



THE REPUBLIC OF THE UNION OF MYANMAR



MYANMAR NATIONAL SOCIAL PROTECTION STRATEGIC PLAN

DECEMBER 2014

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President

Agga Maha Thayay Sithu, Agga Maha Thiri Thudhamma U Thein Sein

Preface



U Thein Sein

President

The Republic of the Union of Myanmar

In building a peaceful, modern, developed, and democratic Nation, I deeply believe that security and development of socio-economic life of the citizens residing in the country are fundamental attributes. Moreover, I regard that protecting people from social and economic vulnerabilities, poverty alleviation, helping people to access the basic social services, and promoting human capital are the primary responsibilities of the State.

To materialize these belief and regards successfully, the National Social Protection Strategy Plan which was developed under the leadership of the Ministry of Social Welfare, Relief and Resettlement, in which the flagship programs and disaster risk reduction programs have been identified. Those programs would be implemented to fulfill the socio-economic needs of the citizens especially children, women, persons with disabilities, and older persons who are in need of social protection. The strategy plan should be implemented in collaboration with the respective Ministries, UN agencies, Development Partners, and Local NGOs since the implementation of the strategy plan underpins the rural development and poverty alleviation programs being implemented by the State.

I acknowledge and appreciate the efforts of all individuals and organizations in formulating the National Social Protection Strategy Plan.



President

Agga Maha Thayay Sithu, Agga Maha Thiri Thudhamma U Thein Sein

We firmly believe we can collectively build a Myanmar society where equality and harmony flourish by reinforcing social protection amidst the rapid reforms.

His Excellency, President U Thein Sein

June 25, 2012

National Social Protection Forum

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INTRODUCTION

Myanmar National Social Protection Strategic Plan

INTRODUCTION

1. This Strategic Plan was developed under the oversight of a Social Protection Working Committee (SPWC) that was formed at the direction of the Office of the President of Myanmar (Order No. 57/ 2014), and that is chaired by the Union Minister for Social Welfare, Relief and Resettlement. The Committee consists of a broad range of Government sector ministries as well as non-governmental organisations, and was tasked with developing a universal social protection system based on the needs of all people and that is supportive of the country's poverty alleviation and rural development programs.

2. The Union Minister for Social Welfare, Relief and Resettlement established a Technical Support Group (TSG) to assist the Working Committee with Strategic Plan preparation. The TSG is co-chaired by the Department of Social Welfare (DSW) under Ministry of Social Welfare, Relief and Resettlement (MSWRR) and UNICEF, and consists of 21 members drawn from Government ministries and agencies, non-governmental organisations, development partners, and a research institute as shown in appendix. The TSG established a Secretariat to draft the Strategic Plan, drawing on the work and activities of its members under the guidance of the SPWC.

3. A detailed plan of activities to prepare the Strategic Plan was developed and agreed in January 2014. The plan covered both technical inputs and national level consultations, and the preparation process included:

- (a) ***Strategic Plan launch workshop:*** The DSW and UNICEF hosted a meeting of the Technical Support Group in January 2014 to discuss key issues related to social protection in Myanmar and the Strategic Plan development process;
- (b) ***Myanmar Development Cooperation Forum:*** Social protection in Myanmar was highlighted and discussed at a parallel working session of the second annual Forum on January 25-26, 2014, organized by the Ministry of National Planning and Economic Development and attended by government ministries, members of Parliament, development partners, non-governmental and social organisations and United Nation agencies;
- (c) ***Social protection inventory:*** An inventory of all existing social protection programmes in Myanmar was completed with the support of the World Bank to ensure that the Strategic Plan would build on existing strengths of the system as well as help with the identification of priority gaps;
- (d) ***Social protection training:*** The DSW and UNICEF hosted a social protection training session in April 2014 for the TSG that covered social protection objectives, concepts and approaches, and that highlighted regional and global experiences with different types of social protection interventions;
- (e) ***Social Protection Assessment Based National Dialogue (ABND):*** The International Labour Organisation (ILO) supported a series of national consultative workshops following its ABND methodology (Box 1);

- (f) ***South-South Learning Forum on Social Protection;*** The delegates from DSW, attended a March 2014 global conference in Brazil on Designing and Implementing Social Protection and Labour Systems, organized by the World Bank, and informed their work on Strategic Plan preparation;
- (g) ***Workshop on Policy and Strategy Development.*** Drafts of the policy and strategy were developed with the involvement of representatives of related line Ministries and of development partners from 26 to 28 August 2014 at the Meeting Hall of DSW; and the policy and strategy were endorsed on 29 October 2014 at the Coordination Meeting of the SPWC held at the Assembly Meeting Hall of the Ministry of Social Welfare, Relief and Resettlement.
- (h) ***Policy workshop.*** In September 2014, a policy workshop was held by the TSG with UNICEF support to reconfirm the national objectives and vision for social protection, and to refine and elaborate on the policy options, the scenario costs and fiscal implications, and the final Strategic Plan outline; and
- (i) ***Final preparation and endorsement.*** The final Strategic Plan was approved by the SPWC in November 2014, after drawing on regular consultations with the TSG.

Box 1: SOCIAL PROTECTION ASSESSMENT BASED NATIONAL DIALOGUE (ABND)

A Social Protection Assessment Based National Dialogue (ABND) exercise was conducted in Myanmar under the leadership of ILO and supported the development of the Strategic Plan. Under the leadership of the MSWRR, the process engaged ministries and government agencies, social partners, civil society, academia and the UN Country Team, including the World Bank. The exercise involved a number of consultations and a series of three participative national dialogues.

The Social Protection ABND provided a multi-stakeholder exchange platform and facilitated a national consensus. The following products were discussed in the national dialogues:

- (a) A social protection assessment matrix including the inventory of existing government-led social protection programmes, policy gaps and implementation issues, and priority recommendations;
- (b) Policy options and estimated costs by using the sample of RAP of ILO, and proportions of budget allotment for social protection programmes;
- (c) Three packages of social protection benefits to build a social protection floor in Myanmar and the related budget allotment.

Definition of Social Protection

4. The TSG discussed and established a definition of social protection for Myanmar for the development of this Strategic Plan:

5. Myanmar social protection includes policies, legal instruments and programmes for individuals and households that prevent and alleviate economic and social vulnerabilities, promote access to essential services and infrastructure and economic opportunity, and facilitate the ability to better manage and cope with shocks that arise from humanitarian emergencies and/or sudden loss of income.

6. This definition distinguishes social protection from other elements of social policy, such as education and health, while also showing how social protection is complementary to and supportive of overall social policy (for example, through programs that promote or facilitate attendance-rate at school or visits to a health clinic).

Four Social Protection Dimensions

7. The Myanmar Social Protection Strategic Plan addresses four key dimensions:

- (a) ***Protective social protection:*** The Strategic Plan focuses on programmes that offer vulnerable groups relief from economic and social deprivation, and that reduce poverty and vulnerability. These programmes include ones that offer access to basic social services, the provision of social assistance, social insurance and public employment programmes;
- (b) ***Preventive social protection:*** The Strategic Plan incorporates a focus on preventing risks and shocks, as well as measures to mitigate loss of income after a shock. Preventive social protection includes access to basic social services, income security and diversification, employment opportunities, and health security;
- (c) ***Promotive social protection:*** The Strategic Plan promotes human capital development and adaptive capacity, allowing households to invest more in human capital development and productivity; and
- (d) ***Transformative social protection:*** The Strategic Plan includes a focus on equity and social cohesion along with socio-economic development.

Criteria used in Strategic Plan preparation

8. During Strategic Plan preparation, the following criteria were used to establish the key social protection priorities for Myanmar. Priorities will include those that contribute to the primary national development activities.

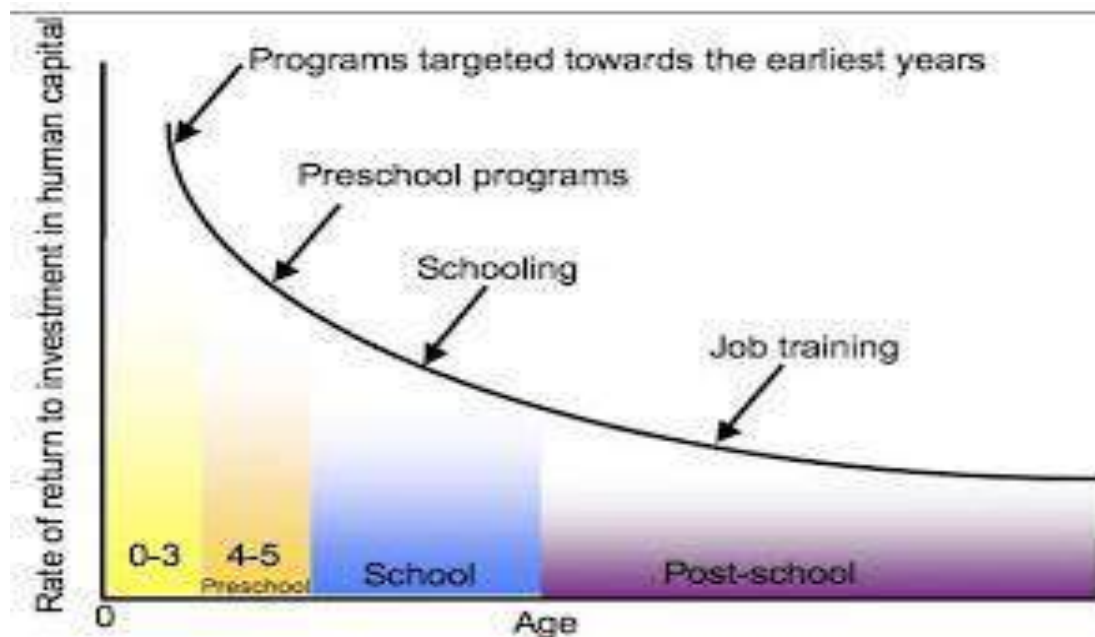
- (a) ***Complementarity.*** Myanmar's Social Protection Strategic Plan is intentionally designed to complement and support other Government programmes, while avoiding duplication and overlap.
- (b) ***Impact.*** The Strategic Plan explicitly highlights programmes that are likely to have the most cost-effective impact in reaching the poor and vulnerable in Myanmar.
- (c) ***Equity and coverage.*** The Strategic Plan incorporates an equitable approach that seeks, when possible, to provide universal access to social protection programmes, interventions and services that are in turn supportive of social inclusion in Myanmar.
- (d) ***Sustainability.*** The Strategic Plan outlines fiscally responsible approaches, e.g., by phasing in some programmes over time and by launching the most important priority programmes first.
- (e) ***Holistic approach.*** The Strategic Plan employs a holistic approach that recognizes that individuals and families typically face diverse, complex and multi-faceted risks and vulnerabilities, requiring the development over time of a professionalized cadre of social workers applying case management and referral methodologies.

- (f) ***Life-cycle:*** The Strategic Plan recognizes and addresses the different risks and vulnerabilities that occur at different stages of the life cycle from birth to older ages.
- (g) ***People-centered:*** The Strategic Plan reflects Myanmar's social norms that seek to empower the poor and vulnerable in society, and to provide them with access to resources and opportunities by utilizing people-centered approach.
- (h) ***Evidence-based:*** The Strategic Plan highlights approaches that have been applied and evaluated globally and in the region, and that can be successfully implemented in Myanmar's context.
- (i) ***Gender-sensitive:*** The Strategic Plan is based on available gender-based data and information, and includes programmes that will have a significant, beneficial impact on girls and women.
- (j) ***Flexible and adaptive:*** This Strategic Plan highlights the importance of regular information and data collection, management, and evaluation so that social protection programmes can be effectively modified and strengthened over time.

Child Sensitive But For All Ages

9. The Myanmar Social Protection Strategic Plan recognizes that social protection should be child sensitive, recognizing international evidence that shows returns to investments are highest at the youngest ages (as shown in chart summarizing the research of Nobel Economics Laureate James Heckman). Physical and neural development occur very quickly at younger ages, and meeting children's basic needs sets a foundation for later success in life (including educational performance and overall health status). In short, today's children represent the future of Myanmar, and ensuring their well-being will contribute to long term growth and poverty reduction.

Graph 1: Rates of return by age



Source: Heckman (2007)

10. At the same time, children in Myanmar do not live in isolation, but are part of much broader networks of families and communities. Children cannot thrive well if the adults in their family do not have enough income to provide

for their adequate nutrition and care. The elderly play an important role in Myanmar family and society, and are invaluable resources in the communities they live in.

11. Accordingly, this Strategic Plan recognizes that all people in Myanmar are valued assets and contributors to society. When some members of a community are in dire need, or face disasters and shocks, all community members are affected.

**SOCIAL PROTECTION AS A PRIORITY IN MYANMAR'S
SOCIO-ECONOMIC REFORM PROGRAMME**

SOCIAL PROTECTION AS A PRIORITY IN MYANMAR'S SOCIO-ECONOMIC REFORM PROGRAMME

12. Myanmar's political and economic reform process has led to a national dialogue on social policy. The reform agenda includes measures to promote growth and effective economic governance, which over time will increase household incomes and support fiscal balance and price stability. The agenda incorporates an inclusive People-Centered Development approach that recognizes the need for social policies that ensure basic needs, such as adequate income and nutrition and access to education and health services available for all. This inclusive approach in turn helps to drive economic activity through a healthy, productive and better educated workforce, while facilitating social cohesion and individual and community well-being.

13. This Strategic Plan recognizes that, as in all countries, there are significant differences in the resources available to those with lower and higher incomes. Governments can play a role in redistributing resources to address better the needs of the poorest and most vulnerable. Governments can also play an effective role in helping to coordinate the efforts of their development partners to support and strengthen social protection in the country. Myanmar is subject to periodic natural disasters, and effective social protection policies can help communities to prepare, respond to and recover from disasters and emergencies.

14. Accordingly, this Social Protection Strategic Plan complements and strengthens Myanmar's overall reform programme, as outlined in the Framework for Economic and Social Reforms (FESR) and further reflected in

the National Comprehensive Development Vision and National Comprehensive Development Plan. This Strategic Plan is aligned with Myanmar's rural development, health, and education strategies, which aim towards inclusive approaches to poverty alleviation and enhanced opportunities, and is also fully consistent with Myanmar's regional and global commitments.

National Social Protection Conference (2012)

15. Social protection in Myanmar was elevated as a national agenda during the 2012 “**Conference on Social Protection: A Call to Action**” that was organized by the Ministry of Social Welfare, Relief and Resettlement and the Ministry of Labour, Employment and Social Security, in collaboration with other line ministries, the Centre for Economic and Social Development, the Myanmar Development Resource Institute, and UNICEF. The conference was opened by His Excellency, President U Thein Sein, and drew on regional and global experience to highlight the contributions that social protection makes to mitigating poverty, risk and vulnerability and to promoting social equity and inclusion. The Conference concluded that a High Level Committee on Social Protection should be established, building on the technical work that had been launched two years earlier by the Inter-Agency Group on Social Protection.

THE UNION SHALL . . . CARE FOR MOTHERS AND CHILDREN, ORPHANS, FALLEN
DEFENSE SERVICES PERSONNEL'S CHILDREN, THE AGED AND THE DISABLED.

Constitution of the Republic of Myanmar, 2008

Article 32

Framework for Economic and Social Reforms

16. Social protection is highlighted in the **Myanmar Framework for Economic and Social Reforms (2013)** that was submitted to the First Myanmar Development Cooperation Forum. The FESR noted that “social protection programmes can function as a ‘circuit breaker’ for inter-generational cycles of poverty and hunger. Domestic resource mobilisation is essential for initiating and scaling up these investments.” It highlighted in particular the importance of social protection in addressing inequality and strengthening human capital and development.

17. Accordingly, the FESR views growth and social protection as mutually supportive. Both are necessary for reducing the incidence and the level of severity of poverty. The FESR’s social protection approach seeks to strengthen the role of the state in providing for the basic needs of all, while enhancing assistance to the most vulnerable in society. This, in turn, will provide an increasing level of support to family and community networks throughout Myanmar.

18. The FESR and subsequent Government policies have set the basis for a significant increase in education and health expenditures, which are intended to enhance the quality and availability of services and human capital development needed for Myanmar’s long term growth. These measures include the provision of free primary education and the establishment of new health financing schemes and free maternal and child health care, as well as the enhancement of skills and capacities of personnel working in these sectors.

19. The FESR envisages social protection as complementing these reforms through, for example, the introduction of new educational stipends designed to improve enrollment and attendance in primary and secondary schools by the poor children. In the health sector, the Government's "**Health for All**" approach will strengthen rural primary health care, maternal and child health, and infectious disease controls, and will introduce new financing mechanisms to enhance access to services.

20. The FESR noted the importance of Myanmar learning from other countries' experiences. This formed part of the rationale for the 2014 social protection training workshop in Nay Pyi Taw that included a dialogue on numerous regional and global examples of interest to Myanmar's social protection system.

"MYANMAR NEEDS A SOCIAL PROTECTION SYSTEM THAT IS BASED ON THE NEEDS OF MULTIPLE ECONOMIC GROUPS, INCLUDING WOMEN, CHILDREN, VULNERABLE GROUPS, THE AGED, AND PEOPLE WITH DISABILITIES. TO THIS END A HIGH-LEVEL NATIONAL COMMITTEE FOR THE COORDINATION OF SOCIAL PROTECTION, LED BY THE MINISTRY OF SOCIAL WELFARE, RELIEF AND RESETTLEMENT AND THE MINISTRY OF LABOUR, EMPLOYMENT AND SOCIAL SECURITY WILL BE ESTABLISHED. THIS COMMITTEE WILL WORK TOWARDS RIGHTS-BASED, INCLUSIVE AND SYSTEMIC POLICY DEVELOPMENT, WITH DUE ATTENTION GIVEN TO ALLEVIATING POVERTY AND ADDRESSING INEQUITIES, SOCIAL EXCLUSION, AND EMERGENCIES."

Rural Development and Poverty Alleviation

21. **Myanmar Rural Development and Poverty Alleviation Strategy** acknowledges the high prevalence of poverty in rural areas, and seeks substantial reductions in poverty (from 26% to 15%) through 2015 and beyond. The Strategy focuses on enhancing agricultural production through a comprehensive array of activities ranging from support to livestock and fisheries industries to rural cooperatives and credit enterprises.

22. In particular, the Strategy aims to increase incomes for 1 million poor people earning between 200,000 to 300,000 Kyats by 50 percent by 2015/2016 to reduce directly the number of those living below poverty line. The program is targeted to 28 districts and will operate through a decentralised funding mechanism. This strategy will complement Social Protection Strategy as a matter of fact that the implementation of Rural Development Strategy increases productive activities and engages in universal programmes for vulnerable groups.

Myanmar Action Plan on Disaster Risk Reduction

23. Myanmar has adopted a national **Action Plan on Disaster Risk Reduction** that was issued under the oversight of MSWRR on 3rd July, 2012. The goal of the Plan is to “make Myanmar safer and more resilient against natural hazards, thus protecting lives, livelihood and developmental gains”. The Action Plan includes a comprehensive summary of Myanmar’s hazard risk profile as well as an overview of the measures to be taken to improve Myanmar’s ability to manage its disaster risks.

24. The plan includes public employment provisions that will enhance livelihoods in vulnerable areas, while also strengthening the preparedness and resilience of communities subject to disasters. This Strategic Plan will complement that plan by improving livelihoods of families and communities before disasters arise, by smoothing consumption over the year to address seasonal or weather-related nutrition shortfalls, by building the capacity to deliver cash benefits where needed, and by supporting public employment programmes that mitigate community risks to disasters.

Myanmar and regional /global conventions and instruments

25. This Social Protection Strategic Plan is strongly supportive of Myanmar's international commitments under the following instruments to which it is a party:

- (a) The ASEAN Declaration on Strengthening Social Protection
- (b) The ASEAN Declaration of Human Rights
- (c) The Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly
- (d) The Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children
- (e) The Convention on the Rights of the Child
- (f) The Convention on the Rights of Persons with Disabilities
- (g) The Bali Declaration on the Enhancement of the Role and Participation of the Persons with Disabilities (2011-2020)
- (h) The Convention on the Elimination of All Forms of Discrimination Against Women

- (i) The Universal Declaration of Human Rights
- (j) The Madrid International Plan of Action on Aging
- (k) 19 ILO conventions (ratified and in force or entering into force), and the Recommendation of the 101st Session of the ILO Labour Conference concerning National Floors of Social Protection

ASEAN Declaration on Strengthening Social Protection

26. Myanmar is a party to **ASEAN Declaration on Strengthening Social Protection**, which was adopted by all ten ASEAN nations at the 23rd Summit in Brunei Darussalam in October 2013. The Declaration was guided by the commitments set out in the **ASEAN Charter** concerning the need for equitable access to opportunities for human development, social welfare and justice. It also reflected the commitment to social protection that was highlighted in the **ASEAN Roadmap on the Attainment of the Millennium Development Goals in ASEAN**, as well as the findings of a series of regional conventions from 2011-2013, including the recommendations of the **2012 Regional Workshop on Social Protection and Promoting Social Services for Vulnerable Groups**.



“SOCIAL PROTECTION IS AN INVESTMENT IN PEOPLE THAT SHOULD BE SUPPORTED BY ADEQUATE RESOURCES IN ORDER TO EMPOWER THEM TO MEET THEIR BASIC NEEDS.”

ASEAN Declaration on Strengthening Social Protection
(OCTOBER, 2013)

27. The ASEAN Declaration supports:

- (a) Equitable access to social protection programmes that are based on a life-cycle approach and that cover essential services as needed;
- (b) Promoting the coverage, availability, quality, equity and sustainability of social protection to ensure optimal results for beneficiaries;
- (c) Strengthening capacity of government officials, communities, service providers and other stakeholders to coordinate social protection at regional, national and local levels;
- (d) Strengthening of the family and community in order to enhance social protection; and
- (e) Addressing social protection as a cross cutting issue engaging government, civil society, service providers and development partners.

28. This Strategic Plan has worked to incorporate the principles of the ASEAN Declaration on Strengthening Social Protection. Myanmar will continue to share its experiences with other ASEAN countries that are also working to strengthen their social protection systems.

POVERTY, RISK AND VULNERABILITY IN MYANMR

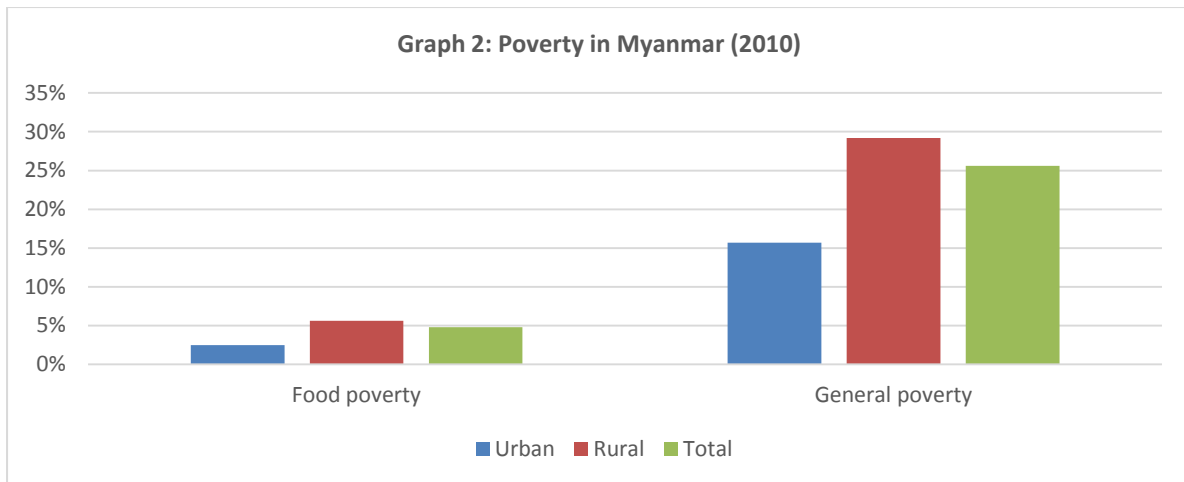
POVERTY, RISK AND VULNERABILITY IN MYANMAR

29. For the purposes of this Strategic Plan, **poverty** is defined as a state where individuals or households do not have enough resources or abilities to meet their needs. Poverty is distinct from **risk**, which for social protection is the potential for an outcome with negative consequences, or **vulnerability**, which is the likelihood or probability that a household will pass below the defined acceptable threshold of a given indicator and fall into poverty. This Strategic Plan addresses all three areas, noting their unique characteristics as well as overlaps.

Myanmar's poverty profile

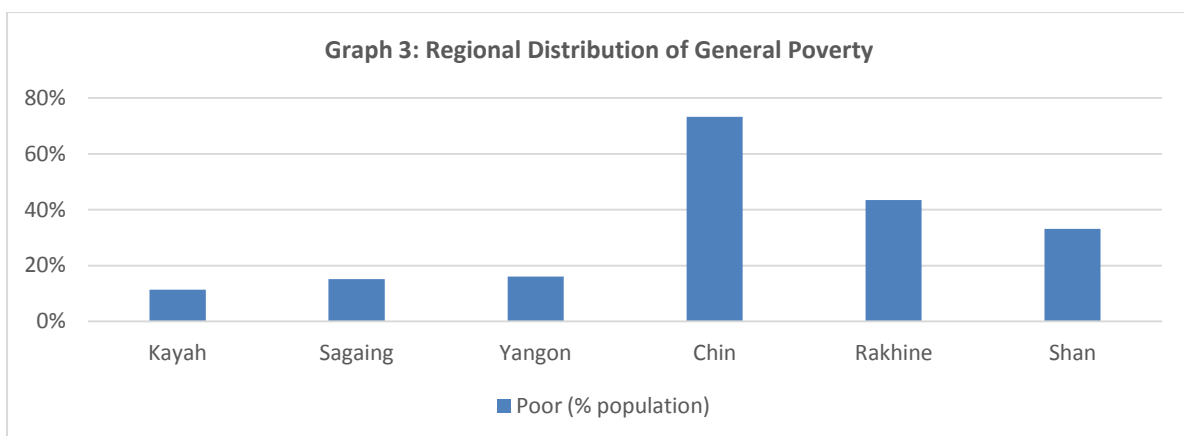
30. A *Poverty Profile* for Myanmar was completed in June 2011 with the support of the United Nations Development Programme that was based on a comprehensive Integrated Household Living Conditions Assessment (IHLCA) in Myanmar conducted in 2009-2010. Two poverty lines were established: a 'food poverty' line that assumes the minimum required to meet a household's caloric requirements, and a 'general poverty' line that adds an allowance for non-food expenditure. The food poverty line represents an extreme level of hardship, and is about 73 percent of the general poverty line.

31. The IHLCA found that about 5 percent of the population is food poor, and about 26 percent of the population is broadly poor. Food poverty incidence is much higher in rural areas (5.6 percent) than urban areas (2.5 percent), and a similar pattern holds for broader poverty (29.2 percent and 15.7 percent, respectively).



Source: IHLCA (2010)

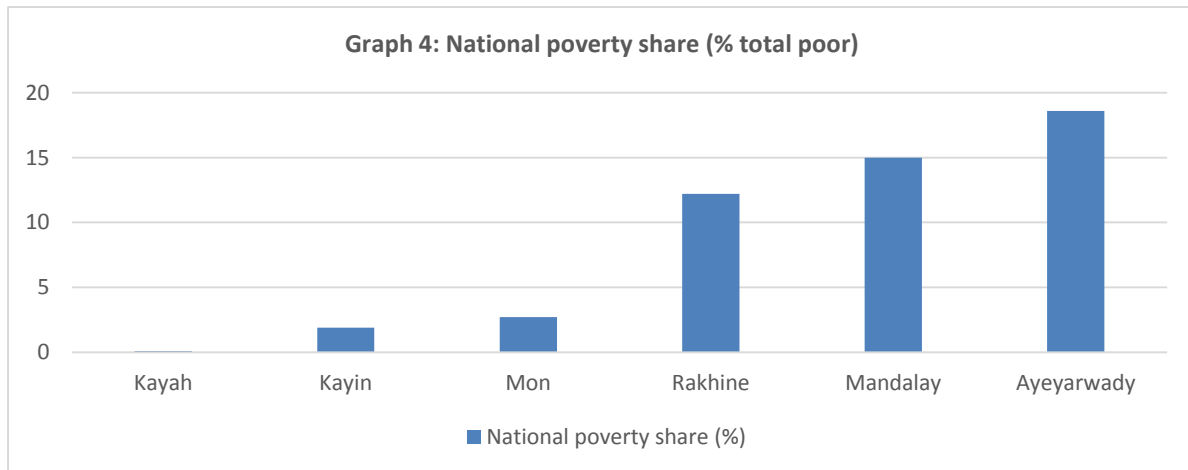
32. There are significant differences in the regional distribution of poverty reflected in the IHLCA. The three poorest states – Chin, Rakhine, and Shan – had significantly higher poverty levels than the three least poor (Kayah, Sagaing, and Yangon).



Source: IHLCA (2010)

33. High poverty incidence can arise in areas with low population density. It is therefore helpful, when looking at the regional distribution of poverty, to examine where the highest proportion of the poor are located (that is, the

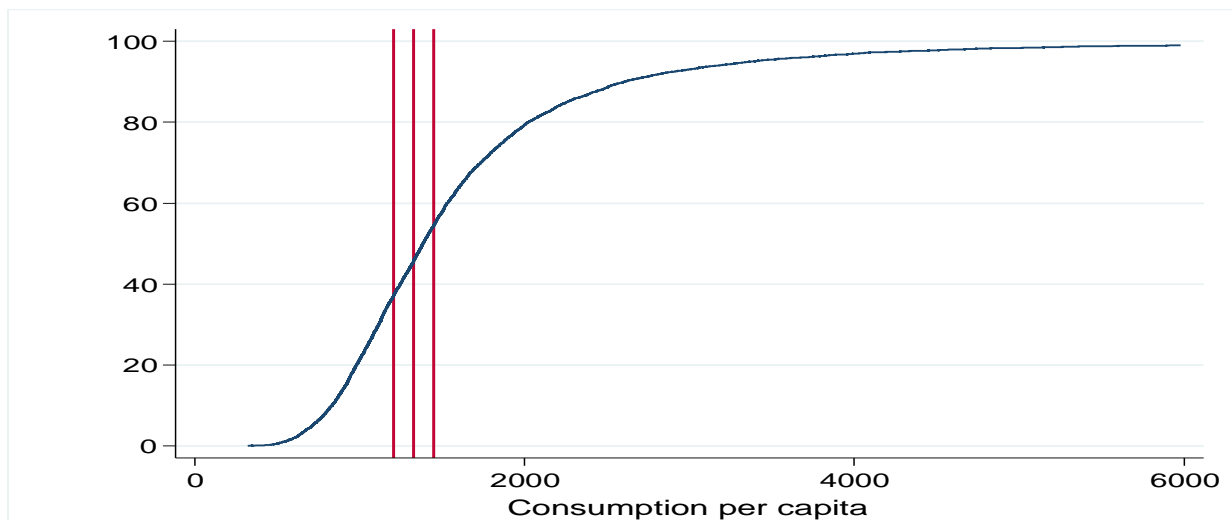
national poverty share of the population for each state). With population weighting, the IHLCA finds high numbers of people living in poverty in Ayeyarwaddy, Mandalay and Rakhine, with low numbers in Kayah, Kayin, and Mon.



Source: IHLCA (2010)

34. Analysis of the IHLCA data shows that a high percentage of the population is clustered around the poverty line. Once that poverty line is shifted, the number of poor people under the poverty line will be greatly changed. This clustering suggests that more universal approaches to benefit provision are preferred to ones targeted by income, which would risk excluding many people living in poverty or close to poverty.

Graph 5: Distribution of consumption

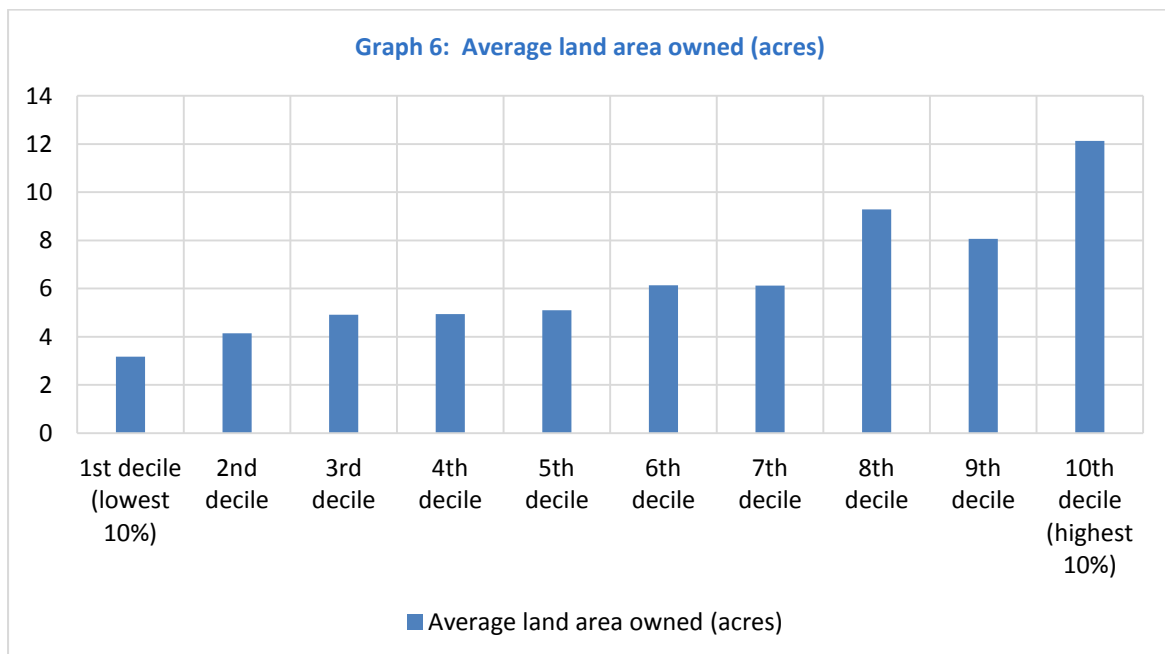


Source: IHLCA (2010)

35. Nationwide, poverty status is correlated with household size: poor families have on average 6.0 household members, while non-poor have 4.7. Some of the poorest states tend to have larger households. The IHLCA found high correlations between poverty and occupation: 54.2 percent of those engaged in agriculture, hunting and forestry fell below the general poverty line, whereas 10.8 percent of those who are private household employers and engaged in undifferentiated production activities. In general, 20% of the poorest population can consume 12% of the total consumption in the country.

36. Analysis of the IHLCA data also shows that children aged 0-17 experience significantly higher poverty rates than any other age group, and also experience deeper poverty than others. This finding suggests that available social protection resources might be somewhat weighted towards programs that benefit children and families with children.

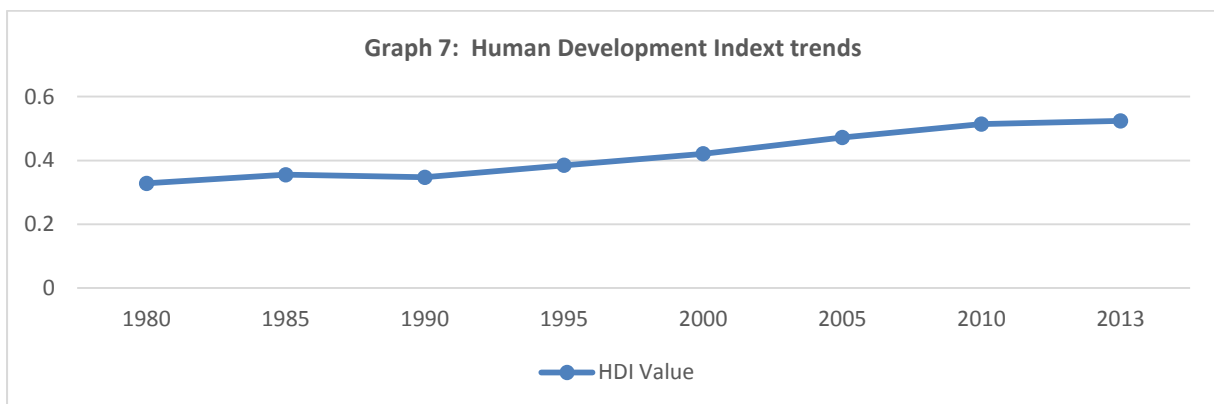
37. For agricultural households, there is a strong correlation between land holdings and poverty, with the average poor household owning 4.4 acres and the average non-poor household owning 6.9 acres. There is also a clear correlation between average land area owned and consumption. The World Bank and Myanmar Development Research Institute completed a 2012 Qualitative Social and Economic Monitoring (QSEM) exercise assessing rural livelihoods as well as the interventions of the Livelihoods and Food Security Trust Fund (LIFT). The assessment found different livelihood patterns are evident by agro-ecological zone, and a higher ability of those with higher incomes in rural areas to diversify risks. The lack of access to affordable credit and the high debt burden were also cited as issues that erode income as well as the ability to save.



Source: IHLCA (2010)

38. Poverty is not directly related to unemployment. About 70 percent of the poor participate in the labour market, with higher participation rates for men (82 percent of men and 54 percent of women and in rural areas 70 percent and 60 percent respectively). As these are relatively high rates, the Poverty Profile concluded that a key issue for Myanmar is the low economic returns to labour. Related, underemployment rates are high and 37 percent of the working population fluctuates by season.

39. There have been very positive trends since 1980 in Myanmar's *Human Development Index* (UNDP), which is based on an assessment of indicators along three dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.



Source: UNDP (2014)

Risk and vulnerability profile

40. The risks and vulnerabilities that are addressed by social protection are classified by this Strategic Plan according to two basic types: (1) those that affect the general population, either nationwide or in a given

geographic area; and (2) those that affect individuals and families at different stages of the life-cycle.

41. General risks and vulnerabilities: Risks and vulnerabilities that affect the general population in Myanmar can be economic, environmental, human development related and social. With respect to economic risks, Myanmar is implementing fiscal policies and structural economic reforms in order to control inflation and strengthen finance and is projecting robust economic growth over the medium term.

42. Myanmar faces significant **environmental** risks and vulnerabilities, and these have a direct bearing on social protection. These have been assessed in the country's Hazard Profile and Myanmar Action Plan for Disaster Risk Reduction, and include:

- (a) Storm surge
- (b) Flood
- (c) Drought
- (d) Fire
- (e) Earthquake
- (f) destruction of crops due to pests and animals
- (g) Landslide
- (h) Food shortage
- (i) Tsunami
- (j) Lightning strikes

43. Food shortage, floods, shortage of rainfall and drought are generally predictable, and social protection policy can be adapted to anticipate the related impact on affected populations, such as shortfalls in available

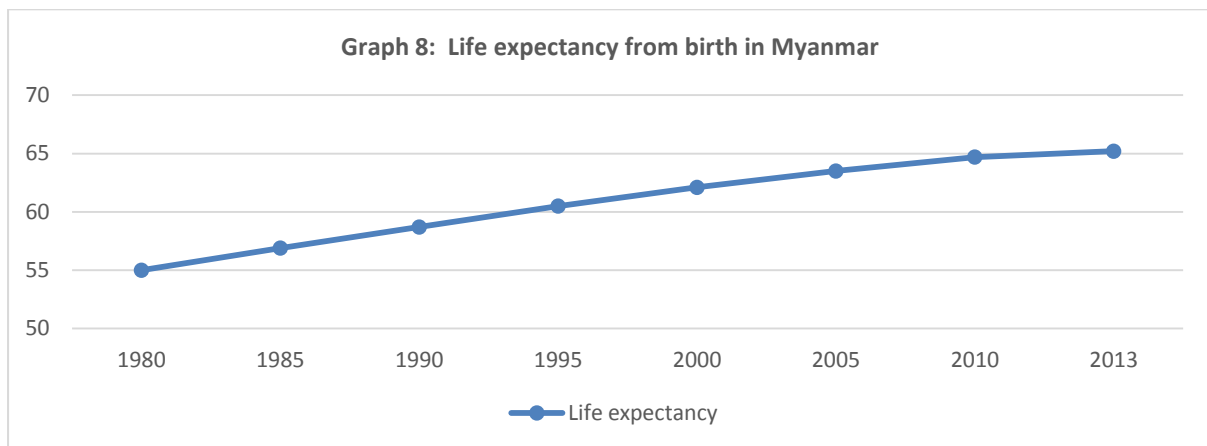
nutrition. The other risks are generally unpredictable and vary in severity, but are of sufficient frequency in Myanmar to require a high level of preparedness, including social protection interventions and approaches.

44. Numerous studies have showcased the importance of climactic variation to individual and household well-being. The QSEM highlighted the linkages between low yields in the Dry Zone, falling prices, the drop in available credit and related defaults, and lower incomes. Food Security and Poverty Estimations for the Dry Zone have been prepared by the Ministry of Border Affairs, Ministry of Livestock, Fisheries and Rural Development, the World Food Programme and Save the Children. These found that 18 percent of the population lacked an appropriate diet, with rates higher in areas such as Magway, Mandalay, and the high land zone (where there were significant diet inadequacy issues among small farmers and wage labourers).

45. The human development related risks and vulnerabilities include poor health status, lack of access to health services and/or immunizations, disability, nutrition-related stunting and cognitive development deficits, lack of access to education services and low educational achievement, and lack of access to social welfare and care services.

46. Myanmar's Multiple Indicators Cluster Survey offers information on a number of key indicators. Myanmar's life expectancy at birth is 65 years (up from 58.7 in 1990). Both infant mortality (41 per 1,000 live births) and under five mortality (52 per 1,000 live births) rates dropped by almost half between 1990 and 2012. About 8 in 10 women have access to antenatal care and skilled personnel during birth, but the percentages fall among the poor and

in rural areas. The rate of stunting (2008-2012) is 35.1 percent. Adult HIV prevalence is 0.6 percent, and 0.1 percent for those age 15-24.



Source: MICS (2010)

47. Overall, 8 in 10 people live within one hour's walk to a hospital or health centre. Urban dwellers have a much higher percentage of physical access (96 percent) than rural dwellers (75 percent).

48. Myanmar's population is highly literate, with relatively high participation in primary schools, but there is a significant drop in participation in education in later school years. Over 95 percent of youth are literate. Only about 20 percent of children participate in pre-primary levels of education, but net attendance at primary school is roughly 90 percent. Net attendance ratios fall to about 58 percent at secondary school (MICS). These numbers are somewhat related to physical access: the IHLCA found that over 90 percent of children have physical access (within an hour's walk) to primary school, and roughly 36 percent to secondary school. Physical access is much lower in rural areas.

49. Myanmar is also affected by a number of **social** risks and vulnerabilities. These risks and vulnerabilities tend to require interventions across the social welfare, health and education sectors.



50. Prevalence of disabilities among the Myanmar population is 2.3 percent (Myanmar National Disability Survey jointly conducted by DSW and Leprosy Mission). People with disabilities lack access to specific rehabilitation services, mainstream education, training for independent living, vocational training programmes, protected job opportunities, opportunities for social inclusion, income security and cash benefits for livelihood.

51. There are no reliable statistics on the number of children in institutional care, in part because many orphanages are unregistered. The number of children in registered institutional care and DSW orphanages is nearly 20,000, with the unregistered homes leading to a much higher figure. Myanmar is promoting programmes to strengthen families and to reduce reliance on institutional care for children, in line with global best practices. The 2014

Census will provide information on the levels of kinship care as well as institutional care of children.

52. Large numbers of women and children are trafficked in the Greater Mekong sub-region each year, many into prostitution, the production sector, the agricultural sector, fishing and the entertainment sector. Many of those trafficked end up in Thailand. Myanmar is taking aggressive measures to combat human trafficking, which is widely practiced in the region. These are reflected in the Myanmar Five Year Plan of Action to Combat Human Trafficking. Social protection efforts can help to mitigate some of the economic and poverty drivers behind this trafficking and migration, while providing services to those affected.

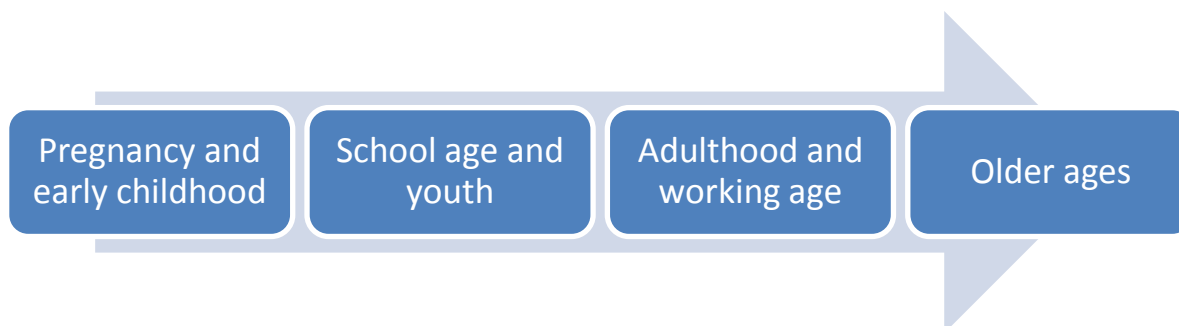
53. It is difficult to obtain reliable estimates of the numbers of children of the street, but some unofficial estimates put the totals in the tens of thousands. These children have little supervision and their ability to develop appropriate social behaviors and cognitive abilities is severely compromised. They are also vulnerable due to their lack of access to education and health services as well as shelter, and are at particular risk of sexual exploitation and abuse, coming in contact with the law, and trafficking.

Risks and vulnerabilities along the life cycle

54. Risks and vulnerabilities manifest themselves in different ways over the course of a lifetime. Infants undergo most of their physical and neural development in the first 1,000 days of life, and it is difficult to reverse the physical and cognitive development delays that result from malnutrition

during that period. In contrast, those of older ages experience risks related to physical health and isolation.

55. For this reason, this Strategic Plan is organized broadly around the life cycle. The life cycle is categorized according to four areas identified by the TSG:



56. The TSG has identified the following examples of risks and vulnerabilities that are associated with each of these stages.

(a) Pregnancy and early childhood (examples)

- (1) Lack of access to professional neonatal and delivery services
- (2) Infant malnutrition and underweight
- (3) Loss of income/opportunity during pregnancy and maternity
- (4) High levels of anemia among pregnant women
- (5) Loss of parents, kinship care, institutionalization
- (6) Poor cognitive, emotional and social development
- (7) General neglect
- (8) Disability
- (9) General neglect and lack of stimulation
- (10) Lack of access to early childhood programs
- (11) Lack of access to immunizations and health care
- (12) Greater vulnerability to protection related risks

(b) School age and youth (examples)

- (1) Lack of access to educational services at all levels
- (2) Lack of access to health services
- (3) Malnutrition and undernutrition
- (4) Child labour
- (5) Disability
- (6) Children of the street
- (7) Orphanhood
- (8) Early marriage and/or pregnancy
- (9) Loss of parents, kinship care, institutionalization
- (10) Substance abuse
- (11) Children in conflict with the law
- (12) Physical or sexual violence
- (13) Trafficking/migration

(c) Adulthood and working age (examples)

- (1) Irregular employment/unemployment
- (2) Underemployment and lack of returns to labour
- (3) High number of dependents
- (4) Disability
- (5) High debt
- (6) Community and family obligations
- (7) Low work skills and/or inability to develop work skills
- (8) Work safety
- (9) Substance abuse
- (10) Trafficking and migration

(d) Older ages (examples)

- (1) Health status
- (2) Diminished work ability and drop in income
- (3) Insufficient savings
- (4) Disability
- (5) Isolation
- (6) Diminished cognitive capabilities
- (7) Lack of access to health services
- (8) Vulnerability during disasters

57. Combining life cycle risks and vulnerabilities with those that affect all ages (such as disasters) provides a comprehensive overview of the issues to be addressed by Myanmar's social protection system, and this Strategic Plan is accordingly structured around those elements.

**MYANMAR'S CURRENT SOCIAL PROTECTION
PROGRAMMES**

MYANMAR'S CURRENT SOCIAL PROTECTION PROGRAMMES

Current policy and legislation in force

58. Rights and responsibilities for social protection are established in:

- (a) The Constitution of the Republic of the Union of Myanmar (2008)
- (b) The Social Security Law (2012)
- (c) The Child Law (1993)
- (d) The Myanmar Maternal and Child Welfare Association Law (2013)
- (e) The Anti-trafficking in Persons Law (2005)
- (f) The Basic Education Law (1973)
- (g) The Public Health Law (1972)
- (h) The Vocational Education Law (1974)
- (i) The Citizenship Law (1982)
- (j) The Workers' Compensation Act (1923)
- (k) The Natural Disaster Management Law (2013)
- (l) The Early Childhood Care and Development Law (2014)

Current social protection programmes

59. There are currently some limited contributory cash benefit programs, non-contributory cash benefits, and social services available in Myanmar. These are provided by the public sector as well as non-governmental and civil society organisations. Many are targeted to particular categories of the population and to specific geographic areas. These programmes have been assessed to facilitate the Strategic Plan's analysis of the priority gaps to be addressed in social protection. As part of the Strategic Plan preparation

process, an inventory of social protection programs was conducted with the support of the World Bank. The inventory was also reviewed during the ABND process. The most relevant existing programmes, mapped along the life cycle, are listed in this Strategic Plan.

Pregnancy and Early Childhood

60. The following table highlights the programmes that are currently available to pregnant women and children in the first years of life.

Pregnancy/early childhood programmes (primary)

Programme name	Description and coverage	Leading agency(ies)
Maternal and child health voucher scheme pilot	Voucher for maternal, pre and postnatal care and nutrition. Piloted in one township, 1,346 beneficiaries	Ministry of Health (with support of WHO/GAVI Alliance)
Maternity and young child transfer programme pilot	15 village pilot to increase infant and young child nutrition	Save the Children (LIFT supported) MMCWA
Free nutrition programme	Pregnant and lactating women and children under 5. No estimates of no. of beneficiaries	Ministry of Health, National Nutrition Centre (WFP supported), MMCWA

Free pre-school and day-care centres	Free care at 34 ECCD centres and 41 day care centres, servicing 10,917 in 2013 (0.25% of children 0-4).	MSWRR, MMCWA
Residential care for children 0-5	6 institutions house 1,420 children. Goal is to shift focus from residential to family and kinship care options.	MSWRR
Assistance to mothers with multiple births (3 or more)	Cash benefit to mothers with triplet (or more) newborns	MSWRR

61. Mothers and infants are among the most vulnerable categories in Myanmar, and support to meet basic nutritional and health needs is critical to a child's successful development and future educational achievement. The current social protection schemes provides very limited assistance to this vulnerable population, with some programmes only available in a few areas.

School Age and Youth

62. The following table highlights the programmes that are currently available for this group.

School age and youth programmes (primary)

Programme name	Description and coverage	Leading agency(ies)
Youth centres	118 youth centres, 81 primary night schools and 8 training schools in Yangon, Mandalay, Shan and Mon (3,800 young offenders)	MSWRR
Training services for children with disabilities	537 children in 4 centres, 23 children in one care centre (0.18% of children with disabilities)	MSWRR
School feeding programme	School feeding in food insecure areas and areas with low enrollment rates;	WFP
Education stipends pilot	Targeted cash transfer conditioned on school enrollment and attendance, 6 townships in year one and expanding	Ministry of Education (World Bank support)

Support to compulsory primary education	1,000 Kyats per year to all primary pupils (5.2 million)	Ministry of Education
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63. Current social protection programmes outlined above only reach a fraction of school age children and youth in the country, and there is need for increasing the scope and coverage of social protection.

Adulthood/Working Age

64. The following table highlights some of the programmes that are currently available for this group.

Adult/working age programmes (primary)

Programme name	Description and coverage	Leading agency(ies)
Voluntary homes for women and vocational training centres and women development centres	6 centres in all in Yangon, Mandalay, Myeik, Kyaintone serving about 1,000 vulnerable women	MSWRR

Social security for civil servants and formal workers	Provides cash benefits for sickness, maternity, paternity, temporary or permanent disability, disasters, funerals. The scheme covers 710,000 workers, or 2% of the active population.	Social Security Board
Training centre for people with disabilities	Yangon centre with 141 clients	MSWRR
Skills development training centres	Training centers in Yangon, Mandalay and Patheingyi	Ministry of Labour, Employment and Social Security
Micro-capital loan programme	An MMK 200 billion programme for agricultural equipment to 2 million members	Ministry of Cooperatives
Cash for work programmes	Various programmes in different townships and districts	Ministry of Fisheries, Livestock and Rural Development, ILO, Save the Children, Oxfam, ActionAid, ADRA, GRET

65. Social protection programmes for those of adult/working age are highly limited in coverage and are geographically diffuse. Only 3 percent of those in active age receive any kind of benefit. Cash for work programmes are NGO-run and temporary.

Older Ages

66. The following table highlights the programmes that are currently available for this group.

Older age programmes (primary)

Programme name	Description and coverage	Leading agency(ies)
Civil service pension schemes	Non-contributory pension for civil or political service. 50% of the last salary is served as pension. 643414 beneficiaries in 2013-2014	Pension Department Ministry of Finance
Older Person Self-Help Groups	Services and cash benefits including loans, home care, livelihood programs, in Ayeyarwaddy, Mon, Kayin, Yangon and Mandalay. 5,123 served (2013-2014).	MSWRR (HelpAge International support)
Voluntary homes for the elderly	65 homes with 2,282 clients	MSWRR

Programs for people with disabilities	Training institutions, visually and/or hearing impaired	MSWRR
Home care programme	Long term home care in 56 townships	MSWRR
Social security old age pension scheme (forthcoming)	A voluntary contributory scheme for companies with 5+ workers.	Social Security Board

67. Overall, there are minimal supports in place to address the risks and vulnerabilities of people of older ages. Old age pension schemes that help to smooth income in later years are only available to limited populations. Older Person Self-Help Groups are an emerging model programme in the country, but are providing services to only a small fraction of the population of older ages.

Emergency Response

68. The Government of the Union of Myanmar has played a leadership role in providing relief and recovery assistance to disaster-affected populations, in particular since cyclone Nargis struck the country with devastating consequences in 2008; and recently formalized its commitment in the Disaster Management Law, enacted in 2013. Under the leadership of the National Disaster Preparedness Central Committee (NDPCC), the Law commits both Union and region/state level disaster management bodies to “provide health, education, social and livelihood programmes in order to bring about better living conditions for disaster victims.” It also states that

mandated bodies under the law “shall give priority and protect children, older people, people with disabilities and women (especially pregnant women and mothers) in carrying out (their) functions.” Coordinated by the Relief and Resettlement Department under the Ministry of Social Welfare, Relief and Resettlement, and involving a wide range of Government departments, emergency operations by the Government of Myanmar have reached and provided relief to thousands of disaster-affected people after cyclone Nargis in 2008, cyclone Giri in 2011, the Tarlay earthquake in 2011, Magway flash floods in 2011, and to conflict-affected people in the numerous localized disasters that affect people’s lives and livelihoods across the country every year.

Access to Basic Social Services

69. The social protection sector is not directly responsible for the provision of certain essential services, such as primary education or health care. The sector does not manage immunization programmes, define and implement curricula and teacher training approaches, or develop disaster management programmes. However, well-designed social protection systems facilitate the ability of people, particularly the poor and vulnerable, to access essential services. For example, a grant to pregnant women can be provided alongside other antenatal services, or an education stipend can be conditioned on regular school attendance.

Education access

70. Myanmar has made education reform a key priority, as articulated in its 30-Year Education Development Plan. A major focus of that Plan is to invest in more primary and secondary schools to reduce physical barriers to access. The budget for education for 2013/2014 was increased to roughly 14 percent of overall government expenditure, aimed at reducing the substantial private (out of pocket) contributions that were earlier required to finance education. This should reduce barriers for those with lower income. Myanmar is piloting a new education stipend with the assistance of the World Bank that is conditioned on enrollment and attendance, and that uses community based targeting mechanisms to identify beneficiaries.

Health access

71. Myanmar has been preparing a policy framework for universal health care coverage, so that all will be able to access health care regardless of income (as shown in Vision of the Government of Myanmar for Universal Health Coverage, 2014). Essential medicines are currently provided at no cost, as are services to children under five at public hospitals and dispensaries; vouchers are provided for neo-natal, delivery and post-natal care. Public expenditures on health have been substantially increased to reduce physical barriers to access while improving quality.

Social welfare services and child protection

72. Currently, social welfare services are extremely limited, fragmented and cover only a few needs and geographic areas. Social welfare services are not directly serving the population (no units are available at township level) and few statutory social workers are providing services. Fund allocations for social welfare are minimal.

73. There is excessive reliance on relatively costly children's residential care institutions, which should be replaced, when possible, by family care for children. Statutory child protection services cover only 5 percent of the population. In order to respond to unmet child protection needs, the DSW has designated one case manager in 25 pilot townships, and a network of 284 Community Support Groups have been established. Good practices will have to be taken into consideration when expanding a structured system of social welfare services, designed to address and respond to the needs of the most vulnerable groups of the population.

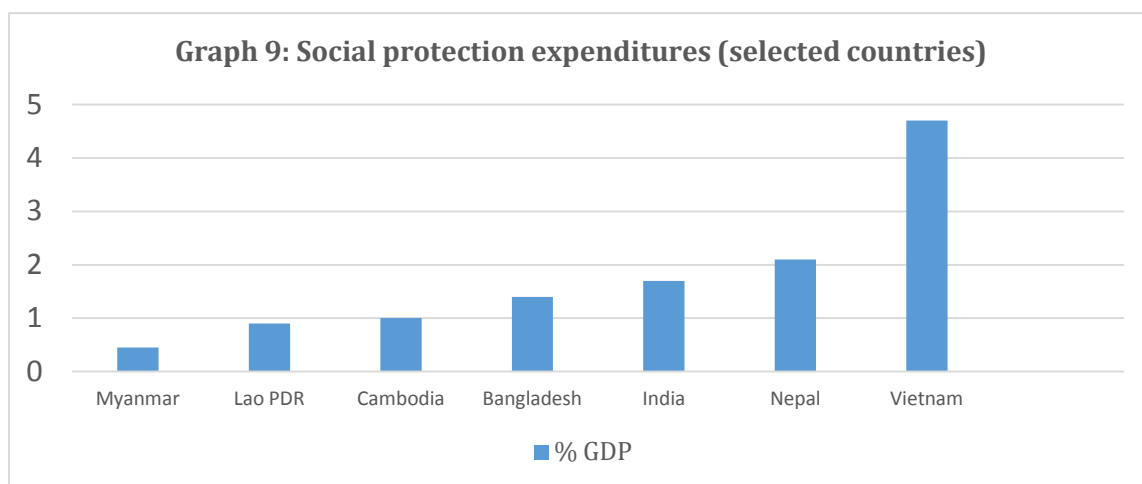
Active labour market programmes

74. The Ministry of Labour, Employment and Social Security is overseeing policies and programmes to assist job seekers to find employment, to train workers in needed skills, and to support occupational safety and health.

Social Protection Expenditures

75. At present, Myanmar's spends less than 0.5 percent of GDP on social protection programmes and services, with almost all of that dedicated to the civil service pension scheme. This is lower than other countries in the region,

even those of comparable or lower per capita GDP. It is also lower than global averages on social protection expenditure.



Source: Asian Development Bank (2014)

76. It is not possible to estimate the expenditures on social protection by donors, non-governmental organisations and civil society actors. The contributions of these actors are important, and it is important to learn lessons from this external support while increasingly developing internal capacity to manage, oversee and resource social protection in Myanmar.

SOCIAL PROTECTION FOR ALL
MYANMAR'S SOCIAL PROTECTION STRATEGIC PLAN

SOCIAL PROTECTION FOR ALL: MYANMAR'S SOCIAL PROTECTION STRATEGIC PLAN

Myanmar's Vision for Social Protection

77. The SPWC has established the following long term vision for Myanmar's social protection system:

78. Myanmar's vision for social protection is an inclusive, equitable and sustainable system that:

- (a) Contributes to human capital by facilitating access to essential social services, such as education, health, housing and water;
- (b) Protects people from risks and shocks;
- (c) Addresses economic and social vulnerabilities and food insecurity over the life cycle and promotes economic opportunities; and
- (d) Alleviates social exclusion.

Towards a social protection system: overall coordination

79. Myanmar's social protection system covers different sectors and involves a range of ministries, agencies, non-governmental organisations, service providers, and development partners. The President's Office has accordingly established a **Social Protection Working Committee** that is chaired by the Union Minister of Social Welfare, Relief and Resettlement, and that includes senior representatives from line ministries and agencies and non-governmental organisations, including:

- (a) Ministry of Social Welfare, Relief and Resettlement
- (b) Ministry of Labour, Employment and Social Security
- (c) Ministry of Livestock, Fisheries and Rural Development
- (d) Ministry of Education
- (e) Ministry of Health
- (f) Ministry of Finance
- (g) Myanmar Women's Affairs Federation
- (h) Myanmar Maternal and Child Welfare Association
- (i) Myanmar Women and Children Development Foundation
- (j) Myanmar Red Cross Society

Box 2: THE SOCIAL PROTECTION FLOOR (SPF)

In April 2009, the United Nations System Chief Executives' Board adopted the Global Initiative for a Universal Social Protection Floor. The Social Protection Floor Initiative promotes access to essential services and social transfers to the poor and vulnerable. It includes essential social rights and transfers to provide minimum income and livelihood security for all and to facilitate demand for and access to essential goods and services, and the supply of an essential level of goods and services such as health and education. The SPF emphasizes the need to view these guarantees across the life cycle and considers key characteristics that cut across all vulnerable groups.

80. The Social Protection Working Committee is tasked with developing “a universal social protection system based on the needs of all people of different classes and different walks of life, including women, the disabled, the poor and vulnerable.” The Committee addresses coordination issues at the national and state/regional levels, and is responsible for overall monitoring and evaluation of the implementation of social protection programmes and interventions. The Committee assesses needs across the life cycle, and is further tasked with building basic infrastructure for social protection,

81. The Committee is assisted by a **Technical Support Group**. The TSG provides the Committee with technical advice from a broad group of stakeholders in social protection across all of the Committee’s mandated activities.

Social Protection Coverage for All

82. This Strategic Plan builds on the analysis and consultations that are highlighted in the previous sections of this document. In particular, the Strategic Plan is based on:

- (a) An identification of the primary issues (poverty, risk and vulnerability) that social protection will address;
- (b) Linkage of specific risks and vulnerabilities to different stages of the life-cycle, as well as to cross cutting areas such as disaster risk management, and identification of social protection objectives in each area;

- (c) Recognition that regional and global practice shows that economic and social returns are greater when interventions occur earlier in the life cycle, and when problems are prevented before they arise; and
- (d) A recognition of the necessity to prioritize and sequence social protection interventions in Myanmar.



83. This approach identifies the full spectrum of social protection policies, programmes and services from prevention to response. It also highlights core interventions, or ‘flagships,’ that represent the most immediate and transformative steps that would achieve social protection for all in Myanmar.

Flagships: The Core Interventions

84. The TSG has identified a set of new core interventions (social protection “flagships”) that are best poised to provide short to medium term benefits to Myanmar’s population. The introduction of these core interventions will substantially increase the capacity of Myanmar’s social protection system at all stages of the life cycle. They, in turn, will be supported by strengthening of the overall spectrum of services that are needed to prevent and respond to risks and vulnerabilities.

85. The social protection core interventions are:

Cash allowance for pregnant women and children to age 2

Gradual extension of that allowance to older children

Cash allowance for people with disabilities

School feeding programmes

Public employment and vocational education programmes

Social pension

Older Person Self-Help Groups

Integrated Social Protection Services

86. The following section highlights the entire scope of social protection to be promoted under this Strategic Plan with respect to the life cycle, from birth to older age.

Social Protection Across the Life Cycle

Pregnancy and Early Childhood

Background

87. Evidence shows the critical importance of supporting appropriate physical, cognitive and social development from the earliest stages of life, as most neural development occurs during an infant's first 1,000 days. Deficiencies in child development at these ages have been shown to lead to

poorer educational and health outcomes later in life, and result from lack of nutrition and exposure to one or more adversities.

Objective

88. The objective of the Strategic Plan for this demographic group is to ensure pregnant women and children receive the care and nutrition they need, and to enhance their access to available services.

Flagship program: Cash allowance for pregnant women and children to age two

A nationwide, universal cash allowance for all mothers in the last six months of their pregnancy will be established in 2015. In 2016, the allowance will cover all children to age one, and in 2017, all children to age two.

The goal is to provide expecting mothers and young children with additional resources they can use to provide for their basic needs, including nutritional needs. The impact on the well-being of children during these critical formative years is expected to be substantial.

Each beneficiary would be provided an allowance of MMK 15,000 per month. The cost to the budget of full coverage is estimated at 0.14% of GDP in 2015 and gradually phases in to reach 0.32% of GDP by 2024.

The programme will be implemented nationwide. MSWRR will be the leading agency. By 2017, some 2.25 million women and children will be covered. The mothers receiving benefit will be expected to participate in antenatal and postnatal health assessments.

Full social protection spectrum for mothers and young children

89. This flagship intervention will be supported by continued strengthening of a spectrum of programmes and services to prevent and respond to social protection related risks and vulnerabilities.

90. Nutrition enhancement programmes for mothers and infants, including:

- (a) Assistance to pregnant women with hardships for their food security and enhancement of nutrition (including medicines) in accordance with the food security and nutrition guidelines by the Ministry of Health;
- (b) Assistance to mothers and children (from birth to 6 months old) for their nutrition enhancement and to support exclusive breastfeeding;
- (c) Assistance to a child (from 6 months to 2 years old) for health and nutrition enhancement (including medicines) in accordance with the food security and nutrition guidelines by the Ministry of Health.

91. Access for mothers and children to health care, including continuing programmes to support their health services and hospitalization expenses will be enhanced.

92. There will be continued development of a network of early childhood development programmes, including in rural areas and villages without such programmes at present.

People with Disabilities from Birth to Older Ages

Background

93. People with disabilities are among the most vulnerable and marginalized groups, and they face specific risks and vulnerabilities. They are in need of health care, opportunities to extend their education and extra income for treatment. Moreover, there are special needs including developing the caring methods for individuals, vocational education and training, transportation services and general access to opportunities.

Objective

94. The social protection goal for people with disabilities is to ensure that their needs are adequately met and to facilitate their social inclusion and access to services.

Full social protection spectrum for those with disabilities

95. These core interventions will be supported by continued strengthening of a spectrum of programmes and services to prevent and respond to social protection related risks and vulnerabilities. These include:

- (a) Children with disability from birth to 18 years, like other children, shall have the right to enjoy all the benefits of any other group;
- (b) Families of children with disabilities should be supported until age 18;
- (c) Workshops or centers will be established to take care for life for adult/elderly persons with disabilities; and
- (d) Job facilities will be established for those who complete vocational training and are capable of work.

Flagship program: Allowance for people with disabilities

A disability allowance will be provided to all certified with disability beginning in 2016, after the rights of the people with disabilities law is enacted. This flagship can be implemented once a certification process is established by the Government.

The goal is to support the well-being of all those with disabilities, and to support their access to services that promote all-round development and their best interests, especially during childhood.

The benefit will be MMK 16,000 per child per month (in addition to the child allowance), which is estimated to cost 0.06 percent of GDP when fully phased in. It will provide an adult (to age 64) allowance of MMK 30,000 per month, which will cost 0.24% of GDP in 2016.

The programme will be implemented across the entire country, and MSWRR will be the leading agency. The beneficiaries will receive dedicated benefits and care.

School Age and Youth

Background

96. School age children and youth experience a range of vulnerabilities and risks that can be addressed by social protection, including lack of access to school and health care, child labour and trafficking, under-nutrition and malnutrition, disability, life on the street, child abuse and domestic violence, and disaster related risks.

Objective

97. The objective of the Strategic Plan is to (i) enable increased access to basic services, education, health and nutrition and the completion of education for all children and youth; (ii) provide opportunities for children out of school; (iii) increase households' financial and human capacity to care for their children; and (iv) increase community financial and human capacity to provide for extremely marginalized children.

Flagship program: A cash allowance for children ages 3-15

A nationwide, universal cash allowance for all children will phase in starting in 2018. In that year, the allowance will cover age three, and an additional year of age will be added each year thereafter. The allowance will be MMK 8,000 per child per month, and is estimated to cost 0.98% of GDP when fully phased in.

The goal is to support families in accessing services that promote children's development and the best interests of the child.

By 2019, some 11 million children would be reached. MSWRR will be the leading agency. The benefit will be provided to the primary caregiver and will cover the entire country.

Flagship program: School feeding programme

The school feeding programme will provide one cooked meal per day per child in schools. It will initially be launched in schools with low net enrollment in highly food insecure areas.

The goal is to increase enrollment rates, to reduce dropout rates and to regularize attendance, and to strengthen the learning capacity of children. The cost will be roughly 0.64% of GDP when extended to all schools.

By 2020, over nine million children will be reached. The leading agency will be the Ministry of Education. The programme will be undertaken in government schools and will last throughout school enrollment.

Full social protection spectrum

98. These core interventions will be supported by continued strengthening of a spectrum of programmes and services to prevent and respond to social protection related risks and vulnerabilities. These include:

- (a) Measures to prevent children living on the streets by multiple drives including poverty, and care programmes for those already living on the streets;
- (b) Programmes to support family and community based child care as the ideal, with institutional care implemented only for those who have no other option;
- (c) Programmes to identify and support kinship and foster care programmes for children outside of family care;
- (d) Support for extra-curricular programmes for children out of school;
- (e) Legal aid programmes for children out of school or engaged in child labour;
- (f) Programmes and services to prevent human trafficking;
- (g) Programmes to support access to higher education;
- (h) Programmes to enhance access for those who cannot meet the expenses of health services;
- (i) Programmes to ensure adolescent have age-appropriate knowledge of health behaviors;
- (j) Measures to ensure adolescent's active participation in the environmental preservation and disaster risk management due to the climate change;
- (k) Measures to prevent school dropout and child labour;

- (l) Back to school programmes for working children and/or vocational training school assistance until they reach legal age for work;
- (m) Substance-abuse programmes as well as programmes to help youth to avoid coming in conflict with the law; and
- (n) Integration of the Three Main National Causes as a duty in all programmes and services.

Adulthood/Working Age

Background

99. People of working age face a number of risks and vulnerabilities. These include lack of regular work, insufficient compensation for labour, occupational hazards, and the broader range of issues outlined in the Poverty, Risk and Vulnerabilities section above (including risks from disasters and emergencies).

Objective

100. The social protection objective for this demographic group is to (i) offer wage employment opportunities to poor rural households to enhance their income as well as to improve the quality of their environment; (ii) help them to acquire employable skills to obtain employment and income; and (iii) minimize work-related injury and associated income loss.

Flagship program: Public employment, vocational education and training and work safety

This programme will support local public employment (including seasonal, off season, disaster preparedness and recovery, repair works, environmental works, and village maintenance). It will also support vocational education and training, as well as systems to improve preparedness against occupational hazards and to reduce the risk of occupational crises. The Ministry of Livestock, Fisheries and Rural Development and Ministry of Labour, Employment and Social Security will be the leading agencies.

The goal is to offer wage employment opportunities in local work to poor households to enhance the quality of their environment as well as their incomes, and to provide vocational education that will help those in need to acquire employable skills. A public employment programme with VET in all rural areas at MMK 3,000 per worker for 60 days of work is estimated at 1.7 percent of GDP by 2024.

The programme will be rolled out in up to three priority states/regions at first. The goal is to cover the entire country by 2020, when roughly 6 million people would be covered.

Full social protection spectrum

101. These core interventions will be supported by continued strengthening of a spectrum of programmes and services to prevent and respond to social protection related risks and vulnerabilities. These include:

- (a) Information programmes that ensure beneficiaries are aware of the government's leading role in the establishment of social protection system and effectively use social protection assistance for their development;
- (b) Job identification and matching programmes that are attuned to age levels, skills, and types of occupations;
- (c) Programmes to ensure adults have adequate knowledge on healthy behaviors;
- (d) Programmes to support highly vulnerable and marginalized women, to support their social inclusion, and to help those suffering from post-traumatic disorders.

Poverty Impact of the Social Protection Strategic Plan

102. A preliminary micro-simulation was conducted of the poverty impact of three benefits under the Strategic Plan: (i) the allowance for pregnant mothers and children until age 2; (ii) the child allowance to age 15; and (iii) the social pension for the elderly aged 65 and above.

103. The micro-simulation was drawn on the 2010 Integrated Household Living Conditions Assessment, the most recent available information for Myanmar. The findings are highly indicative of the scale of the likely poverty impact of the benefits, but a new household survey would be necessary to capture the poverty, risk and vulnerability profile for Myanmar today.

104. The projected impact from the simulation for all three benefits (fully phased in) is:

- (a) A 49%percent reduction in the total headcount of the poor

- (b) The average income gap for the poor to exit poverty falling by 46%
- (c) A 6% fall in income inequality

Box 3: THE ROLE OF THE SOCIAL SECURITY BOARD OF THE MINISTRY OF LABOUR, EMPLOYMENT AND SOCIAL SECURITY IN SOCIAL PROTECTION

1. The Social Security Board of the Ministry of Labour, Employment and Social Security is implementing social protection through laws and bylaws for workers who are contributing to the productivity of the country. This helps employers with workplace stability through the retention of workers. In addition, social protection plays an important role in the following areas in accordance with the new legislation in poverty reduction for the lower income groups that the state is currently implementing.

- (a) Employment opportunities;
- (b) On-the-job skills training;
- (c) Workplace safety and health;
- (d) Mandatory social security schemes for certain workers and voluntary insurance under the social security schemes for all workers (including farmers and the general public) entitling them to benefits according to law;
- (e) Provision of health care and monetary benefits that are provided for in the Social Security Law in an accurate and speedy manner, supporting insured workers and their families in times of need and suffering.

2. The Social Security Law 2012 was enacted as Law No. 15 of the Union Parliament on 31 August 2012. In order to implement the Law, a national level

Social Security Board was formed on 19 June 2013 with 28 members, including appropriate persons from the Ministry of Labour, Employment and Social Security and government organisations, and those representing employers and employees. The Social Security Board has held 2 national level Social Security meetings on 2 occasions. The Social Security Board seeks to enhance better services in health and monetary benefits provision through frequent meetings on the future programmes and through their implementation. **The Social Security Law 2012 became effective on 1 April 2014 under Presidential Order 25/2014.**

3. In accordance with the new law, a 13-member Social Security executive committee was formed to provide close supervision to the implementation of social security projects and a Medical Advisory Board consisting of 24 members was formed on 26 December 2013 for improved free medical treatment for insured workers.

4. In accordance with article 100 of the Social Security Law, insurance systems are being implemented in stages, with the coverage of workers and workplaces expected to increase over time. These are expected to contribute significantly to the poverty reduction in Myanmar with the expansion of geographical coverage, the expansion of organisational setup and the expansion of Social Security offices, hospitals and clinics to be able to overwhelm the whole nation.

5. The new social security law provides for 6 types of insurance systems, out of which 3 are being implemented. As the first stage, **health and social protection insurance, family support insurance, and workplace injury benefit insurance** has been made available to workers in workplaces where the mandatory requirement for insurance applies, as well as to workers in non-mandatory workplaces, and those who are self-employed as well as the general

public, who may participate in the schemes by the both the employer and employee contributions voluntarily.

6. The 3 remaining types of insurance that have yet to be implemented in stages, **incapacity benefit, old age retirement benefit and benefit for the bereaved, and unemployment benefit, as well as other notional security schemes such as housing projects** will be implemented in stages taking into consideration the economic condition of the country, the level of wages and salaries for workers in terms of sufficiency, subject to the approval of the union government.

7. The social protection programme, which is prioritised by the State, is expected to contribute to poverty reduction through **the collective social insurance of employers, employees and the State, and to better income security, housing opportunities and the chance to own their house for the general public through the benefits provided by insurance allowed under the social security scheme to which they make contributions**, in addition to better health care.

8. For the expansion of social protection in Myanmar, 2 social protection programs will be necessary: the creation of employment opportunities for beneficiaries of social assistance to ensure they have a regular income, and the transition to social insurance once a regular income has been achieved for them where social well-being is insured through contributory mechanisms for all those who are insured, reducing the long-term financing needs from the government. For this, the Social Security Board will need to undertake the following:

- (a) Upgrade the Social Security benefits for workers already covered under social security schemes

- (b) expand the Social Security schemes to cover those who are not yet covered at present in order to upgrade the Social Security system and to improve income security and secure living conditions, contributing significantly to the poverty reduction in Myanmar

9. Thus, the social security scheme is an important project for national development as they help reduce the social suffering on behalf of the State and the employers in times of need or suffering such as sickness, childbirth, death, workplace injuries, unemployment, old age and incapacity with the contributions from the employers and employees together with the support from the State.

10. Moreover, the Social Security project being implemented under the laws and bylaws that have been enacted, it is an important activity in the social protection of Myanmar as it has a central role in the promotion of productivity in the country and contributes to the improved national economic stability through health care and social protection of workers who are the human resources.

Older Ages

Background

105. People of older ages face a number of risks and vulnerabilities, including loss of income and inadequate savings, health status, isolation and lack of caregiver support, and inadequate access to health services. People of older ages are also particularly vulnerable during disasters.

Objective

106. The social protection objective is to ensure income security for people of older ages, to empower them to meet their needs, and to ensure access to health services.

Flagship program: Social pensions

This programme will support cash benefit to people of older ages beginning in 2015. The benefit will be universal and available across the entire country. People aged 65 and above will receive MMK 25,000 per month.

The goal is to improve income security for people of older ages. Families who care for those of older ages will also benefit from the income that will be available to meet their needs. The programme will cover some 3.5 million older people, at a cost of about 1.39% of GDP when fully implemented. MSWRR will be the leading agency.

Flagship program: Older Person Self-Help Groups (OPSHGs)

This programme will support Older Person Self-Help Groups (OPSHGs) at the village level. These groups design and implement programmes and services to improve the lives of this demographic in communities.

The goal is to empower people of older ages to meet their needs. The programme can reach five million beneficiaries and will be nationwide. It will draw on the lessons of pilot OPSHG programmes that have been supported in Myanmar.

Full social protection spectrum for people of older ages

107. These core interventions will be supported by continued strengthening of a spectrum of programmes and services to prevent and respond to social protection related risks and vulnerabilities. These include:

- (a) Programmes that focus on family and community-based care, with Homes for the Aged only considered as a last option;
- (b) Programmes that provide assistance to those who are unable to meet health expenses;
- (c) Nutrition programmes for older people who are facing social and economic hardships;
- (d) Job identification and matching programmes that are attuned to age levels, skills, and types of occupations;

- (e) A focus in all programmes on social inclusion of people of older ages, as well as on the specific traditional and cultural aspects of the community; and
- (f) Inclusion of people of older ages in disaster risk management (DRM) programmes as a priority demographic group, and inclusion of this group in the DRM process.

Box 4: HEALTH CARE IN MYANMAR

Myanmar finances health care through the Government budget, as well as through the Social Security Medical Scheme (for formal sector employees). The Ministry of Health is currently administering a number of programmes to enhance access to health care. These include a benefit package for pregnant women and children (to age 5) that provides free medicines from the essential drug list through public health facilities. This is a significant component of the health budget, representing almost one-third of overall expenditure. Women with five children or less are also provided with free care during delivery at hospitals and health centers as well as any needed medications during delivery.

Each hospital in Myanmar has a trust fund to provide for care to the poor, as well as overall maintenance. A voucher fund is being piloted to finance additional antenatal visits, postpartum care, transportation and nutrition for poor women. Those affected by HIV/AIDS are provided with antiretroviral treatment free of charge. The health budget also covers the costs of immunizations. Programmes are also supported to address malaria and tuberculosis.

Still, much needs to be done to improve health care access and quality. Myanmar's health care reform is intended to address the 75 percent of the population that lacks access to quality health care, and to eliminate out of pocket costs for essential services. The World Bank will invest \$200 million to assist Myanmar to achieve universal coverage by 2030.

The Strategic Directions on Universal Health Coverage (2014) of the Ministry of Health include:

- (a) Defining an essential health package and fulfilling related service provision;
- (b) Enhancing coordination across ministries;
- (c) Strengthening human resources in the health sector;
- (d) Improving procurement systems to ensure supplies are available and effectively distributed;
- (e) Coordination of public facilities through enhanced policy and planning; and
- (f) Enhancing supervision of private health facilities.

More information on health care and social protection can be found in the ILO report “Social Protection Assessment Based National Dialogue: Towards a Nationally Achieved Social Protection Floor in Myanmar” (2014).

BUILDING A SOCIAL PROTECTION SYSTEM

BUILDING A SOCIAL PROTECTION SYSTEM

Integrated Social Protection Services

108. Social protection flagship programmes are necessary to address vulnerabilities and risks affecting the Myanmar population throughout their lives. However, they are not sufficient. Families and children face constant, multiple and complex vulnerabilities that require a coordinated set of interventions in order to be effectively addressed.

109. The most effective and efficient way to promote social protection services is to support a “systemic approach”, which aims at strengthening institutions and mechanisms necessary to address the multiple dimensions of vulnerabilities in an integrated manner, while increasing complementarity and efficiency of services.

110. Therefore, this Strategic Plan is promoting the development of an integrated social protection system. Integrated systems:

- (a) Aim at responding to the social and economic needs of the most vulnerable groups of the population;
- (b) Base their interventions on a thorough assessment of the needs of individuals, families and communities;
- (c) Help to coordinate interventions from different services in response to the assessed needs of families and children through a multi-sectoral approach;

- (d) Ensure coordination with civil society, community based organisations and charities, facilitating the contribution of each according to their capacities;
- (e) Realize the integration of services through the involvement of a professional cadre of social workers, trained on case management and referral practices and equipped with the resources needed to deliver effective support to those in need; and
- (f) Ensure one entry point for citizens in need of social protection, where they can get relevant information and professional support.

VULNERABLE GROUPS

All social protection programming under this Strategic Plan will review and address the needs of the following vulnerable and marginalized groups:

- (a) Orphans
- (b) Women with special needs
- (c) Children/ Persons with disabilities/ Older people
- (d) People in disaster affected community to undergo rehabilitation
- (e) Persons with chronic diseases/ disorders

111. A systems of ISPS in Myanmar will be created under the responsibility of the MSWRR, through:

- (a) The opening of 330 Social Protection Centres (units of Social welfare services) at the township level; and
- (b) The recruitment of at least 6,000 social workers, trained in case management and networking methodologies.

Objectives of Integrated Social Protection Services (ISPS) in Myanmar

112. Developed and strengthened integrated social protection services will:

- (a) Identify vulnerabilities in communities – and their multiple dimensions;
- (b) Collect regular information about vulnerabilities;
- (c) Provide information to citizens on available services, and ensure transparency in the management and delivery of services;
- (d) Provide counselling to families;
- (e) Facilitate access to health, education and other needed services, in response to the specific vulnerabilities;
- (f) Coordinate work with volunteer groups and share responsibilities; and
- (g) Regularly monitor and report on the performance of services.

Community-based Child Protection Systems underway in Myanmar

Over the past five years, the DSW has established community-based child protection systems, and has linked these community-based groups with statutory social work case managers in twenty-five townships. The program is supported by UNICEF and five NGO partners have been engaged in collaboration.

In each township, one DSW officer has been designated as a social work case manager. A referral mechanism to address child rights violations and child protection cases, including the provision of direct services to children and families, has been piloted in villages within the townships.

The programme to date has established a functioning welfare and protection system in the townships and villages. A network of 284 Community Support Groups comprising 4,583 members has been established. Since the programme was established, 1,202 serious child protection cases were referred to Township Child Rights Committees.

The referrals were followed up with services and a social work response. This pilot, and the learning from it, has been the driving force behind the decision to adopt social work case management and oversight as a core part of its work moving forward with ISPS, which will be addressing the needs of all vulnerable groups.

Development of Integrated Social Protection Services (ISPS) in Myanmar

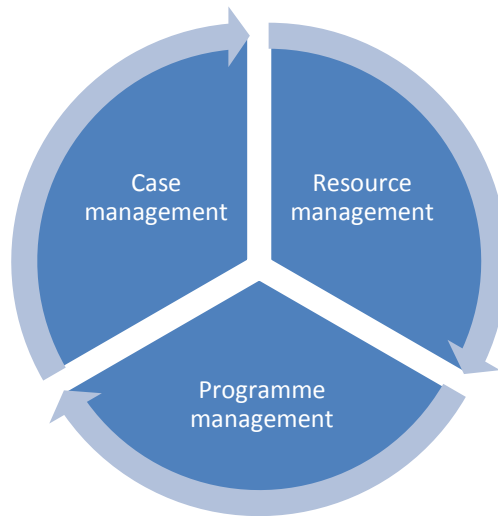
113. MSWRR will coordinate and oversee the development of ISPS in Myanmar, in consultation with other line ministries and principal stakeholders (NGOs, CBOs, volunteer groups) – and with the technical and financial support of development partners.

114. ISPS will be developed through a National Committee, and committees at state/region level with the involvement of the sector ministries, then down district levels and township level – where social workers will be assigned to villages and communities.

115. Protocols of cooperation will be established between social protection and other public services (health, education, and police) as well as with NGOs operating in the territory, to ensure efficient coordination and to define binding roles and responsibilities

116. In the long term, a database will be created allowing for the collection of information related to social protection services provided to citizens nationwide, thus assuring optimization of resources, and an efficient monitoring and evaluation system. The ISPS will be rolled out gradually, with 20 percent of townships involved every year, through the opening of social protection centres and the recruitment of the required social workers (on average, 66 townships and 1,200 social workers per year, starting in 2015).

117. Each level of government engaged in ISPS will work on three inter-related areas:



118. **Case Management** focuses on assessing the needs of a family or an individual and establishing a network of services and resources for those beneficiaries, including family and community members, helping to address the identified needs while strengthening the coping mechanisms of the beneficiaries;

119. **Programme Management** relates to all the programmes and initiatives promoted by ISPS in order to address the collective needs of a community or group of beneficiaries; it includes (i) oversight of social transfer programmes and interventions to facilitate access to essential social services; (ii) development of local social plans for strengthening local networks and services (at State level); and (iii) data collection and management.

120. **Resource Management** includes identification and securing of the necessary financial and human resources to provide the spectrum of services needed, and includes participation in the development, monitoring and execution of local budgets as they pertain to social protection services.

Disaster Risk Management and Social Protection

121. Social Protection will allow the Government of the Union of Myanmar to holistically address vulnerabilities related to disaster risk management (DRM). While DRM addresses people's risks to natural hazards, social protection aims to increase community resilience by targeting the social and economic vulnerabilities of poor families. Disasters amplify existing vulnerabilities of girls, boys, women and men. An integrated approach of programming to address both DRM and social protection will create a more resilient environment and increase local capacity to withstand, and more swiftly recover from, shocks and potential disasters.

122. Myanmar is exposed to a wide range of natural hazards, because of the impacts of climate change. Disasters threaten the nation's development gains, keep people in poverty and push others under the poverty line. Countries that have social protection programs in place when disasters hit have been able to minimize negative impact, and respond and recover quicker.

123. Disaster risk management is specifically addressed in the following policies and programmes in Myanmar:

- (a) DM Law and Rules and Regulations
- (b) Standing Orders on Disasters
- (c) Myanmar Action Plan on DRR (MAPDRR)
- (d) National Adaptation Programme of Action (NAPA)

Objectives of DRM and Social Protection

124. The objectives of social protection related to DRM are to (i) provide relief assistance and help restore access to basic services and livelihoods for affected populations after a disaster (relief, recovery and rehabilitation services); (ii) contribute to reducing people's vulnerabilities to disasters and climate change through enhanced access to disaster risk information, basic services and predictable income, and investment in human capital and capacity; and (iii) contribute to reducing disaster risk through improved infrastructure and risk transfer mechanisms.

125. These will be achieved by:

- (a) Scaling up existing social protection systems and programs for restoration in the aftermath of a disaster;
- (b) Using existing social protection delivery mechanisms to share disaster risk information;
- (c) Providing long-term access to social protection schemes that build human capital and income security;
- (d) Having climate smart and disaster resilient public employment programs; and
- (e) Promoting pro-poor disaster and weather-indexed insurance schemes.

Key Issues in Disaster Risk Management and Social Protection

126. The key issues in Disaster Risk Management and Social Protection are:
- (a) The country is exposed to multiple natural and man-made hazards, and those are increasing in frequency and intensity, making DRR programmes to be enhanced.
 - (b) Disasters have an impact on livelihoods by reducing or eliminating income sources and access to nutrition and water;
 - (c) Disasters also lead to an increase in migration, e.g., as a result of drought, and this migration is often seasonal and affects income;
 - (d) Disasters lead to a loss of time, energy and savings, which are temporarily channeled to reconstruction efforts instead of regular livelihoods;
 - (e) Food insecurity after disasters leads to negative coping mechanisms and threatens the nutritional status of the most vulnerable (children, elderly, persons with disability, pregnant women, etc.);
 - (f) Different disasters have different impacts on the population, based on the type of hazard. Therefore, there is a need to take it into consideration for public job-opportunity plans.
 - (g) There is insufficient, though increased, awareness of the population of disaster risks and climate-related risks, and a need to continue to mobilize social protection services, disaster prevention awareness and emergency awareness widely in public.

- (h) First responders need to be better protected to be less affected.
(e.g Safety in workplace, insurances, equipment)

Linking Disaster Risk Management (DRM) and Social Protection

127. This Strategic Plan focuses primarily on integrating core social protection interventions and DRM in four priority areas:

- (a) Integrated social protection services;
- (b) Public employment programmes;
- (c) Safety in the workplace; and
- (d) Older Person Self-Help Groups.

It also proposes additional approaches and insurance.

Integrated Social Protection Services and Disaster Risk Management (DRM)

128. The objectives of ISPS in relation to DRM are to (i) use the existing social protection system (network of social workers, electronic database, cash and in-kind transfer mechanisms) to reach disaster affected populations with relief assistance in the aftermath of a disaster; and (ii) use the ISPS system to disseminate disaster risk information and increase the capacity of the most vulnerable to prepare, respond and cope with disasters.

129. The approach will include coordination between the sectoral government agencies involved in the various levels of Disaster Preparedness Committees with clear trigger mechanisms and associated national disaster management funds. It will also include developing training and training modules and investments in information, education and communications materials.

130. The leading agencies in managing the coordination are the National Disaster Preparedness Central Committee (NDPCC), regional and state governments and the Ministry of Social Welfare Relief and Resettlement. The system will cover the entire population, and the overall approaches of ISPS are described in this Strategic Plan.

Disaster Risk Management (DRM) and Public Employment Programmes

131. The objectives of linking social protection and DRM are to: (i) increase the resilience of communities to disasters and climate change through prioritization of disaster resilient infrastructure and assets; and (ii) to enhance recovery efforts after a disaster (debris and environmental cleaning, rehabilitation of essential infrastructure, construction of WASH facilities, road rehabilitation, support to drinking water distribution, etc.).

132. Public employment criteria will be introduced that include: (i) the contribution to environmental conservation; (ii) the contribution to increasing resilience of communities to disasters; (iii) the need to make essential infrastructure disaster proof; and adaption of the criteria and evaluation of projects to the local context and the specific hazards/ environmental concerns that can be observed in the area of implementation.

133. Public employment programmes will be scaled up following a disaster and the objective and financing mechanisms will be enhanced. Funding will temporarily be channeled from union or state/region level disaster management funds and the scope expanded to the entire disaster affected working age population. The entire country will be covered.

134. The leading agencies are (i) MSWRR, (ii) Ministry of Border Affairs (iii) Ministry of Livestock, Fisheries, and Rural Development, (iv) Ministry of Construction and (v) state/regional governments which will implement the programmes.

Safety in the Workplace and Disaster Risk Management (DRM)

135. The objective of coordinating DRM and workplace safety is to ensure that disaster responders have the right to receive compensation in the event of an injury or death while carrying out disaster reduction activities.

136. The approach includes training, the distribution of safety equipment, and the development of insurance and compensation schemes. The leading agency is NDPCC, and providers will include MSWRR, Ministry of Agriculture and Irrigation, Ministry of Environmental Conservation and Forestry, Ministry of Home Affairs, Ministry of Transport, Ministry of Health, Ministry of Livestock, Fisheries and Rural Development, Ministry of Education, Ministry of Border Affairs, Ministry of Defense, Ministry of Finance, Ministry of Construction, City Development Committees, and regional and state governments. The entire country will be covered.

Disaster Risk Management (DRM) and Older Person Self-Help Groups

137. The objective of linking OPHGs and DRM is to ensure that OPHGs are involved at all stages of the DRM cycle and that the needs and vulnerabilities of older people in relation to DRM are addressed.

138. The approach includes:

- (a) Mapping the location of people of older ages;
- (b) Identification of disaster risks as they relate to people of older ages;
- (c) Development of risk reduction action plans that reduce disaster risk for vulnerable groups, including people of older ages;
- (d) Use of the knowledge of people of older ages on disasters and climate change; and
- (e) Increased awareness among the general population.

139. The leading agency is MSWRR, with support from NGOs and CSOs. The entire country will be covered.

Insurance

140. As the insurance sector becomes more developed, the role of MSWRR will focus on expanding the scope (coverage but also variety of hazards covered by the insurance schemes) of disaster and weather-indexed insurance products to the most vulnerable in a pro-poor manner.

141. Disaster and weather-indexed insurance provides pay-out to beneficiaries when particular events occur that meet the agreed weather

event standards. All type of productive assets can be covered although weather-indexed insurances generally focus on crops and livestock.

142. Typically, disaster and weather insurance are contributory schemes but for poor households who cannot afford it, premium can be subsidized by the Government, or provided as part of their participation in social protection programs (e.g. public employment programs). The leading agency is Myanmar Insurance.

STRATEGIC PLAN IMPLEMENTATION, MONITORING AND EVALUATION, RESOURCES AND FINANCING

Overall coordination and oversight

143. Overall coordination and oversight of the Strategic Plan's implementation will be the responsibility of the Social Protection Working Committee, consistent with Order of the President number 57/2014. The Social Protection Working Committee will continue to be supported by the Technical Support Group that was engaged in the preparation of the Strategy. Both the SPWC and TSG will convene regularly at the request of their respective Chairs, who will also set their agendas.

144. This coordination mechanism will aim to:

- (a) Maintain Government ownership and oversight of the social protection programme in Myanmar;
- (b) Facilitate joint assessment of social protection activities;
- (c) Maintain clarity on the roles and responsibilities of different Government ministries and agencies, NGOs, CSOs and development partners;
- (d) Ensure that work with the development partners is fully consistent with the principles of the Nay Pyi Taw Accord;
- (e) Facilitate accountability within and between implementing organisations; and
- (f) Ensure a clear allocation of responsibilities and accountabilities at all levels of government (Union, state, region, township and village).

The objectives of improved management and administration of social protection

145. The Social Protection Strategy will establish management and administration approaches that:

- (a) Ensure that the system is working in a cost-effective manner;
- (b) Recognize and support transparency and accountability;
- (c) Provide effective public information on the social protection management system;
- (d) Ensure effective information exchange within and between ministries;
- (e) Minimize risks of geographic gaps or overlaps;
- (f) Ensure those with rights to benefits and services receives those entitlements;
- (g) Strengthen the capacity of implementing agencies;
- (h) Ensure that beneficiaries are engaged in consultations on benefit design and implementation;
- (i) Provide for adequate financing of programmes and services;
- (j) Incorporate information systems that protect the confidentiality of beneficiaries; and
- (k) Include effective monitoring and evaluation of the system's performance and supports regular review and assessment of evidence on the approaches being undertaken.

Development partner support

146. This Strategy will continue to benefit from the support of development partners engaged in a social protection system strengthening and service delivery in Myanmar. The TSG will continue to include development partner representation, so that all agencies and partners can coordinate their work within and between the various sectors working on social protection.

147. Some selected examples of specific support to be provided by the development partners includes:

- (a) Support for inter-sectoral coordination efforts, and direct technical assistance and capacity building in areas related to each of the life cycle and system building areas of the Strategy;
- (b) Technical assistance and training on implementation arrangements;
- (c) Planning and budgeting support;
- (d) Support to pilots to test social protection innovations; and
- (e) Evidence-based assessments and monitoring and evaluation.

Financing

148. Myanmar's economy is experiencing robust growth, and is implementing policies to support continued growth over the long term. The Government projects that real GDP growth will be 8.5% in fiscal year 2014/2015. This growth will facilitate investments in People Centered Development policies and programmes, including its social protection policies. As noted earlier, total expenditure on social protection in Myanmar,

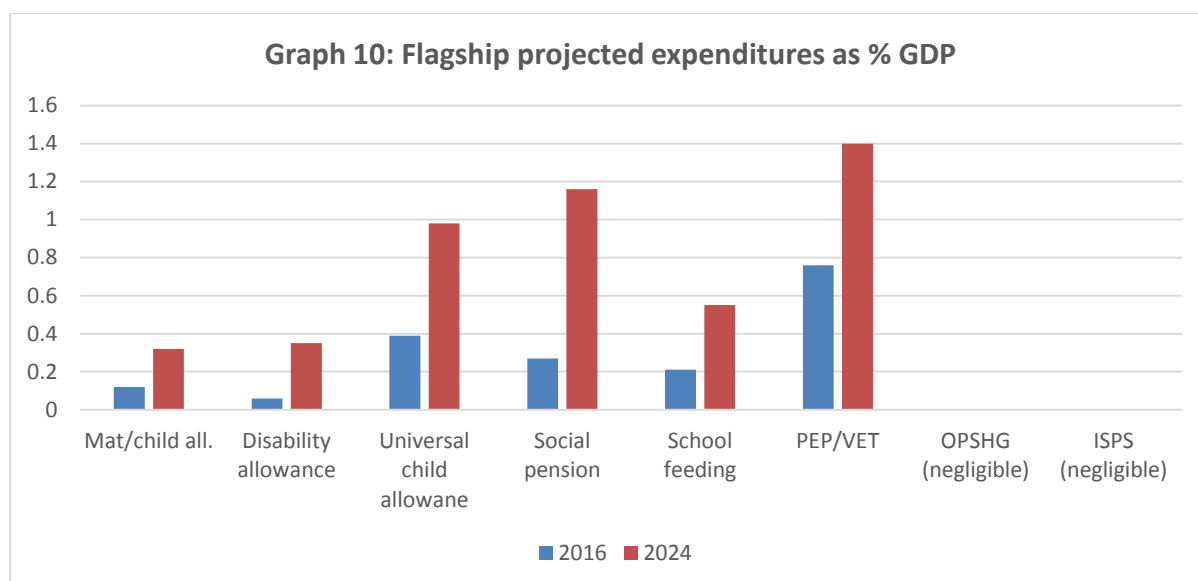
including social insurance programmes, is less than 0.5 percent of GDP, well below regional and global averages.

149. This Strategy will be reflected in the annual and medium-term budget and expenditure review process. Fiscal space will be sought for each core intervention as well as the full spectrum of programmes. Some programmes will be phased in gradually over time (e.g., a gradual extension of the child allowance) to allow for the appropriate fiscal adjustment.

150. Myanmar will continue to work with its development partners to identify programmes for support that show maximum impact and potential for capacity building in social protection. This Strategy will increasingly allow the country to take primary responsibility for financing and implementing its social protection mandate.

151. The RAP conducted a short and medium term costing exercise in September 2014, and those findings are under review. In addition, each proposed intervention will undergo more detailed costing and assessment during the regular budget process, covering not only expenditures related to the benefits themselves, but related investments for physical infrastructure, equipment, technical assistance and training.

152. The preliminary expenditure levels for each core intervention are outlined in the costing annex.



Source: RAP

Public information on social protection

153. The Government will develop and implement a public information strategy on the programmes and services to be supported under this Strategic Plan. This strategic Plan will draw on the experience of other major initiatives in Myanmar (such as disaster risk reduction) and will include public conventions, use of mass media, educational materials, and printed publications on the overall social protection system as well as individual programmes and services. Social media will also be utilized to disseminate information on social protection. Public information activities will target all territorial-administrative levels, from the national level to the townships and villages.

Monitoring and evaluation

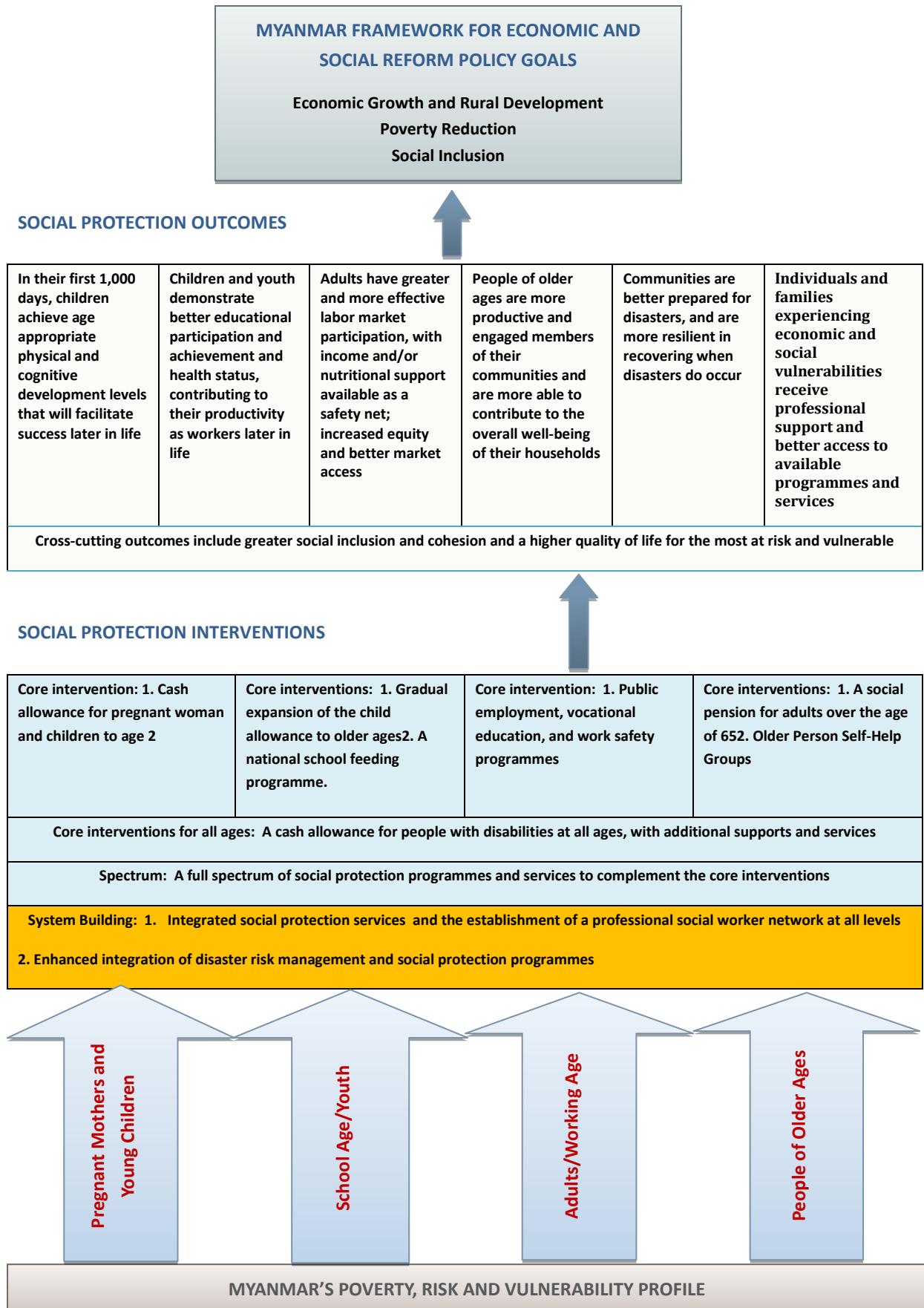
154. Monitoring and evaluation of the overall social protection system will be the responsibility of the SPWC, with support from the TSG. High level

indicators have been established in the Monitoring and Evaluation Table (Table 4). The TSG and development partners will be tasked with developing and supporting national monitoring and evaluation mechanisms for the overall Strategy as well as specific programmes.

155. Implementing agencies will ultimately be responsible for establishing a suitable monitoring framework for each of the programmes under their mandate. Each new core intervention will develop an information plan that will cover not only administrative requirements, but also sources and uses of data and information for the purposes of assessing programme outcomes and impacts. Those sources can include common statistical sources, regular and ad hoc surveys, and administrative information from both government and non-governmental service providers. The 2014 Census will greatly assist monitoring and evaluation efforts.

156. Academic institutions (universities, institutes) will be mobilized to design and implement evidence-based studies to assess the overall effectiveness of social protection programmes in Myanmar, and to provide recommendations on how they can be further strengthened to improve their coverage, impact, and sustainability. These studies will be both qualitative and quantitative in nature, and will be commissioned by the SPWC and TSG and their members.

CHART: OVERVIEW OF SOCIAL PROTECTION'S CONTRIBUTION TO MYANMAR'S ECONOMIC AND SOCIAL DEVELOPMENT



**STRATEGIC PLAN IMPLEMENTATION, MONITORING
AND EVALUATION, RESOURCES AND FINANCING**

TABLE 1: OVERVIEW OF MYANMAR SOCIAL PROTECTION STRATEGIC PLAN

	Social Assistance	Labour Market	Social Insurance	Health Coverage	Integrated Social Protection Systems	Disaster Risk Management and Social Protection
<i>COVERAGE</i>	UNIVERSAL	WORKING AGE, SELF-TARGETED	FORMAL SECTOR EMPLOYEES	UNIVERSAL	UNIVERSAL	UNIVERSAL
<i>FORMAT</i>	CASH TRANSFERS	PUBLIC EMPLOYMENT, VET, SERVICES	CASH TRANSFERS	SERVICES	SYSTEM BUILDING: Social protection centres and workers with case management practices	SYSTEM BUILDING: Integration of DRM with social protection (services, public employment, cash and food transfers)
<i>Pregnant women and children to age 2</i>	FLAGSHIP: Maternity and child benefit	Not applicable	Maternity and child benefits for those in formal sector	Mother and child health care programme	Social services, nutrition programmes	Food and cash transfers; social services; disaster relief measures

	Social Assistance	Labour Market	Social Insurance	Health Coverage	Integrated Social Protection Systems	Disaster Risk Management and Social Protection
<i>Ages 3-15</i>	FLAGSHIP: Child allowance FLAGSHIP: School feeding programme School grants and stipends	Programmes to address child labour	Child benefits for those in formal sector	Universal health care coverage (reform)	Social welfare services, child protection programmes; early childhood development programmes, nutrition	Food and cash transfers; social services; disaster relief measures
Working age/ adulthood	Higher education grants (university level)	FLAGSHIP: Public employment, vocational education, work safety	Maternity benefits for those in formal sector	Universal health coverage (reform)	Social welfare services, support for vulnerable women, anti-trafficking programmes, etc.	Food and cash transfers, social services, disaster relief measures, public employment
Older Ages	Education programs for those of older ages FLAGSHIP: Social pension	Programmes to identify opportunities for those of older ages	Formal sector pension and other insurance benefits	Universal health coverage (reform)	Social welfare services, support for vulnerable older adults FLAGSHIP: Older Person self-help groups	Programmes to identify vulnerable of older age before disaster occurs; support to older ages after disaster occurs

	Social Assistance	Labour Market	Social Insurance	Health Coverage	Integrated Social Protection Systems	Disaster Risk Management and Social Protection
Disability (all ages)	FLAGSHIP: Disability allowance	Training for those with disabilities	Work disability benefits for those in formal sector	Universal health coverage (reform)	Social welfare services for those with disabilities	DRM services targeting those with disabilities

TABLE 2: MYANMAR SOCIAL PROTECTION STRATEGIC PLAN: OVERALL IMPLEMENTATION

	Activity	Timing	Leading Agencies
SOCIAL PROTECTION WORKING COMMITTEE (SPWC)	High level meetings every quarter	Starting last quarter 2014	MSWRR (Chair) and Committee members.
TECHNICAL SUPPORT GROUP (TSG)	Convenes at the request of the SPWC or the co-Chairs	Starting last quarter 2014	DSW and UNICEF (co-chairs) and Technical Support Group members
PUBLIC INFORMATION CAMPAIGN	Design and conduct a public information campaign on social protection policies, programmes and services	By December 2014 (design)	MSWRR

	Activity	Timing	Leading Agencies
MONITORING AND EVALUATION	Develop an overall monitoring plan for the use of the Social Protection Working Committee so that the system can be monitored and evaluated regularly	By December 2014	MSWRR
SOCIAL PROTECTION SECTOR WORKING GROUP	Engage the development partners in a dialogue on their support for social protection system strengthening in Myanmar	By December 2014	DSW and UNICEF (co-chairs)

TABLE 3: MYANMAR SOCIAL PROTECTION STRATEGIC PLAN: SOCIAL PROTECTION INTERVENTIONS

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: ALLOWANCE FOR PREGNANT WOMEN AND CHILDREN TO AGE 2	Operational Guidance finalized	March 2015	2.25 million beneficiaries 0.32% of GDP by 2024	MSWRR, DSW
	Appointment of National Programme Director	March 2015		
	Staffing plan at all levels	March 2015		
	Application form and review procedures finalized	March 2015		
	Payments and controls mechanism finalized	March 2015		
	Public information campaign	March 2015		
	Monitoring and evaluation procedures finalized and implemented	March 2015		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: ALLOWANCE FOR THOSE WITH DISABILITIES	Operational Guidance finalized	2015	0.35% GDP	MSWRR,
	Certification procedures complete, including application form and review procedures	2015	266,000 children (2024)	DSW
	Staffing plan at all levels	2015	733,000 adults (2024)	
	Payments and controls mechanism	2015		
	Public information campaign:	2015		
	Monitoring and evaluation procedures finalized and implemented	2015		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: GRADUAL EXTENSION OF CHILD ALLOWANCE BY AGE	Operational Guidance finalized	2016	Over 10 million children (2024) 0.98% GDP (2024)	MSWRR, DSW
	Staffing plan at all levels	2016 (building on maternity and child allowance)		
	Application forms and review procedures	2016		
	Payment and control mechanisms	2016		
	Public information campaign	2017+		
	Monitoring, evaluation procedures finalized	2017		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: SCHOOL FEEDING PROGRAMME	Operational Guidance finalized	2016	11 million children (2024) 0.55% GDP (2024)	Ministry of Education
	School rollout plan established:	2016		
	Payment and control mechanisms	2016		
	Procurement process for services	2016		
	Monitoring, evaluation:	2016		
	Budgeting/resources:	2016		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: PUBLIC EMPLOYMENT PROGRAMMES, VET	Operational Guidance finalized	2015		- Ministry of Livestock, Fisheries and Rural Development - Ministry of Labour, Employment and Social Security
	Payment and control mechanisms	2015		
	Administration: identify, eligibility, payments, services	2015		
	Training and capacity building	2015		
	Monitoring, evaluation:	2015		
	Budgeting/ resources:	2015		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: SOCIAL PENSIONS	Operational Guidance finalized	March 2015	3.8 million (2024) 1.16% GDP (2024)	MSWRR, DSW
	Staffing plan at all levels	March 2015		
	Application form and review procedures finalized	March 2015		
	Payment and control mechanisms	March 2015		
	Public information campaign	March 2015		
	Monitoring and evaluation procedures	March 2015		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
FLAGSHIP: OLDER PERSON SELF-HELP GROUPS	Operational Guidance finalized	March 2015	5 million (2024)	- MSWRR, DSW
	OPSHGs rollout plan	March 2015	Negligible as % GDP	- Development partner:
	Training and capacity building:	2015 Q1 +		HelpAge
	Monitoring, evaluation plan	March 2015		
	Budgeting/resources:	March 2015		

Core Intervention	Activity	Timing	Number of beneficiaries and estimated funding	Leading and Implementing Agencies
INTEGRATED SOCIAL PROTECTION SERVICES	Operational Guidance finalized	December 2014	6,000 social workers (2020)	MSWRR, DSW
	Social Protection Center rollout plan	December 2014	Negligible as %	
	Recruitment and retention of social workers	December 2014 +	GDP	
	Training in case management	October 2014 +		
	Monitoring and evaluation plan	December 2014		
	Budgeting/resources	December 2014		

TABLE 4: MYANMAR SOCIAL PROTECTION STRATEGIC PLAN MONITORING PLAN

Category	Indicator	Latest available data (baseline)	Target/ Estimation
Overall poverty, risk and vulnerability and general indicators	% of population below food poverty line	5% (2010)	TBD
	% of population below general poverty line	26% (2010)	15% (2015)
	Social Protection Index (ADB)	Not measured (2009)	Baseline set in next SPI report
	Human Development Index	0.524	TBD
	Government expenditure on social protection (%GDP)	<0.5%	3% (TBD)
Pregnant Mothers and Young Children	% covered by maternity and child allowance	0%	100% (2015)
	Pregnant women's use of antenatal care	80% (2012)	100% (2020)
	Stunting	35.1% (2012)	TBD

Category	Indicator	Latest available data (baseline)	Target/ Estimation
School Age and Youth	% covered by child allowance	0% (2014)	10%
	% covered by public school feeding programme	0% (2014)	100% (2020)
	Number covered by education stipends	37,798 (2014/2015)	113,394 (2016/2017)
	Net attendance at primary/secondary school		
Adulthood/Working Age	Number participating in public employment programmes	316,000 (2016, RAP)	1.3 million (2024, RAP)
	Labour market participation rates of poor	70% (2010)	85%
Older Ages	% over 65 receiving social pension	0% (2014)	100% (2015)
	Number of OPSHG's	93 (2013/2014)	TBD

Category	Indicator	Latest available data (baseline)	Target/ Estimation
People with Disabilities	% certified with disability receiving benefit	0% (2014)	100% (2014)
Disaster Risk Management and Social Protection	% social workers trained on DRM	0	100% (2020)
	% disaster responders covered by disaster insurance	0	100% (2020)
	% of public employment projects that build community resilience to disasters and climate change	0	100% (2020)
	% of disaster-affected people that receive relief assistance (cash/kind) through social protection systems	0	50% (2020)

Category	Indicator	Latest available data (baseline)	Target/ Estimation
Integrated Social Protection Services	Number of professional social workers	180	6,000 (2020)
	% trained in case management	0%	100% (2020)
	Ratio of social workers/population	1/300,000	1/10,000 (2020)
	Number of Social Protection Centres at township level	0	330 (2020)

TABLE 5: MYANMAR SOCIAL PROTECTION STRATEGIC PLAN PROJECTED BUDGET (PRELIMINARY)

CORE INTERVENTIONS

Intervention	Leading Agency	2015		2016		2017		2024 (projected)	Notes
		%GDP	MMK (millions)	%GDP	MMK (millions)	%GDP	MMK (millions)	%GDP	
Maternity and child allowance to age 2	MSWRR	0.14%	103,311	0.33%	275,886	0.44%	415,062	0.32%	Assumes phased as per Strategic Plan (pregnant women, then 1, then 2)
Disability allowance	MSWRR	0.00%	0	0.24%	197,621	0.31%	297,648	0.43%	Starts in 2016, assumes 100% coverage
Child allowance ages 3-15	MSWRR	0.00%	0	0.00%	0	0.00%	0	0.98%	Would begin in 2018, assumes full coverage by 2024

Intervention	Leading Agency	2015		2016		2017		2024 (projected)	Notes
		%GDP	MMK (millions)	%GDP	MMK (millions)	%GDP	MMK (millions)	%GDP	
School feeding	MOE	0.00%	0	0.25%	183,771	0.47%	385,752	0.64%	Assumes 20% schools in 2016, same increases in later years
Public employment/ VET	MLFRD	0.61%	437,049	1.13%	931,491	1.57%	1,484,187	1.71%	Assumes 20% coverage, 60 days work/training
Social pension	MSWRR	1.59%	1,145,430	1.44%	1,193,400	1.32%	1,249,560	1.30%	Assumes 100% covered, 65+
Older Person Self-Help Group	MSWRR	0.00%	1,000	0.00%	1,500	0.00%	2,000	-	

Intervention	Leading Agency	2015		2016		2017		2024 (projected)	Notes
		%GDP	MMK (millions)	%GDP	MMK (millions)	%GDP	MMK (millions)	%GDP	
Integrated social protection services	MSWRR	0.01%	3,768	0.01%	6,907	0.01%	10,409	0.01%	Investment costs for each centre (MMK 1.5 million) should be added
<i>TOTAL</i>		<i>2.35%</i>	<i>1,690,558</i>	<i>3.40%</i>	<i>2,790,576</i>	<i>4.12%</i>	<i>3,844,618</i>	<i>5.39%</i>	

ACRONYMS

ABND	Assessment Based National Dialogue
ADRA	Adventist Development and Relief Agency
ASEAN	Association of South-East Asian Nations
CBO	Community-Based Organisation
CSO	Civil Society Organisation
DP	Development Partner
DRR	Disaster Risk Reduction
DRM	Disaster Risk Management
DSW	Department of Social Welfare (MSWRR)
ECCD	Early Childhood Care and Development
FESR	Framework for Economic and Social Reforms
GAVI	The Global Alliance for Vaccines and Immunizations
GDP	Gross Domestic Product
IDP	Internally Displaced Person
IHLCA	Integrated Household Living Conditions Assessment
ILO	International Labour Organisation
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
ISPS	Integrated Social Protection Services
LIFT	Livelihoods and Food Security Trust Fund
MAPDRR	Myanmar Action Plan on Disaster Risk Reduction
MMCWA	Myanmar Maternal and Child Welfare Association
MICS	Multiple Indicator Cluster Survey
MLFRD	Ministry of Livestock, Fisheries and Rural Development

MMK	Myanmar Kyat
MMR	Maternal Mortality Rate
MOE	Ministry of Education
MOH	Ministry of Health
MOLESS	Ministry of Labour, Employment and Social Security
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NAPA	National Adaptation Programme of Action
NGO	Non-Governmental Organisation
NDPCC	National Disaster Preparedness Central Committee
OPSHG	Older Person Self-Help Group
PEP	Public Employment Program
QSEM	Qualitative Social and Economic Monitoring
RAP	Rapid Assessment Protocol (ILO, 2014)
RRD	Relief and Resettlement Department (MSWRR)
SPF	Social Protection Floor
SPWC	Social Protection Working Committee
SSB	Social Security Board
TSG	Technical Support Group
UN	United Nations
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNIAP	United Nations Inter-Agency Project on Human Trafficking
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
VET	Vocational Education and Training
WASH	Water, Sanitation and Hygiene

WFP World Food Programme

WHO World Health Organisation

GLOSSARY

Absolute poverty line: A poverty line typically based on estimates of the cost of basic food needs (i.e., the cost a nutritional basket considered minimal for the healthy survival of a typical family), to which a provision is added for non-food needs.

Benefit: transfer in cash or in-kind (i.e. food, medical services, etc.) provided to an individual or household on the basis of an entitlement or need. Benefits can be periodical (given on a regular basis, such as old age pensions given every month) or not (such as lump sum).

Beneficiary: Individual or household receiving benefits at a specific point in time or during a period of time.

Cash transfer programs: Programs that transfer cash to eligible people or households. Common variants include child allowances, social pensions, needs-based transfers, and conditional cash transfers.

Categorical targeting: A targeting method in which all individuals in a specific category (for example, a particular age group, geographic location, gender, or demographic composition) are eligible to receive benefits.

Child allowance: A cash benefit provided to families based on the presence and number of children in the family. Child allowances can take various forms, such as targeted child benefits, birth grants, or universal transfers for all children under a fixed age.

Child-sensitive social protection: Social protection policies and programs that take into account different dimensions of children's vulnerabilities (age and gender-specific), that consider intra-household dynamics and impact on children; and that acknowledges the economic and social impact (short and long-term) of investing in children

Chronic poverty: Poverty that endures year after year, usually as a result of long-term structural factors faced by the household, such as low assets or location in a poor area remote from thriving markets and services.

Community-based targeting: A targeting method in which a group of community members or leaders (whose principal functions in the community are not related to the transfer program) decide who in the community should benefit.

Contribution: Payment made to a collective fund. In the context of social protection contributions can be paid: by the beneficiary, by the employer, by the State, or a combination of those.

Contributory benefit: Entitlement to a benefit based on contributions from the beneficiary (or protected person) and/or their employer.

Coping strategies: Strategies that help people a) face a wide range of vulnerabilities and social needs b) relieve the impact of risk once a shock has occurred (such as using their savings, selling assets, borrowing, or relying on public or private transfers to maintain current consumption when facing shocks that decrease income).

Conditional cash transfers: Provide money to poor families contingent on them making investments in human capital, such as keeping their children in school or taking them to health centers on a regular basis.

Demographic targeting: A targeting method in which eligibility is based on age.

Fee exemption: Exemption granted to everyone for a defined class of service, for example, vaccination or prenatal care.

Fee waivers and scholarships for schooling: Also known as stipends (usually paid in cash to households), education vouchers (coupons that households use to purchase education or inputs to education), targeted bursaries, and interventions related to tuition and textbooks. All such mechanisms are meant to assist households in meeting the costs of schooling.

Fee waivers for health: Waivers granted to individuals based on their personal characteristics (such as poverty), relieving them of the need to pay for health services for which charges usually apply.

Food insecurity: Lack of access to enough food for an active, healthy life. Chronic food insecurity refers to the persistence of this situation over time, even in the absence of shocks.

Food poverty line: A poverty line based on estimates of the cost of basic food needs (i.e., the cost a nutritional basket considered minimal for the healthy survival of a typical family).

Geographic targeting: A targeting method in which location determines eligibility for benefits or allocates budget to concentrate resources on poorer areas.

In-Kind Benefit: Non-cash benefit in the form of a voucher, commodity or service.

In-kind food transfers: Provide additional resources to households by making food available when they need it most in the form of food rations, supplementary and school feeding programs, or emergency food distribution.

Means test: A targeting method based on income that seeks to collect comprehensive information on household income and/or wealth and verifies the information collected against independent sources. Means-tested benefits can be granted to people if their assets and income do not exceed a given threshold.

Non-contributory benefit: Entitlement to a benefit based on need without prior contribution.

Proxy means test: A targeting method by which a score for applicant households is generated based on fairly easy-to-observe household characteristics, such as the location and quality of the household's dwelling, ownership of durable goods, demographic structure, education, and so on.

Public employment programs (or workfare): Programs where income support for the poor in exchange for work is given in the form of wages in either cash (cash-for-work programs) or food (food-for-work programs) effort. These programs typically provide short-term employment at low wages for unskilled and semiskilled workers on labor-intensive projects such as road construction

and maintenance, irrigation infrastructure, reforestation, and soil conservation. Generally seen as a means of providing income support to the poor in critical times rather than as a way of getting the unemployed back into the labor market.

Relative poverty line: Poverty defined as some portions of a normative standard, usually a proportion of median income or consumption.

Safety nets: See 'social assistance.'

Scheme: Distinct set or rules (programme, plan) governing the provision of social protection benefits and their financing.

School feeding programs: In-kind food transfers that provide meals or snacks for children at school to encourage their enrollment and improve their nutritional status and ability to pay attention in class.

Self-targeted programs (or self-selection): Self-targeted programs are technically open to everyone, but are designed in such a way that take-up is expected to be much higher among the poor than the non-poor, or the level of benefits is expected to be higher among the poor.

Social assistance: Noncontributory transfer programs targeted in some manner to the poor and those vulnerable to poverty and shocks.

Social funds. Multi-sectoral programs that provide financing (usually grants) for small scale public investments targeted at meeting the needs of the poor and vulnerable communities and at contributing to social capital and development at the local level.

Social insurance: It is the provision of social security benefits financed by contributions which are normally shared between employers and workers with, perhaps, State participation in the form of a supplementary contribution or other subsidy from the general revenue. Types of social insurance include insurance against unemployment, old age (pensions), disability, the death of the main provider, and sickness.

Social pensions: Benefits paid to the elderly from tax-financed (rather than contribution-financed) sources and without regard to past participation in the labor market.

Social protection: “Policies, legal instruments, programmes, benefits and services for individuals and households that prevent and alleviate economic and social vulnerabilities, promote access to essential services and infrastructure and economic opportunity, and facilitate the ability to better manage and cope with shocks that arise from humanitarian emergencies and/or sudden loss of income.” Social protection includes safety nets (social assistance), social insurance, labor market policies, social funds, and social services.

Social protection floor: A basic set of social rights derived from human right treaties, including access to essential services (such as health, education, housing, water and sanitation, and others, as defined nationally) and social transfers, in cash or in kind, to guarantee income security, food security, adequate nutrition and access to essential services.

Social security: The protection which society provides for its members, through a series of public measures, against the economic and social distress

that otherwise will be caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death, and also including the provision of medical care and provision of subsidies for families and children.

Social welfare: A system providing for a minimal level of livelihood, income and well-being for individuals and households, often through professional support.

Sustainability: The ability of a program to be continued over a long period.

Target group (or target population): The intended beneficiaries of program benefits.

Targeting: The effort to focus resources among those most in need of them. Targeting can be done geographically (see Geographic Targeting), categorically (see Categorical Targeting), based on poverty and vulnerability criteria, or a combination of various methods. For targeting based on poverty and vulnerability criteria, the most advanced systems use means-tests (see Means-test) or proxy means-tests (see Proxy means-test)

Transient poverty: A fluctuation of income around the poverty line, e.g., in cases where individuals move in and out of poverty.

Unconditional transfers: Provide money to poor families without any conditions.

Universal benefits: Benefits or transfers that are paid to all citizens or inhabitants falling into a specific category of the population (for example, families with children or people over a certain age)

Appendix

Technical Support Group

The Technical Support Group, which was tasked with developing the Strategy under the oversight of the National Social Protection Working Committee, included representatives from:

- a. Department of Social Welfare, MSWRR (Co-chair)
- b. UNICEF (Co-chair)
- c. Ministry of Education
- d. Ministry of Health
- e. Social Security Board
- f. Ministry of Finance
- g. Department of Rural Development
- h. Myanmar Women's Affairs Federation
- i. Myanmar Maternal and Child Welfare Association
- j. Myanmar Women and Children Development Foundation
- k. Myanmar Red Cross Society
- l. Myanmar Development Research Institute
- m. International Labour Organisation
- n. World Bank
- o. World Food Programme
- p. World Health Organisation
- q. United Nations Development Programme
- r. Help Age International

Throughout the preparation of the Strategic Plan, the Technical Support Group drew on available information and data to frame its consultations with stakeholders from Government, non-governmental and civil society organisations. Save the Children also provided support to the process at the TSG's request.