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Exploratory Report on Social Protection Community-Based Delivery Mechanisms in Mon State / Bakker, Felice ; Tessier, Lou ; International Labour Office ; ILO Liaison Office for Myanmar. – Yangon: ILO, 2015

ISBN 978-92-2-130670-2 (web pdf)

International Labour Office; ILO Liaison Office for Myanmar

Social protection / community-based social protection / social protection delivery / ethnic health and education schemes / poverty alleviation / Myanmar

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Exploratory Report on Social Protection Community-Based Delivery Mechanisms in Mon State

Report prepared by Felice Bakker in collaboration with Lou Tessier

The research process benefited from support by Kyaw Khaing Win and Thein Than Htay

ILO Liaison Office in Myanmar

Acknowledgement

The authors thank all the organizations that were involved in the process:

- CSOs and Mawlamyine community groups:
 - o Bright Future
 - o Community Home-Based Care
 - o HelpAge International / The national Young Women's Christian Association of Myanmar (YWCA)
 - o Home for the Aged Tuangwine
 - o Jeephyia Civil Society Development Organization (JCSDO)
 - o Mon Cetana Development Foundation (MCDF)
 - o Mon National Education Committee (MNEC)
 - o Mon National Health Committee (MNHC)
 - o Mon State Civil Society Network
 - o Mon State Women and Children Upgrade Conduct Team (MWCUC)
 - o Mon Women's Organization (MWO)
 - o Mon Youth Education Organization (MYEO)
 - o Mon Youth Progressive Organization (MYPO)
 - o Myanmar Red Cross Society Mawlamyine
 - o Myat Satanar Mon
 - o Myatta Sone See
 - o Myit Myittar Hlaing
 - o Nai Shwe Kyin Foundation
 - o Nway Htway Taw Yin Kwin
 - o Phyu Sin Myitta / Care International
 - o Remonhya Peace Foundation (RPF)
 - o Setana Funeral Group
 - o Sit Ke Kone Community Group
 - o Sit Ke Kone Funeral Group
 - o Taxi Youth
- Community groups in Kaw Meet Village:
 - o Funeral Group
 - o Youth Group
 - o Firefighter Group
 - o Women's Group
 - o Village administration group
- Community groups in Nyaung Gone Village:
 - o Funeral Group
 - o Funeral Group
 - o Women's Group

The author values the constant support from Piyamal Pichaiwongse, ILO Liaison Officer, a.i.

Authors are however solely responsible for the content of this report.

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Executive summary

The aim of the exploratory report is to document community-based social protection and draw lessons on their role in the extension of social protection and their potential for scale-up and integration into wider delivery frameworks. The report identifies and provides an overview of the delivery mechanisms of community-based social protection schemes in Mon State, with particular attention to health services, education, revolving funds and funeral funds.

The Assessment-Based National Dialogue (ABND) process facilitated by the International Labour Organization (ILO) with other members of the UN Country Team between 2014 and 2015, identified key recommendations to achieve a social protection floor in Myanmar.¹ The National Social Protection Strategic Plan adopted by the government in December 2014 selected eight flagship programmes from the ABND to be gradually implemented in Myanmar. Still, implementation arrangements remain to be defined for the effective delivery of those national social protection programmes. Indeed, social ministries and government services in general have limited field presence, especially in geographical ethnic areas that are administered autonomously. In this perspective, existing social protection community-based delivery mechanisms can be examined to identify the possible future linkages for service delivery.

Mon State was chosen for this exploratory study for numerous reasons. The situation in Mon State has been pacified since the 2012 peace agreement between the New Mon State Party (NMSP) and the Thein Sein government. NMSP is the principal Ethnic Armed Organization (EAO) representing the Mon people and was formed in 1958 out of existing Mon nationalist armed resistance movements. In 1995, the NMSP signed a ceasefire with Myanmar's military government, which covered the period 1995-2012. NMSP has been providing services to Mon communities since the 1958 when Mon National Health Committee (MNHC) was established, due to lacking government services in non-controlled areas and barriers to delivery, representing a core element of their relations with communities. NMSP also linked with organizations providing community services in the areas of education, health, skills, youth empowerment, community affairs, water and sanitation, relief, etc. Additionally, the ILO has active projects in Mon state allowing for synergies and as well as access to their programme materials and findings.

A valuable partnership could be built over time between the central government, regional administration and the existing community-based social protection mechanisms on the ground. Indeed, the government has limited field presence and a lack of social services in some areas, while it has the ambition to extend social protection to all through national programmes adopted in its NSPSP and other documents such as the *Vision for Universal Health Coverage*. At the same time, CSOs and community groups have all sited as their primary challenge financial sustainability and instability of funds, while their main success is the trust and effective delivery channels they built with communities. Each party has an answer for the challenges encountered by the other, but the discussions on this topic are not yet happening considering the environment of mistrust inherited from decades of conflict. Creating the conditions for community groups to link to a wider framework of social protection delivery would involve integrating social policies as a discussion topic in the peace process, creating an enabling environment and facilitating partnerships for delivery.

Though the road ahead is long to get to an integrated national social protection system that is effectively delivered on the ground and trusted by communities, the present paper lays out options to start building this process. While following those options, it is necessary that all steps be participatory in a way that gives a voice to community-based organizations on the ground and value their knowledge and experience.

¹ For more information on the ABND process, please visit myanmar.social-protection.org.

Abbreviations

ABND	Assessment-Based National Dialogue
CBO	Community-Based Organization
CSO	Community-Service Organization
EAO	Ethnic Armed Organization
EC	Executive Committee
GAD	General Administration Department
ILO	International Labour Organization
INGO	International Non-Governmental Organization
MCDF	Mon Cetana Development Foundation
MNHC	Mon National Health Committee
MNEC	Mon National Education Committee
MNS	Mon National Schools
MPSI	Myanmar Peace Support Initiative
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NGO	Non-Governmental Organization
NMSP	New Mon State Party
OPSHG	Older People Self-Help Group
UN	United Nations

1. Introduction

The aim of the exploratory report is to document community-based social protection and draw lessons on their role in the extension of social protection and their potential for scale-up and integration into wider delivery frameworks. The report identifies and provides an overview of the delivery mechanisms of community-based social protection schemes in Mon State, with particular attention to health services, education, revolving funds and funeral funds.

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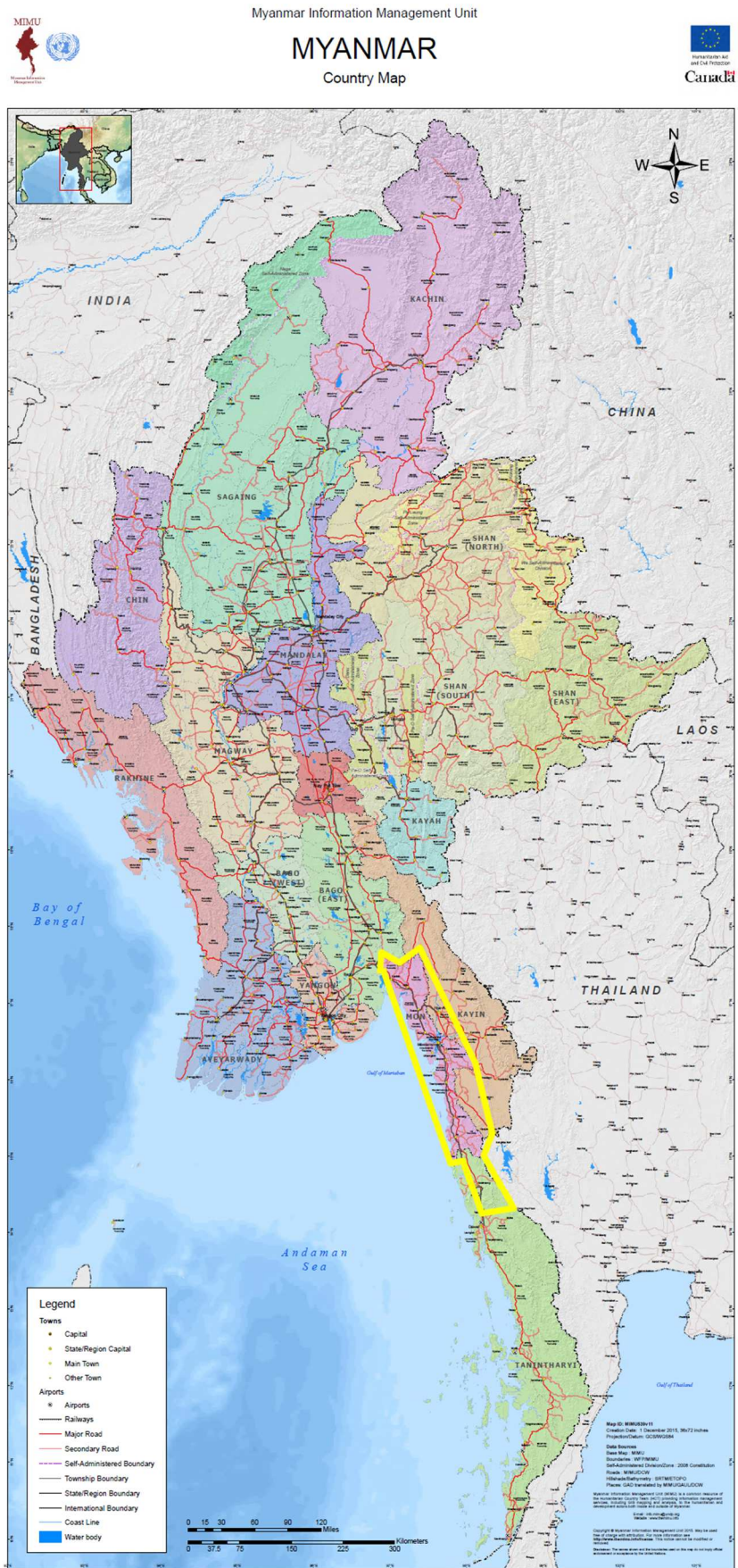
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Throughout the report a distinction is made between community groups and CSOs, as they often differ in their focus, organizational structure and size, but most importantly in their funding sources. However, both work at the community level and aim at bringing about a desired improvement in the social well-being of individuals. A group represents community members (volunteers) who come together on a particular issue, with most of their funding through community donations and membership fees, while focusing on their particular community. Whereas, CSOs usually address various issues in numerous communities mainly through capacity building activities, generally funded indirectly through international donors. They may have members at the community level (volunteers) to support their activities but will have several paid staff to lead activities from their head office.

Although the initial focus of the report, as well as the interviews conducted, has been Mon State, the main findings apply to Mon Region. Mon Region spans Mon State, Kayin State and Tanintharyi Region, all areas where Mon people live. The activities of Mon CSOs focus on all Mon people, spanning across these three States/Regions.

² For more information on the ABND process, please visit myanmar.social-protection.org.

Figure 1. Map of Myanmar highlighting Mon Area



2. Methodology

The exploratory report was developed through a desk review of existing literature document community-based social protection in Mon State, two consultation workshops and 24 bilateral interviews with CSOs and community groups.³ The first step consisted of a desk review of relevant literature on the subject of the results with existing technical cooperation projects in the region. The first coordination workshop was held in Mawlamyine on October 13-14th 2015, with representatives from 25 CSOs active in the region and Mawlamyine community groups. The workshop identified current community-based social protection services, as well as their success, challenges and some first recommendations to improve the situation. Initial in-depth bilateral interviews were held in October with 15 CSOs to further understand the existing programmes, their challenges and gaps. Further in-depth interviews were held in November with ten community groups in Malwamyine and two nearby villages, representing NMSP controlled-areas and government-controlled areas. A final workshop was held in Mawlamayine on December 15th to validate the research findings with the CSO and Mawlamyine community group representatives consulted during the first workshop.

The CSOs interviewed for the report do not constitute all CSOs active in Mon State, but instead are a representative sample. Neither are the ten in-depth interviews with community groups representative of all active community groups currently providing a service.

3. Overview of Existing community-based social protection

Most community groups interviewed were formally established two to three years ago. Although traditional groups have existed for generations, they were reported to disappear quickly as they lacked organizational structure and funding. The formal establishment of these groups was made possible through better transportation and communication between villages. Through these new channels, awareness of the services provided by other groups was raised and activities were replicated. Ultimately, groups with membership systems and a reliable/stable volunteer base were established.

Since 2011, both government policy and new laws have increased the political space for civil society, and CSOs have also benefitted from increased funding from Western governments and organizations. Although Community-Based Organizations (CBOs) and civil society have been active for generations, in the aftermath of Cyclone Nargis, civil society networks got more organized and greatly expanded to help survivors (Myanmar Centre for Responsible Business, 2014). A key recent development relating to CSOs was the enactment of the 'Law Relating to the Registration of Organizations', in July 2014 by parliament (repealing previous laws requiring permission to operate or face penalties).⁴ It sets out the requirements for the registration of both Myanmar and international organizations. Additionally, in December 2011 the Parliament enacted the Law Relating to Peaceful Assembly and Peaceful Procession, which permits peaceful assembly for the first time in several decades. However, prior permission from the government (in this case the Township Police) is still required for an assembly/procession of more than one person and the requirements for seeking such permission may be onerous for some.

³ See Annex for a list of organizations and community groups consulted.

⁴ Prior to the 2014 'Law Relating to the Registration of Organizations', the 1988 version required registration and if they did not register, members could be penalized under the provisions of the 1908 Unlawful Associations Act. Seen as a development for CSO's, the new law does not mention any penalties for Myanmar organizations which do not register under the provisions of this law.

As mentioned previously, groups at the community level tend to have one focus for their activities. It may be on a particular age (eg. youth groups) or on a particular service (eg. funeral groups). Villages will vary in the number of active groups but most have at least four to six groups. CSOs can also be focused on a particular age group (eg. youth groups) and groups with a particular focus but the type of activities and number of activities will be much larger.

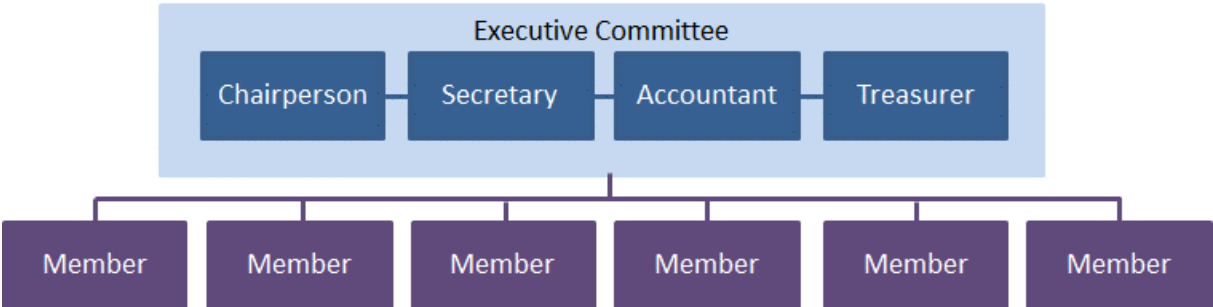
Figure 2. Overview of Activities

Health	<ul style="list-style-type: none"> • Basic health services provided to people living in Mon areas by Mon National Health Committee as well to vulnerable people by CSOs.
Education	<ul style="list-style-type: none"> • Mon National Education Committee provides education to Mon children in Mon National Schools and in Mixed schools.
Educational support	<ul style="list-style-type: none"> • School grants for vulnerable children. • Prize money for exceptional children at school.
Capacity building	<ul style="list-style-type: none"> • Training provided on topics such as women empowerment, voter education, rule of law, management, gender equality, human rights, organizational development, etc. to Mon People.
Loans and Savings	<ul style="list-style-type: none"> • Provide loans at a low interest rate (or at no interest) to members. • Require members to put savings with the organization to retrieve after some time.
Funeral services	<ul style="list-style-type: none"> • All aspects of the funeral process are provided by different groups, including removal, transportation, cremation, tent and chairs for celebrations, etc.
Elderly support	<ul style="list-style-type: none"> • Basic home care support provided to vulnerable elderly.
Infrastructure	<ul style="list-style-type: none"> • Upgrading of infrastructure of Mon National Education Committee (MNEC) schools and Government schools.

4. Governance

In most cases for both community groups and CSOs, there is an Executive Committee (EC) consisting of a chairperson, secretary, treasurer and accountant to make every-day decisions. The committee members are generally elected during annual meetings, which also provides an opportunity for general members to contribute their thoughts to the operations, activities, and vision of the organization/group. However, the size of the EC can range from three to 25 members and elections can be held ranging from every one year to every five years. Very rarely, the EC members appointed would only be replaced if one member chooses to leave. General members are required to contribute to the activities of the group and finance the group through donations or membership fees, as well as attend monthly/annual meetings. In some cases, most commonly in smaller community groups, there are no general members and activities are solely run by the EC.

Figure 3. Organizational Structures

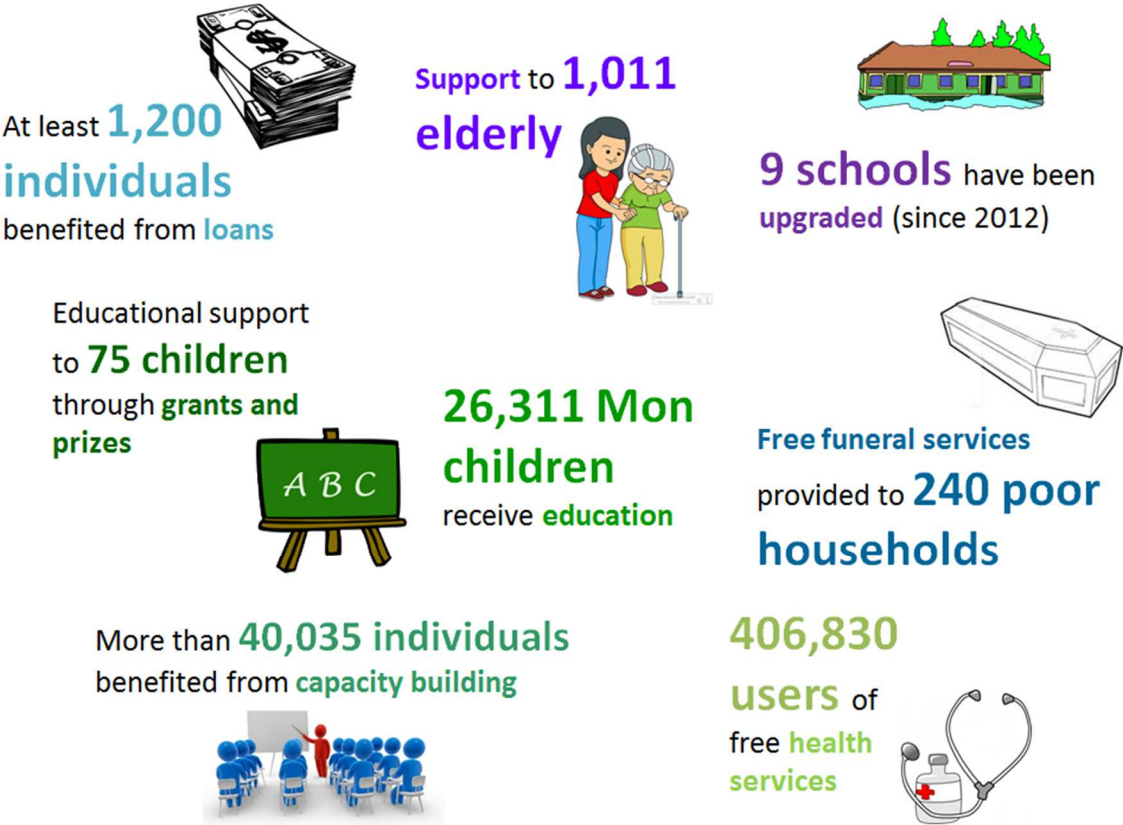


The organizational structure of CSOs tends to be more defined and roles more detailed. There are various levels of hierarchy responsible for implementation and policy making and the organizational structure may also include an advisory group (for groups with an advisory committee, monks often play this role). There are project management teams who are responsible for activities with coordinators to lead the decision-making.

From now on, the term member is loosely applied and will refer to both general members and EC members.

5. Coverage

Figure 4. Coverage of activities in 2014-15 for interviewed CSOs and community groups



Training is provided by both community groups and CSOs and more than 40,000 individuals have been trained by interviewed organizations in 2014-15 in both NMSP-controlled and government-controlled areas.⁵ However, the number of training provided was said to be much higher than other years due to the lead up to the November 2015 elections. Mon National Health Committee (MNHC) clinics and Mon National Education Committee (MNEC) schools are mostly responsible for the large figures on health services and education, with 26,311 children in Mon National Schools (MNS) (including Mixed Schools) and approximately 100 users of MNHC clinics and 100 users of MNHC hospitals per day. The schools and health clinics are also located in both NMSP-controlled and Government-controlled areas of Mon Region. MNHC (since 1958) and MNEC (since 1972) were set-up in response to the lack of services available, while NMSP was fighting against the government. The

⁵ This does not take into account the number of individuals who have received more than one training.

organization, which later formed MNEC and Mon National Education Department (MNED), set-up schools to ensure children in areas governed by NMSP could gain an education and promote Mon language, history, and culture (Jolliffe, 2014).

For community groups, coverage is generally the entire community or an age group within the community (eg. the youth aged 16-35), as all have access to the service and benefit, and the number of members will vary depending on the size of the community. This is particularly true for the groups providing training available to the entire community; however exact figures are not available due to minimal record-keeping.

5.1 Benefit Level

Depending on the service or benefit provided, different levels are covered and recipients may have to make their own contributions.

For health services provided, basic check-ups and medicine are free of charge, as long as supplies last. For more in-depth investigations and procedures, patients are referred to the nearest hospital (government or MNHC) at their own expense. Whereas, for educational costs, school is indeed free at MNS but costs are incurred for uniforms and meals. School support grants provided by community groups and CSOs varied in their level of support some providing enough to cover all school-related costs (uniforms, tutoring and food) whilst others made a small contribution (10,000 Kyats out of the expected 50,000 Kyats annual school-related costs)⁶.

In terms of capacity building activities, regardless of their length, if it is hosted at the headquarters of the CSO, the transportation, housing and food costs are covered. If held at the community level, lunch is provided by the CSO. If there is no donor funding to cover the costs of the training, communities will need to pay for it. However, for capacity building training provided by the groups in communities (by individuals who have often received the training from CSOs), these are free of charge and no community contributions are made.

For funeral services, generally the entire cost of the service is covered only for poor households. Wealthier households are expected to cover the costs as well as make a small contribution to the group. Funeral services do not provide the services for the entire funeral process, rather they provide one part of the service (eg. cleaning the corpse, transporting the corpse, the funeral ceremony, etc.). They have their own means of financing their services and all vary slightly. Only in one funeral group, donations were collected from members, who will all benefit from the free service (ie. not only the poor).

5.2 Facilities

MNEC and MNHC have their own facilities for schools and health clinics/hospitals. Their structures are often simplistic, located in remote areas, and clinics/hospitals may be located within a house. The state of the buildings is basic, consisting of wooden huts or in some cases brick walls. In one case, high school classrooms had a roof and two walls but funding was lacking for the remaining walls. The clinics are supplied with equipment to undertake simple out-patient procedures and the hospital can undertake simple in-patient procedures. Whilst, MNS are said to be provided with school supplies, this is often reliant on donor funding.

Box 1. Mon National Education Committee

The Mon National Education Committee (MNEC) provides a free education service (grade one to 11) to all children in Mon Region. 11,673 children are educated in Mon National Schools (MNS) as well as 14,638 students in Mixed Schools. There are currently 136 MNS, including 117 primary schools, 16

⁶ The currency conversion at the time of this report is 1,292 Kyats = 1 US\$ (December, 2015).

middle schools and three high schools, staffed by 608 teachers in 11 Townships. All levels are taught the government curriculum and at the primary level, the language of instruction is Mon, whereas the language of instruction is Myanmar in secondary schools while providing Mon language and Mon history class.

Mixed schools are government schools where Mon language and Mon history are taught during or after school. MNEC also trains, pays and provides curriculum for 154 teachers at Mixed Schools, who teach Mon language and Mon history to 14,638 students at 95 schools (86 primary schools, three middle schools and six high schools). These Mon teachers receive 500 Kyats per hour from the Government, which is topped up by MNEC. The services provided by mixed schools are not an official agreement but are the result of collaboration between local authorities, Mon teachers and Head teachers.

MNS is free of charge for students, and books and stationary are provided; the only costs to children are their uniforms and meals. To top-up the salary of the teachers, schools can undertake fundraising activities or ask parents to make monthly (2,000-5,000 kyats) or annual (around 20,000 kyats) contributions. However, these activities are at the discretion of the school. Teachers' base salary is 20,000 Kyats of which 7,000 Kyats derives from MNEC and 13,000 Kyats from donors. MNEC itself receives its support from numerous international donors, who fund certain aspects, such as operational costs, school supplies or teachers stipends.

New teachers receive a pre-service teacher training for two months or may receive an in-service teacher training which lasts two to three weeks.

Box 2. Mon National Health Committee

The Mon National Health Committee (MNHC) provides free health services to people living in the Mon Region (in NMSP and government-controlled areas), through 11 hospitals and 30 clinics. The hospitals are predominantly located in the border areas whilst the clinics in district areas. Hospitals are able to provide in-patient and out-patient care and undertake basic blood tests for Malaria, HIV, Hepatitis B and C, and Tuberculosis. Hospital sizes range from 8 beds to 16 beds, with the main hospital in Khalokani near the NMSP headquarters and Thai border. Clinics are staffed by at least one medic and are to provide out-patient care and basic medicine. For complicated procedures (not possible to undergo at MNHC hospitals), patients are sent to the Kwai River Christian Hospital in Thailand funded by the International Rescue Committee. The number of beneficiaries depends on the International Rescue Committee (IRC) budget, but covers approximately 20 patients per month.

The 124 (predominantly female) medics participate in an 8-month basic medical training course with practical and theoretical components. They are paid approximately 30,000 Kyats per month and must commit to a period of 5 years of service. Interested persons submit an application to the NMSP district office and applicants must undertake a placement test for English, Mon and Mathematics.

MNHC hospitals and clinics are funded by NGOs such as the International Rescue Committee with no community contributions. Although basic medicine is free for beneficiaries, some treatments were only available if donated by an NGO, such as worm tablets and eye drops for children. Generally, clinics are stocked with a thermometer, stethoscope, weighing scale, dressing for injuries, and medicine such as antibiotics, paracetamol, vitamins, malaria pills and pills for hypertension. Clinics reported receiving medicine and materials twice per year from the MNHC headquarters and if it was exhausted earlier, they would require patients to purchase it.

6. Identification and selection of beneficiaries

The most common form of identification and selection is self-selection to become a member of a CSO or group and benefit from their services. In terms of donations, at the community level, households are required to make donations to all groups, regardless of their contributions through membership fees.

6.1 Self-selection (application process)

Members self-select to become part of groups or CSOs when they meet the criteria, in most cases this is age (eg. youth groups for ages 16-35) or sex, and have a willingness to volunteer their time.

For most community groups, services are available to all households in the community regardless of whether they are member or not. An application process is only required in the case of applying for loans which is then reviewed by the EC, and does not require joining the group (which involves paying membership fees and assisting with activities). Only in a few cases was membership limited and will new members only be accepted once a member exits the group. In this case, the services were also only available to its members.

For CSOs, generally membership refers to volunteers who donate their time to the activities of the organization and pay a membership fee. It is common that this involves an application process and an interview, and in some cases food and accommodation is provided to volunteers in return.

6.2 Community-selection

In the case of training provided by CSOs at the community level, the community may be involved in the selection process. Most often this is the case when the community has requested the training, and the community leaders/village administrative committee and village elders determine who can participate. Participants who are passionate about this topic and who make active contributions to the community are most likely to be selected. In these cases, communities may need to fund the training themselves as this may not be part of the donor-funded programme. The training may also be open to all those interested within the community and the CSO will announce the training via their community liaison.

The community group (i.e. youth, women, etc.) or CSOs may also select the participants to attend training. In this case, training is provided to a smaller number (approximately 15 to 35 participants), most likely held in the headquarters of the CSO for an extended period (one to ten months). This will involve an application process which states the applicant's motivation and/or the CSO will select individuals based on the community group's recommendations. In particular for youth groups, CSOs generally have members at the community-level who are also part of the community youth group and who will liaise between the community, group members and the CSO to facilitate trainings at the community level. Additionally, for training held outside the community, these members will, with the assistance of the group, select individuals for training.

6.3 Means-test

Beneficiaries may also be selected through means-testing. In the case of funeral funds, the service is free only for the poor. The poor are identified by the structure of their home, and a household is considered poor if their house has wooden walls, whilst wealthier households have brick walls. In one village, migrant workers were identified to generally be poor with little familial support and predominantly benefit from the free funeral services. In urban areas, funeral funds have focal persons responsible for a specific geographical areas and who are able to identify the poor/vulnerable households. In the case of Homes for the Aged, the eligible elderly are selected based on their vulnerability, rather than on poverty only.

Box 3. Older People Self-Help Group (OPSHG) poverty assessment

Older People Self-Help Group (OPSHGs) are community-based assistance group providing in-kind and in-cash transfer and services by volunteers to elderly and their families set up by HelpAge International. The objective is to improve livelihoods, income security, care and social cohesion. Each village has one OPSHG committee, consisting of elderly people, who are provided with a fund to finance activities. In the 10 villages in Mon State, the grants ranged between 1,600,000 and 5,900,000 Kyats. The grant size is determined by the number of poor people in the village and a livelihood ranking is undertaken. Households are ranked according to the condition of the house; number of farm animals; land ownership; garden ownership; vehicles and electrical appliances; monetary income; number of working people in the household; gold jewellery ownership; number of people outside the household providing support; and long-term sick people in the household. Households are then determined as level 1 (most in need), level 2 (in need), level 3 (middle), and level 4 (rich). The committee then receives approximately 100,000 Kyats per person who is ranked level 1 and 2.

7. Funding

The funding for CSO and group activities are usually an aggregate from different sources. No group or organization is solely reliable on one source of funding; rather they are dependent on multiple sources. The largest proportion of funding for CSOs originates from international donor funding topped up with resources from various sources, whereas, the majority of funding for groups originates from membership fees and community contributions. On numerous occasions, the management of both CSOs and groups expressed providing their own money to cover costs of activities if necessary.

Many CSOs have bank accounts to store their funds. To open an account under the name of the CSO, it must be registered, alternatively, a personal bank account is opened by two to three EC members. Rather, for groups, the level of funding is much smaller than that of CSOs and the money is stored at an EC member's house, most often the treasurer or chairperson. Also, access to the banking system is limited in rural areas. Available funds are quite minimal ranging from 15,000-200,000 Kyats as contributions are collected for specific activities (spent almost immediately) and membership fees and profits from other income-generating activities are small. Some groups have set up small micro-finance loan programmes as a means not to store large sums of money at home as well as to make a small profit through interest rates.

7.1 Government funding

Generally, in Myanmar, government spending on social policies is low, especially on social assistance, and most of the budget is allocated to government-owned basic social services (i.e. health and education). A small part of the budget is allocated to small-scale assistance programmes, including school stipends and school grants and programmes targeted at specific vulnerable groups and coverage is still limited (Tessier, 2015).

Government funding to CSOs for social services delivery is limited, and only a few mechanisms are in place for effective delegation of service / programme delivery. Homes for the Aged were identified as receiving government funding, although limited, making a contribution to the overall administrative costs of homes. This mechanism is described below. It could be evaluated and extended to other services, as it is a form of delegation of service provision that allows the government to benefit from the CSOs' contact and trust relationship with the intended beneficiaries on the ground.

Box 4. Homes for the Aged

All Homes for the Aged are established by private donors and some receive financial support from the Ministry of Social Welfare, Relief and Resettlement (MSWRR). The exact number of homes for elderly which do not receive MSWRR support is not available, neither is evidence on the reason for not being eligible/not applying. Currently, there are 75 homes nationwide supported by MSWRR covering 2,586 elderly consisting of 1,752 females and 834 males. The homes generally provide meals 3-4 times per day, medical check-ups at least once per month and a place to sleep.

Eligible elderly must:

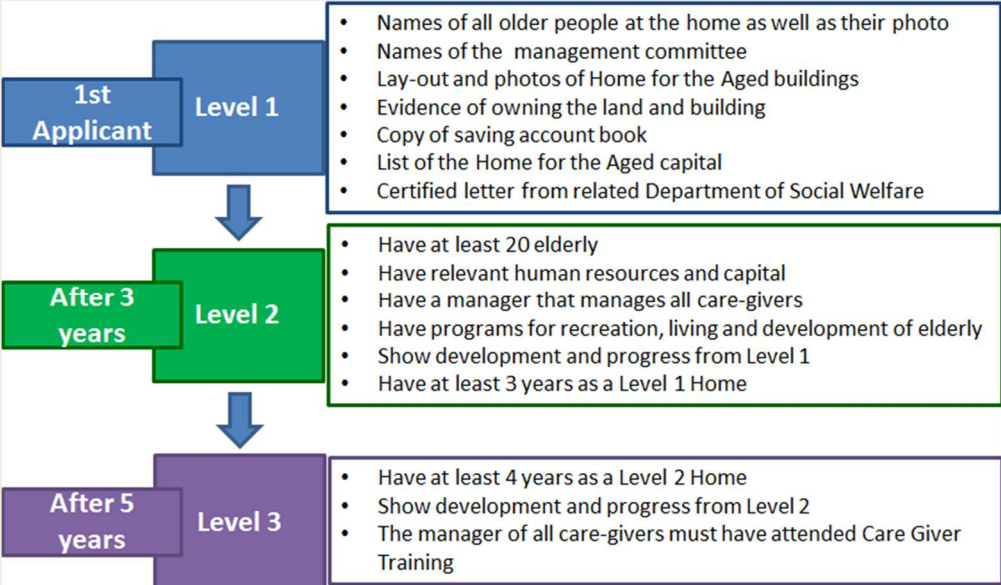
- Be above the age of 65 or 70;
- Have no familial support;
- Be free from infectious disease; and
- Be relatively mobile.

The September 24, 2014 draft “Law for the Promotion and Protection and Well Being of Older People” states residential Homes for the Aged should be provided as a “last resort to [...] frail and destitute older people” who have no one else to provide for them.⁷ Additionally, a Strategy on Ageing was approved by Cabinet on July 14th, 2014 which also includes the need to provide suitable accommodation for elderly and states that the government and private sector are to play a role in providing such accommodation. Although, such homes exist, as of November, 2015 no rules and regulations have been established to monitor them (as expressed in the Draft law).

The MSWRR level of support is divided into three levels, each additional level receiving additional funding. Homes can receive 30,000 Kyats annually for food, 13,000 Kyats for clothes, and 360,000 Kyats for administrative salaries. Level 1 homes receive food; Level 2 homes receive food and clothing; and Level 3 homes receive food, clothing and salaries.

Level 1 is the first stage of support after an application is submitted and approved. A home can apply for Level 2 after three years and Level 3 after an additional five years. Nationwide, 29 homes receive Level 1 support, 23 homes receive level 2 support, and 23 homes receive Level 3 support. In Mon State one home receives Level 1 support and two homes receive Level 3 support.

Figure 5. Home for the Aged – progression for access to government funding



⁷ Draft Law for the Aged.

To cover costs, most homes rely on donations as their main source of funding. Another fundraising effort includes alternative livelihood programmes such as a restaurant or providing loans at an interest rate.

The limitations include:

- Government grants only make a small contribution to the overall annual costs of running the home. Similarly, funding provided is tied and cannot be allocated to where the homes' priorities.
- Homes only accept elderly who are continent and independent. There is little clarity on what happens when an elderly becomes incontinent while at the home and where they go.
- The criteria for attaining each level are not clear and may be at the discretion of the approving officer. Similarly, criteria for a Level 2 home should also be necessary when applying for Level 1; and finally MSWRR assistance (such as financial support, location of training or topics of training) in providing the Care Giver Training identified as necessary for Level 3 remain unclear.
- As part of Level 1 a proof of owning the land for the home needs to be presented. It may be challenging for organizations to purchase land rather than rent it as they are reliant on private donor funding.

7.2 Donor funding

Since after the 2010 elections international assistance has moved from the border (Thailand-based) to inside Myanmar. The changing economic and political climate has also shifted the focus of the assistance, from solely humanitarian assistance to an increasing development component focusing on health, education and infrastructure. Similarly, focus of training activities has recently shifted from education and health to voter education and rule of law, in preparation of the 2015 elections. Several CSOs voiced that donor priorities vary from what the communities need and want, and in order to receive funding from donors, they have also shifted their priorities, making them less responsive to communities perceived needs.

Funding can be from both international and national Non-Governmental Organizations (NGOs), who often receive their funding from bilateral or multi-lateral donors. These NGOs are often identified as intermediate organizations who coordinate the implementation of the project with the CSOs on behalf of the donor. CSOs complained about this "middle man" and preferred to have more inputs in programme design. Funding to the CSOs ranges from 250,000-50,000,000 Kyats for six months, however several CSOs were hesitant to provide figures on funding.

7.3 Community donations and contributions

Community contributions are most common at the village level for community groups and are a much less common funding source for CSOs. Community contributions are only collected by CSOs in the case of completing a training where costs have not been covered by donor support. Whereas, for groups at the community level, most financing is ear-marked for specific activities. Household donations range between 500 to 2,000 Kyats per group and the intensity of the donations depends on the frequency of activities. In some cases, households are required to donate 15,000 Kyats for the annual community funfair. Through these contributions, groups can collect between 200,000-600,000 Kyats for events and this is immediately spent.

Although community donations may seem to be voluntary contributions, the impression at the village level is that all households are required to provide some level of funding. The level of the donation is within a range and is determined by the wealth of the household (determined through the process described earlier).

Several funeral groups record the donations made by each household on a donation list made public annually or bi-annually. This promotes transparency within the groups but also may motivate households to donate more than their neighbors. Contributions range between 500 to 2,000 Kyats

and collections vary from monthly (collected by the funeral group) to intermittent donations (brought to the funeral group by the contributor).

7.4 Membership system

Two different forms of membership systems were identified. Generally, members were required to pay a one-time registration fee between 500-5,000 Kyats as well as monthly fees ranging from 50-1,000 Kyats. They are required to pay their fees, assist the organization/group with their activities and attend monthly/annual meetings. Alternatively, members pay monthly fees to receive a service in return, such as health services, home-care support or the ability to borrow money, but are not required to contribute to activities.

7.5 Income-generating activities

To generate additional income, many CSOs have established alternative revenue sources. The most common source are souvenir shops (usually located at the office of the CSO), but additional activities also include small restaurants; selling t-shirts, snacks, and parking spaces at national days and events; decorating halls for ceremonies; rubber farms; betel nut farms; and pig/chicken breeding. MNS are expected to top-up the base salaries of teachers through income-generating activities or additional community contributions. Households may be required to pay a lump sum between 2,000-5,000 Kyats for teacher salaries regardless on the number of children in the household, or alternatively ask households to contribute 20,000 Kyats annually. However, not all communities supplemented the salaries of teachers through any means. In some cases, donors provided an initial grant to start income-generating activities, however MNEC was not aware of how these schools are selected and their level of funding. Similarly, groups at the village level have also identified these strategies to raise funds, focusing mainly on selling items and providing services at events (eg. set-up and cleaning).

It is common for CSOs/groups to generate income by providing small loans at an interest rate to members. There are variations in the administration and characteristics of the funds, yet most are more typical of a revolving loan fund than a micro-credit scheme. In some cases, the loan is given to members of the group/CSO at no interest and no profit is made. However, generally members are required to pay between 2.5-3 per cent interest monthly. In one case, the interest rate depended on the purpose of the loan, with lower rates for health and income-generation activities and higher rates for social purposes (ie. rent). However, generally loans were used for income-generating activities. Members fill in an application stating their intentions and must repay the loan within a certain time period (three to six months). Rarely, were lenders expected to sign a contract with accountable group members. The loan varies from 20,000-300,000 Kyats, but is typically around 100,000 Kyats. In most cases, borrowers are also expected to give their savings (1,000-20,000 Kyats) back to the organization which they can retrieve after a certain period (6-12 months). This is done to provide loans to additional members but also because organizations identified that savings was not a widespread practice. As mentioned, the organization/group identified providing loans as a way of not storing large sums of cash in the absence of bank accounts. Overall, the provision of loans was perceived more as an income-generating activity for the organization rather than a solidarity response to vulnerable households. In two cases, was the fund set-up to assist access to loans for individuals living with HIV/AIDS, however in both cases an interest rate was still applied.

Box 5. Example of methodology for loan provision

The method proposed by Mon Cetana Development Foundation (MCDF) is to train community groups to provide loans at the village level. Each group is provided with training and technical support in areas such as financial management and bookkeeping. They are also provided with an initial grant from MCDF of approximately 2,000,000-2,500,000 Kyats that does not need to be repaid. Borrowers are required to pay an interest rate between two to three per cent monthly, of which one

per cent is used for social activities while the remaining 1.5 per cent is profit to the group to be lent out again. The type of social activities funded is determined by the administrators of the group. As a guarantee, borrowers and two accountable group members sign a contract with the organization. They are also required to deposit their savings into the lending group, to be retrieved after one year.

7.6 Remittances and other international contributions

International contributions are also made from Mon groups in the US, Singapore, Thailand and Malaysia to Mon CSOs and communities in Myanmar. These remittances are used for different purposes, including Mon cultural activities, school grants and infrastructure. Remittances going to community groups are impacting community development and social cohesion. They also impact social development, and protect people from income shocks and lifecycle risks, and may enable significant increases in income and improvements in living conditions, education, health and welfare in sending communities (de Haas, 2007). They also have the substantial potential to reduce poverty indirectly through multiplier effects generated by remittance expenditure and investments. Remittance expenditure on contributions to community groups improves the well-being of neighbors through providing school grants, improving infrastructure and promoting social cohesion through funding Mon cultural events.

The Mon community living in Thailand is particularly active in collecting donations for the development of their home villages in Mon State. In some cases, the funding has been collected and sent back for the infrastructure of MNS in their home village. In one case, migrant workers in Thailand are collecting donations from their community members under the guidance of a monk. The donations sent back are used to build roads and purchase a fire engine and crematorium for the village. Although donations for these projects are also made by the villagers living in the village, the majority of the funding is from those working in Thailand.

The fact that remittances are being captured by community organizations on both sides of the border for activities benefiting the entire community and not the families of migrants could be further analyzed. Indeed, it is often underlined that the impact of remittances on development could be optimized if benefitting entire communities (i.e. avoiding the reinforcement of inequalities) rather than specific families only. The present study came across a few examples of community-to-community remittances which could be interesting to document in this respect.

8. Coordination

Trust is a critical issue for cooperation within communities, as well as between communities and local authorities. Many are skeptical of the administrator's ability to effectively respond to local demands and view township administrators as external agents of the central government. Most CSOs have good relationships with administrators and are able to undertake their activities, yet many hope that their important role in the community as a service provider will be more recognized.

8.1 Coordination with the local administration

The central government is to a large extent absent at the village level. Communities have relied on traditional local governance systems influenced by cultural and religious norms. The level of social cohesion and social capital is often high within communities, despite the previous pressure from armed conflict, with community members interlinked through family relations. Villages are grouped into village tracts in rural areas and households into wards in urban areas, which grouped together form townships where the lowest level of government offices are generally located and thus acts as the main point of service delivery.

In Mon Region, there is a complex relationship and governance structure between the government and the New Mon State Party (NMSP). The situation is that geographical areas are either government controlled, mixed controlled (both government and NMSP) or NMSP controlled. Although the government and NMSP are said to cooperate on initiatives, there is a concern that the government is encroaching into NSMP areas (Kempel and Nyien, 2014). Even though the administrative structures of the two are different, the mixed-controlled village visited did not identify this as being an issue. In that case, the village headman as well as government village administrator may be the same person.

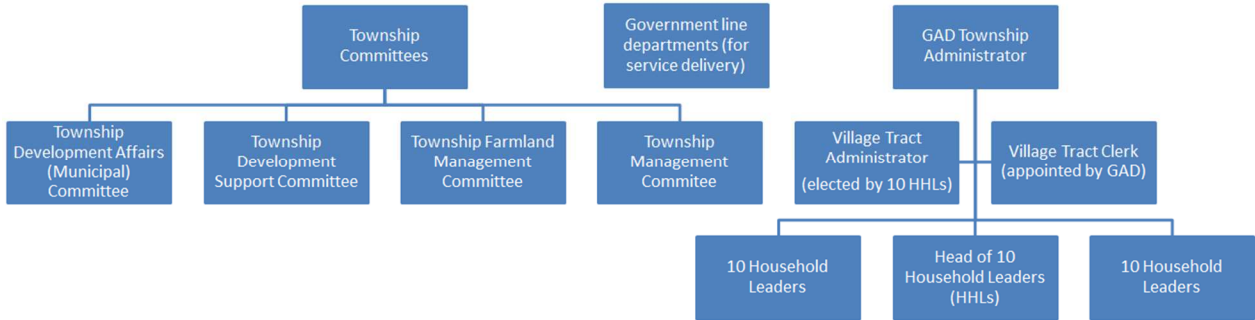
The flow of communication upwards and downwards seems to be very limited and engagement with the township authorities seems to be minimal. Village administrators in government areas and village headman in NSMP areas pass on information from authorities to communities. However, this channel of communication appears to be used minimally.

An important example of coordination and collaboration between local authorities and MNEC is the teaching of Mon language and Mon history at government schools. More information on mixed schools and MNS can be found in Box 1.

8.1.1 Government-controlled areas

In government-controlled areas, the General Administration Department (GAD) under the Ministry of Home Affairs acts as the backbone of the administration. At the township level the overall administration and coordination falls under the authority of township administrators, who are appointed by the GAD and replaced on a three-year basis, while elections take place for the village tract/ward administrators. The government line departments at the township level are responsible for delivery of services to the public (Kemple and Nyien, 2014).

Figure 6. Township and Village Tract Government Administration Structure

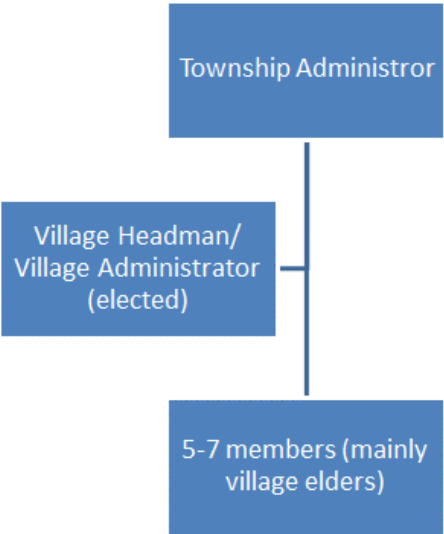


Under a presidential directive of February 2013, four different committees are to be set up at township level (and two at the ward/village tract level) namely: the Development Support Committee, the Development Affairs (municipal) Committee, the Farmland Management Committee and the Management Committee. These are tasked with improving coordination between government departments at the local level and enhancing the participation of the local population (those committees include popular local representation) in socio-economic development planning, including advising relevant local government department on local development and poverty reduction. The Municipal and the Development Support committees have a majority of local representatives (i.e. who are not government civil servants), less oversight by the GAD (relative to other committees) and engage directly with the public. The committees are allowed to collect “donations” from village members for the development of the communities, such as the construction of roads.

8.1.2 Mon National State Party-controlled areas

In NMSP-controlled areas, there is some level of administrative structure, such as District and Townships, and although NMSP have rather regular processes to elect or select administrators, and are fairly top-down in their structures. The village headman is often a hereditary position supported by a group of village elders (five to seven members) who holds much influence and respect, and has been integrated into the formal administration system of the NMSP. The village headman however is now known to be elected and the elder members are reported to collect contributions from the community used for the development of the village. Additionally, the leaders from within the religious community also wield extensive influence over both religious and secular matters (Kempel and Nyien, 2014).

Figure 7. Township and Village Tract NMSP Administrative Structure



8.2 Coordination with Government services

Networking has been emphasized as an important means to gain government approval and work in communities. CSOs will often also ask permission from the village administration office or village headman prior to conducting their activities. The relationship is said to have been difficult at first but has improved since CSOs activities increased and were successful, whereas, groups at the village level were found to have no or very limited contact with government administration at all levels.

At the Township level, the presence of CSOs seems to be more institutionalized and accepted since the government has invited CSO representatives to be part of the Development Affairs (municipal) Committee. In Ye and Thanbyuzayat Township, the Mon State Civil Society Network has selected these CSO representatives, while other Townships are still hesitant and reported their intention to include CSO representatives in the next term.

In some cases, CSOs did acknowledge that coordination and relationships with the State government helped the implementation of projects and that the positive attitude and enthusiasm towards CSOs and social development by the Chief Ministers also mattered. One CSO is invited to parliamentary sessions in Tanintharyi Region where they are able to raise questions to the government indirectly through the members of parliament.

CSOs have expressed increased freedom to work in the communities on important human and political rights issues. However, they choose not to report on these sensitive programmes to the government (if they are registered), fearful of the possible repercussions. Additionally, there is

informal contact with the administration on specific topics such as drug protection, gender-based violence and land law.

There is no official and systematic referral system between CSO-led medical facilities and government-led medical facilities. If additional medical attention is required by patients at MNHC clinics, patients themselves choose to travel to either a government or MNHC hospital, determined by the distance to the facility. At the local level, coordination between the various actors intervening on health (i.e. the midwives and nurses associations, rural health centres, MNHC facilities) seems to happen on an informal and ad hoc basis that could be a first step towards an organized referral system.

It appears there were some progress made on the collaboration between MNEC and local authorities towards a more integrated education system. Mixed schools are an important example on cooperation, however on an ad-hoc basis, representing an agreement between local authorities, Mon teachers and Head teachers to provide Mon language and Mon history classes during or after school hours at government schools in Mon Region. Additionally, in April 2014, the Mon State government passed a bill to formalize the teaching of Mon language and literature in government schools, with Burmese as the language of instruction, for students of grades one to four. This presents an opportunity for MNS to be progressively part of a single education system.

8.3 Coordination across different services

There is collaboration across different services, in particular between MNHC and MNEC, to provide the children living in Mon areas with improved health outcomes. MNHC works with MNEC on school health programmes to provide basic health care, health education and vaccinations to MNS children. However, in practice, this relationship is constrained by the availability of supplies of the nearby MNHC health clinic as well as the availability of the medic.

There seems to be little systematized coordination between homes for the aged / OPSHG services and medical services, though again collaboration does happen on an ad hoc basis.

8.4 Coordination among CSOs

The collaboration between CSOs in Mon state is very active, particularly for CSOs with similar target groups, but also CSOs with varying activities and audiences on information-sharing, advocacy, project implementation.

- The Mon CSO network was established two years ago (in 2013) and representatives from CSOs working at all levels providing services to Mon people are invited to be part of the network. Ten Township CSO groups have since been formed in Mon State, including a Mawlamyine CSO network. Representatives from each CSO active in the Township is invited to take part in the Township group, who have subsequently formed a Mon State CSO Network. During the group meetings at all levels, members discuss relevant issues, advocacy and collaboration.
- Township youth groups and youth-focused CSOs congregate to discuss programmes, collaboration and receive training at the Mon Youth Forum. Additionally, youth CSOs attend the United Nationalities Youth Forum at the national level to discuss important topics such as drugs and education. Similarly, youth CSOs coordinate in the Mon Youth Network and Mon State Youth Network.
- The collaboration between Youth CSOs at the Township, State and National level is similar for active women's CSOs, focusing more on women's participation and decision-making.
- For special celebrations, such as Mon National Day, ethnic CSOs will coordinate to organize the event.
- CSOs meet frequently through the multiple United Nations (UN) and NGO initiatives, where collaboration between CSOs is required for project activities. For example, on labour

activities led by the ILO, women empowerment activities led by UN-Women, reproductive health activities led by Marie Stopes, and various other partners on issues such as peace-building, cease-fire monitoring, voter-education, etc.

While the network seems very active, it is mainly mobilized for information-sharing and advocacy rather than for integrated project design and financing.

8.5 Coordination between NGOs/INGOs

NGO and INGO association with CSOs is predominantly in their role as a funder and setting project activities. Additionally, through the facilitation and leadership of NGOs and INGOS, CSOs collaborate on issues such as child labour, school health, reproductive health, peace building, women empowerment, voter education, etc. as mentioned in the previous paragraph. However, these activities and priority intervention areas are developed and designed by the NGO/INGO or donor, and the CSOs are brought in for implementation, to liaise and advocate with communities and provide training. There is no evident association between NGOs/INGOs and community groups.

9. Challenges and Successes

9.1 Challenges

9.1.1 Funding & Sustainability

The most common challenge identified by both CSOs and community groups was the lack of funding and financial sustainability. Many expressed a willingness to increase activities and services, but are restrained by a lack of funds. In some cases, shortages require activities to be cut and the number of beneficiaries to be reduced. In the case of services provided for a fee, groups expressed their desire to continue funding them in the future.

Limited equipment for education/training and health services are also identified. This is also related to the inability of the organization/group to pay for it. Additionally, long waiting lists were identified by several CSOs given their inability to provide free training outside their project scope.

CSOs also identified the ineffectiveness of funding channels as a challenge. Funding first flows from the donor to the NGO/INGO and then to CSOs, where they have limited or no say in the development of the activities and do not feel that they receive substantial funding to cover the scope of their activities.

Additional funding would allow CSOs as well as community groups to provide additional services and benefits.

- Varying fundraising efforts by training opportunities to diversify income-generating activities.
- Capacity building activities to apply for donor funding directly rather than being approached by an NGO/INGO.
- Clarification and simplification of the registration process to support organizations to register.
- Government support both financially and administratively would allow community groups and CSOs to expand their activities.
- Banking system should be accessible to community groups to facilitate the storage of money.
- Further research could be led on CSO to CSO and group to group remittances.

9.1.2 Human Resources

High turnover, low salaries, reliance on volunteers and limited capacities are a few of the human resource limitations of the organizations. The majority of staff in the CSOs are volunteers, with few

full-time paid staff, and no committee members in community groups receive any compensation for their time. For an organization to provide a salary the funding is dependent on donors or INGOs/NGOs, and salaries are cut if funding is no longer available.

In terms of training, there is very little initial and standardized training on capacity building methods, management, accounting, etc. provided to new staff, volunteers or interns. Rather, they are exposed only to the training provided by the organization as part of the project. For community groups, this is even more minimal and many EC members have not received any formal training. In the case of the medics and teachers for MNS and MNHC clinics/hospitals, initial training is provided before taking up a post, however none was provided to new teachers starting the 2015 school year due to funding constraints. The low wages for teachers and medics have led to a high turnover, particularly for teachers, since medics are required to commit to a period of five years of service (with very few renewals).

9.1.3 Legal status

Very few CSOs and no community groups have registered at the Township, State or National level. Associated financial costs, unclear application procedures and subsequent restrictions on operations are a few of the identified barriers. The 'Law Relating to the Registration of Organizations' was enacted in July 2014 by Parliament and sets out the requirements for the registration of both Myanmar and international organizations. Importantly, for many organizations to operate legally in Mon areas, they need three State/Region registrations or a National registration, which would be more costly and time-consuming as the application needs to be submitted in Nay Pyi Taw.

Several organizations stressed the risk of applying as they provide training on sensitive issues such as political awareness and human rights. The organizations are wary of subsequent government interference with their activities as they are required to report on activities.

Most organizations did express an interest to register their organization in the future. However, they are unclear on the application procedure; the necessary documentation; and payment. The application must include certificates of good behavior from the police and employees' current quarters, with the former only available in the employees' hometown, which make it administratively cumbersome for organizational leaders that are already contributing their time for free.

Registration is a requirement for many donors and prevents many organizations from receiving funding. Similarly, Mon organizations abroad have also requested proof of registration on several occasions prior to making a donation.

9.1.4 Collaboration with Government

Trust and understanding between government and CSOs has room for improvement. Many of the CSOs stressed the need for the government to acknowledge their valuable work and provide greater assistance with their activities, both financially and administratively. One CSO argued that if CSOs were publicly recognized by government institutions, individuals would feel less afraid to support CSOs which may still be viewed as opposing the government by many.

Financial support to CSOs/community groups seems limited to a few assistance programmes (i.e. homes for the aged) or contributions to community assets (i.e. Evergreen and community-driven development).

9.1.5 Migration

A large proportion of Mon communities have migrated to Thailand to find employment. According to the census, Mon State reported 20.7 per cent of its population having migrated, this is the highest number of households living overseas compared to other States/Regions (Census, 2014). Although, this has positive impacts on the development of communities through access to remittances, this

also affects the composition of groups, the availability of volunteers, and the ability to fundraise, influencing the number of contributors, ultimately affecting the potential of groups to undertake activities.

9.2 Successes

9.2.1 Well-established services & trust from communities

Many organizations are able to deliver their benefits/services successfully due to their positive and ongoing relationship with communities. This is often attributed to their linkages with specific groups in the communities through youth and women's groups who facilitate activities. Additionally, many CSOs have been active in the Mon Region for several years and are trusted by communities.

9.2.2 Capacity building & free services

In 2014-15, around 40,000⁸ people in Mon Region received capacity building training from interviewed CSOs and community groups. These activities have been provided at various levels of intensity and for different target groups. However, information is often relayed back to team/community members, increasing the number of indirect beneficiaries. The training topics have varied from women empowerment, organizational development, human rights to leadership. The CSOs identified an improvement in the capacities of target groups, allowing them to apply their new knowledge, find better jobs, and provide better services to their community. For example, through women empowerment trainings, female participation in public decision-making was responded to have increased.

Interviewed communities perceived household welfare to have improved in Mon Region due to the free services provided. Individuals reported to benefit from improved health conditions and access to education through the provision of health care and education who would otherwise not have any access. According to the 2014 Census, conditions in Mons State were generally reported as being better than the national average, with infant and under-five mortality being significantly lower and life expectancy higher (Census, 2014). Recipients are able to save time by not having to travel far to reach government hospitals/clinics and money as the service is free of charge in MNHC facilities. Similarly, loans are provided to individuals for business investments who would otherwise not have access to capital.

9.2.3 Culture of contribution

Myanmar has a very strong culture of donating and in 2014, Myanmar was labeled the most generous country in the world on the World Giving Index (Charities Aid Foundation, 2014). There is a commitment to help out others and volunteer one's time and there is also a high proportion of Theravada Buddhists which encourages charitable donations.

This is evident through the contributions made by households for services they may not benefit from (the pooling of funds to cover the funeral expenses of the poor for example). Furthermore, CSOs and community groups are predominantly run by volunteers, and many of their activities would not be running without their support. Hence, households are used to contribute a significant amount of time and financial resources to community groups and CSO-led activities which respond to the life contingencies encountered in one's life time (i.e. birth, education needs, health issues, job requirements, old age care, funeral, etc.). In this perspective, the concept of social protection and the pooling of social risks among the members of society can find some resonance with daily practices at community level, providing an important basis for a future national social protection system. A key lesson to be taken into consideration in the development of social protection in the country is the key aspect of trust when it comes to household contributions to social services.

⁸ This figure may include individuals who have received more than one training.

9.2.4 Social cohesion

There is a strong sense of community at the village level to help each other and particularly to provide support to the vulnerable. Additionally, the level of social cohesion and social capital is high within communities despite the recent armed conflict. Active CSO and community groups seem to contribute to a large extent to this situation.

Box 6. Social cohesion in Kroeng Batoi Area through infrastructure projects

The 2010 elections and the subsequent reforms provided an unprecedented opportunity to resolve ethnic conflicts with the international community supporting the momentum for peace-building. The renewed ceasefire between NMSP and the Government provided an opportunity to provide much-needed assistance to conflict-affected communities in areas under NMSP control. The Myanmar Peace Support Initiative (MPSI) was set up in January 2012 led by the Government of Myanmar in coordination with several donors, with the aim of providing immediate support to the ceasefires. The water and sanitation project in Mon Internally-Displaced Population community, Tanintharyi Region was initiated by MPSI to improve trust building between NMSP, the Government and civil society and implement various development projects on education and health. Four villages in Kroeng Batoi Area were selected by MPSI and NMSP because they had both a conflict-affected population as well as internally-displaced people in need of humanitarian assistance.

The ILO was requested to undertake its employment intensive infrastructure model in conjunction with Mon CBOs in order to test and demonstrate that stability and peace in NMSP controlled areas could be sustained. ILO's model successfully demonstrated how infrastructure can be built and maintained in a cost effective manner with labour based methodology guaranteeing an income to a number of community members who work on infrastructure projects. This approach is considered appropriate in post crisis recovery initiatives where the need to provide work runs alongside the need to restore confidence. The community-driven model is designed to be instrumental in promoting basic community consultations on issues such as governance principles, consultative processes, consensus decision-making procedures, and raising awareness of rights and responsibilities under the law. All issues which have been lacking due to conflicts between communities, their EAOs and the Government.

The main objective of the project was to provide water and sanitation to the targeted villages and conduct awareness raising trainings, as well as building trust on the peace process. The construction of water tanks and wells were effective and the ILO found that CBOs were crucial in mobilizing community participation for project activities, but also as a conduit of information between the community and NMSP. Inclusive participation improved in the community decision-making process and strengthened social cohesion within the communities. There was large ownership of the construction of the project and the participatory process was seen as a project designed and developed by the community, for the community.

10. Potential for scale-up and integration

Creating the conditions for community groups to link to a wider framework of social protection delivery would involve integrating social policies as a discussion topic in the peace process, creating an enabling environment and facilitating partnerships for delivery.

In the context of the ceasefires and the prospect of a wider peace process there is an opportunity to put social protection on the agenda of peace discussions. The topic of social policies is of interest to the concerned populations and there is potential for collaboration between social ministries and existing community-based social services. Potential collaboration could be discussed further and a

vision could be developed on what an integrated system that avoid duplication of services and allows communities to continue benefitting from services they trust would look like. Addressing this topic in the peace discussions is a necessary step towards improving the access to social protection in the country in an equitable manner.

A valuable partnership could be built over time between the central government, regional administration and the existing community-based social protection mechanisms on the ground. Indeed, the government has limited field presence and a lack of social services in some areas, while it has the ambition to extend social protection to all through national programmes adopted in its NSPSP and other documents such as the *Vision for Universal Health Coverage*. At the same time, CSOs and community groups have all sited as their primary challenge financial sustainability and instability of funds, while their main success is the trust and effective delivery channels they built with communities. Each party has an answer for the challenges encountered by the other, but the discussions on this topic are not yet happening considering the environment of mistrust inherited from decades of conflict. Introducing the discussion is hence a first step for the actors to see the mutual benefit of collaborating on social policies.

In parallel to the discussions, there is room to create an enabling environment for social protection community-based delivery mechanisms. Enable them to build on their strength would be an asset in future discussions on a more integrated system:

- ***Recognition of the valuable work to communities***

Although the relationship between CSOs and the government has improved, many groups and CSOs feel they are lacking recognition for the work that they are undertaking, that should otherwise be provided by the Government. The government may be in a position now to congratulate all the volunteers for their commitment and provide active support.

- ***Improvement of the access to a legal status and greater devolution of power to States and Regions***

As many of the CSOs expressed an interest in registering, many refrained due to the complicated procedures. These procedures, under the Association Law, could be simplified and made less expensive so as to facilitate the registration process and the access to a legal status for community-based organizations.

As they become more structured, CSOs and other community-based organizations and service providers will need a stronger local administration as interlocutor. Indeed, local government and administration seem little capacitated on social policies and, though there is an ongoing decentralization process, their margin of action seems to remain limited in this domain. For local administration actors to be in a place to manage effectively local partnerships with social protection community-based organizations and service providers, it is necessary that those have the corresponding devolution of powers and decision-making as well as capacities.

- ***Facilitated geographical access to remote communities***

Improved infrastructure and better roads would enable CSOs to provide training to additional communities as well as reduce their current travel times. Similarly, better infrastructure improves communication between villages leading to knowledge sharing and improvements in their well-being. Health outcomes can be improved through better infrastructure, particularly as transporting patients in the rainy season to hospitals is challenging.

Over the long run, there is an opportunity to build partnership for service delivery between the government and community-based organizations and service providers. Though, as mentioned, it will be a process which will require time and trust building through the inclusion of the topic in the peace discussions as well as the facilitation of an enabling environment for the further organization of

community-based service providers. Still, some small-scale mechanisms of delegation of service delivery already exist, such as the home for the aged. It would be possible to further improve this mechanism and replicate it with other types of services (i.e. health and education) to start building a partnership.

This type of model is very common for social protection services around the world. For example, Colombia delegates the delivery of its national health insurance plan to various organizations on the ground which receive funding on the basis of the cases they manage. In many countries, the provision of health services is done by various types of facilities (public, private, non-for-profit) that can be contracted under a single national health financing mechanism, such as in Thailand through the Universal Coverage Scheme, in India through the RSBY scheme, etc. Similar implementation arrangements could be thought through in Myanmar as a way to advance more rapidly coverage of national schemes and to build on the trust relationship and existing facilities (i.e. avoid duplication) of community-based organizations.

In Mon State, discussions would need to take place on convergence to prepare existing networks for future possibilities to work together with the government and national government health agencies. MNEC and MNHC both provide a service to Mon individuals who would otherwise not have access to education or health care. Synergies and linkages between government hospitals and schools with MNEC and MNHC is difficult and can benefit from improved collaboration on funding, human resources, and operations. As a first step, an educational and health mapping exercise can be undertaken to see where there are overlaps and where services are lacking. Secondly, the government could look at possibilities for financing arrangements for the delegation of health and education services to MNEC and MNHC existing facilities. Such process would involve some capacity building on both government and community-based organizations sides on protocols to define roles and responsibilities in such partnerships in a way that ensures service quality as well as preserves community-based organizations' identity and governance structure.

Though the road ahead is long to get to an integrated national social protection system that is effectively delivered on the ground and trusted by communities, the present paper lays out options to start building this process. While following those options, it is necessary that all steps be participatory in a way that gives a voice to community-based organizations on the ground and value their knowledge and experience.

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12. Annex

List of Organizations and Community Groups Consulted

CSOs and Mawlamyine community groups:	
1.	Bright Future
2.	Community Home-Based Care
3.	HelpAge International / The national Young Women's Christian Association of Myanmar (YWCA)
4.	Home for the Aged Tuangwine
5.	Jeephya Civil Society Development Organization (JCSDO)
6.	Mon Cetana Development Foundation (MCDF)
7.	Mon National Education Committee (MNEC)
8.	Mon National Health Committee (MNHC)
9.	Mon State Civil Society Network
10.	Mon State Women and Children Upgrade Conduct Team (MWCUC)
11.	Mon Women's Organization (MWO)
12.	Mon Youth Education Organization (MYEO)
13.	Mon Youth Progressive Organization (MYPO)
14.	Myanmar Red Cross Society Mawlamyine
15.	Myat Satanar Mon
16.	Myatta Sone See
17.	Myit Myittar Hlaing
18.	Nai Shwe Kyin Foundation
19.	Nway Htway Taw Yin Kwin
20.	Phyu Sin Myitta / Care International
21.	Remonhya Peace Foundation (RPF)
22.	Setana Funeral Group
23.	Sit Ke Kone Community Group
24.	Sit Ke Kone Funeral Group
25.	Taxi Youth
Community groups in Kaw Meet Village:	
1.	Funeral Group
2.	Youth Group
3.	Firefighter Group
4.	Women's Group
5.	Village administration group
Community groups in Nyaung Gone Village:	
1.	Funeral Group
2.	Funeral Group
3.	Women's Group

Questionnaire for CSOs

Who?
Target Group
What is the target group?
Is there a specific geographical area / location being targeted?
Coverage
How many people are covered?
How many people benefit from the service (every year / month / week)?
Eligibility
What are the eligibility criteria?
Is there a waiting list?
How do beneficiaries become aware of the programme?
Is there a membership system? If so, what are the responsibilities of the members?
What?
Benefit nature
What benefit is provided (cash or in-kind)?
If a service, what kind of service?
Medical services: - Inpatient / outpatient / medicine?
Amount
If cash, how much is provided?
If cash, how is the benefit amount set?
If service, is it free?
If service, do beneficiaries contribute?
Frequency
How often is the benefit/service provided?
Same benefit/service provided each time?
When were the benefits/service first provided?
Location
Where is the benefit/service provided?
Do beneficiaries need to travel to receive the benefit?
If travel is required, are transportation costs covered?
Is transportation a hindrance to receive the benefit/service?
Are there government services in the same location providing a similar service? What about other organizations?
Delivery/how?
Identification
How are the beneficiaries identified?
Selection
How are the beneficiaries selected (if there is a selection)?
Enrolment
How are beneficiaries enrolled in the programme? Do they have a membership card?
Do beneficiaries need to pay membership fees?
Do all members have access to the same services?
Location
At which location are the benefits/service provided?
At how many location are the benefits/service provided? How many facilities? Large field presence?
Is the same service available at each location?
For medical services: - Medical personnel available at facility level (doctor, midwife, nurse...);

- Level of service of the facility (i.e. consultation, laboratory, consultation, consultation with a specialist, etc.).
Cost
Amount
How much money is collected annually?
What is the total expenditure for the latest available fiscal year?
Source
How is the benefit/service financed (donations, membership)?
If donations, how are they collected?
If membership, how much do they contribute? Is it a flat rate?
Is there a fundraising committee to assist in raising funds?
Frequency
If membership, how often do the members contribute? (only in cash or also contributions in kind)
Governance
Management and democratic participation
Who is involved in the decision-making?
Is there a president, secretary, etc.?
Are they elected?
Do they make everyday decisions or is there a manager to do it?
Human resources
How many paid staff work in the organization?
How many volunteers work in the organization?
Do volunteers get paid?
If volunteers do not get paid, are they easy to find?
How long do staff/volunteers usually stay with the organization?
Do the staff and/or volunteer receive any training?
Monitoring and Evaluation
What is the impact of your programme? (intended and unintended effects)
Do you measure the impact of your programme? How?
Does the programme meet its objectives?
Coordination
Do they coordinate with local/state government?
If so, on what do they coordinate?
Do they coordinate with regional government?
If so, on what do they coordinate?
Do they coordinate within a network of CSOs?
If so, on what? Who has leadership?
Do they coordinate across different services (eg. Mon State party – education/health/youth committee)?
If so, do beneficiaries benefit from all services?
If so, is there a referral mechanism across services?
Do they coordinate with other organizations such as NGO's and INGO's?
If so, do they coordinate on providing services?
If so, do they coordinate on funding?
For medical services:
- Is there a referral system in place?
- With which types of facilities (public, private, etc.)?
- Is there a coordination mechanism among the different levels of facilities?
- How is the coordination working?
- Are services free when people are referred to other services?

Registration
Is your organization registered?
What are the exact challenges to registering (paper work, price)?
Successes & Challenges
What are some successes?
What are some challenges?
How smooth is the delivery of services?
Are the benefits delivered on time?
Do beneficiaries need to advance the funds or is it paid immediately? Is there a delay?
Is there any waiting time (i.e. medical facilities congestion)?
Recommendations
What could be done concretely to improve the quality of service?
What could be done concretely to provide the service to more people?
What could be done concretely to improve the access (geographic, financial) to services?
Future
Are there any plans to scale up/expand the programme?
Has the programme need to be scaled down over time? Why?

Questionnaire for Community Groups

Who?
Target Group
What is the target group?
Is there a specific geographical area / location being targeted?
Coverage
How many people are covered?
How many people benefit from the service (every year / month / week)?
Eligibility
What are the eligibility criteria?
Is there a waiting list?
How do beneficiaries become aware of the programme?
Is there a membership system? If so, what are the responsibilities of the members?
What?
Benefit nature
What benefit is provided (cash or in-kind?)
If a service, what kind of service?
Medical services: - Inpatient / outpatient / medicine?
Amount
If cash, how much is provided?
If cash, how is the benefit amount set?
If service, is it free?
If service, do beneficiaries contribute?
Frequency
How often is the benefit/service provided?
Same benefit/service provided each time?
When were the benefits/service first provided?
Location
Where is the benefit/service provided?

Do beneficiaries need to travel to receive the benefit?
If travel is required, are transportation costs covered?
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Delivery/how?
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How are the beneficiaries identified?
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How are the beneficiaries selected (if there is a selection)?
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At which location are the benefits/service provided?
At how many location are the benefits/service provided? How many facilities? Large field presence?
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For medical services:
- Medical personnel available at facility level (doctor, midwife, nurse...);
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