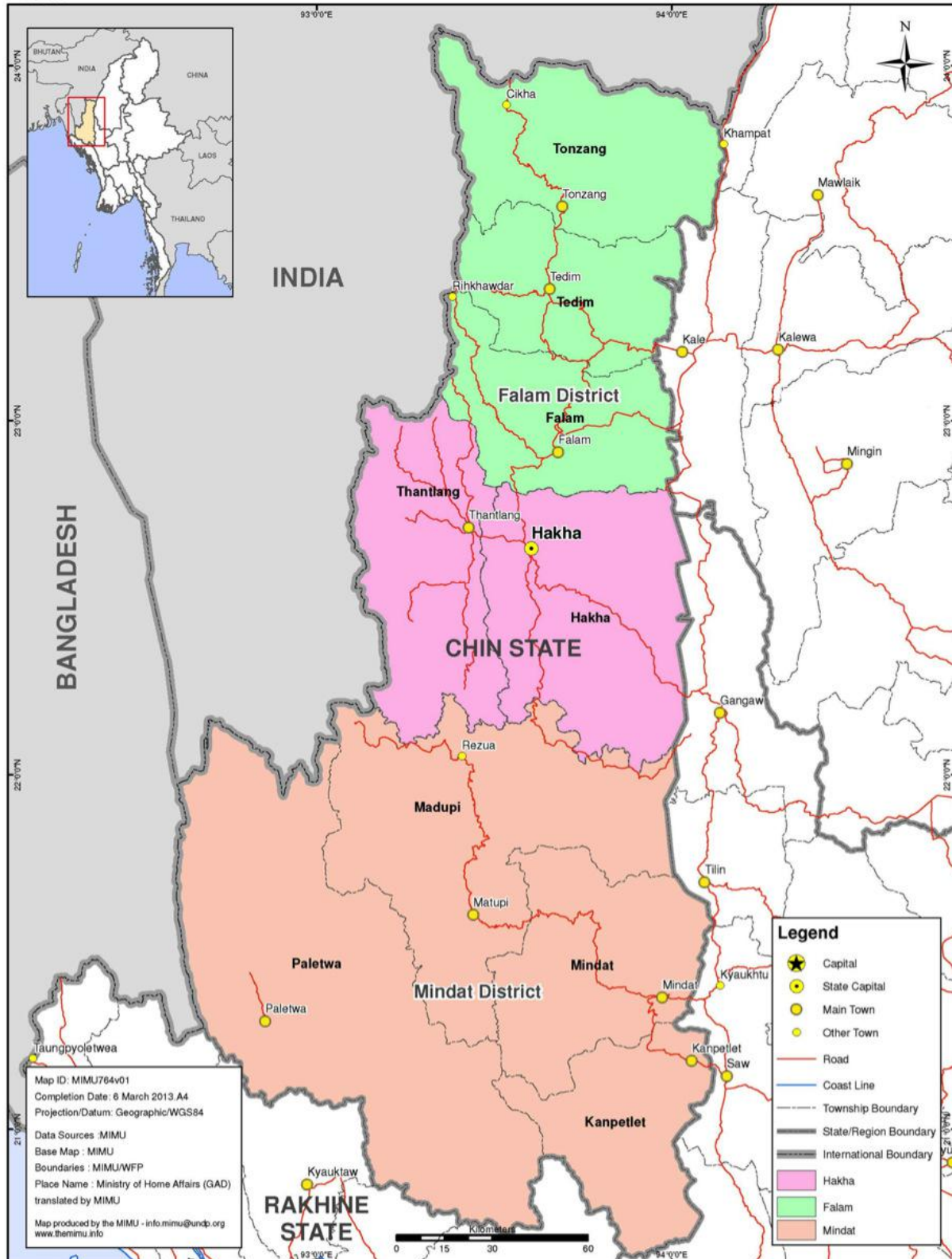


Humanitarian Aid
and Civil Protection



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Embassy of Switzerland in Myanmar



Disclaimer: The names shown and the boundaries used on this map do not imply official endorsement or acceptance by the United Nations.

1. Introduction

The present Child Focused Local Social Plan (LSP) for Chin State is developed within the framework of two ongoing national reform processes and their respective strategic development.¹ With a territorial focus on Chin State and a participatory bottom-up planning approach, it is an important part of the current decentralization process in Myanmar. The LSP is a policy document, supplemental to the Chin State Government's five-year comprehensive development plans (2016-2021) and subsequent annual planning. As a policy paper, it is an integral part of and feeds into the main document *Support to Chin State's Comprehensive Development Plan 2016-2021 with Local Social Plan*.

The LSP represents a needs- and rights-based intervention strategy with project proposals that address both social and economic vulnerabilities with a specific focus on child-centred social services (health, education and social welfare). The LSP is the result of several active interactions between government and civil society stakeholders that have taken place in Chin State since May 2013:

- May 2013 Initial Consultation Meeting
- November 2013 Launching Workshop
- January 2014 Planning Workshop
- January to February 2014 Extensive field work and data collection in 9 Chin State townships
- March 2014 Prioritization Workshop
- June 2014 Endorsement Workshop

The participatory, bottom-up planning process in the area of Social Protection offers an opportunity to set focus on the rights of otherwise, marginalized and vulnerable groups with the aim of poverty alleviation and citizen inclusion.

2. The current situation in Chin State

This chapter contains contextual information on Chin State, which is important for understanding the setting in which the LSP is developed and in which context it will be implemented. The chapter is concluded with a brief discussion of challenges and opportunities identified in Chin State.

Chin State is one of the poorest states in the Union of Myanmar. The population counts approximately 0.5 million of which the majority lives in rural areas. Villages are scattered and range from seven to 800 households in one village, all found along the Indian border.² The majority of the population – especially in the north – is Christian, whereas Buddhists are found in the southern part of Chin State. The majority of the population is Chin, sub-divided into six, main subgroups (Asho, Cho, Khum, Laimi, Mizo and Zimo). Patriarchal, monogamous and extended families with a high number of children characterize the state in general. Male-led decision-making and earning for families dominate with land ownership indicating importance in many villages. Women have limited voice in the private and public sphere. Traditional livelihoods are rooted in agriculture; usually paddy rice, upland shifting cultivation, or mobile farming with raising fowls and livestock. Deforestation and changes in rainfall and climate pose threats to productivity. Cash crops can usually not compete with lowland products. Rice and maize are staple foods; food security lasts for less than 8 months a year and varies widely.³ Border trading, seasonal hired wages, outmigration and migrating to other parts of Myanmar are common. Safe water supply and irrigable water sources are not meeting the demand. Since 2000, food consumption mainly relies on rice from Kalay to Northern Chin, and from cities in Western Irrawaddy to Southern Chin towns. The security situation is stabilized following the ratification of a ceasefire agreement in 2012 between the Union Government and the Chin National Front.⁴

¹ The preparation of the LSP has taken place in parallel with the work of the joint Working Group on Social Protection, which in collaboration with the MSWRR is working on the formulation of a National Social Protection Strategy. UNICEF is the lead donor agency in the Working Group, which also counts ILO, WFP, World Bank and HelpAge.

² Interview with Tedim Association of Baptist Churches, 14.01.2014

³ Interview with Livelihood Officers in Hakha, 17.01.2014.

⁴ Local Governance Mapping, UNDP, June 2014.

2.1 Demographics

The population of Chin State, according to provisional results of the 2014 population and housing census counts a total of 478,690 people of which 52% are women.⁵ With an area of 36,000 square kilometres and a population density of 14 per km², Chin State has the lowest population density of all States in the Union of Myanmar.⁶ Table 1 shows the population data per township and in the four sub-townships. It displays Tedim Township as the most populated and Kanpetlet Township in the south as the least populated townships.

Table 1: Population data per township and sub-townships in Chin State (2014)⁷

| No. | Township | Population (2014) |
|-----|--------------------|-------------------|
| 1 | Tedim | 87,389 |
| 2 | Tonzang | 21,261 |
| 2a | Kyikha (Sub-Tws) | 11,139 |
| 3 | Thantlang | 50,363 |
| 4 | Falam | 41,395 |
| 4a | Rih (Sub-Tws) | 6,622 |
| 5 | Hakha | 48,266 |
| 6 | Kanpetlet | 21,259 |
| 7 | Paletwa | 64,860 |
| 7a | Sami (Sub-Tws) | 32,093 |
| 8 | Matupi | 39,355 |
| 8a | Rezua (Sub-Tws) | 12,202 |
| 9 | Mindat | 42,540 |
| | State total | 478,690 |

The provisional data of the latest population and household census 2014 shows that there are more females (52%) than males (48%) living in both urban and rural areas, a percentage which is similar in previous years and is also reflected in primary and post-primary school enrolment.

The provisional Census data (2014) also offers sex-disaggregated data for urban and rural population (see table 2).

According to latest figures, the total population of Chin State was 478,690 in 2014⁸, compared to GAD figures from 2013 where population was estimated at 570,760 with a low population growth rate of only 1.7%⁹ – this data shows that more than 79% of the people are living in rural areas with 51.8% being women.

⁵ Chin State Local Development Plan 2014-2015.

⁶ *State and Region Governments in Myanmar*, Hamish Nixon et al., MDRI and the Asia Foundation, September 2013.

⁷ Source: Population and Household Census 2014

⁸ Population and Household Census (2014)

⁹ Myanmar Information Management Unit (2010)

Table 2: Sex-disaggregated population data of Chin State¹⁰

| | Population Chin State | | |
|--------------|-----------------------|----------------|----------------|
| Particular | Male | Female | Total |
| Urban | 47,300 | 52,605 | 99,905 |
| Rural | 182,705 | 196,080 | 378,785 |
| Total | 230,005 | 248,685 | 478,690 |

2.2 Gender roles¹¹

Myanmar has been a signatory to the Convention on the Elimination of all Discrimination Against Women (CEDAW) since 1997. Access to equal rights for women in Myanmar is governed by a number of legislative and strategic documents, including the 2008 Constitution and the National Strategic Plan for the Advancement of Women (2013-2022). The MSWRR is the focal point for Women's Affairs responsible for the implementation of the National Strategic Plan, which follows the 12 CEDAW priorities.¹²

In general, society in Myanmar is organized along patriarchal structures defining the fathers or husbands as heads of households while women/girls, particularly in rural areas, are confined to household tasks and reproductive roles (child bearing, child caring, caring for elderly parents and/or relatives with disabilities). The minimum age for marriage is 20 years for both genders, however according to Buddhist Law; marriage is permitted with the consent of parents for girls as young as 14 years old.

A number of legislative and strategic initiatives have been put into place, still, a number of customary and statutory laws undermine gender equality in Chin society, especially in terms of inheritance and rights to own land property. Gender-based violence is a commonly accepted practice that is not regarded a public issue, hence rarely reported to the authorities.¹³

In all townships in Chin State, a strong patriarchal social structure is found. A considerable number of respondents classified women even as "second class citizens". Some female respondents stated "*women (are) like slaves for men*"¹⁴ and "*(...) women have to obey their husbands*"¹⁵. Women are bearing the double burden of working in the fields or in employed labour *and* in the households being the only persons responsible for taking care of children, elderly people and all household chores. On the other hand, women are not supposed to take decisions aside from daily issues related to the household sphere where only low expenditures are discussed.

¹⁰Source: State General Administration Department, Chin State (2012-2013), April 2013.

¹¹ For detailed information on gender roles and (in)equality, reference is made to: *Field report on Gender Equality*, by Gender Specialist Nora Pistor, February 2014.

¹² Women and Livelihood, Education and Training, Health, Emergencies, Economy, Decision-making, Human Rights, Media, Environment; Violence against women; Institutional Mechanisms for the Advancement of Women; and the Girl Child.

¹³ Interview with Police Officer, Kanpetlet, 23.02.14.

¹⁴ From the interview with the civil society organization 'Teditim Town Women Fellowship', Teditim, 15.01.2014.

¹⁵ Ibid.

Women usually do not take part in community meetings and leadership on any level in the townships and villages. Since “*women’s voices are mostly being ignored*”¹⁶ when they would speak up in community meetings the conditions for women to step out of their subordinated positions are discouraging.

Awareness of gender equality and women’s rights is weak among the population, members of the administration and among the mostly, male leaders in townships and villages. Civil society organizations, which are mostly church-based, are the only interview partners showing a certain (albeit limited) level of awareness with regard to gender equality.

2.3 Chin State – challenges and opportunities

Chin State offers specific challenges and opportunities for the development of a LSP. The expression of “**our Chin State**” or “**our Chin culture**” was often used by interviewees and interlocutors during field work, expressing a strong sense of ethnic identity. The **strong sense of Chin identity** defining the State as a distinct unit within the Union of Myanmar is simultaneously an opportunity and a challenge. It is an opportunity because there is a strong sense of responsibility for the development of local communities; and a challenge, as it tends to marginalize Chin State from other, Union-level policy and development initiatives. With a population that is approximately 90% Christian (in a country with a Buddhist majority), the Chins are a minority in the Union of Myanmar. Several organizations, the most outspoken of which being the Chin Human Rights Organization (CHRO), have expressed concern about the repression of religious freedom in schools and villages with Christians being forced into practicing Buddhism.

The Chin people have the characteristics of an **ethnic nationality**¹⁷, but in daily life, the coherence of this cultural identity is difficult to register. There is no one Chin language, but 53 different dialects spoken in the State—with people in one village often unable to understand the dialect spoken in a neighbouring village. Chin people are divided into four (depending on definition and according to sources up to six) major ethnic subgroups¹⁸ with subgroups sharing some commonalities: the majority is patriarchal, where women per default have no public voice, rights to inheritance or land ownership. Livelihoods are predominantly rural, based on subsistence agriculture forestry and livestock and are fairly uniform in all townships. The northern townships are difficult to access, as they are more mountainous and therefore, prone to isolation.

Isolation is a general condition for Chin State in terms of political identity, ethnicity, culture and language, not least of which is related to geographical realities. The road network is in constant need of repair and maintenance due to landslides. Communication networks are lacking, as there is poor mobile telephone network coverage and the availability of mobile phones remains limited. The rural population has very limited access to information as existing radio and television signals are weak and there is almost no access to newspapers outside towns. Intellectual input is limited and the region has difficulty attracting professionals, e.g. in education and health, who do not see the region as an attractive posting. The notion of modern citizenship is weak, and most informants revealed a low level of knowledge about their citizens’ rights, the rule of law or state institutions beyond a narrow, local context. The limited understanding of governance is reinforced by the region’s linguistic isolation and reluctance to accept initiative from Union-level State institutions.

In general terms, rural areas in Chin State are characterized by a **relative absence of the state apparatus** beyond township capitals. In the area of education, government-employed teachers are present at the village level, but their numbers are insufficient resulting in a need for the community or church to supplement and finance additional teachers. In the health sector, villages are serviced by ambulant midwives handling antenatal care and child immunization. Villagers’ access to health services for treatment and childbirth is hampered by a need to travel long

¹⁶ Ibid.

¹⁷ What characterize an ethnic nationality are a common proper name, a myth of common descent, a link with a homeland, collective historical memories, elements of common culture, and a sense of solidarity. See *Christianity and Chin Identity*, by Lian H Sakhong, in *Exploring Ethnic Diversity in Burma*, ed. Michael Gravers, NIAS Press, 2007.

¹⁸ Informants during field work agreed on the following four sub-groups: *Zomi* living in Tonzang and Tedim; *Lai Mi* living in Falam, Hakha, Thantlang and Matupi; *Chô* living in Mindat and Kanpetlet; and *Kumi* living in Paletwa. Some sources suggest an additional two sub-groups: *Asho* and *Mizo* (see *Christianity and Chin Identity*, by Lian H Sakhong, in *Exploring Ethnic Diversity in Burma*, ed. Michael Gravers, NIAS Press, 2007).

distances, complicated by the absence of a means of transport or the resources to fund transport costs. The State is short of justice and legal institutions. Rule of Law as it exists is administered by village elders and youth committees backed by the Village Tract Administrator.

The absence of state institutions leaves much **room for civil society and church organizations** to assume responsibility for the **provision of social services at the village level**. This is not only the case for health and education, but also in terms of social protection mechanisms for vulnerable groups; e.g. orphans, PWDs, elderly people, and poor households. Some civil society and church organization networks are very strong and reach beyond Chin State. There is a high degree of resource mobilization from the Chin diaspora throughout Myanmar, as well as in other Asian countries, Europe and America. Studies have shown the existence of strong traditional village-based social protection mechanisms across Myanmar¹⁹, and field research has confirmed these findings for Chin State.

Research has also highlighted an inter-linkage of problems. It is evident that **poverty is a reinforcing factor** affecting school attendance, health and vulnerable groups, often reinforcing negative tendencies e.g. school dropouts. A lack of gender equity also negatively impacts vulnerable households and women's access to decision-making fora. There are also good practice examples like the Tedim Township Women's Fellowship, as described below.

Text box: Tedim Township Women's Fellowship.

The Tedim Town Women Fellowship was established as a civil society organization in Tedim in 2011 with the intention to run awareness-raising seminars on gender equality and trainings on women's leadership in the town and villages of Tedim Township. The director of the organization showed an extraordinary level of awareness on gender power structures in Chin society and gender-based discriminations. The organization prepared a project proposal to improve women's rights and raise awareness on gender equality among the population in Tedim Township, which has been elaborated further and is presented as part of the gender equality project proposals presented in Volume II.

3. Key features of social problems in Chin State

The analysis of main **social problems identified in Chin State** is structured in two main focus areas: 1) main problems and challenges, including the institutional set-up and civil society organizations; and 2) Vulnerable groups, including children, women, persons with disabilities (PWD), and elderly people. Problems related to education services and public health services are also discussed. Gender equality is dealt with as a separate chapter as well as a cross-cutting priority in all three focus areas.²⁰

3.1 Capacity for social protection

A lack of awareness for specific problems related to vulnerability and a need for social protection measures is widespread in Chin State, and reinforced by a high degree of marginalization experienced by vulnerable groups. Due to low technical and human capacity and the lack of resources of government institutions (especially Social Welfare, Education and Health), civil society organizations have assumed responsibility for the care of orphans, elderly people and PWD's.

3.1.1 Institutional set-up

The overall responsibility for social welfare and protection lies with the Chin State Minister of Social Affairs, who operates with three subordinate departments - Health, Education, and Social Welfare and Resettlement.²¹ At township level, the Department of Social Welfare (DSW) is responsible for specific social programs necessary to secure

¹⁹ *Community Based Social Protection Mechanisms in Myanmar*, by Mike Griffiths, SPPRG, n.d.

²⁰ The analysis is based on information from document review and extensive field work in Chin State in early 2014. The available information is mainly qualitative, as reliable quantitative data is scarce and difficult to access. The lack of reliable statistics was highlighted by the Chin State Government at the onset of the preparation process and has been verified during the work.

²¹ *State and Region Governments in Myanmar*, Hamish Nixon et.al., MDRI and the Asia Foundation, September 2013.

the rights and needs of vulnerable groups. The department is understaffed and lacking implementation budgets to assume its responsibilities. The responsibilities of a township DSW covers the following areas: planning and budgeting for social welfare committee activities; monitoring activities and institutions (boarding schools, pre-schools, social service centers, homes for elderly people etc.); and finance, administration and reporting²².

Most DSWs has nominal a staff of 5-6 persons, which includes a Director, a Deputy Director, Senior and Junior Clerks, and an Assistant. In several townships visited staff was absent due to training or posts were vacant. The minimum academic levels of a Bachelor degree required, does not always match the requirements of the thematic area and specialization.²³ Not all townships in Chin State have a Social Welfare Department. In Kanpetlet, social welfare issues are handled by the DSW in Mindat; and in Tedim, the DSW is currently not operational as such, however is running a pre-school.

Budget constraints are frequently stated as the reason for low levels of activity. It is difficult to get an overview of budgets for DSW, as information is fragmented at the township level.²⁴ The budget is divided into operational costs (covering administration and office expenses), and implementation costs for specific institutions (e.g. based on the number of children attending a pre-school or an orphanage, etc.). Staff is recruited and paid by the Union government. A limited implementation capacity at the township level is usually targeted at only one priority area, e.g. in Hakha, the DSW operates a home for elderly people and in Tedim, a pre-school.

None of the interviewed DSWs had a special focus on PwDs. There was information regarding an initiative to register PwDs at the village level provided, but none have been registered at the time of writing the LSP.

3.1.2 Civil society organizations

As a consequence of weak and poorly funded government institutions, **civil society organizations (CSO) have assumed a great deal of responsibility for social welfare services and social protection of vulnerable groups in Chin State.**²⁵ These organizations are mainly connected to the churches, the majority of which to the Baptist Church, but also some to the Roman-Catholic Church and a number of minor churches.

The CSOs are in most cases responsible for running orphanages, homes for elderly people and/or PwDs, as well as charity schemes for vulnerable and poor families in the villages. CSOs are also assuming responsibility for support schemes to pay medical expenses, transport to hospitals, organizing of blood donors, school transport and scholarships for secondary school students. They further provide mobilizing funds for employment of additional teachers where and when warranted. Still there are many examples where remote villages do not benefit from these support schemes and are left with no social protection mechanisms.

Implementation of social welfare initiatives at village level are almost exclusively the responsibility of CSOs, the result of a combination of insufficient government resources, mistrust towards government initiatives and a strong church-based civil society. This environment is strongest in Northern Chin State, where the Baptist Church is predominant. The Baptist Church is an example of a strong and well-organized civil society structure with an elaborate hierarchical framework and many ramifications and activities. Churches assume responsibility for a wide range of social services, including; social security schemes, orphanages, caring for the elderly; education and health services; cultural celebrations and community development activities. They also have plans and projects to start vocational training and micro-credit schemes.²⁶ In Southern Chin State, where the religious landscape is more diverse and the government structure equally under- developed, there is a lower level of support for social welfare in the villages.

²² Based on information on DSW staff and responsibilities obtained in Mindat; own translation.

²³ As an example of the lack of relevant educational background, the interviews with the DSW in Mindat showed that among the five staff members, only one had a Bachelor degree in psychology, whereas the remaining four staff members held degrees in English, history, correspondence and geography.

²⁴ Interviews with DSW in Hakha 13.01.14, Tedim, 16.01.14 and Mindat 20.01.14.

²⁵ Reference is made to the UNICEF 2012 report on Situation of Children in Myanmar, where similar conclusions are presented.

²⁶ Interview with Falam Baptist Church, 19.01.14; see also note on *Christian Services and Development Department*, by Reverend Thawng Bik, n.d.

3.2 Social Protection and vulnerable groups

The concept of “vulnerable groups” is not commonly used in Chin State, and there is no uniform understanding of which sections of the population should be described as vulnerable.²⁷ There is, however, a basic understanding of and knowledge about specific groups in need of special attention due to their relative vulnerability within the community.

Both government institutions and villagers point to children as a main priority, especially prone to social and economic vulnerability. Attention is mainly on preschool attendance and the specific situation of orphans.²⁸ The vulnerability of elderly people without any living close relatives, as well as persons with disabilities (PwD) is also acknowledged, but the rights of PwD's to a decent life is not specifically recognized. The lines between different groups of vulnerable persons is often not clear – older persons tend to suffer from visual impairment and increasing deafness; children with only one parent or living relatives may be regarded as orphans; persons with minor disabilities are not categorized as such, but assume a responsibility for certain routine tasks within the household. This is on the one hand positive - as PwDs and vulnerable persons are integrated in the community. On the other hand, there is no specific attention given to their special needs and rights.

Table 3 shows the percentage of vulnerable households in Chin State, i.e. poverty, households with PwDs or elderly people, women without income and households with nutritional insufficiency. These categories do not correspond directly with the groups of vulnerable people identified for the present LSP, but due to limited availability of reliable data, it has been included with the aim of providing a general overview.

Table 3: Percentage of households in Chin State with vulnerability characteristics:²⁹

| | Unit | Wards | Villages | Families | Average families | Poor families | PwDs to be rehabilitated | Poor families With PwDs | Health of elderly people | Poor families living with elderly | Reproductive health for women | No of women without income | Nutritional insufficiency |
|-------------------|------|-------|----------|----------|------------------|---------------|--------------------------|-------------------------|--------------------------|-----------------------------------|-------------------------------|----------------------------|---------------------------|
| Chin State | 1447 | 32 | 1.415 | 78031 | 54 | 40 | 2 | 4.4 | 15.6 | 12.9 | 30.5 | 44.9 | 0.5 |
| Falam | 189 | 4 | 185 | 7688 | 41 | 30 | 2 | 4.2 | 10.6 | 10.1 | 25.6 | 34.3 | 0.1 |
| Hakha | 80 | 6 | 74 | 7292 | 91 | 67 | 5 | 9.7 | 27.7 | 26.3 | 36.1 | 79.1 | 1.3 |
| Thantlang | 91 | 3 | 88 | 8579 | 94 | 69 | 4 | 7.1 | 26.8 | 25.4 | 59.8 | 77.8 | 0.7 |
| Tedim | 130 | 4 | 126 | 15417 | 119 | 87 | 5 | 8.9 | 27.6 | 26.2 | 36.1 | 101.7 | 1.6 |
| Tongzang | 100 | 2 | 98 | 4918 | 49 | 36 | 2 | 3.7 | 9.7 | 9.2 | 21.5 | 37.3 | 0.7 |
| Mindat | 203 | 2 | 201 | 7164 | 35 | 26 | 1 | 2.7 | 7.7 | 7.3 | 20.9 | 28.6 | 0.1 |
| Madupi | 162 | 4 | 158 | 8520 | 53 | 39 | 2 | 4.0 | 13.9 | 13.2 | 36.7 | 42.3 | 0.4 |
| Kanpetlet | 118 | 3 | 115 | 3529 | 30 | 22 | 2 | 2.9 | 5.7 | 5.4 | 11.6 | 24.2 | 0.8 |
| Paletwa | 374 | 4 | 370 | 14923 | 40 | 29 | 2 | 3.0 | 10.6 | 10.0 | 32.9 | 33.6 | 0.4 |

3.2.1 Children

Myanmar became a State Party to the Convention on the Rights of the Child (CRC) in 1991, albeit the CRC does not have constitutional status. The CRC is manifested mainly through the framework of Myanmar's Child Law and the National Plan of Action for Children (2006-15). The Myanmar 2008 Constitution guarantees the welfare of mothers

²⁷ Interview with DSW Hakha, 13.01.14.

²⁸ Orphans include in the perception of most interviewees children with neither father nor mother, as well as children with only one parent not capable of supporting the child.

²⁹ Source: Chin State General Administration Department, 2012.h.

and children and reaffirms the State's responsibility to promote socio-economic development and strive for better living standards, including improved health and education services³⁰.

Children are prone to vulnerability due to their socio-economic or physical dependence. Studies have documented child poverty by demonstrating that households with many children experience a higher degree of vulnerability, food poverty and landlessness and have comparatively poor debt profiles, asset profile, livelihood diversity and housing, and thus are more likely to experience food insecurity³¹. The comprehensive UNICEF report from 2012, *Situation Analysis of Children in Myanmar*,³² identifies focus areas to be addressed as children's rights: health; nutrition; education; and (social) protection. The importance of focusing on these areas was affirmed by the fieldwork findings.

Because children emerged as the most vulnerable group, interviewees and workshop participants have prioritized children as a main target group for social development initiatives. Children also deserve special attention in terms of social protection measures, as they are highly dependent on parents and families' support. In cases of increased economic and social vulnerability, children are the first to suffer the consequences of poverty, the loss of livelihood, food insecurity, marginalization and deprivation of rights.

In principle, the General Administration Department (GAD) is responsible for the Child Rights Committees (CRC), which was established in all townships in 2013 with the support of Save the Children and UNICEF. However, interviews produced only limited information on the establishment of these CRCs. On State level, the CRC consists of:

Table 4: Child Rights Committee set up at State level³³

| | |
|--|-----------------------------|
| Social Affairs Minister | Chairman |
| Border Affairs Minister | Vice Chairman |
| Social Welfare Dept. | Secretary |
| Rescue Dept. | Associate / Joint Secretary |
| General Administration Dept. | Members |
| Police Force | |
| Bureau of Special Investigation | |
| Information and Public Relation Dept. | |
| Dept. of Labour | |
| Sport and Physical Education Dept. | |
| Education Dept. | |
| Health Dept. | |
| Dept. of Law | |
| Red Cross | |
| Maternal and Child Healthcare Association | |

At Township level, the CRC structure is leaner with less member units and at different stages of set up and implementation. In Mindat, the DSW provided information on the recent establishment of the CRC in November 2013. A seminar was held in January 2014 to disseminate information to Village Administrators on child rights regarding development and protection. No concrete follow up activities were planned and no budget was allocated³⁴. In

³⁰ Situation Analysis of Children in Myanmar, by UNICEF and Ministry of Planning and Economic Development, July 2012.

³¹ *Using vulnerability mapping to identify and quantify dimensions of Child Poverty*, by Mike Griffiths, SPPRG, n.d.

³² For an overall picture of the situation of children in Myanmar, reference is made to the *Situation Analysis of Children in Myanmar*, by UNICEF and Ministry of Planning and Economic development, July 2012.

³³ The structure at Township level differs slightly and does not include as many layers. Contradicting statements on the structure were collected in the different townships

³⁴ Interview with DSW Mindat 20.01.14.

Kanpetlet, the GAD informed that a CRC was established at the end of 2013, and is active when UNICEF convenes meetings. The CRC did intervene in a court case where an under-aged boy was charged for causing a traffic accident.³⁵

Several issues related to children in a vulnerable situation are related to education, health or disability and thus, also discussed below under the topics of PwDs, Education and Health.

Orphans. Orphans are defined as children with no parents or those with only one parent not capable of securing their livelihood. Children who have no close relatives, but who have substitute parents are also considered orphans. The decision to send a child to an orphanage is taken by the widowed parent or by the relatives (if any) with the intervention of the Village Tract Administrator and/or the church³⁶.

Field research included visits to a number of orphanages run by churches, monasteries and private organizations. Admission criteria means priority is given to poor children with no parents, only one parent, or no relatives. In general, orphanage children seem to be well integrated and not stigmatized.³⁷ Orphanages register with the Social Welfare Department and receive an extremely small, subsidy from the government: Ks 6 (<1 cent US) per meal per year per child. According to information received, the amount has not been adjusted since 1948. In addition to the orphanages in Chin State, there are around 50 orphanage centres in Yangon run by Chin people targeting orphans from Chin State. They are mostly part of Christian missionary work with the financial support from abroad.

Pre-schools. Pre-schools are found in urban centres and in some villages. Primarily, only better-off families have access to send their children to government preschools, as tuition includes an admission fee plus a monthly payment. The admission fee and monthly payment vary between schools and in some cases, may be paid in kind. In Tedim the admission fee is Ks 1,300, and the monthly payment, Ks 1,000, which provides children with two daily meals and pedagogical stimulation³⁸. In Farrawn village in Thantlang, the payment is one bunch of firewood, Ks 500 worth of rice, and Ks 500 in cash. Children from poor families generally have no access to pre-school and therefore, are disadvantaged compared to preschool attendees when starting primary school, making it more difficult for them to move upwards in society. No government or private subsidies are available for poor families to send their children to pre-school. Administration of preschools is the responsibility of the Chin State Education Office and the DSW and is supervised by a committee, led by the Village Tract Administrator with participation from village elders and parents. Reports on supervision were not available during the time of field research.

Child labour. Myanmar deposited with ILO on December 18th, 2013 the instrument of ratification of the Convention on Worst Forms of Child Labour (1999, no.182). The convention calls for prohibition and elimination of the worst forms of child labour, including slavery, trafficking, the use of children in armed conflict, the use of a child for prostitution, pornography and illicit activities (such as drug trafficking) as well as hazardous work.³⁹ The Myanmar Union Government has embarked upon a four-year plan for elimination of child labour in the country, starting January 2014. The plan includes awareness raising, promoting efficiency of governmental personnel and other stakeholders, as well as a revision of the legal framework.⁴⁰ In Chin State, Child Rights Committees are working to enhance the knowledge of children's rights, build awareness and disseminate knowledge, but they are still very embryonic and need to be further developed and supported. Child labour on road construction sites was frequently observed during field research. Many informants were hesitant to acknowledge this as a problem, referring to the fact that many road construction workers, including the children, are brought from other States and Regions by construction companies. Tender processes are, however, the responsibility of either the Chin State government or the Township Administration; hence there is the possibility of introducing clauses against such violation of the Rights of the Child

³⁵ Interview with GAD Kanpetlet 23.01.14.

³⁶ During interviews there was often little distinction between *orphanage* and *boarding school*; apparently the fact that children are sent away from the village, rather than the reason for them to be sent away is what matters in the eyes of the interviewees.

³⁷ Interviews at Bethsada Orphanage, Tedim Township 16.01.14.

³⁸ The monthly fee paid plus the government subsidy per child adds up to an insignificant amount, which may hardly be enough to cover the costs. It was, however, difficult to obtain exact budget information from pre-schools.

³⁹ See http://ilo.org/global/standards/information-resources-and-publications/news/WCMS_233060/lang-en/index.htm

⁴⁰ www.business-standard.com 2.7.2014

into local contracts. The issue of child soldiers was discussed only in Paletwa, where international non-governmental organizations (INGOs) are running a campaign on dissemination of information on child protection. A total of 14 cases of child soldiers from all over the State have been registered⁴¹.

Picture 1: Poster on child soldiers⁴²



3.2.2 Women and Gender Equality⁴³

In 1997, the government of Myanmar became signatory to the Convention on the Elimination of all Discrimination Against Women (CEDAW). It further has signed the Beijing Platform for Action. However, the Government still has to ratify the additional protocol of CEDAW providing the right for individual redresses in case of violations according to the convention. Significantly, gender equality is enshrined in the 2008 Constitution⁴⁴ but a number of laws, both customary and statutory, are undermining gender equality in the legal framework with regard to succession and property law, family law, gender-based violence and reproductive health.

Traditional patriarchal, patrilineal and local systems prevalent in all areas in Chin State represent major challenges to achieving gender equality. Discriminating attitudes and practices against women are deeply entrenched in Chin society. These social constructions meet with widespread lack of awareness and knowledge about gender equality and human rights at all levels of civil society and state. Female representation is limited on different committees partially due to lack of female candidates.

Women are particularly vulnerable in terms of **marriage and divorce rights practices** found in the State. This includes the practice of early marriage, which is more common among Buddhist than Christian Chins. In all townships, a marriage practice called “parcel brides” was encountered, i.e. young brides who are sent to other countries to marry Chin men living abroad. The purpose of this practice is, as was frequently stated by the respondents, to improve the income situation of the “brides” and to be able to send remittances back home to relatives in Chin State. Very poor women are most vulnerable in this situation where they may see themselves forced to move abroad for marriage. In

⁴¹ Interview with Save the Children and Association for Christian Communication, Paletwa 31.01.14

⁴² Poster from Myanmar Police Force, UNDP, World Vision International and Save the Children at DSW Mindat. Photo by Bente Topsoe-Jensen.

⁴³ For a detailed description and analysis of findings related to gender in Chin State, see *Field report: Gender Equality*, by Nora Pistor, 10.02.14. The present chapter is based on information from this field report.

⁴⁴ Constitution of Myanmar, article 348: “The Union shall not discriminate any citizen of the Republic of the Union of Myanmar, based on race, birth, religion, official position, status, culture, sex and wealth.” (Union of Myanmar 2008a).

many cases, the man and women do not know each other before marriage as marriages are arranged by their relatives.

Property succession rights. There are no legal restrictions on women registering land in their own name or on owning land. However, according to the customary practices, the male heads the household and holds the land title. Upon death of the landowner, the land title transfers in a patrilineal line from the father to the oldest son (in some areas to the youngest son), and in the absence of sons, to other male relatives. Due to the patrilineal succession and the customs in all townships of Chin State, there are hardly any women possessing land titles issued in their own names.

Domestic violence. Respondents talked about the prevalence of domestic violence across all townships, though to a varying extent. In Hakha, domestic violence was reported to be frequent (an estimated 60% of women are victims of physical violence); in Tedim, women from various organizations estimated the prevalence of domestic violence at 70-80% of all married women.⁴⁵ One of the major triggers of violence is the abuse of alcohol by men - this was reported in every township. Another factor contributing to domestic violence is unemployment which often triggers stress in households (see section below). No professional services for victims of violence are available in any of the townships. A church-based women's organization in Tedim is the only organization offering social support and counselling. Mostly, approaches consist of reconciliation efforts for the spouses through a mediator or pastor without assessing the underlying causes of the conflicts. In severe cases, the perpetrator will be ordered to pay compensation in form of *obligation naturalis* to the victim or her family. As mostly unreported and seen as a private matter, the authorities show a lack of knowledge about the prevalence of domestic violence and appear to ignore the issue.

Human trafficking and out-migration. In the townships of Thantlang, Tedim, Falam and Mindat, the occurrence of human trafficking, of both women and men, was mentioned as well as the frequent out-migration of people from Chin State to other parts of Myanmar, and abroad. It is important to differentiate between voluntary labour-related migration and exploitative trafficking without the consent or full knowledge of the concerned persons. The line between exploitative trafficking of human beings and out-migration for the purpose of having a better life and/or sending home remittances is often not very clear. From an economic perspective, human trafficking results in the loss of remittances as the victims are mostly kept in slave-like conditions without receiving any or very little payment, and without the possibility of sending money back home. In the case of increase in human trafficking, single women, children and disabled people who are the major beneficiaries of remittances, are therefore also the groups most likely to be negatively affected by the reduction of remittances.

The interviews and meetings conducted suggest that labour migration of male workers is mostly to Malaysia, while women are more often migrating/being trafficked to Thailand and Singapore. Furthermore, women are more likely to be doing this on an involuntary basis conforming to arrangements made by their families or brokers/agents. Most of these women are young, unmarried girls/women – often adolescents. No local officials could disclose any reports on cases of human trafficking in any of the townships. Awareness on the topic seems to be lacking. There may also be a tendency to neglect the risks of human trafficking for the sake of producing “clean” reports as reported cases might create further obstacles to any actions of civil society or international cooperation to address the problem.

An elevated risk of human trafficking, especially in the border areas, has to be assumed given the socio-economic circumstances of poverty, employment needs, a lack of awareness and education among the villagers. The geographical situation at the border of India and Bangladesh is also to be considered as well as the context of cases of extreme poverty and a strongly patriarchal system.

Employment. A lack of employment is found as a structural problem throughout all townships in Chin State, exacerbating the vulnerabilities and socio-economic dependencies of women. Unemployment also represents an

⁴⁵ From the interview with women representatives of ‘Tedim Town Women Fellowship’, Tedim Township Women Baptist Association and the only female pastor since 25 years, Tedim, 16.01.2014.

additional trigger to stress within the households often resulting in various forms of gender-based violence, especially domestic violence.

Lower levels of education amongst women in comparison to men make it difficult for women to find jobs, receive equal pay and access leadership positions that could empower them to become decision-makers. The isolation of many villages, insufficient infrastructure and the lack of networking possibilities further produces challenges for existing gender initiatives to form a network, share information and create synergetic effects in cooperation with like-minded organizations and individuals.

Text box: Lailun Star Community Development Association in Falam

With the support of Czech-based NGO 'People in Need', the community organization 'Lailun Star Community Development Association' was established in 2012/ 2013. The Association provides trainings on human rights integrating a gender perspective. The trainings aim to empower women to become leaders in their communities by providing them with specific skills, such as accounting, financial management and community development. Participants of the training stated that they achieved better positions in the community and improved participation in community development issues due to skills acquired from the trainings⁴⁶.

3.2.3 Persons with Disabilities

The State's responsibility as overall duty bearer to vulnerable populations, officially defined as "mothers and children, orphans, children of deceased military personnel, elderly people and PWD," is spelled out in the 2008 Constitution. The responsibility to fulfil this mandate lies with the MSWRR. Based on the Disability Survey carried out in 2010⁴⁷, the DSW has elaborated a National Plan of Action for persons with disabilities (PWD) for the period of 2010-12⁴⁸, which followed the Emergency Plan of Action 2008-2011. The Action Plan foresees cooperation with a wide range of actors from government, private sector, national and international organizations. It pursues a dual track of advocacy on rights and needs and action for development of community rehabilitation programs. In spite of the Action Plan, Government support schemes are, very limited, e.g. pension schemes only benefit retired civil servants and military personnel, not ordinary citizens.

In Myanmar, disability is classified into four types: persons with visual impairment, persons with hearing impairment, persons with physical (mobility) impairment, and persons with intellectual impairment. In general, statistics on disability are very poor, and the Population and Household census in 2014 provided an opportunity for inclusion of more detailed information and application of a diversified categorization of disability⁴⁹. However, options were limited to the four categories mentioned above.

At the national level, poverty rates for households with one or more PwDs are 1.5 times higher than for households with no PwDs.⁵⁰ Overall, 10% of all households in the country have one or more PwD, thus increasing economic vulnerability. Studies have documented that "PWDs are more likely to be poor, uneducated, unemployed, living in poor housing, to be landless, to die prematurely, to have food insecurity, to be unable to access public information, to be excluded from public places, and to be ignorant of their rights."⁵¹ The National Disability Survey from 2010⁵² showed that 50% of PwD have never attended school (as compared to 10% of non-disabled children), and only 2% of children

⁴⁶ From a focus group discussion with participants of a training and members of the association in Falam, 18.01.2014.

⁴⁷ First Myanmar National Disability Survey 2010.

⁴⁸ Myanmar National Plan of Action for persons with Disabilities 2010-2012.

⁴⁹ Only preliminary results of the Population and Household Census 2014 have been published so far and therefore, no updated data was available at the time of drafting this policy paper

⁵⁰ *Poverty and Disability in Myanmar: why empowering persons with disabilities will reduce national poverty*, SPPRG Bulletin, volume 1, number 1, February 2012.

⁵¹ *Uncomfortable truths: Inequalities due to Disability*, SPPRG Bulletin, Volume 1, number 5, June 2012.

⁵² *National Disability Survey*, Department of Social Welfare & The Leprosy Mission, 2010.

with disabilities graduate from high school (as compared to 12% for non-disabled children). It is also documented that 85% of PwDs are unemployed, have no livelihood income or less livelihood diversity than non-disabled persons. PwDs are also more vulnerable in terms of housing, access to land, health services and information. According to SPPRG, *only 0.5% of PWDs from a sample of 1,100 reported having exercised their rights as a PWD....and the majority (68%) had never heard of rights for PWDs)*.⁵³

In Chin State, there are few statistics on PwDs, although township DSWs have requested Village Tract and Village Administrators to report on the number and kind of PwDs in their respective areas. Most Township and Village/Village Tract Administrators interviewed are able to list the families with disabled relatives in the local area⁵⁴. It was noted that women have more detailed information on the number of PwDs in their village and their specific disability, being responsible for the care of disabled persons.

In general, there is very limited recognition of the needs and rights of PwD in Chin State. When asked about PwDs, most interviewees referred to persons with physical disabilities, whereas blindness, visual impairment and deafness are usually regarded as problems related to age. Mentally disabled persons are not seen as having specific rights, albeit the burden they represent for their families is mentioned. According to interviewees, PwDs with severe mobility challenges or mental disorder are usually detained at home with no access to education or health services and with limited or no participation in social life. Cases of mentally disabled persons being locked up or even tied were reported⁵⁵. PwDs are regarded with sympathy and pity, albeit families often feel ashamed and keep their children with disabilities out of public sight⁵⁶. There are also cases where interviewees reported that villagers make jokes of disabled children and young people, making them feel uncomfortable and ashamed to go outside their homes⁵⁷.

PwDs with minor degrees of physical and/or mental disability, participate in daily household tasks, e.g. fetching water, doing farm work etc. In towns, persons with mental disabilities are often found on the streets, whereas there is a tendency to keep them locked up in villages.

⁵³ *Uncomfortable truths: Inequalities due to Disability*, SPPRG Bulletin, Volume 1, number 5, June 2012.

⁵⁴ The lack of data on disability is severe and should be addressed as part of the proposed projects on Rights of Persons with Disabilities; see Chapter 5.3 below.

⁵⁵ Interview with New Eden Development Project, 13.01.14.

⁵⁶ Interview with Roman Catholic father, Hee Lung village, Mandat Township, 21.01.14.

⁵⁷ Interview in Kianboh village, Paletwa Township, 02.02.14.



Picture 2: Chin Disabled Organization in Thantlang⁵⁸

According to information from the Chin Disabled Organization (CDO) in Thantlang, children with disability suffer discrimination from other students and sometimes also from schoolteachers. Information from other areas verified that schoolteachers have little recognition of the fact that children with physical disabilities have learning abilities that match non-disabled children and that awareness raising among parents is required.⁵⁹ Teachers are poorly trained to be aware of disabilities or pedagogical techniques for inclusive education.

In addition to the CDO, few organizations for PwDs were identified. In Hakha, the Bethzatha Disabled Development Centre was established in January 2013 as a private initiative on special education and rehabilitation for 25 PwDs with physical and mental disabilities. The centre is run with private donations from churches and fund raising events.⁶⁰

There are no government supported facilities for PwDs, and the private organizations generally dependent on support from relatives or donations from the churches. Several churches have a yearly special event for donations to PwDs,

and few have a monthly distribution of food packages, containing rice and other basic food items.

Text box: Chin Disabled Organization⁶¹

The Chin Disabled Organization (CDO) in Thantlang was established in 2009 and is waiting for the official registration from Chin State Government. It counts a total of 220 members (136 male and 84 female), of which 36 live in the town of Thantlang. The CDO is active in the registration of PwDs in the township and has carried out several activities with the aim of providing moral support and training to PwDs, including livelihood support, community awareness-raising, and enhanced collaboration with churches, NGOs and government on disability issues. Future plans focus on data collection, awareness raising, training and education, livelihood support and information campaigns.

3.2.4 Elderly people

According to current population projections, people aged over 60 account for 9% of the Myanmar population, and that figure is estimated to rise to 25% by 2050. As economic activity decreases rapidly with age, older persons are dependent on help from their families. A majority of those living in rural areas generally described as poor. Pension schemes are rare and only available for former government and military employees⁶². Recent studies have documented that a household's risk of vulnerability rises when counting persons above the age of 70 to 80 years.

⁵⁸ Photo by Bente Topsoe-Jensen.

⁵⁹ Interviews at Pre-school in Tedim, 16.01.14 and Hee Lung village, Mindat Township, 21.01.14.

⁶⁰ Interview with Bethzatha Disabled Development Center, 27.01.14.

⁶¹ Information from Chin Disabled Organization, translated by Tluang Hnin.

⁶² *The Situation of Older People in Myanmar*, HelpAge, UNFPA, MSWRR, 2012.

Vulnerability may increase in cases of additional risk factors, i.e. disability, general health status, female-headed households, widowhood, low educational status etc.⁶³

In general, elderly people are granted respect in Chin culture. However, the power of old age is linked with the economic independence of the person, or at least to the person's family. Having an aged family member in the household increases the social capital of the household. Old men have a great deal of influence in village decision making groups, like the "Aungtaman" council in Southern Chin villages, whereas old women do not hold influential positions in the public sphere to the same extent and are often excluded from these circles.



Picture 3: Home for elderly people, Falam Baptist Church⁶⁴

Most elderly people are taken care of by (female) relatives, often staying with an adult son or daughter or living independently in their native village close to relatives. However, due to a high level of migration amongst the younger generation or the death of a spouse,

elderly people may all of a sudden find themselves in a vulnerable situation. The situation may be aggravated in cases of deteriorating health and mobility constraints, where medical costs and intensive care may be needed. Better-off villages seem to have fewer incidents of elderly people lacking social protection or social safety nets. In general, social protection mechanisms for elderly people seemed to be absent in Paletwa Township.⁶⁵

Picture 4: Home for elderly people, Falam Baptist Church⁶⁶

Social protection mechanisms for elderly people are mainly run by churches, but in the case of Hakha Township also by the government, where 15 persons (8 men and 7 women) have been living in a home for elderly people since 2013. The homes for the elderly admit old people who cannot care for themselves and who have no relatives. In some cases, also PwDs are included as occupants in homes for elderly people. Admission is normally based on referral through the churches or Village/Township Administration and is based on a number of criteria: They must be 60+ years of age, living in poverty, with a lack of close relatives (mainly daughters), being a widow(er). In some cases, admission is based also on a follow-up visit to the village prior to admission. Homes for elderly people were visited in Falam and Mindat.



There is little awareness or knowledge about the need for preventive initiatives for community-based care, as opposed to institutionalizing the elderly people. In addition to homes, few organizations undertake home care, where elderly persons (and PwDs) are visited once a month by volunteers bringing rice and vegetables. This kind of service can be found mainly in urban areas, as transport and access makes wider outreach difficult⁶⁷.

⁶³ *Ageing and Vulnerability: Evidence-based social protection options for reducing vulnerability amongst older persons*, SPPRG, n.d.

⁶⁴ Photo by Bente Topsoe-Jensen.

⁶⁵ Village visits to Tamatha Village Tract and Enkhuwa village, Paletwa Township 01.02.14; and Kuanboh village and Pinethapin village, Paletwa Township, 01-02.02.14.

⁶⁶ Photo by Bente Topsoe-Jensen.

⁶⁷ Interview with *Laugh of the Stream* elderly people's home in Mindat 20.01.14; interview with religious leaders and CSOs in Kanpetlet, 23.01.14.

The international NGO HelpAge has showed interest in working in Mindat Township and paid a visit to DSW in August 2013. No follow up was reported, except for the planning of a new visit in 2014. HelpAge is promoting programs targeting older people throughout Myanmar, e.g. with the organization of self-help groups.

Text box: Falam Elderly People's Home

The Falam Elderly People's Home was started in 2013 and currently has three residents (2 women and 1 man), the maximum capacity is five persons. Occupants are either old persons with no relatives to take care of them or physically disabled. One of the occupants, a 61-year-old woman explained that her only living daughter had moved to India to join her husband, and she was left with no relatives to take care of her. The other female occupant, a 52-year-old woman, suffered from a physical disability. The third occupant, a 71-year-old man, had lost his wife and all five children, thus being left without living relatives to take care of him. All occupants have been referred to the home by a Baptist church financing the home. Occupants are taken care of by a young woman who lives at the home with her family. The living room and individual rooms are tidy and nicely furnished. The Baptist church has plans to expand with one more building to increase the capacity.

3.3 Education Services

The education system in Chin State encompasses a broad range of educational institutions including pre-schools, primary schools and secondary schools; including boarding schools, government and private schools, and monastic schools.

The school system in Myanmar consists of three main blocks: Five years of Primary School, which is divided into Lower (Grades 1-3) and Upper (Grades 4-5); four years of Lower Secondary School / Middle School (Grades 6-9); and two years of Upper Secondary School / High School (Grades 10-11). In some cases, reference is also made to Post-Primary School, which corresponds to Grades 1-8, i.e. completing the first three years of the Lower Secondary School / Middle School.

Table 5: Overview of Myanmar school system

| | Educational level (Basic education) | | Class level (grades) | Types of school |
|----|-------------------------------------|-------|----------------------|-----------------|
| 1. | Primary | Lower | G-1; G-2; G-3 | Primary school |
| | | Upper | G-4; G-5 | |
| 2. | Secondary | Lower | G-6; G-7; G-8; G-9 | Middle school |
| | | Upper | G-10; G-11 | High school |

There are four types of schools: approved/main schools, branch schools; affiliated schools and self-help schools. The latter two: affiliated schools and self-help schools are administratively attached to main schools, but prepare and manage all school facilities and teacher arrangements by themselves. Students in these affiliated and self-help schools are reported as being students of the main schools, but most expenses – including teacher salaries – are borne by the entity which established the school (mostly communities, monasteries and other ministries). It is not possible to administer examinations at affiliated schools in many cases, and students have to take examinations at an approved/main school. Branch schools teachers are appointed by the government.⁶⁸

Problematic thematic areas have been identified, including the availability and accessibility of education (inclusivity, equity, psycho-social issues), as well as the quality of the education services. These problems manifest at three levels - Union, Chin State and township/village level (unit-level) – and are interconnected and mutually reinforcing each other.

⁶⁸Data Collection Survey on Education Sector in Myanmar, JICA, February 2013.

3.3.1 School enrolment and human resources

The number of basic education schools in each of the six observed townships for the 2013-14 academic year (AY) are shown below. The table shows that the number of primary schools is relatively high, whereas there are drastically lower numbers of middle and high schools. Information of monastic schools and private schools in some particular townships is not available.

Table 6: Number of schools per township (AY 2013-2014)

| | Township | High School | Middle School | Primary School | High School (Branch) | Middle School (Branch) | Primary School (Branch) | Primary School (Affiliated) | Post-primary School |
|----|---------------------------|-------------|---------------|----------------|----------------------|------------------------|-------------------------|-----------------------------|---------------------|
| 1. | Hakha | 4 | 8 | 77 | 1 | 6 | | 1 | 32 |
| 2. | Thantlang | 3 | 17 | 87 | 6 | 5 | | 3 | 59 |
| 3. | Tedim | 7 | 14 | 117 | 5 | 13 | 2 | 4 | 49 |
| 4. | Falam Rih Kheaw Dar | 4 | 13 | 142 | 6 | 6 | 0 | 1 | 30 |
| | | 1 | 1 | 14 | | | | | |
| 5. | Mindat | 2 | 8 | 128 | 3 | 7 | 7 | 10 | 35 |
| 6. | Kanpetlet | 2 | 2 | 80 | 2 | 5 | 17 | 10 | 8 |

Reliable quantitative data for preschool enrolment, net and gross enrolment, completion of primary education, enrolment and completion of secondary education, and dropout rates is not available. However, based on the qualitative focus group discussions and interview data, the following overall general picture of the numbers of schools, teachers and students in the three districts of Hakha, Falam and Mindat in the different educational levels can be drawn:

Table 7: Numbers of schools, teachers and students in three districts (2012-2013)

| Primary Schools (2012-2013) | | | |
|-----------------------------|-------------------|--------------------|--------------------|
| District | Number of schools | Number of teachers | Number of students |
| Hakha | 77 | 508 | 6,317 |
| Falam | 361 | 998 | 18,556 |
| Mindat | 480 | 1,335 | 33,236 |

Chin State is characterized by insufficient number of teaching staff for the post-primary level, i.e. the schools exist but there are not enough qualified teachers for the post-primary level. In some cases, the community or the church recruit and pay additional teachers to allow practical functioning of schools. The lack of teachers causes delays in each grade throughout the academic year, and due to requirements in the current education policy, students are still promoted to higher grades without having attained the required knowledge. This leads to disappointment and depression among students, contributing to higher dropout rates. The lack of technical and pedagogical capacity results also in an inability to employ effective and efficient teaching and learning methods to support students.

A lack of boarding facilities for secondary education students emerged as a major problem in the research and impedes attendance in students from remote villages. The Chin State government has started to build new boarding schools, but faces problems with construction in mountainous areas. There are plans to recruit an additional 1,200 teachers in 2014; the final figure is not available at this stage of the planning. Preference will be given to teachers with

a Chin background, but the government is aware of the difficulty recruiting to their specifications. Postings in remote villages are also not considered attractive. The government pays an increased monthly salary of Ks 70,000 (US\$71) to Primary School teachers in Chin State and other hardship areas, but this is still not enough to make the employment attractive for eligible candidates⁶⁹. The government also has plans to offer advanced teacher training if teachers commit for at least 4 years to the post.

3.3.2 Limited access to pre-schools

Early Childhood Care and Development (ECCD) cover preschool children from the age of 3 to 5 years. There is limited pre-school coverage at the village level and remote areas have very little access to preschool education. Several examples of township (urban) preschools were found where the majority of the children come from better-off families, as poor families do not have the means to pay the entrance and monthly fees. Interviews indicated that roughly one third of children couldn't afford to attend preschool, even if they wish to do so. In Kanpetlet Township, where UNICEF has supported ECCD in a number of villages since 2012, still only about 30% of the villages currently have preschool service. In Mindat Township, there seem to be a lack of preschools at the village level compared to other townships.

The preschool system is lacking in pedagogical standards, supervision and a uniform curriculum is not established.⁷⁰ The field research identified various cases of application of teaching contents of primary academic subjects in pre-schooling with the assumption of readiness for primary schooling rather than focusing on the specific pedagogical needs for pre-school age children. Language preparation for 3 to 5-year-old children in their ethnic language is widely unavailable, causing difficulties for general child development in this age group. Children are mostly taught in Burmese and not in Chin language which causes problems as most children in rural areas only speak Chin and teachers only Burmese.

3.3.3 Drop-outs

Most school age children⁷¹, both girls and boys, attend primary school. There are slightly higher numbers of girls attending than boys, 52% corresponding to the general, demographic gender profile of Chin State. Most children complete primary education (grades 1 to 5), but there are many cases of boys in villages who complete primary education but either do not proceed to secondary school or drop out during post-primary (grades 6-8), whereas more girls seem to continue in school. The prioritization of girls' education may seem contradictory to the otherwise inferior role women have in Chin society. However, it may also reflect recognition of future needs in terms of education and economic independence of girls and women. Research showed that boys will instead work on farms or work for wages, in some cases they even migrate for work to urban centres, or abroad to India or further (Malaysia). Early dropout rates are most evident for boys from villages (rural areas) who are leaving school at the lower secondary level. Boys from urban centres drop out at both lower and upper secondary levels with the most during the last grade of lower secondary, i.e. grade 9).

Lack of accessible schools at higher level (post-primary schools), combined with insufficient number of teachers, represent the major challenges. Dropouts are mostly due to economic problems within the students family, which shows e.g. in the inability to finance transportation and boarding facilities in the larger towns/cities. Poor road infrastructure and lack of transportation facilities were also mentioned by interviewees. Each of these factors represents an impediment to middle school access for students who have to travel long distances.

Children from poor and vulnerable families (especially children of single parents or orphans) comprise an estimated one fifth of the children in a village and these children often encounter difficulties attending school on a regular basis. Consequently, they will have difficulties continuing to secondary education. School expenses for secondary school

⁶⁹ Interview with Chin State Minister of Social Affairs, 17.3.2014.

⁷⁰ Pre-schools may be the responsibility of MSWRR or Ministry of Education.

⁷¹ The official school enrollment age for Primary School (Grade 1) is 5 years of age.

attendance (transport, boarding costs) represent a further impediment for children from poor families, especially when compared to primary school attendance in the village.

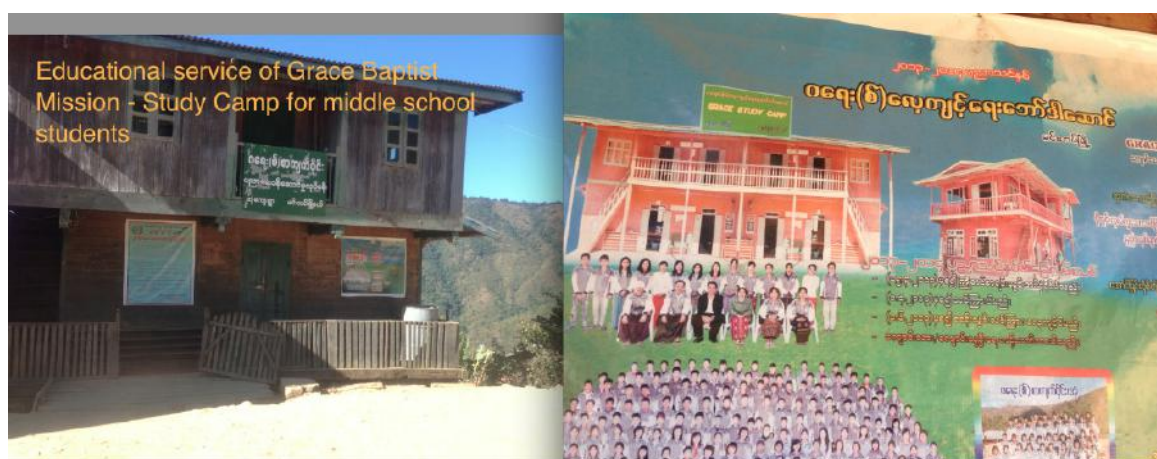
3.3.4 No education opportunities for children with disabilities⁷²

Albeit official statistics are not available⁷³, qualitative data collected suggests a higher absence of children and youth with disabilities from schools. Consequently, the inclusion of children with disabilities in the education services needs attention. Mostly, absence is due to social stigmatization as well as practical problems in terms of transport and accessibility of the schools. Children with disabilities living in urban centres have slightly better access to education than village children, but are still suffering the general perception of PwDs – in that they are perceived as having no right to, or need for, education. This situation is reinforced by low self-esteem often found among PwDs and especially children with no or only a weak independent voice. It is vital to set up a baseline as part of a support project (see Chapter 5).

3.3.5 Poor learning achievements and vernacular teaching

At the primary school level, poor learning achievement that is not in line with expected schooling-grade completion may impact negatively on the children's psychosocial development. Moreover, the issue of over-age schooling - e.g. degrading classes for new entrants due to lack of student achievement for the particular passed grade – was identified as a problem.

One of the possible reasons for poor learning achievement may be linked to the fact that Burmese is the language of instruction and vernacular teaching is not practiced at the lower primary school level. Consequently, many children face difficulties understanding the teacher's explanations as they do not understand Burmese when they start primary school. There are more than 50 distinct Chin dialects, and seven major, Chin languages. The Chin State Minister of Social Affairs called attention to the duality of teaching in Chin language describing cases where local teachers continue using Chin language beyond lower primary school which puts the students in a disadvantaged position when having to pass the national exam. The existing Chin curriculum for lower primary schools is in need of a revision and is not applied uniformly in all townships.



Picture 5: Educational service of Grace Baptist Mission, Study Camp for middle school students⁷⁴

3.3.6 Quality of teaching and the effects of isolation

The poor learning achievements are also linked to a low quality of teaching. Much of the teaching is rote learning and children are not encouraged to think independently. Consequently, there are limited opportunities for children to develop important physical and social/human skills, aesthetic capacities such as creativity and team spirit. Playing and

⁷² See also Chapter 3.2.1 Children and 3.2.3 Persons with Disabilities above.

⁷³ Reference is made to the proposed projects on Rights of PwDs in Chapter 5. Collection of baseline information is part of the projects.

⁷⁴ Grace Baptist Mission runs a "Study Camp", which is a boarding school, where students have a second chance to re-read the government school curricula after school hours with emphasis on Mathematics and English. Photo by Dr. Nu Nu Wai, February 2014.

singing are mostly considered not important at school, and schools generally come without playgrounds or playing material, even though most students interviewed expressed the wish for such equipment.

The problem of having a low quality of teaching is linked with a limited academic and pedagogical knowledge and skills of teachers. Poor teaching leads to low learning achievement of the students, including lack of meaningful understanding and thinking/reasoning, nor do students learn important life skills. Teaching methods are mostly characterized by ineffective use of teaching material, limited to textbooks and notebooks, resulting in a passive learning style. Very limited or non-existent knowledge and skills of multi-grade teaching/learning practices is found. The teaching/learning practices fail to produce a linkage between the information and communication and remain confined to the classrooms (no exposure to the environment outside the classroom is created).

Isolation influences education in Chin State, where teachers, parents and students are deprived of access to networking and the ability to enhance their knowledge. Teachers lack professional networks and have limited contact with other teachers. Effective supervision is not being provided. Parents and students are additionally affected by the isolation of the region and a lack of innovation and inspiration for teaching and learning. The isolation also manifests professionally with little communication between the different strata of educators. Service-providers, supporters, institutes, organizations and groups are limited and there is little or no coordination between different initiatives (government, FBOs, CBOs, CSOs).

3.4 Public Health Services and health situation⁷⁵

Health problems in Chin State are related to poor food security, insufficient nutrition, communicable diseases and reproductive health and rights.

Dealing with health as a development issue has two dimensions and must be addressed as such: the health service system, and the health status of the population. The first is an issue for the government through the Ministry of Health, whereas the latter requires a multi-sector approach, as issues related to nutrition, economic development, agriculture and cultural norms all influence the health status of a population, particularly for women and children.

3.4.1 Access to health care services

Health facilities are organized in station hospitals, rural health centres and health sub centres that can be found at the village tract level and village level. Access to existing health care facilities is difficult due to a lack of infrastructure, remoteness and poverty, resulting in an inability to travel to and access health facilities.

The table below shows the number of health facilities (hospitals and clinics), as well as the actual number of key staff (doctors, nurses and midwives).

⁷⁵ Information in this chapter is based on extensive interviews with hospitals, Rural Health Centers (RHC), villagers, key informants, administrative officers from township level, as well as participant observation during field visits, secondary data sources, and supplemented with interviews with relevant stakeholders, technical specialists and resource persons in Yangon.

Table 8: Chin State human resources in health sector⁷⁶

| | General Hospital | District Hospital | Town Hospital | Station Hospital | RHC | Sub-Center | MCH School for Urban Health | Private Clinic | Doctors | Nurses | Midwives |
|-------------------|------------------|-------------------|---------------|------------------|-----------|------------|-----------------------------|----------------|-----------|------------|------------|
| Chin State | 2 | 1 | 6 | 15 | 51 | 249 | 11 | 26 | 64 | 413 | 241 |
| Falam | 1 | | | 3 | 8 | 32 | 2 | 5 | 14 | 82 | 40 |
| Hakha | 1 | | | 1 | 4 | 18 | 2 | 5 | 24 | 131 | 23 |
| Thantlang | | | 1 | 2 | 8 | 32 | 1 | 2 | 2 | 13 | 25 |
| Tedim | | | 1 | 3 | 12 | 46 | 1 | 2 | 8 | 79 | 5 |
| Tonzang | | | 1 | 1 | 5 | 20 | 1 | | 1 | 14 | 22 |
| Mindat | | 1 | | 1 | 7 | 30 | 1 | | 7 | 51 | 38 |
| Matupi | | | 1 | 2 | 8 | 32 | 1 | 2 | 5 | 22 | 32 |
| Kanpetlet | | | 1 | 1 | 4 | 16 | 1 | | 1 | 13 | 17 |
| Paletwa | | | 1 | 1 | 8 | 30 | 1 | | 2 | 8 | 39 |

Chin State hospitals have a total staff of 3,276 positions, with (45%) 1,417 positions vacant. The most severe lack of human resources is among medical specialists and surgeons, whereas the coverage of public health positions is relatively better, albeit still showing serious deficits. At Rural Health Clinics, more than half - 435 of a total of 939 - staff positions were vacant. The second gap is at the Basic Health Service (BHS) level, where the ratio of Sub Rural Health centre to rural community is 1:1,313 (to Rural Health Centre is 1:5,705). The Chin State government has requested recruitment of 37 Assistant Surgeons for township hospitals and 49 medical doctors for 12 station hospitals. There are plans requiring eligible candidates to commit to work in Chin State for at least four years, as staff retention is a major problem.

At the national level, there are a total of 88,975 health workers. Of those, 26,435 are medical practitioners, 25,544 are nurses and 19,556 are midwives⁷⁷. This amounts to a ratio of 1.49 health workers (doctors, nurses, midwives) per 1,000 people (or 1:679). This comparison between state and national figures shows that the situation in Chin State is better than the national average.

⁷⁶2013 Health Report from State Department.

⁷⁷Ministry of Health Myanmar, Health Workforce Strategic Plan 2012-2017.

Table 9: Rural Health Centres and its serving population per township⁷⁸

| Township | Population | RHC | RHC and rural population ratio | |
|--------------|----------------|-----------|--------------------------------|----------------|
| Hakha | 42,630 | 4 | 25,148 | 1:6,287 |
| Thantlang | 52,296 | 8 | 44,617 | 1:5,577 |
| Falam | 48,383 | 9 | 39,649 | 1:4,956 |
| Tedim | 81,905 | 12 | 77,770 | 1:6,480 |
| Tonzang | 29,400 | 5 | 24,962 | 1:4,992 |
| Mindat | 44,095 | 7 | 32,483 | 1:4,640 |
| Matupi | 52,491 | 9 | 30,305 | 1:3,788 |
| Kanpetlet | 21,309 | 4 | 15,971 | 1:3,992 |
| Paletwa | 92,938 | 8 | 74,267 | 1:9,283 |
| Total | 465,447 | 66 | 365,172 | 1:5,705 |

In villages, health care is mainly served by ambulant midwives who undertake ante- and prenatal care as well as immunizations. Resources for transport are scarce, and often midwives have to spend their own money to secure transport to the village tracts, especially in border areas. These villages are far away from main district roads requiring several hours of walking in remote and scarcely populated areas. This situation can increase risks and vulnerabilities for midwives travelling alone.⁷⁹

Hakha and Mindat Hospitals have satisfactory operating theatres. Labour rooms are generally old and the equipment is in need of replacement. In Thantlang, the oxygen tank was donated by FBOs and replenishment of oxygen remains problematic. An anaesthesia machine exists in Mindat and Hakha Hospitals; ECG machines are mostly available, with variable rigor of X-ray machines (a new one was recently donated to Mindat Hospital). Resuscitation facilities (defibrillators) are almost always absent. In many places, wards date back to colonial times and are in urgent need of upgrading and maintenance, albeit new extensions are found in Hakha and Mindat. Sanitation is a problem in most hospitals, and toilet/latrine facilities for patients are often missing.

In rural areas, health services for sick people, childbirth attendance and access to medicine are scarce and often depend on random opportunities for transport. Many villagers do not have access to regular health services. In some cases, rural health facilities have been built⁸⁰ by projects or INGOs, but as the Chin State government has no means to post staff, the facilities are unstaffed.

For the villagers, access to health services is limited due to lack of facilities, health staff, outreach services and transport, especially in cases of emergencies, child birth etc. In most cases, religious organizations are running health services, e.g. the Hornbill Clinic in Thantlang and Mother Mary in Saizun Village in Tedim Township, but unfortunately there is a tendency to operate in parallel to government services instead of filling gaps, where no government health services are available.

In cases regarding accidents and childbirth, it is often local communities, or churches who organize transportation to the RHCs or hospitals. The transport is the responsibility of local youth groups, who also take care of transporting blood donors in case of e.g. traffic accidents. It is estimated that at least 100 blood donors are available in each

⁷⁸ Chin Department of Planning and Statistics, 2013. Population figures slightly differ from the Census 2014 results but have been maintained to ensure consistency of the ratio as updated figures on RHC and rural population per Township results are not yet available.

⁷⁹ Interview with Falam District Health Nurse, 19.01.14.

⁸⁰ Such an example was found in Thou Lam village, Thantlang Township.

township. Community groups also support sick people and their families during hospitalization, and may help to cover the costs of medicine through credits.

3.4.2 Lack of food security

The overall health situation for children, pregnant women and other vulnerable groups from poor families is seriously impacted by a lack of food security and high incidence of malnutrition and undernourished children. These problems are often a combination of having a shortage of food and a lack of knowledge on how to best use available food resources. There is an urgent need for preventive education.

On average, food security was found to be less than eight months in a year, which means that families have to cut down on the number of daily meals and supplementary nutrition for four months or one third of the year. Statistics from Chin State in Table 10 show a high prevalence of moderate and severe malnutrition among children of all ages amounting for an average figure of 31% of children under 5 years. The prevalence of stunting (low height-for-age) is particularly high with almost 60% of children being stunted. Stunting is a consequence of chronic malnutrition and can have irreversible damage on brain development. .

Table 10: Indicators of malnutrition for children in Chin State (2009-2010)⁸¹

| Key Child Development Indicators | | Chin |
|----------------------------------|--|------|
| Stunting prevalence | | 58% |
| Underweight prevalence | | 31% |
| Wasting | | 9% |

In terms of child nutrition, statistics show severe figures far below the national level for most of Chin State. Especially the townships of Hakha, Tedim, Tonzang, Kanpetlet and Paletwa have significantly high numbers of children suffering from malnutrition.⁸² This is due to deficient food intake, food insecurity, and inappropriate cooking methods destroying most nutrients. Access to protein sources for poor villagers is limited, and eggs and milk are rarely consumed. Eggs are mostly reserved to produce chickens; fish is only available in places close to rivers and major streams; and there is no habit of drinking fresh milk from goats, cows and Mythons. Thus, people mostly consume condensed milk and dried meat.

Table 11 below shows key figures related to malnourished and undernourished children at the national level and for the townships in Chin State. Figures where Chin State differs negatively from the national average are highlighted. The pattern shows that most townships have at least half of the 18 parameters below the national average.

⁸¹ Multiple Indicator Cluster Survey 2009-2010

⁸² MIMU, May 2013.

Table 11: Underweight of children in Chin State and Union level in 2011⁸³

| Area (Union, state & townships) | Underweight children under 1 year (malnutrition under 1 year) (Sentinel Surveillance) | | | Underweight children under 3 years (malnutrition under 3 year) (Sentinel Surveillance) | | | Severe underweight under 3 years (severe malnutrition) (Sentinel Surveillance) | | |
|--|---|-----------------|-----------------|--|-----------------|-----------------|--|-----------------|-----------------|
| | % | % | % | % | % | % | % | % | % |
| | Total (2009) | Total (2010) | Total (2011) | Total (2009) | Total (2010) | Total (2011) | Total (2009) | Total (2010) | Total (2011) |
| Union | 4,0 | 3,8 | 2,9 | 4,1 | 3,8 | 3,1 | 0,4 | 0,4 | 0,3 |
| Chin | 4,6 | 4,9 | 3,4 | 3,7 | 4,0 | 2,7 | 0,6 | 0,7 | 0,5 |
| Falam | 3,2 | 3,2 | 1,0 | 2,6 | 1,4 | 0,6 | 0,2 | 0,3 | |
| Hakha | 7,3 | 3,8 | 3,0 | 6,7 | 5,1 | 4,4 | 1,1 | 0,6 | 0,9 |
| Thantlang | 4,4 | 6,0 | 2,3 | 3,0 | 3,9 | 2,1 | 0,6 | 0,6 | 0,6 |
| Tedim | 4,7 | 5,0 | 4,3 | 3,4 | 4,0 | 3,6 | 1,0 | 1,1 | 0,9 |
| Tonzang | 7,7 | 5,6 | 6,4 | 8,9 | 6,7 | 3,2 | 0,4 | 0,2 | 0,3 |
| Mindat | 3,3 | 3,7 | 0,6 | 2,5 | 3,4 | 0,6 | 0,6 | 0,9 | 0,1 |
| Matupi | 5,6 | 2,6 | 2,5 | 4,1 | 2,3 | 2,0 | 0,8 | 0,4 | 0,3 |
| Kanpetlet | 4,1 | 8,1 | 9,6 | 3,7 | 8,7 | 7,4 | 0,5 | 1,9 | 1,3 |
| Paletwa | 2,6 | 9,8 | 4,2 | 1,9 | 6,5 | 2,5 | 0,6 | 1,5 | 0,8 |

3.4.3 Communicable diseases

Like many other states in the country, infectious diseases are problematic, in addition to usual fever and respiratory disorders in highland areas. Chin State is characterized by poor maternal and child health parameters, high alcohol consumption, accidents and injuries and gastric upsets, abdominal growths and liver diseases are common⁸⁴. Malaria, water and food-borne diseases, TB, HIV, cancer and lung infections are also frequent. There is a severe lack of knowledge about disease prevention and a need for preventive education on health. Table 12 provides an overview of some of the major health problems in Chin State.

⁸³Township Health Profile 2011, Department of Health Planning, Ministry of Health, 2011.

⁸⁴2013 Chin State Health Report.

Table 12: Health parameters for Chin State in 2013⁸⁵

| | Children | | | | | | Women | | | | | | Handicapped | | | | | | Elderly | |
|------------|---------------------------|----------------------|------------------------------|--|------------------------------|-------------------------------|--|--------------------------------|----------------------------|-----------------------------|---|-----------------|-----------------------|--------------------------------|--------------------------------|--------------------------------|------------|--|---------|--|
| | Health | | | | | | Reproductive Health | | | | | | | | | | | | | |
| Chin State | Low birth weight (<1yr) % | Underweight (<3yr) % | Extreme underweight (<3yr) % | Number of immunized children (Average %) | Perinatal mortality per 1000 | Under-five mortality per 1000 | Percentage of labor at Rural Health Center | Percentage of low birth weight | Coverage of antenatal care | Maternal Mortality per 1000 | Percentage of poor jobless mother in the productive age group | Disability Rate | Under five disability | Disability rate at elderly age | Poverty in the disabled people | Out of school disable children | Prevalence | Percentage of poor families living with elderly people | | |
| National | 2.9 | 3.1 | 0.3 | 77.33 | 12.6 | 17.2 | 2.9 | 1.3 | 74 | 1.2 | 21.20 | 2.32 | 0.88 | 6.98 | 37.3 | 52.9 | 6.72 | 9.32 | | |
| Chin | 3.4 | 2.7 | 0.5 | 51.83 | 10.5 | 16.4 | 0.4 | 0.5 | 64.3 | 1.1 | 20.64 | 1.85 | 0.72 | 8.11 | 80 | 62 | 6.25 | 23.91 | | |
| Falam | 1 | 0.6 | 0 | 61.33 | 7.6 | 10.1 | 0.1 | 0 | 60.7 | 0.0 | 21.19 | 2.53 | 0.91 | 12.73 | 80 | 62 | 6.47 | 24.73 | | |
| Hakha | 3 | 4.4 | 0.9 | 82 | 9.3 | 13.9 | 0 | 0.3 | 76 | 1.9 | 21.11 | 2.62 | 0.95 | 12.89 | 80 | 62 | 7.56 | 28.90 | | |
| Htamtalang | 2.3 | 2.1 | 0.6 | 36.33 | 7.1 | 9.9 | 0 | 0.5 | 59.6 | 0.7 | 20.23 | 1.85 | 0.67 | 6.22 | 80 | 62 | 7.05 | 26.96 | | |
| Tiddim | 4.3 | 3.6 | 0.9 | 81.33 | 3.7 | 8.4 | 0.2 | 0.2 | 81.3 | 1.6 | 21.54 | 1.85 | 0.67 | 6.70 | 80 | 62 | 5.77 | 22.08 | | |
| Tongzang | 6.4 | 3.2 | 0.3 | 32.83 | 14.5 | 23 | 0 | 0 | 69.6 | 2.4 | 19.17 | 1.85 | 0.67 | 7.30 | 80 | 62 | 4.88 | 18.68 | | |
| Mindat | 0.6 | 0.6 | 0.1 | 17.33 | 14.4 | 26 | 0 | 0.6 | 61.5 | 1.0 | 19.67 | 1.85 | 0.67 | 6.95 | 80 | 62 | 5.38 | 20.60 | | |
| Madupi | 2.5 | 2 | 0.3 | 18.67 | 1.8 | 9.1 | 0 | 0.9 | 54.4 | 0.0 | 20.06 | 1.85 | 0.67 | 6.39 | 80 | 62 | 6.57 | 25.14 | | |
| Kanpetlet | 9.6 | 7.4 | 1.3 | 16.67 | 24.3 | 41 | 0 | 1 | 74.8 | 3.7 | 19.81 | 2.36 | 0.85 | 12.77 | 80 | 62 | 4.75 | 18.18 | | |
| Paletwa | 4.2 | 2.5 | 0.8 | 58 | 25.6 | 27.5 | 3.3 | 1.3 | 48.5 | 0.0 | 20.91 | 1.85 | 0.67 | 6.37 | 80 | 62 | 6.57 | 25.14 | | |

The main communicable diseases prevalent in Chin State are:

Tuberculosis (TB). Case detection is very low though hospital reports state a high rate of pneumonia, Acute Respiratory Infections, Acute Respiratory Distress Syndromes and asthmatic diseases. TB prevention and control are not covered across a wide geographical area⁸⁶. The Ministry of Health “Public Health Statistics 2010-2011” indicates Chin State identified 24 sputum positive cases of TB per 100,000 people in 2011. This is a low figure compared to other states (Shan State: 56.9) but this is probably due to a low number of cases presenting to health facilities where diagnosis is possible.

HIV/AIDS. A rising trend on HIV was reported, however there is a widespread reluctance to voluntary testing among the population. Most cases are detected on basis of tests made in connection with operations, caesarean sections, accidents, military recruitment, medical examination to get driving license, and unexplainable fevers (Pyrexia). Counselling, anti-retroviral therapy, and prevention from Mother to Child Transmission have been started in Hakha⁸⁷, Falam and Mindat.

Sexually Transmitted Diseases (STD). Labour migration and increased circulation of trucks and transport of persons are usually a precursor for the spreading STD. With the perspective of improved infrastructure, there is a risk of increasing occurrence of STDs. This should be considered as part of possible comprehensive initiatives on sexual and reproductive health.

Malaria. Chin State has the second highest incidence of clinical malaria of all the states in Myanmar (4,584 per 100,000 people in 2011) and the death rate associated with malaria is 7.35 per 100,000 people. It is a dominant

⁸⁵ Chin Department of Planning and Statistics, 2013.

⁸⁶ Interview with Mindat Medical Superintendent 20.01.2014 and Chin State Health Report, 2013.

⁸⁷ CD4 facilities (counting of remaining white blood cells which reflect immunity status) are present in Hakha.

disease with more than 20% of the outpatients treated being malaria cases⁸⁸. The pathogenesis of getting mosquito bites and infections by malaria is common during farm working hours and water collection on places where parasites breed. In 2010, the proportion of under-five children sleeping under a mosquito net was at 31.5%⁸⁹. Preventive education in combination with preventive measures such as the use of impregnated mosquito nets should target this problem.

Diarrhoea. Diarrhoea and dysentery is found to be among the most frequent diseases in hospital records in the townships. Both diseases are closely linked to the use of contaminated water and unhygienic living environments. The habit of boiling water before drinking is found mainly in Tedim, Hakha, Mindat, Falam and Thantlang towns and less applied in villages. The Ministry of Health, Public Health Statics 2010-2011, reports that Chin State has the highest rate of recorded cases of diarrhoea (1,800 cases per 100,000 people) and dysentery (654 cases per 100,000 people) of any state in Myanmar. It also has the highest incidence of Enteric fever and the second highest incidence of food poisoning.

3.4.4 Reproductive health and rights

Abortion is generally illegal according to the Penal Code of Myanmar unless medically indicated. The latest survey by UNICEF and the Department of Health in 2005 found that Myanmar's maternal mortality ratio is persistently high. Nearly 10 % of all maternal deaths are abortion-related. Chin State shows comparatively high figures of maternal deaths per 1,000 live births.

Regarding the use of contraceptive methods, the official information on the national level shows increasing figures with 32% of married women using some kind of contraceptives in 2001 and 38% in 2007⁹⁰. The figures are higher in urban (49%) than in rural areas (34%). However, for Chin State, statistics indicate an extremely low prevalence rate of any contraceptive methods with only 3% in 2010⁹¹.

Reproductive health care services are widely lacking in many areas in Chin State and more than one in 10 women deliver without any attendant⁹². The stakeholders on all levels repeatedly expressed the urgent need for ante- and postnatal support for women including transportation to the health centres and financial support to cover the costs for midwives, especially for vulnerable women in rural areas. While most reproductive health care services including family planning services offered at the health facilities are free of charge, available services are mostly insufficient in quantity and quality, inconsistent with international health and hygienic standards. Shortage of qualified health personnel in all facilities is a common problem.

The legal frameworks governing the institutions of marriage, divorce, family and child care contain provisions that place the responsibility of child-bearing and child-caring solely to women⁹³.

⁸⁸ The Ministry of Health Public Health Statics 2010-2011

⁸⁹ MIMU, State/Region Data Indicators By Year, Chin State, 2014.

⁹⁰ Integrated Regional Information Networks, 2010.

⁹¹ MIMU, State/Region Data Indicators By Year, Chin State, 2014.

⁹² *Situation Analysis of Children in Myanmar*, UNICEF and MNPED, July 2012.

⁹³ OECD, 2012.

Text box: Cung Hu Blood Donor Organization in Hakha⁹⁴

The Cung Hu Blood Donor Organization was started by Mr. Cung Hu in 2001 as a response to the lack of a blood bank at the Hakha hospital. If a person needed a blood transfusion, the relatives would have to find a donor themselves. The trigger for the start of the organization was a case with a pregnant woman who was asked by the hospital to bring her own donor, which she did not manage and therefore died. Until today 1,900 patients have been helped and the organization counts 1,266 members who are active blood donors, 17% of which are women. Blood donors receive a nutrition package but are otherwise volunteers. In total, 3,500 portions of blood have been donated to the Hakha hospital, which means that the organization provides 99% of the blood needed. The blood is screened for HIV/AIDS, malaria and other diseases. 75% of the beneficiaries are female patients of which most are pregnant women. There are still no storage facilities, therefore blood is stored with the donors and timely transport is crucial. The Cung Hu organization has been contacted by organizations in four other townships that have asked for help to organize blood donors in Thantlang, Falam, Mindat and Kanpetlet.

4. Situational analysis and intervention logic

The preparation of the Chin State LSP has included different carefully selected elements to secure a bottom-up planning process with genuine participation from government and civil society stakeholders. The initial participatory problem identification provided the basis for planning of field work and design of methodology.⁹⁵ Stakeholders have been consulted at State, Township, Village Tract and Village level during field work; and Identification, Planning and Prioritization Workshops have secured ownership and buy-in to the focus areas and selection of specific project proposals to address priority problems.

The present situational analysis draws upon document review, field research in townships and villages, as well as verification of findings and prioritization with stakeholders in March and June 2014. Main problems related to social protection and vulnerability have been identified together with available and relevant resources in the form of institutions, organizations and stakeholders. Based on the identified problems and needs, strategies for addressing these have been formulated and conceptualized in a number of project proposals, which when implemented will produce outcomes addressing the problems identified.

This analysis produces an Intervention Logic for social protection initiatives, which frames social protection in the context of the need to address social and economic vulnerability with the overall aim of reducing poverty and increasing food security:

⁹⁴ Interview with CSOs in Hakha Township, 13.01.14.

⁹⁵ For a detailed account of the field work, see Annex 2 Methodology; for a summary of lessons learned on the overall LSPS process, reference is made to the *Guidelines: Preparation of Local Social Plan at State and Regional Level. Based on experience from Chin State, Myanmar*, UNICEF/MIID, September 2014

Figure 1: An intervention Logic for social protection initiatives analysis



The complexity of problems related to social protection encountered in Chin State calls for integrated interventions addressing simultaneously the situation of vulnerable groups (especially children), education and public health services, and gender equality. The complexity of the problems requires cross-sector initiatives and implementation arrangements.

The following examples demonstrate that one sector alone cannot address complex problems related to social welfare and protection: The problem of children with disabilities not attending school due to stigmatization and exclusion is a problem, which requires a joint effort by the Education Office, the Social Welfare Department, Village Tract Administration and the community to focus on the needs and rights of PWDs and children in particular. Nutritional deficiency among children and pregnant women is not only a health problem but requires a joint effort of the health sector and agricultural sector aiming at improving livelihood. The problem of women's inferior position in the household and lack of active voice in community decision-making for requires dissemination of information about women's rights through CSOs, as well as economic empowerment through income generating activities and education.

Selected key recommendations from UNICEF 2012 report: Situation of Children in Myanmar:⁹⁶

Effective social protection policies and mechanisms should be established in linkage with the newly proposed poverty reduction and rural development strategies to help poor and vulnerable families meet their basic needs, to prevent them from falling into poverty and to reduce their economic risks. As well, strategies are needed to develop the human capital (including, for example, investment in children's education, especially early childhood development) and livelihood skills that can lift people out of poverty. Innovative and appropriate social protection strategies for Myanmar children and families should be suggested.

As part of the social protection debate, efforts to promote economic growth should be inclusive and geared towards job creation and equitable distribution of growth dividends across all strata of society – in particular to benefit the poor and vulnerable groups.

4.1 Main problems identified

The main problems in Chin State relate to low level of capacity, food insecurity as well as limited access to constitutional and legally secured rights. These problems must be understood in the context of an extreme geographical and knowledge isolation in which the majority of the rural population lives. With a relatively small population characterized by general poverty, lack of food security and related health problems, the challenges in Chin State are many. Difficult physical access, lack of education and employment opportunities, limited access to health facilities and an inbuilt reservation towards any initiatives from Union and State government characterizes the environment in which the present LSP is formulated.

4.1.1 Limited resources and capacity

All government institutions are challenged by lack of a human resources and adequate technical skills. The DSW has a minimum of staff for the enormous challenges faced in relation to social welfare and protection in the state. There are no budgets for working outside main urban centres, and salary scales do not allow for travel allowances or incentives. The primary and post-primary education sector suffers from a severe lack of qualified teachers, basic materials, poor teaching quality (learning by heart, no stimulation for reflection) and low learning achievement. Pedagogical standards are insufficient and there is limited availability of educational and creative equipment in preschools, which also lack supervision from government institutions to secure adherence to standards. Lack of staff has also been identified as a major problem in the health sector, especially in relation to village level primary health care, where there is a severe lack of midwives, auxiliary midwives and health assistants. The limited budgets and lack of qualified staff in government institutions has a negative bearing on the capacity for addressing the identified problems.

4.1.2 Rights of vulnerable groups

Children represent the future social capital in any society, and investment in their development and reduction of their vulnerability is an investment in the future. Chin State is no exception, but the challenges are enormous. Children, women, PwDs and poor families have constitutionally and legally secured rights, which the government has a responsibility to fulfil. However, the resources available to accomplish this task are very limited.

The right to health is not enjoyed by a majority of children and other vulnerable groups in Chin State. The main health problems identified are related to nutrition, malaria, reproductive health, maternal and child health care, and prevention of other communicable diseases. A high incidence of malnutrition and undernourishment among children has consequences on learning ability, and is related to food insecurity as well as a lack of knowledge and skills.

The right to education is challenged already at the preschool level with unequal access for poor children and children living in remote areas. The dropout level for boys after primary school is high and education competes on unequal terms with salaried employment when it comes to practical application to life conditions in Chin State. The dilemma of

⁹⁶ *Situation Analysis of Children in Myanmar*, by UNICEF and Ministry of Planning and Economic development, July 2012.

vernacular language application in lower primary school is double-edged – either the teacher does not speak Chin, and the learning achievement for the children is low, or the teacher does not have sufficient Burmese language skills to prepare the children for the post-primary transition and following exams in Burmese language, which can qualify them for further studies and higher education. Children with disabilities represent a particularly vulnerable group, with no or very limited access to education.

Elderly people and PwDs have inadequate health care, as the available health staff does not have the necessary and specific technical training to address their needs. There is insufficient information available on the situation of elderly people, and they are particularly vulnerable to changes in the family composition or economic situation.

Women's rights and principles of gender equality are limited in Chin society, mainly due to the patriarchal customary law, a strong male-dominated conservative culture, and a lack of access to information on national policies and strategies for the advancement of women and gender equality. As a consequence, women have limited or no access to land ownership (in case of inheritance), justice, economic empowerment or decision-making in any field. Domestic violence against women is a consequence of the low social status of women and is often triggered by excessive use of alcohol by men and stress triggered by unemployment. It occurs frequently and is regarded as a private problem, which does not require intervention from the authorities or the community.

4.2 Main priorities identified

The priorities identified through field work and extensive consultations with Chin stakeholders concentrate on a number of specific areas related to social protection and vulnerable groups, education and health, which are summarized below and further unfolded in *Chapter 5: Proposed projects*. The categories were defined and agreed upon through participatory consultations with stakeholders in Chin State and have been used throughout the preparation of the LSP. There is an extended overlap and inter-connectedness between the rights and the sector specific problems and priorities, e.g. the right to education for all children.

4.2.1 Social protection and vulnerable groups

The main priority areas identified in relation to social protection and vulnerable groups are related to the acknowledgement and implementation of specific rights. For each of the vulnerable groups, specific problem areas are identified as priorities:

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| Children | <i>Right to an education.</i> Poor families face problems in sending their children to pre schools, because of lack of economic means or because of distance. It creates a perpetuation of socio-economic imbalance and leads to unequal chances in life. Enrollment statistics confirm limited access to post-primary and secondary education due to non-availability of schools and far commute distances. |
| | <i>Child Rights.</i> Child labour at road construction sites deserves attention, e.g. through standard tender procedures obeying ILO standards. There is little attention across Chin society to the problems related to child labour. |
| | <i>Poverty reduction.</i> Children are dependent on their families' social-economic situation and will benefit from programs targeting livelihood improvement, nutrition and food security. When overall household vulnerability is addressed, children may benefit in terms of better nutritional status, health and education. Vulnerable children – orphans, children with disabilities, children from households with many children or from single-parent families will need special attention. |
| Women and Gender Equality | <i>Women's rights.</i> In general, there is a low level of knowledge about gender equality, women's rights and legislation relevant to enforce these rights, hence a need for general dissemination of information and awareness raising with authorities and at community level. |
| | <i>Domestic and gender-based violence.</i> Specific attention is needed in relation to problems of domestic and gender based violence and human trafficking (including "parcel brides"), which is widely accepted and not recognized as problematic by formal and traditional authorities. |
| | <i>Women's public voice and decision-making.</i> Women's possibilities of raising voice are closely linked to economic empowerment, increased access to education and cultural norms. |
| PWDs | <i>Disability rights.</i> Awareness raising and dissemination on knowledge about PwDs' rights is necessary at all levels: with government institutions, schools, health centers and with the public in general. This will also include linkages between Social Welfare, Education and Health Departments. |
| | <i>Children with disabilities.</i> Focus on children with disabilities' right to education in preschools, schools and vocational training is required (inclusive education), as they have literally no access to education due to isolation and social stigmatization. |
| | <i>Awareness raising and capacity building.</i> Need for general awareness raising with the parents and communities, as well as with government officials in education, health and other institutions. Specific training of teachers in inclusive education. Need for focus on mental disability, visual impairment and blindness and not only physical disability. |
| | <i>Poverty reduction and social protection schemes.</i> Targeting households with PwDs can result in significant poverty reduction in areas with high rates of disability, hence a need to include disability as a parameter when identifying target households for economic development programs. These programs will need to specifically target PwDs with weak social safety networks. |
| Elderly persons | <i>Capacity building.</i> Staff at homes for elderly people is often unskilled and need specific training in care for elderly. This will also include staff and volunteers involved in home care schemes. |
| | <i>Awareness raising.</i> Focus on elderly people's specific needs in terms of health care and increased vulnerability. It is important to include age-related data in baseline surveys; include older persons in income generating activities; increase mobility and participation for disabled older persons, especially those without relatives; address gender-based vulnerability; and build and use social capital linked with older persons through self-help groups and support groups. |
| | <i>Community based elder care.</i> Support the initiatives started by HelpAge to reduce vulnerability and increase probability of sustaining a living in the village rather than being institutionalized. |
| Institutional setting | <i>Capacity building.</i> DSW staff, other government institutions and CSOs need capacity building on issues related to social protection, vulnerability and specific needs and rights of vulnerable groups. |
| | <i>Low budgets</i> and lack of budget transparency is a major problem, which requires attention if DSW is to play a proactive role in social protection initiatives. |
| | <i>CSO capacity.</i> Making use of CSOs' strengths in terms of implementation and resource mobilization capacity is important. Possibilities for providing matching funds should be explored. |

4.2.2 Priority areas for education services

The main problems in the education sector are related to preschool and to primary and secondary education at the township and village level. State-level intervention related to poor quality of teaching/ learning is actually pertained to Union-level intervention, generally covering all basic education levels. Due to the growing problem of (lower level) secondary dropouts in Chin State, priority should be given to the development of primary and post primary levels.

Problems encountered during extensive field research were mainly found in the lack of capacity and access to information as well as the lack of realization of children's rights to education. These findings lead to the development of the following recommendations:

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| Capacity building and improvement of access to information | <i>Quality of education.</i> Enhancement of teachers' instructional knowledge and teaching skills, including skills for development of improved teaching material to address issues of poor learning achievement at the primary level, and lower secondary level, to provide students with quality learning opportunities and to improve the overall quality of education. Coordination of different government and CSO education service initiatives and improved supervision of schools. |
| | <i>Exchange of information.</i> Establishment of a professional network of teachers to create exchange opportunities within and between the townships, as well as between States and Regions. Development of regular information and communication channels within and among schools; among teachers, students, disabled children / youth, parents; and between government, communities and CSOs. |
| | <i>Awareness raising</i> at community level and with government institutions on: a) Value of educating children; b) Expectation of learning achievement; c) Participation in school affairs of parents/ teachers/ students; d) Appropriate and effective utilization of the existing natural/ physical/ material resources inside and outside of the school/ classroom for the development of improved educational practices. |
| Children's right to education | <i>Pre-school education.</i> Establishment and/or extension of ECCD services in townships and villages and ECCD standards including the provision of playgrounds and playing material in schools. |
| | <i>Children with disabilities.</i> Establishment of (alternative and inclusive) learning opportunities for children and youth as well as disabled children and youths who are left behind to receive education services and information and communication opportunities. |
| | <i>Vernacular curriculum.</i> Integration of locally designed teaching curriculum in selected Chin languages for lower primary schools. |

4.2.3 Priority areas for the development of the health sector

The problems identified as having a negative impact on the health situation are often related to Chin State's economic situation and status of households. General livelihood problems, lack of employment and insufficient incomes as well as a poor harvest combined with a low level of awareness and knowledge of health issues influence the health standards of rural and urban households. For impact to be substantial on these - mainly economic – parameters, an integrated (holistic) approach is required, linking economic initiatives of employment generation, access to micro-credits and women's economic empowerment with livelihood initiatives in agriculture and agro-processing.

In the bigger picture, Chin State Government is recommended in future to prioritize the following issues related to the health sector: improvement of the nutrition status for vulnerable groups (children under 5 years of age, pregnant women and breastfeeding mothers); reproductive health, and the severe lack of qualified health staff at the village level. These priorities for development were identified among the following long-list of interrelated problems, which show a need for:

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| Nutrition | <i>Livelihood.</i> Improvement of livelihoods and improvement of nutrition through economic development (employment, agriculture, small enterprises) with specific focus on vulnerable groups (poor households with many children, PWDs, elderly people, women). |
| | <i>Child nutrition</i> with specific focus on awareness raising; parents' education programmes at township and village level; improved surveillance; targeted World Food Programme school feeding programs; and target the parents in the school catchment area with education and food production measures that involve agriculture, fish ponds and home food gardens. |
| Primary and reproductive health | <i>Reproductive health.</i> Improvement of the conditions for reproductive health services in villages, including access to family planning, ante-natal clinics and child birth facilities. Expansion of current maternal and child health projects to additional townships. |
| | <i>Communicable diseases.</i> Awareness raising and training on disease transmission and preventive measures (TB, HIV, malaria) at village level. Enhanced capacity of health staff in disease prevention and treatment. |
| | <i>Evacuation.</i> Provision of emergency transport from villages, possibly through a revolving loan fund administered by CSOs and overall improvement of access of population to health care facilities. |
| Human resources | <i>Shortage of primary health care staff.</i> Addressing the lack of primary health care staff at village and township levels, e.g. through trained barefoot health workers and birth attendants and a strengthening of the referral system. |

4.3 Resources available

Government and non-government actors in Chin State are currently the main contributors to social and economic development initiatives. The ongoing decentralization reform will influence the resource situation for government institutions at State, Township and local level, and the decentralized planning process will provide opportunities for vulnerable groups to contribute actively. In future, external actors – donors and investors – are also important resources for development,

4.3.1 Government institutions

Institutional weaknesses and sometimes the non-existence of government structures at the township and village level in Chin State need to be recognized also at Union level⁹⁷. Relevant government institutions for addressing social protection issues are the Chin State Governments different departments, primarily in the areas of Social Welfare, Education and Health, but also in the Finance and Planning Departments. The MWAf and MMCWA may play an important role in relation to women's access to public voice and decision-making for reproductive health, as well as children's rights and livelihood. At the township level, the same sector-specific institutions are the main actors, supported by the different committees, i.e. Township Management Committee with six Sub-Committees, Township Municipal Affairs Committee and Township Development Support Committee. At village tract and village level, the administrators are the main government representatives responsible for the implementation of government policies. The Development Committees and township/ village elders are institutions operating in the zone between government and civil society.

Chin State is somewhat disadvantaged in the new decentralized approach to planning and budgeting because, unlike the mineral rich states, it has very limited means of raising revenue within the State and is highly dependent on Union Government funding for its development and social sector budget. However, the Union Government recognizes the problem and provides additional funds to Chin State through grants such as the Poverty Reduction Fund.

Decentralization and the shifting of planning responsibility to the States and Townships is overall a positive move and will provide considerable governance and economic efficiency benefits. However, during the transition period,

⁹⁷ *State and Region Governments in Myanmar*, by Hamish Nixon et.al. The Asia Foundation and MDRI-CESD, September 2013.

considerable strain is being placed on Township and State administrations and external assistance will be needed to support the planning processes.

4.3.2 Civil society

Civil society organizations in Chin State are almost all based on or connected to the churches, albeit engaged in non-religious activities. As an example, the Baptist Church collects income tax corresponding to 10 % of members' earnings for social activities. Specific organizations for youth, women and disabled persons can be found in the state, but most CSOs are not yet formally registered, mainly as there have been delays and administrative bottlenecks in the registration procedures.

The insufficient availability of government resources calls for alternative solutions involving non-state actors, i.e. civil society organizations, private sector and local communities⁹⁸. Findings in the field have highlighted the lack of or severe weakness of social service delivery in the area of vulnerable groups, but to an alarming degree also in education and public health. Social services aimed at vulnerable groups are for the major part undertaken by church-based organizations. Especially the Baptist Church, but also the Roman-Catholic Church, other Christian communities and the Buddhist monasteries provide social services. The church-based social service mechanisms are strongest in Northern Chin, whereas the Buddhist monasteries also assume a share of the responsibility for social services and social protection mechanism in Southern Chin state. The Buddhist monasteries are especially active in education (boarding schools and orphanages).

The community-based social services and social protection mechanisms cover a very broad range from support to orphans, elderly people with no relatives, PWDs, scholarships for secondary school attendance, boarding facilities in towns/ villages for students from (nearby) villages, transportation to hospital, payment for medicine, and blood donor networks. The social services may be provided from well-established institutions like orphanages, homes for elders or pre-schools, but are in many cases also organized as home-based care, e.g. for PWDs and elderly people, who receive visits and food supplies. There is a high degree of volunteering involved, especially in the home-based care networks, whereas the institutions and organizations usually have (semi)professional people employed.

4.3.3 Private sector

The private sector counts mainly local private enterprises, but may in future also include external (foreign) investors engaged in economic development. There is potential in encouraging the private sector to implement CSR initiatives benefitting the social sector.

Interesting examples of resource mobilization involving the private sector were identified during field research. A guesthouse in Tedim Township allocated part of its revenue for running an orphanage in Sai Zang village. Posters at the guesthouse informed guests about the orphanage and underlined the need for such social services. Another guesthouse in Kanpetlet Township was closely linked to an initiative providing additional medicine to health centers with scarce supply of basic medicine, bandages and remedies for wound treatment, which tourists were encouraged to donate from their travel supply. Such examples of social responsibility may offer a sound basis for further initiatives. Chin National Front (CNF) is also providing mobile health services to selected communities.

4.3.4 External actors

External actors are international donor agencies and INGOs, as well as the Chin Diaspora⁹⁹. The resource mobilization capacity and the voluntary engagement in social service delivery are strong drivers for change. The voluntarism is a bearing element in the funding of social welfare and protection mechanisms. Resource mobilization takes place through the church networks and involves donations, collections, fund-raising events, as well as income-generating

⁹⁸ *A new approach to services*, by Heinrich Dahm, www.mmtimes.com (16.02.2014).

⁹⁹ Reference is made to Annex 10 Stakeholder Mapping, which provides a detailed account of social sector projects and programs by organizations and institutions in Chin State.

activities in production and commerce. There is a very strong link to the Chin Diaspora living in other Myanmar cities, as well as abroad, which sustains social activities and social services (often orphanages) in Chin State.

A number of INGOs already operate in Chin State, especially in health and agriculture, and they represent an important development resource. International and bilateral donor agencies may in future engage in financing initiatives under the LSP.

4.4 Implementation strategies

Specific implementation strategies for the LSP are based on a holistic approach to social protection, addressing social and economic vulnerability. They are closely linked with the overall development planning process in Chin State and reflect an integrated, coherent approach with a strong focus on poverty reduction and livelihood improvement, vulnerability mitigation and risk reduction.

Addressing social protection issues necessarily requires a cross-sectoral or integrated approach, where inter-linkage between related problems is addressed through a holistic approach. The LSP is designed as a component of the Chin State Comprehensive Development Plan which will feed into the National Comprehensive Strategic Development Plan. The Chief Minister of Chin State has indicated that the provisions contained in the LSP will be incorporated into the Chin State budget for 2015/2016 that will be submitted to the Union Government for funding in November 2014 and this process will become part of all subsequent annual sector budgets prepared in Chin State.

It must be emphasized that while the LSP focus on a number of specific social protection issues related to vulnerability, most factors of any economy influences social outcomes for the people involved. Any Social Plan needs to take into consideration the economic factors that affect people's lives and the services they can access within their communities. The economic and the social elements are inextricably intertwined. Most of the Chin people depend on agriculture for their livelihood, i.e. to provide for food, to cover health treatment costs, to send the children to school, and to create opportunities for a better life. Some of the reasons for the poor health status is the isolation from health services because the roads are very poor or do not exist. The planning process needs to be integrated and coordinated to ensure the State achieves balanced development, and therefore it will be vitally important that the current LSP is integrated fully into the State Government's Plans and Budget for 2016/2021.

For future years annual planning, the LSP should become an integral part of the process used to develop plans. It needs to be funded within the Government's annual budget. To the extent that additional donor funding becomes available it should be seen as being an addition to the Government's budget – not a replacement for it. The LSP must also incorporate the activities of NGOs and CBOs in a manner that produces coordinated and cost effective outcomes for the community. Any development initiatives should explore the potentials embedded in the non-state actors' relative strength and initiative. Implementation strategies revolve around these two main actors – government and civil society – and their respective capacities, strengths and weaknesses.

Specific strategic approaches for addressing social protection issues include the following principles:

Capacity building of government institutions is an important element in strengthening the existing dualism between state and non-state actors. Government institutions must in future be given the capacity to full fill their role as duty bearers in line with existing national legislation, strategies and policies, which requires technical skills and knowledge, planning skills, negotiation and cooperation competences, awareness on rights and availability of human resources, as well as adequate budgets.

Building upon existing civil society capacity should be encouraged and civil society initiatives should be further developed, drawing upon the existing experience in implementation of social programs. The interface between government institutions and civil society organizations is important, as CSOs should not substitute but supplement government responsibilities. Exploring the non-state actors' initiative without spoiling their integrity and drive for

resource mobilization is a delicate balance, where interface and complementarities should be the focus to avoid substituting or pacifying the existing initiatives.

Fund mobilization and management. There are various channels to fund mobilization for the implementation of the LSP: Government budgets, donor agencies, INGOs, private investor and CSOs. An overall budget for the costing of the LSP should include funds from various sources and be managed by the Chin State Government with the support from a joint coordination committee with participation from different stakeholders (government, donor agencies, and civil society).

Matching Fund mechanism. Securing that new initiatives and existing resource mobilization is developed and used as a platform could be achieved by establishing a mechanism for matching funds for implementation of social service activities. Funds from government and/or external donor agencies should be made available for CSOs to implement social service provision. Support mechanisms should build on local initiatives without substituting them and allowing for the government to assume its responsibility as the overall provider of social welfare services. A joint fund management mechanism should be established to secure transparent and fair procedures for application and management.

Private sector engagement in social service provision and resource mobilization should be further explored and given equal opportunity for applying for matching funds. Examples of guesthouses allocating part of the surplus for social protection initiatives have been identified and could be further developed and replicated.

Inclusion and Rights Based Approach. Addressing social protection mechanisms is based on fulfilment of specific rights of vulnerable groups. Awareness raising on rights is therefore pivotal to securing equal rights for vulnerable groups. Inclusion of vulnerable groups in mainstream development activities with the aim of building social capital rather than creating marginalization and dependence is a fundamental principle. In practical terms, this implies a proactive approach to social and economic vulnerability, aiming at prevention and risk management rather than solving problems after they occur. Providing poor families with livelihood options rather than sending orphans, PWDs and elderly persons to homes outside the village is an example of a pro-active measure rather than problem solving.

Gender equality. Promoting gender equality and equal access to social and economic development is an important key to a balanced development in all sectors. The achievement of gender equality can only be reached through the implementation of gender specific initiatives addressing cultural norms, including both women and men, albeit often with differentiated interventions to ensure equality in the end result. Economic empowerment is a focus area for women's access to equal rights. Interventions should include local as well as state level and use existing initiatives as vehicles for promoting gender equality and providing women with an active public voice.

Establishment of social accountability mechanisms. In the context of good governance and a rights based approach to social services, it is important to include CSOs and private sector not only in the service provision in development efforts, but also to pay attention to the need for social accountability mechanisms. It is their role to oversee and monitor the responsibility of public institutions to provide the legal and institutional frameworks for social services. CSOs can represent the voice of the population vis-à-vis the government. For social accountability mechanisms to function, mutually accepted spaces for dialogue must be established. Budget transparency and commonly agreed monitoring mechanisms must be in place and CSOs strengthened to assume this role.

5. Proposed projects

The project proposals which address the problems and priorities identified are the result of extensive consultation with stakeholders in Chin State. The proposals are based on a number of criteria: they address needs and key vulnerabilities identified; they are designed for state and township level implementation; and they reflect a rights-based approach to social protection. There is not necessarily a linear connection between needs identified and a specific project proposal, as these often address contextual problems and may have a multi-sector scope. Therefore

the immediate response for some problems is catered for under the overall Chin State Development Plan, e.g. initiatives related to improving nutrition, primary health care services, and economic development. In the following, project proposals are presented in the four main groups of: capacity building, children's rights, disability rights and women's rights.

The proposals are presented in a brief format which will facilitate the reading. Elaborate project proposal matrices are included in Volume II and include *Identification* with description of the thematic area, location, overall budget and time frame; *a project description* with objectives, activities and implementation arrangements; budget estimates and budget assumptions; *additional information* on alignment with Union policies and strategies and possible observations. Only estimates can be provided in these proposals which will need further elaboration before submission to potential donors.

5.1 Projects to increase institutional capacity

The following projects are proposed to address the problems identified on limited capacity and lack of technical knowledge in the area of social protection¹⁰⁰:

5.1.1 Capacity building of government and civil society on social protection and rights of vulnerable groups

The project is designed to ensure that key State Government Staff from the Department of Social Affairs, Department of Health and the Department of Education and their respective counterparts at township level have knowledge of the existing legislation, national strategies and policies related to social protection and rights of vulnerable groups. The project will include main civil society organizations (service providers) in the social welfare, health and education sectors. It would take the form of awareness training at the various levels of government, including the preparation and dissemination of key information in local languages. Activities will also entail the establishment of an institutional library to provide access to technical information and legal documents. The library will be available to the public and civil society groups concerned with vulnerable groups. The Chin State Legal Department is a key stakeholder and will be engaged in project implementation. The project will be implemented over a period of up to 3 years and the budget is estimated to be approximately **US\$ 350,000**.

5.1.2 Addressing the shortage of teachers for post-primary level classes by deploying mobile teaching teams

The Project is designed to first operate in 5 townships (Hakha, Thantlang, Tedim, Falam and Mindat) to address the low learning achievement of post primary students. The situation is caused by a serious shortage of teachers for Grades 6, 7 and 8 and the Project will address the problem by deploying mobile teaching teams to the schools facing a shortage of teachers. It will involve (1) the recruitment of 20 to 25 two-person teams, (2) their specialized training on pedagogic knowledge and skills and (3) the supply of transport to move the teams to their temporary placements. The affected schools will receive support for two academic terms each year. The benefits will be measured in terms of a positive impact on student learning achievement at both primary and post-primary levels, and as the long-term impact the positive effect on secondary schooling and completion. The Project will be implemented over 3-year period (initial) and the budget is estimated at a total of **US\$ 750,000**.

5.1.3 Improving low teaching and learning quality in Chin State

The Project is designed to improve the quality of teaching in all townships in order to improve educational outcomes and also support overall efforts to reduce the high drop-out rate in lower secondary level classes currently occurring from Chin schools (indirect impact). The project plans to re-train and improve the skills of about 900 primary and post-primary teachers. The focus will be on creating a culture of meaningful teaching and understanding as opposed to the current system of rote learning. The project will also support the

¹⁰⁰ Problems related to the shortage or lack of trained health staff (medical doctors) is not included, as the priority was set on primary health care service at village level.

development of school libraries. It will be implemented over a 3-5 year period and the approximate budget is **US\$ 900,000.**

5.2 Projects to meet the needs and protect the Rights of Children

5.2.1 Addressing the Problem of Low Quality of Early Childhood Capacity Development Programs and Limited Access to Pre-Schools in Chin State

The Project will focus on two townships (Mindat and Kanpetlet) for the expansion of the number of preschools. In terms of the quality of ECCD services the Project will convene an ECCD technical workshop at Union level to address the policy issues involved. It will prepare an improved syllabus and train newly recruited pre-school teachers in its application. Measure will be adopted to insure that pre-schooling become available to most children in the community – not just the children from better-off families. The project will be implemented over a period of 5 years and the budget is approximately **US\$ 900,000.**

5.2.2 Improving the learning efficiency of Chin children entering primary school without sufficient knowledge of Myanmar language - Chin language curriculum development

The Project is designed to operate state-wide and it aims to prepare a Chin Language curriculum to reintroduce national ethnic language learning in primary education. This will involve the collection of information and materials from the previously used Chin language curriculum and textbooks and a consultative process to update this and prepare a concrete curriculum and textbooks for each lower-primary school grade. It will also include the training of teachers in the application of the new syllabus and materials. Through this process Chin children are expected to better be able to learn in their first years of schooling and more easily make the transition to the use of Myanmar Language of learning in their post primary schooling. The Project is expected to be implemented over a period of 1 year and the budget is tentatively estimated at **US\$ 150,000.**

5.2.3 Improving children's and women's food rights and nutritional status

The Project will operate in all townships and focuses on improving the nutritional status of people in Chin State, in particular for children and women. This will be achieved through awareness raising campaigns in form of information bulletins on nutritional training material, setting annual nutrition targets, monitoring of nutritional status of children at all levels etc. It will also include a mapping exercise to document the nutritional status of communities throughout Chin State, which again should be used for future planning. Priority lists of communities under nutritional stress will allow for more focused agricultural and food for work interventions. Promotion of household food gardens, school feeding programs, training of health staff to provide nutrition sensitization programs for women's groups and Village Development Committees, as well as an early warning system for food shortages will also be activities in this project. The Project is expected to be implemented over a period of 5 years with an indicative total budget of **US\$ 500,000.**

5.3 Projects to meet the needs and support the Rights of Persons with Disabilities

5.3.1 Increasing access of children with disabilities to primary education

The Project will initially operate in three townships with a high prevalence of children with disabilities. It will involve the collection of accurate data on the number of children and youths with disabilities in each township that do not have access to appropriate educational facilities. It will commission the preparation of a NFPE Disabled course/curriculum and the recruitment of mobile course instructors and identify CSO/NGO implementing partners. It will then train the instructors and implementing partners and identify an appropriate learning place in which to conduct the training programs. The project will be implemented over a period of 3-5 years and the indicative budget is **US\$ 750,000.**

5.3.2 Advocacy and dissemination of information on disability rights

The Project will be implemented in Thantlang Township and three additional townships to be identified during Inception Phase. It is designed to strengthen the Chin Disabled Organization with a view to improving the situation of persons with disabilities and disseminating information to government and the community at the state, township and village levels on their rights. Having provided assistance to the CDO in Thantlang Township, the Project will then support the development and registration of CDOs in additional three townships. The Project will be implemented over a period of 2 years and the tentative budget is **US\$ 350,000**.

5.4 Projects to Support the Rights of Women**5.4.1 Improvement of women's access to reproductive health and rights**

The Project will be implemented in three townships (Mindat, Matupi and Kanpetlet) and involve: training of Staff of the Department of Health; community awareness programs; increased knowledge on sexual and reproductive rights of women (choice of number of children and participation in family decision-making); and, the dissemination of information on family planning, birth spacing, HIV transmission etc. It will also include providing information to the community about child health, vaccination and the causes and prevention of early child deaths. The Project will be implemented over a period of 2 years and the tentative budget is **US\$ 620,000**.

5.4.2 Improvement of women's social status and realization of women's/ human rights: Para-legal advisory training for women

The Project is designed to increase women's understanding of the law and how it impacts on their lives and their rights. It will focus on legal training of a group of women so that they can participate in legal processes and also support women whose rights may be under threat. Through its implementation it is hoped to promote greater gender equality. The Project will include: providing legal education and professional training of women; creating a network of legally trained women, female judges, and para-legal advisors; establishing legal support service centres in each township; and the conducting of information and communication campaigns on women's rights. The Project will be implemented over a 2-year period and the tentative budget estimate is **US\$ 215,000**.

5.4.3 Institutional strengthening of women's organizations – Support to Chin Women's organizations network

The Project will cover all townships and is designed to support a sustainable organizational structure that is dedicated to promoting and protecting women's rights. Networks already exist, but are weak. It is important to build on existing initiatives to ensure sustainability. Main activities will include the institutional development of the Chin Women's Organization Network (CWON), including bi-monthly meetings facilitated by Gender Equality Initiative (GEI); and organizational and strategic development, action plan development, staff development, establishment of performance and outcome indicators. The project should aim at organizing a Chin Women's Network Conference by November 2015. The project will also include formation of a women's association in each township and at state level; and introduction of a quota system to secure at least one position for women in each Township Development Committee - this person will be elected by the members of the Women's association in each township and at state level. The Project will be implemented over a period of one year at an estimated cost of **US\$ 85,000**.

5.4.4 Promoting gender equality by strengthening women's role in community development and public decision-making

The pilot Project will be implemented in Tedim Township and will involve the training of women to take an equal place alongside men in the decision making process. It will also include human rights and political awareness training for women; a school essay competition and talent show under the title of "Women and Leadership"; vocational and life skills training for women; Training of Trainers (TOT) in accounting, finances,

management, legal affairs, leadership and advocacy topics; and a state wide conference on Women's Empowerment and Customary Law. The project will result in women having gained positions in public decision-making and in community development; and raised awareness on gender equality and improved understanding of women's rights. The project will be implemented over a period of one year at an estimated cost of **US\$ 65,000.**

5.5 Projects to address priority areas for development of the health sector

5.5.1 Addressing technical manpower shortages in rural health sector through greater use of trained volunteers

The project will provide increased health care coverage in rural areas that are currently adversely affected by severe shortage of professionally trained health staff. It will involve the training, equipping and deployment of locally based volunteer Community Health Workers (CHWs) and Auxiliary Midwives (AMWs). They will be supervised by the Department of Health at Township level and would be accountable to the village leadership through the Village Development Committee. The community will be expected to contribute to the cost of training and the ongoing cost of operation of the services. The project will be implemented over a period of 5 years at an estimated cost of **US\$ 1,575 million.**

5.5.2 Increased support for preventing priority communicable diseases

The project will support an intensive program of childhood vaccination, implemented by mobile vaccination teams. It will also support programs to diagnose and treat TB, Hepatitis C and HIV and the distribution of treated mosquito nets to assist in controlling the spread of malaria. The project will be implemented over a period of three years at an estimated cost of **US\$ 1,030 million.**

5.6 Expected outcome and main assumptions

The LSP addresses the main problems identified by means of engaging the relevant and available resources and applying specific strategies as described above. The practical implementation is concretized in a number of project proposals discussed above. Each project has specific objectives, activities and expected outcomes. The sum of these will represent a comprehensive response to the multiple problems identified and lead to changes in terms of the following expected outcomes:

| | |
|--------------------------|---|
| Capacity building | <ul style="list-style-type: none"> • Increased knowledge and awareness of vulnerable groups' rights • Improved learning achievements at primary and post primary level through deployment of mobile teaching teams • Increased teaching and learning quality in schools across chin state |
| Children's rights | <ul style="list-style-type: none"> • Children with improved learning at primary school level obtained through better understanding of subjects (Chin language curriculum) • Nutritional status for children and women improved • Poor children and children in remote villages have access to pre-school education • Uniform ECCD standards applied in all preschools |
| Disability rights | <ul style="list-style-type: none"> • Improved understanding in Chin society about the rights of PWD • Social protection schemes for PWDs and elderly persons established • Disabled children with access to education and vocational training |
| Women's rights | <ul style="list-style-type: none"> • Reproductive health services reinforced through staff training and extension of services • Women's access to justice and decision-making improved • Women's conference in Chin State realized • Awareness on gender equality improved |
| Health | <ul style="list-style-type: none"> • Improved conditions for health services in remote areas through trained volunteers • Awareness on disease transmission and preventive measures improved • Increased support to disease prevention programs like Malaria, TB, HIV etc through mobile vaccination schemes, improved conditions for diagnosis and mosquito net distribution |

For a successful implementation of a Local Social Plan in Chin State, the following preliminary assumptions have been identified:

- On-going peace and reform process continues
- 2015 elections are carried out in a peaceful manner
- Funds from Union Government and external donors are available and timely disbursed
- The Chin government is willing to collaborate and provide counterpart funds and necessary human resources
- CSOs are officially recognized and registered to operate freely
- The LSP becomes an integral part of the Chin State Comprehensive Development Plan.