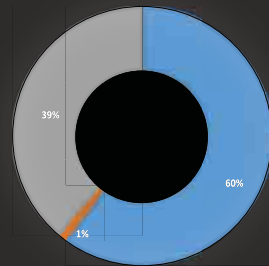


Output 3 CAPACITY BUILDING & TRAINING

Community capacity developed through: conducting 509 training sessions to train officer bearers of Village Development Committees (VDCs) on project management, bookkeeping, and infrastructure operation and maintenance; conducting 317 subject specific training sessions on operation and maintenance of community infrastructure; conducting 292 water quality testing training sessions and 85 bio-sand filter use awareness training sessions; organizing 97 Intra-village knowledge sharing training visits to share experience and build confidence.

Needs of the communities identified and prioritized through wider participation with: established/strengthen 509 Village Development Committees (VDCs) in target villages; formulation of 509 Community Action Plans where women took a lead role and input their needs and priorities. Skills were developed through: conducting 58 artisan trainings on rainwater collection tank construction methods and 250 artisan training sessions on concrete FPL/Concrete ring/post.

60% Community Infrastructure
39% Water, Sanitation & Hygiene
1% Capacity Building & Training



Key outcomes 3

- Enhanced the social capital of the target communities
- Empowered women to take equal opportunities and policy dialogue space in decision making related to community development
- Increased livelihood income and employability
- Increased opportunities to be connected to township authorities

Supported by



Counterpart

In coordination with
Department of Rural Development
Ministry of Livestock, Fisheries
and Rural Development

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BACKGROUND

Myanmar is one of the least developed countries in Asia with 59 million population. In year 2010 it is recorded that 25.6 percent people are living under the national poverty line. According to the Human Development Report of 2013, Myanmar falls into “low human development” category and country remains well behind its neighbors in the region – ranking 149 out of 168 on the Human Development Index. The government’s commitment to reduce by half in a period between 1990 and 2015 to achieve Millennium Development Goal-1 remains highly challenging. The access to basic services is a major hindering factor for poverty reduction in rural communities. Around 70 percent of the population lives in rural areas. Out of 14 states/regions the highest incidence of poverty is in Chin (73%), Rakhine (44%), Tanintharyi (33%), Shan (33%) and Ayeyarwady (32%).

Despite the government’s ambitious transformation and reform process, the ongoing peace initiatives of the country yet to be realized. Ethnic minorities are most deprived as their social fabric is getting weaker and distance to economic benefits of ongoing development work is getting wider. Poorest communities of ethnic minorities are more susceptible to many health risks due to poor living conditions, lack of access to basic services and increase violence due to social exclusion. The Programme for Development and Rehabilitation of Communities in Ethnic Minority Areas of Myanmar was funded by the Government of Japan with a total budget of US\$ 6.8 million. The programme was implemented in ten townships of Chin, Shan, Kayah and Kachin States supporting 509 villages benefitting 612,709 people (305,814 male; 306,895 female). The programme was a timely intervention for a well-defined target group who is most in need of support. It has also contributed to the enhancement of the social cohesion and building peace through development.

UN HABITAT

The Programme for Development and Rehabilitation of Community in Ethnic Minority Areas in Myanmar

SUPPORTING COMMUNITIES THROUGH PEOPLE’S PROCESS

The overall objective of the programme was to assist affected people in “Comprehensive Recovery” through; a) Restoration of water supply, sanitation and community infrastructure; and b) Provision of inputs, tools and skills to restore livelihoods. These two objectives promoted human security and sustainable return where interventions helped to improve the living conditions and the lives of the poorest households significantly, allowing for the development of a stronger social, economic and health fabric for long-term development gains.

The approach and the methodology were based on People’s Process, the flagship approach of UN-Habitat, which unlocks the potential of the people to work on their own recovery and advancement in a deprived situation. People have been able to cope with extreme difficulties and have demonstrated a relentless ability to improve their lives in the face of extreme circumstances. Throughout the programme, communities were mobilized and empowered to act on their own recovery, rehabilitation or development. This process enabled people to reflect and gained insight on their capacities to organize and to initiate actions for rehabilitation and development with their own initiatives and creativity. Community Action Planning (CAP) is an important programme component where people are considered to be the primary resource, rather than simply the objects of development. This approach motivates conflict-affected and development-seeking people to take the lead in the planning and implementation of their programme activities.



KEY OUTPUTS & OUTCOMES

Activities of the three components of the programme have been identified by the target communities themselves through Community Action Planning (CAP). During the programme it was well noticed that communities have shown greater interest to the process and identification of priority projects were carried out with a greater sense of ownership and responsibility. Skill development and capacity building initiatives have contributed to the affected communities creating livelihood opportunities for carpenters, masons and artisans through community contacting in additions to their skills development.

Output 1 COMMUNITY INFRASTRUCTURE

Community access was improved with: construction of 40 small bridges; construction of 19 suspension bridges; construction of 330 kilometers of village roads; renovations of 90 kilometers of village roads; construction of 256 Culverts and course ways; construction of 1.8 kilometers of small scale village roads to gain easy access to drinking water sources. Community electrification facilities were established with: construction of 15 village electricity power schemes; creation of access to rural electricity for households through solar power as an alternative energy source with distribution and installation of 6,724 solar power units at household level. Rural environment was improved through construction of 2 drainage/sewerage systems.

Key outcomes 1

- Improved basic infrastructure for the targeted communities in ethnic minority areas
- Improved safety and accessibility to schools, health services and market places for villages including children of the target villages
- Reduced isolation in social networks of the communities living in the target villages



Output 2 WATER SANITATION & HYGIENE PROMOTION

Community water facilities were improved with the construction of 17 river water supply systems with water treatment plant with the installation of water pumps; construction of 66 gravity flow pipe water supply installation systems with overhead tanks; construction of 78 Rainwater Collection tanks of 5,000 and 10,000 gallon capacity; renovation of 8 water ponds with platforms and brick steps and construction of filter and spillway; construction of 42 hand-dug wells and renovation of 10 hand-dug wells; construction of 183 shallow tube wells with pumps installation; construction of 7 deep tube-wells with diesel pumps installation; renovation of 4 deep tube-wells with the installation of new pumps; renovated 5 min-dams/reservoirs; household water treatment facilities were improved with; household water treatment facilities (bio-sand filter) were provided to 5,461 families.

Sanitation facilities were improved with: construction of 6,724 household latrines with pan and pipe/concrete ring lining; cover/compost pit. School sanitation facilities were improved with: construction of 106 school latrine facilities with hand washing facility (two units in each). Hygiene practices improved and knowledge enhanced with: conducted 488 community based hygiene education sessions with the participation of women and children.

Key outcomes 2

- Gained access to potable water by at least 250,000 people who were deprived from access to water in terms of quality, accessibility and volume
- Gained access to adequate sanitary facilities at household level by at least 250,000 people
- Increased awareness on good hygiene practices among people including children and women
- Increased the access to hygienic and adequate sanitation for schools children



"I am happy that there is a development project here for us. In the past, during the summer season there was always a critical shortage of water. The programme will help us have sufficient water. Apart from that, a latrine for my grandchildren and other students at school is very important. They will have the chance to wash their hands and be more aware of personal hygiene. I thank those who are helping us."

*Daw Ling Ya (Villager)
Matupi Township
Chin State*

