

# Human Development Initiative Myanmar Report of Review Mission -1999



*Leg Rowers of Inle Lake*

**United Nations Development Programme**

**Human Development Initiative - Extension  
and Preparations for HDI - Phase III  
Myanmar**

**Report  
of  
Review Mission**

**(15 February - 5 March, 1999)**

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## Acronyms and Abbreviations

CBO	Community-Based Organisation
CDRT	Community Development in Remote Townships
CDW	Community Development Worker
CSO	Civil Society Organisation
CSW	Commercial Sex Worker
CWSS	Community Water Supply and Sanitation
CTA	Chief Technical Adviser
EB	Executive Board (of UNDP)
FAO	Food and Agriculture Organisation
FIGG	Farmer Income Generation Group
GC	Governing Council (of UNDP)
GOUM	Government of the Union of Myanmar
GRET	Groupe de Recherches et d'Echanges Technologiques
HDI	Human Development Initiative
HDI-E	Human Development Initiative - Extension
HDI-S	HDI Support project
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
HDO	Human Development Officer
IDD	Iodine Deficiency Disorders
IDF	Integrated Development Programme (Northern Rakhine State)
IEC	Information, education and communication
INGO	International Non-Governmental Organisation
M&E	Monitoring and Evaluation
NAP	National AIDS programme
NGO	Non-governmental organisation
NRS	Northern Rakhine State
PACT	Private Agencies Collaborating Together
PHC	Primary Health Care
PTA	Parent and Teachers Association
QUIPs	Quick Impact Projects (former UNDP Programme)
RBAP	Regional Bureau for Asia and the Pacific (of UNDP)
RHC	Rural Health Centre
SHG	Self Help Group
STD	Sexually transmitted disease
TPA	Township Programme Assistant
TPU	Township Programming Unit
UNCHS	United Nations Centre for Human Settlements
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNOPS	United Nations Office for Project Services
VDC	Village Development Committee

# REPORT OF REVIEW OF UNDP HUMAN DEVELOPMENT INITIATIVE MYANMAR

February 15 to March 5, 1999

## 1. Introduction

The Human Development Initiative (HDI) is the programme of UNDP assistance to Myanmar. The second and current phase of HDI is known as HDI Extension (HDI-E)<sup>1</sup>. During 1998, mid-term evaluations of all component projects were carried out. This report is an overall review of the HDI-E programme based on the mid-term project evaluations and other developments. The report was requested as part of the process for the Administrator to report to the Executive Board on HDI on an annual basis. The detailed background to the report is contained in Annex 1.

## 2. Features of the HDI Programme

- HDI consists of ten projects operating in 23 townships<sup>2</sup>. Projects are in various sectors and some are multi-sectoral. Box 1 below indicates the geographic dispersal and sectoral diversity of the programme.
- All projects have in common a focus on the poorest and a participatory approach to community development. Villages are targeted according to poverty surveys and projects aim to ensure that the poorest within villages are included among beneficiaries.
- In most project locations, government services are minimal, such as a very low level of transport infrastructure, or in some cases nominal, such as a school teacher post which is not filled. Community structures are geared to survival and subsistence, rather than development.
- The level of most project interventions is modest. Micro-credit loans average 5,000 Kyat or US\$15; health care may provide the first exposure to birth spacing; infrastructure may mean a footbridge, a water tank or a small pond.
- The usual UNDP national execution modality is not followed. Each project is managed by an international Chief Technical Adviser and in some projects an internationally recruited area manager and one or two additional international staff. These are assisted by a hierarchy of national staff contracted to the projects.
- National NGOs have been involved in particular campaigns but their place in Myanmar society inhibits HDI's ability for collaborative work in community development. International NGOs operating independently of national NGOs face problems of official acceptance and facilitation. However international NGOs from several countries, working with and without national partners, provide a vital dimension to various projects under sub-contracts to the UN agencies. These arrangements under UN auspices and with a small cadre of international leaders are necessary to maintain the neutrality of a UN programme.

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<sup>1</sup> In this report HDI refers to the programme as a whole, HDI-E to the second phase and Phase III to the proposed third phase from 1 July 1999 to 31 December 2001.

<sup>2</sup> A township is an administrative unit which may be urban or rural or both. It is comprised of wards in urban areas and village tracts which are comprised of a number of villages in rural areas.

**Box 1: HDI Projects by Townships**

Townships	Projects									
	Primary Health	Water and Sanitation	HIV/AIDS	Primary Education	Micro Credit	Dry Zone Agriculture	Watershed	Delta (Mangroves)	CDRT	HDI Support
<b>SHAN</b>										
Kalaw	X	X	X	X	X		X			X
Pindaya	X	X	X	X	X		X			X
Pinlaung	X	X	X	X	X		X			X
Nyaungshwe	X	X	X	X	X		X			X
Ywangan	X	X	X	X	X		X			X
<b>DRYZONE</b>										
ChaungU	X	X	X	X	X	X				X
Kyaukpadaung	X	X	X	X	X	X				X
Magway	X	X	X	X	X	X				X
<b>DELTA</b>										
Mawlamyinekyun	X	X	X	X	X			X		X
Bogalay	X	X	X	X	X			X		X
Luputta	X	X	X	X	X			X		X
<b>RAKHINE</b>										
Buthidaung									X	
Maungdaw									X	
Minbya									X	
Kyauktaw									X	
MraukU									X	
<b>CHIN</b>										
Tiddim									X	
Falam									X	
Haka									X	
Tantlang									X	
Paletwa									X	
<b>KACHIN</b>										
Myitkyina									X	
Waingmaw									X	

Plus Support to the National AIDS Programme

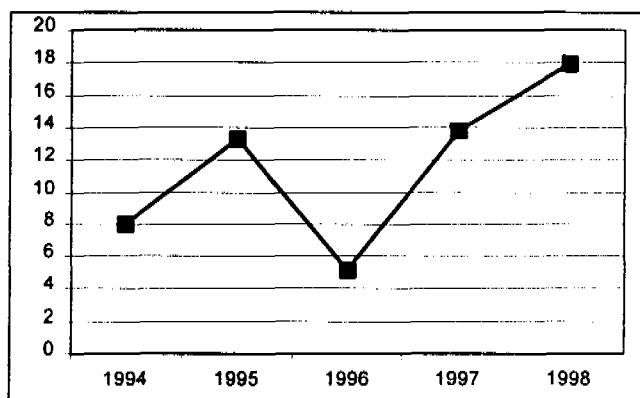
- Some elements of the HDI-E were slow to start, partly for administrative and logistic reasons but also due to the need to train new staff in the HDI-E Support project in the participatory approach to community development with an emphasis on the poorest. Communities are now very appreciative of the projects.

- Box 2 shows disbursements on HDI since 1994. The sharp decline in 1996 was due to a prolonged approval process for the second phase, that is, HDI-E. Due to the time necessary for start-up, recruitment, staff training and development of systems, there have been significant variations in these costs as a proportion of total budget. Annex 3 shows disbursements by project.

- Relations with the Government of the Union of Myanmar (GOUM) vary according to project and area and sometimes at the individual level. Pursuant to the mandate, the range of formal linkages with Government is more limited than under a regular Country Programme approach and the principal function of Government is facilitation. Relations between project staff and national counterparts can be, understandably, less supportive than would be expected under a regular UN to government project which impacts more directly on institutional capacity building. On the other hand, it means that a high proportion of funds is available for grass-roots development.

- Although expenditure by input has changed, HDI overall is a labour intensive effort. In most projects, the start-up period was followed by expenditure on buildings or renovations of facilities, such as school buildings or community health centres of a very modest scale. This in turn has been followed by greater emphasis on development of the human resource through the participatory approach to human development. Without broad counterpart relationships there is a greater than usual need to train local level personnel and for the various projects to do this from the village level. This means that HDI will continue to be a labour intensive programme.

**Box 2: Disbursements – 1994 - 1998**



Year	1994	1995	1996	1997	1998	Total
US\$ (mil.)	8.00	13.33	5.08	13.78	17.93 (est.)	58.12

### **3. HDI-E Project Assessment - Overview**

The mission noted the provisions of Governing Council decision 93/21 and Executive Board decisions 96/1 and 98/14. After reviewing the extensive documentation on each of the 10 HDI projects and visiting a sample of project sites, the mission concludes that the content and objectives of all HDI projects are in conformity with the relevant provisions of the Governing Board and Executive Council decisions.

At the time of the previous review mission in August-September 1997, four of the HDI-E projects – micro-credit, dry zone food security and environment, HIV/AIDS and HDI-E

support - had only been operational for a few months, and their full impact was not yet apparent. At the time of the current mission, all 10 HDI-E projects have been operational for periods of 19 to 25 months, although not in all locations for that period. Their impacts are now highly visible. Particularly in villages where HDI projects have been operational since 1994, there have been very significant impacts on the economic and social conditions of the people, which demonstrate clearly that the project design and successive modifications have been both appropriate and effective. The second HDI-E phase has brought about more successful mobilization at the village level, through development and support for community based organizations (CBOs). CBOs have begun to take charge of their own futures with the help of project interventions of skills training, micro-credit loans and revolving credit-in-kind schemes. In the view of the mission, the 10 HDI-E project components are now performing well and some extremely well. Summary assessments of the 10 HDI-E projects and preparations for the proposed Northern Rakhine State programme are provided in Annex 2.

#### **4. HDI Programme: Lessons Learned**

##### **4.1 Community Development**

The fundamental lesson of HDI is that the community based approach has worked. CBOs may consist of a small number of individuals with shared interests, or serve a whole village, or span groups of villages. A trend of horizontal growth of CBOs is more evident during this mission than in previous reviews. Obviously there are variations on a regional basis with a programme operating in so many different areas with different resources and different cultural patterns. There are also variations according to sector, such as greater receptivity to credit and income generation than to aspects of sanitation or education in some areas. Subject to these variations, the assessment in all project areas is that development through the formation and support of CBOs is a successful model for HDI. Review of progress since the previous review of September 1997 also indicates a cumulative confidence building which, with a measure of back-up, can be expected to continue.

##### **4.2 Time Frame**

HDI has been implemented in a series of short phases, appropriate to the unique mandate in respect of Myanmar and the unique programme developed under it. Short phases, however, are not appropriate to almost any rural development or community-based project, particularly those from the low base from which HDI commenced. Activities in some locations, such as female education in Northern Rakhine State, probably involve attitudinal change over a generation; others like the HIV/AIDS project have to adjust to a worsening situation over a number of years before a decline in the infection rate can be expected. As approval and target dates are unrealistically short, those planning and implementing HDI need a longer time frame within which to conceptualise and develop project initiatives.

##### **4.3 Frequency of assessment**

An important aspect of the short time frame is that mid-term reviews and other assessments are scheduled at the short point of 15 months, compared to the period of 30 months for a normal 5 year country programme. Reviews, evaluations, assessments are required by UNDP and by executing agencies at such frequency that projects may not have had an opportunity to demonstrate progress. Given the time for planning of reviews, field work, reporting and digestion of findings, projects are in an almost constant state of review. The mission believes that HDI is over reviewed at the overall programme level, whereas it would be preferable to have more in-depth evaluations when indicated by progress or lack of progress in particular projects. While the needs for continuing improvement and transparency must be met, it is necessary to achieve the right balance of operational



research and performance review for the most cost effective development of the programme. For example, rather than wait for a mid-term review, it may now be appropriate to assess the relative merits of the various micro-credit projects for purposes of identification of best practice and cross fertilization. Moreover, there may be advantage in some evaluation on an area basis to take account of the role of linkages in HDI's multi-sector programme. It is not the best use of resources to involve senior staff in assessment reviews across the board 15 months after the commencement of Phase III.

#### **4.4 Credit**

Credit programmes, including micro-credit, in-kind loan schemes and self-help groups, have been beneficial to individuals and successful in mobilising CBOs to plan, organise and execute many income generating activities. The programmes have provided a favourable entry point for the development of private sector entrepreneurship. Credit-in-kind has been converted into revolving CBO-managed credit pools, which are growing. Accompanying extension and training programmes are an essential element in the application of these revolving funds. Repayment rates on all the various rural credit schemes are almost 100%, female participation rates are very high and the poor and landless have been successfully targeted. Along with community water supply and employment schemes, they have been perhaps the most tangible and appreciated of HDI interventions and have contributed to the receptivity of communities to other interventions under the programme. It has been demonstrated clearly that credit schemes are vehicles for sustainability linking the credit process to development in other sectors. The various schemes for micro-credit, in-kind loans and assistance for self-help groups have developed with variations in order to respond to the different needs of quite different target groups. This has been useful and should be allowed to continue. At the same time attention can now be given to the different models, with particular regard to a more detailed analysis of the usage of funds generated. As the credit schemes expand, continuing attention will be needed to extension and cross-sectoral linkages. A key issue is the future institutionalisation of credit within the legal framework of Myanmar.

#### **4.5 Management**

The short duration of phases and accompanying learning processes within HDI has contributed to the extent of changes in management structures and inter-agency relationships. A new structure is now being introduced for HDI, which gives a more directive role to UNDP and affects relationships with both executing agencies and field staff. Programme management on a sectoral basis has been replaced by management on an area basis which allows for more holistic, cross-sectoral objectives. The mission supports this approach. However, change comes at a cost. The basis of all HDI projects is community development without the normal range of formal linkage to national counterpart institutions. This development from the grass-roots, particularly in the absence of formal counterpart back-up, is dependent on confidence and skills building, which is in turn dependent on continuity of structures and personnel. This imposes an onus on UNDP to be sensitive to the needs of other agencies and their operational requirements and to recognise the importance of continuity of successful projects. Management structures are important but the right people are more important and need to be given room to do their work. The new structure is intended to contribute to delegation and coordination at township level. It is important that the new structure is allowed time to settle without further change, unless this is demonstrably necessary. The multi-sectoral nature of HDI entails the need for coordination administratively and to achieve inter-sectoral synergies. Where this requires further change, the more critical consideration should be the impact at the operational or field level, rather than some minor gain at the central level.

## **4.6 Impact**

As Box 1 indicates, HDI is geographically and sectorally dispersed and it is to be expected that there will be variation in the level of impact in different regions and among sectors. The programme has given rise to many models and attention needs to be given to lessons learned from within projects. Management should also ensure that priority attention is given to projects which can move quickly to consolidate their impact, such as:

- the complete elimination of iodine deficiency disorders within Phase III;
- evaluation of micro-credit models in preparation for geographic expansion;
- attention to IEC in the proven technologies of water and sanitation;
- identification of best practice and replicable models in the Community Development in Remote Townships (CDRT) project;
- measurable increase of village incomes and well-being.

At the same time, it should be recognised that some activities are less likely to have immediate or readily sustainable impact. Activities under CDRT are inherently more difficult, as their remote locations have consequences of lower levels of development and complications in delivery of assistance. Similarly in Northern Rakhine State, there are legal and administrative obstacles to the contribution that can be made by HDI to equitable development without regard to race, religion or gender. Natural disaster, for example drought in the Dry Zone, can have a very significant impact on projects. HDI should draw the attention of donors to these various circumstances and varying degrees of difficulty among project townships. It should stress that success is relative and should be measured in terms of improvement in the human condition, rather than indicators that are uniform across the locations and sectors of the programme. It may be that if success can be achieved in some activities, a greater proportion of resources can then be directed towards more difficult problems of development.

## **5. HDI Programme: Strategic Issues**

### **5.1 Sustainability**

Governing Council decision 93/21 of June 1993 requires that UNDP programmes in Myanmar have "grass-roots-level impact in a sustainable manner". The issue of sustainability, however, is problematic when programme design modifies the customary features of country programming, which specify precisely the extent of financial and human resource commitments of government and the institutional implications for government. Under the HDI programme, the Government of Myanmar facilitates operations and meets costs for its own activities. These arrangements are essentially parallel activities at the operational level and do not amount to an agreed programme to enhance, or seek assurance of, Government's capacity to sustain programmes. An impact on sustainability may be noted to some extent in all projects but is particularly apparent at the institutional level when the programme is isolated from upstream capacity building and not formally linked to counterpart budgets. In the social service areas of education and health, there can be no guarantee that activities would continue or be extended on conclusion of project inputs. In village level infrastructure and water and sanitation, there can be no guarantee of maintenance capacity without support from civil authorities, particularly technical personnel at the township level. It should be noted, however, that Government resources are so limited that sustainable institutions in the deprived areas in which HDI operates would be difficult to achieve with or without a close counterpart relationship.

On the other hand, HDI is meeting objectives for community development, which itself is essential for sustainability. Projects of the programme are institutionalising community structures for humanitarian services. Community development is not readily measurable but the creation of CBOs prepares the ground for any more sustainable institutionalised development programmes, which may occur in future. Similarly, HDI is contributing very significantly to human resource development outside institutional structures. Most skills imparted to individuals will not be lost, particularly where the skill is linked to an income generating opportunity. The three food security projects and CDRT have introduced a wide range of improvements in farming and land-use practice, some of which have been adopted and are not dependent on institutional support. The provision of micro-credit has already led to sustainable improvements at community and individual levels and has given an impetus to entrepreneurship. The three programmes of NGOs from Bangladesh, France and the United States of America and those of CDRT have not only introduced a new culture in their areas of operation; they have stimulated interest in other geographic areas and the interest of the Government. At the individual level, these projects have provided income generating opportunities for very poor people. Moreover the vast majority of beneficiaries are women, which is in itself a significant cultural shift in some areas.

HDI should not be regarded as a sustainable human development programme in the full and normal use of that concept. Few activities are sustainable in an institutional sense, since this is not part of their design within the UNDP mandate. It may be regarded more properly as a humanitarian development programme, which because it is people-centred and community based, has contributed significantly to sustainable human development and can continue to do so.

## **5.2 Village Access**

The quality of access to villages is directly relevant to their levels of development but the standard of transport infrastructure to most of the project areas is very poor. It is apparent in all projects that further development and sustainability are influenced to a significant degree by improved access to villages, either through road works or water transport. The potential of all projects is restricted by these shortcomings in physical infrastructure: income generation is truncated; education and health programmes cannot achieve targets of services to all; training activities and administration are less effective and more costly. To date, infrastructure activities under HDI have been confined largely to infrastructure *within* the village. Consideration should now be given to the critical role played by access to the village in meeting HDI objectives.

## **5.3 HIV/AIDS**

HDI can play only a very small role in management of the HIV/AIDS problem and the programme is well targeted. However the problem is of such epidemic proportions and of such immediacy that the mission is greatly concerned that the inclusion of the HIV project within HDI could have the effect of limiting the volume of international support for Myanmar in management of HIV/AIDS. A significant factor in the low level of expenditure on HIV in Myanmar, relative to other countries, is a high level policy ambivalence; but a further factor is the limited international aid support for Myanmar, which is confined largely to HDI. The UNAIDS Thematic Working Group has contributed to preparation of a draft strategic plan which is now before the Government. Approval of a national action plan will provide a mobilisation tool with greater capacity to mobilise additional resources from the international community. In the meantime, each of the other projects should pay special attention to ways in which they can contribute to amelioration of the HIV/AIDS problem within the frameworks of their own projects.

#### **5.4 Potential for Co-Financing**

HDI has now been operational since 1994. Projects have been very responsive to lessons learned and there have been significant changes, particularly in targeting the poor and community development techniques. Many activities could be replicable simply by geographic expansion to contiguous or other areas. Others could be intensified within existing project areas, particularly if the issue of village access was interpreted to be within the HDI mandate. The scope for co-financing under normal UNDP cost-sharing arrangements is considerable and sufficiently broad to take account of the sectoral or other interests of donors. A few donors have already shown an interest in co-financing to take advantage of HDI's capacity in fields which they have assessed as effective.

The stage has now been reached when UNDP can be more proactive in promoting co-financing by prioritising additional activities by sector and location. It should minimise any additional burden of bilateral reviews by sharing its own internal assessments more readily with the donor community represented in Yangon. There is a considerable role for international NGOs in co-financing arrangements. At this point, sub-contracting of NGOs under UN auspices and under the control of a UN team leader in the field is desirable and, in some locations, probably necessary, in order to facilitate their work and to maintain the neutrality of HDI.

### **6. Conclusions and Recommendations**

- The mission reviewed the extensive documentation on each of the 10 HDI projects and visited a sample of project sites in eight townships. It concludes that the content and objectives of all HDI projects are in conformity with the relevant provisions of the Governing Board and Executive Council decisions.
- The mission reviewed the activities and accomplishments of the 10 HDI-E projects for the period September 1997 (when the previous assessment was carried out) to February 1999. The impacts of the projects in the targeted villages and townships are highly visible, particularly in villages where projects have been operational since the first phase of HDI in 1994. There have been very significant impacts on the economic and social conditions of the people, which demonstrate clearly that the project design, as modified to take account of experience, have been both appropriate and effective.
- The fundamental lesson of HDI which has been learned and clearly demonstrated is that the community-based approach to development works. Thousands of community-based organizations (CBOs) have been formed at village level or for clusters of villages to deal with matters such as primary health care, primary education, water and sanitation, extension training and credit for income generating activities. The same approach is appropriate in Phase III, drawing on the many models, which have been successful.

The terms of the Executive Board's mandate require a unique modality of operation. HDI has adapted well to the requirements of the mandate. While there are some significant constraints compared with the partnership of a normal UN country programme, HDI is able to achieve project objectives. The international community should be aware, however, of consequent needs for flexibility and possible variations from the normal patterns of UNDP programmes.

- The relatively short time-frame for HDI was set under the unique circumstances of the programme. This time frame is too short for a community based rural development programme and inhibits staff in tasks of planning and implementation. It also gives rise to a

burdensome frequency of reviews, redesign and approval processes. It is recommended that consideration should now be given to a four or five year time frame for the HDI programme.

- Credit and extension services play a vital role in poverty alleviation activities and land-based rural development. HDI has developed useful services in both fields. Extension services are well adapted to the locations of particular projects. Several successful models for micro-credit are in use. Repayment and female participation rates are extremely high in all schemes. The diversity has been of great value and should be allowed to continue. During Phase III close attention should be given to analysis of the uses of loan funds.

- A new management structure for HDI is being introduced which gives a more directive role to UNDP and affects relationships with both executing agencies and field staff. The mission supports the objective of replacing management on a sectoral basis by management on an area basis, to facilitate a more holistic approach. However, change can be disruptive to operations at the field level and caution is necessary in its implementation. As manager, UNDP will need to be sensitive to the needs of other agencies and their operational requirements, and above all to recognize the importance of continuity of successful projects.

- HDI is a programme of great diversity and there are obviously differences in the degree of impact achieved according to project and location. In Phase III priority attention should be given to consolidating results in successful projects; not forgetting the need to consider deployment of resources to more difficult but achievable tasks.

- HDI should not be regarded as a sustainable human development programme in the full and normal use of that concept. Many activities of HDI are not sustainable in an institutional sense, because of the special mandate under which HDI operates. On the other hand, HDI is promoting many activities, which are sustainable at community and individual levels. HDI may be regarded as a humanitarian programme, which, because it is people-centered and community-based, is contributing significantly to sustainable human development, and can continue to do so. The international community should keep in mind the constraints of the mandate and its consequences for sustainable development.

- It is clear in many areas of HDI's operations that levels of poverty are directly related to the quality of access by road and/or water transport to and from villages. The potential of projects is restricted by these deficiencies in physical infrastructure. To date, infrastructure activities under HDI have been confined largely to infrastructure *within* the villages. Consideration should now be given to recognizing the critical role played by access *to and from* the village in meeting HDI objectives.

- The HIV/AIDS problem in Myanmar is of such epidemic proportions and of such immediacy that the mission noted with concern the limited international assistance available to Myanmar, relative to assistance to other countries. The HIV/AIDS project within HDI can make only a modest contribution. The UNAIDS Thematic Working Group has contributed to preparation of a draft strategic plan which is now before the Government. Approval of a national action plan will provide a mobilisation tool with greater capacity to mobilise additional resources from the international community. In the meantime, each of the other projects should pay special attention to ways in which they can contribute to amelioration of the HIV/AIDS problem within the frameworks of their own projects.

- HDI has now accumulated considerable development experience in Myanmar where bilateral programmes are severely limited. Donors who have an interest to assist the very poorest people who are the beneficiaries of HDI could now do so through co-financing arrangements. Some donors have already shown an interest and UN agencies have been able quickly to indicate activities for consideration of support. UNDP could facilitate the interest of further donors by prioritizing additional activities by sector and location.

# ANNEX 1

## **Background to Review Report**

In its decision 98/14 of June, 1998, the Executive Board of UNDP approved continuing funding of activities in sectors previously outlined in Governing Council decision 93/21, and confirmed by Executive Board decision 96/1. It authorized the Administrator, on a project-by-project basis, to approve project extensions up to a total amount not exceeding \$50.0 million for the period mid-1999 to the end of 2001. In addition, decision 98/14 authorized the administrator to mobilize, in consultation with the other United Nations funds and programmes concerned, non-core resources for the United Nations system-wide programme of assistance to Northern Rakhine State, through appropriate mechanisms and modalities. The Board also requested the Administrator to continue to provide annually a report on the progress and challenges in the implementation of project activities of the Human Development Initiative. The results of the last HDI review mission of September 1997 were reported to the Executive Board in January, 1998.

The current annual mission was conducted from February 15 through March 5, 1999 by a team of three independent consultants. Terms of reference required the mission to assess the status of the 10 HDI projects; their progress in implementation and the degree of success in meeting their objectives. This included initiatives taken by the Country Office to improve the efficiency and effectiveness of HDI through its change management process and the preparation of project extensions for Phase III of HDI from July 1999 to the end of 2001. The mission was also requested to provide an assessment of the challenges faced by the UNDP Country Office and project management in the implementation of the HDI. The scope of the review also included an assessment of preparations for the Northern Rakhine Coordination Project. The mission was to take account of the recent mid-term evaluations of the ten HDI projects and other relevant documents and developments.

### **The Mission's Program**

The mission spent the first week in Yangon reviewing the extensive documentation on the 10 HDI projects, particularly since September 1997. It met with the Resident Representative and other senior UNDP Country Office officials, as well as the available representatives of the UN Agencies, Chief Technical Advisers (CTAs) and staff of projects. Meetings were also held with members of the diplomatic corps. A courtesy call was also made on the Minister of the Office of the Chairman of the State Peace and Development Council.

During the second week of the mission, the three members of the mission separately visited a range of HDI project activities at field locations in Eastern Rakhine State, Kachin State and Shan State. They met with project beneficiaries in a number of villages in 10 of the 23 project townships, as well as national project staff and contract staff delivering the various project inputs. Following these site visits, a draft report was discussed with available HDI project staff for their comments. Separate briefings were provided to representatives of UN Agencies and of diplomatic missions in Yangon, to the Minister of the Office of the Chairman of the State Peace and Development Council and to the Director General, International Organizations of the Ministry of Foreign Affairs. The mission report was finalized prior to its departure on 5 March 1999.

## **ANNEX 2**



## **Assessment of the 10 HDI-E Projects-September, 1997 to February, 1999**

### ***i. Improving Rural Community Access to Primary Health Care (PHC)***

The PHC project aims to improve accessibility to health services for the disadvantaged, most vulnerable and at risk groups, including women, children and the disabled. HDI-E amalgamated separate leprosy and malaria projects into the PHC project with a redirection from more technical activities to social mobilisation for community services. As a service provider, the project (along with education) has closer institutional links with Government than others. The project is implemented through World Health Organization (WHO), United Nations Office for Project Services (UNOPS) and the Ministry of Health. National and international NGOs have also been involved. To date the project has operated in 11 focus townships through 332 health centres, of which 277 Rural Health Centres (RHCs) have been constructed or renovated. Village Health Committees (VHCs) have been constituted in 3693 or over 98% of villages. The project strengthens VHCs and focuses on involvement of women. Through very small seed money accounts it has encouraged fund raising and revolving funds for services and consumables. It has assisted in community based rehabilitation of people affected by leprosy, the blind and other disabled. Training is the central activity and community trainers are predominantly women. In addition to the range of activities in the 11 focus townships, the project has covered 118 townships targeting special programmes, such as malaria, tuberculosis and leprosy. At the national level, it appears that universal use of iodised salt for the treatment of Iodine Deficiency Disorders (IDD) will achieve its target in 2000 - see Box.

<b>Effect of PHC Project on IDD</b>	
Incidence 1994	- 33.08%*
<b>Action</b>	
	National commitment to use of iodised salt
	Promotion of iodised salt
	Monitoring group for production and distribution
<b>Result</b>	
Incidence 1997	- 25.1%
	Universal salt iodisation in 2000
	Estimated population coverage in 2000 - 90%

\* Source: National Nutritional Surveys, GOUM

Project evaluation has found that some training has been hampered by lack of coordination in the provision of self-care manuals. Dual implementation through WHO and UNOPS has also caused problems. UNOPS procurement services have been found to be more efficient than those of WHO. Although some improvement has occurred, experience suggests that UNOPS should be responsible for all goods procurement and WHO for services only.

In Phase III, activities will be confined to the 11 focus townships. Activities in Phase III will have an emphasis on the further development of community services, particularly to assist newly formed VHCs to become more effective and able to stand alone. It is expected that this will be a more difficult task than some of the infrastructural inputs of HDI-E.

## ***ii. Community Water Supply and Sanitation (CWSS)***

The Community Water Supply and Sanitation Project operates in all 11 townships of HDI, not including the remote townships covered by the CDRT project – see below. The first phase was successful in implementation of water and sanitation facilities and far exceeded its targets in terms of the numbers of people affected by the facilities. However, its performance on sanitation education and training for maintenance was not substantial. The second phase under HDI-E emphasises local capacity building to plan, implement and maintain water and sanitation facilities. This shift was not easy to achieve as staff were not geared or trained adequately to focus on capacity building through a participatory approach at village level. During 1997 there was a significant loss of momentum. Facility outputs declined as the projects attempted to adapt to the new approach. Performance picked up in 1998 as reorganization and training began to take effect. Authority for implementation was decentralised to engineers and field staff in the three project areas and training improved through training teams for both technical level training of local artisans and capacity building of CBOs. Performance in sanitation has been more difficult than water supply, as the former is more dependent on social mobilisation and community behavioral change. Community based disaster management training is in an initial pilot stage. This aims to enable villages to address urgent needs in water hazard awareness, relief and rehabilitation.

The current work plan aims to achieve a seamless transition from HDI-E to Phase III and avoid the significant disruption which occurred between the first and second phases. The project design for Phase III emphasis the sustainability of capacity building. Operations are based on a needs assessment survey of 3665 villages, of which 1268 are termed complete. This survey will be complemented by a community capacity assessment that uses a participatory approach to determine community capabilities and assets. More attention will also be given to community-to-community capacity building, encouraging villages to learn from one another. Project staff will facilitate linkages through workshops and tours.

The challenge for the project is to achieve the appropriate balances in the more difficult tasks of the community participation approach and behavioral change as well as the physical outputs. The mission is confident that the project is now well managed, that Phase III is well planned and that senior staff are now fully aware of the need for balance.

## ***iii. Enhancing Capacity for HIV/AIDS Prevention and Care***

The principal activities of the HIV/AIDS Project are aimed at support of the National AIDS Programme and have contributed substantially in training of national primary health staff in counseling. The project is also supporting blood screening activities nationally and especially in HDI townships. Within HDI townships, awareness and knowledge of HIV/AIDS is being vigorously promoted. HDI is funding International NGOs (linked in many cases with local NGOs) who are making a major contribution in the development and dissemination of higher quality, creative and better tested Information, Education and Communication (IEC) materials. These materials are essential in support of influencing behavioral change among the "high risk" and "at-risk" sub-populations in target communities/areas. The INGOs also offer a capacity for strengthening behavioral research, which is so essential to understanding how to influence those at risk to alter their lifestyle. There is also a special and urgent need to understand how best to design interventions targeted at the most vulnerable among ethnic and tribal minority groups, who tend to inhabit the border areas where access to information, skills and means of prevention, health services and economic resources are scarcest. At present there are few, if any interventions targeted at these highly vulnerable groups.

The project is promoting condom use which is very low. Social marketing has been successfully introduced creating an increased demand for condoms but is curtailed by lack

of media access. Current annual consumption is around 4 million, while WHO figures indicate that a supply of 80 million condoms are required. Consideration should be given to a greater contribution from users as their use increases.

For the third phase of HDI, the project budget has been increased to US\$3 million, a 25% increase over the HDI-E phase but a small fraction of the funds necessary for an extensive national campaign. The third phase will direct a higher priority to supporting the development of improved behavior change communication interventions to those at potential risk, and broaden the strengthening of institutional capacity and HIV/AIDS expertise in civil society organizations (CSOs), governments organizations, research institutions and the private sector. The three main priority interventions planned are: behavior change communication; AIDS/STD management and care; and policy development initiatives along with resource mobilization.

Emphasis on the behavior change communication interventions among high-risk groups considered as reservoirs of HIV will be a key to slowing the transmission to the general population. The advantage of mobilization of Commercial Sex Workers (CSWs) to become advocates of "safe" practices and being knowledgeable extension workers on HIV/AIDS has been demonstrated in an experiment conducted near the end of the second phase. This approach appears to provide an opportunity for more intensive exploration and action in Phase III.

#### ***iv. Improving Access of Women, Children and Men of Poorest Communities to Primary Education to All***

This project aims to improve the ability of children of the poorest families in targeted communities to obtain access to primary education and to improve the quality of education available to poor communities. As the project provides assistance to an ongoing service, key aspects are dependent on effective working relations with the Ministry of Education.

The project has made considerable progress since the last assessment in 1997. Overall, it has achieved targets in building and renovation of schools and improving physical access; establishment of community learning centres for literacy, life skills and income earning skills; capacity building of Parent and Teacher Associations (PTAs); and provision and management of educational resources. The project has also made progress in improving the quality of primary education through provision of training, assistance in curriculum development and training materials. It will be necessary to follow up these measures to ensure that the new knowledge skills and methods acquired will take firm root. However, while teachers are clearly better trained, there is a high attrition rate and a continuing shortage of teachers. The project is now giving more attention to reaching "out-of-school" children. The community learning centre concept has made progress in some locations but in others, villagers remain unreceptive. Imaginative and innovative measures are needed to win villagers over to participate in and make the community learning centre their own. The project has focused mainly on community groups such as Parent and Teacher Associations (PTAs) but they often operate in ways, which do not enable the poorest to benefit. Smaller sub-groups, which are formed at the grass-roots level, such as models in Chin and Kachin States, may be a better way of reaching the targeted beneficiaries.

Phase III will see greater emphasis on these areas of difficulty; to reach out-of-school children, adult literacy, non-formal education and improved use of community facilities. As with health, these human resource development inputs are more challenging than the infrastructural inputs of HDI-E. The project has shown that it can improve the ability of some children of the poorest to receive primary education. However, there are difficulties in reaching some target children, who may be required to accompany or assist parents in daily

or seasonal work away from school locations. In Phase III, attention will be given to a non-formal primary education programme, including through communities, monasteries and other religious institutions.

**v. Sustainable Livelihoods through Micro-Credit for the Poorest**

The three international NGOs who are delivering this project began implementation of their respective micro-credit approaches in their assigned HDI project townships during the period October-December, 1997: Grameen Trust (Bangladesh) in three Ayeyarwady Delta townships; GRET (France) in five Shan State townships; and PACT (U.S.A.) in three Dry Zone townships. By the end of 1998, a total of approximately 18,757 households had received micro-credit loans. Despite the slow start this is about 63% of the planned target coverage during the HDI-E phase. Their loans are of very small size to ensure that the focus is maintained on the bottom 20% of village households. Repayment rates are almost 100% and female participation rates are over 90%. Each of the NGOs is using its own unique methodology. Senior staff from the three sub-projects meet quarterly in a Micro-Credit Forum to report progress and share experiences. The project also has an objective to provide support to micro-enterprise development through provision of training services, support and advisory services. To date, it appears that work has not yet progressed very far on this aspect.

The second phase of this project, which is Phase III for HDI, envisages a doubling of beneficiary households from the 30,000 target expected to be achieved at the end of the first phase to 60,000 households by the end of the second phase. A further objective is the strengthening of local management capacities at the village and township levels and consolidation of methodologies and progress on institution building, to the point where full-time international technical support can be withdrawn by the end of 2001 and the established micro-credit Institutions managed by local staff.

It will be important to give higher priority to the development of micro-enterprises in the coming months, as they will provide the pay-off and sustainability for the establishment of micro-credit facilities. As well, the three micro-credit sub-projects managed by the INGOs need to be strongly linked to the development strategies of the other HDI projects in each distinct area. At the moment they are operating almost totally independently of the other HDI projects.

**vi. Environmentally Sustainable Food Security and Micro-income Opportunities in the Dry Zone**

The Dry Zone of Myanmar is a vulnerable area. For the past three years, the normally difficult conditions have been exacerbated by drought, causing extreme hardship for the majority of the population in this region, which is heavily dependent on land-based activities for their livelihood. There has been a shortage of drinking water, widespread crop failure, shortages of fodder production and difficulties in maintaining draft animals. The project implementation is focused on ways of alleviating poverty in the communities by seeking income-generating opportunities through employment and trading. During HDI-E, the project has provided assistance to 138 villages in 3 townships representing 14,000 households or a total population of 70,000. Priority is placed on assisting small scale farmers, the landless and women.

Commencing in November, 1997 the project has launched an intensive soil conservation and water-harvesting programme, including the use of a number of innovative techniques. These include construction of over 400 sediment storage overflow earth dams by villagers; rehabilitation of another 250 traditional dam structures; construction of over 6,000 stone

check-dams by farmers; soil and water conservation works to collect and store rain water around planted trees (over one-half million structures already completed by villagers during 1998 and another 500,000 planned to be completed in the first half of 1999). Members of the communities in this region have understood the importance of these water and soil conservation measures and have thus been able to achieve these remarkable results through contribution of their own labour. In addition to this work, the project has assisted small scale farmers to adopt improved cropping systems, introduced improved seeds, initiated integrated pest management activities, experimented with improved tillage practices, and trained villagers in compost production to improve soil fertility and moisture holding qualities. As well, support was given to tree planting for community woodlots, the development of village nurseries, and the use of certain trees species for agro-forestry systems.

The project has also encouraged livestock rearing activities, which provide income earning opportunities for the landless, woman-headed households and small farmers. This has led to feedstuff trading opportunities for other village groups. A number of villages in areas that cannot be reached by road have been supported by the project to build or upgrade feeder roads to connect their villages to the outside world. Other village infrastructure supported by the project is the construction of Village Resource Centres (VCRs), where capacity building activities can be conducted (CBO meetings, Development Fora, etc.). Several villages have opened village child-care-centers in these VCRs. There are now 247 active organized groups (CBOs) in the three project townships, with a total membership of over 11,600 men and women. These groups usually meet monthly and are on the whole extremely active.

In Phase III project activities from HDI-E will be continued but with special emphasis on enhancing community participation in all aspects of the project. Emphasis will also be given to training and developing national staff capacity for leadership in effective and sustainable community development.

**vii. *Environmentally Sustainable Food Security and Micro-income Opportunities in the Critical Watersheds (Southern Shan State)***

Beginning in the second phase, this project is now operational in five townships of Shan State. The project includes 370 villages and 20,000 households in an area characterized by limited opportunities for income generation, low productivity of land, environmental degradation due primarily to removal of forest cover, and resulting soil erosion. The watersheds of these townships drain into several river systems and to Inle Lake, a national treasure, which is also threatened by sedimentation from upstream erosion, and other human activities. The principal focus of the project is to provide the poor with opportunities for generating income through land-based activities, while raising awareness of environmental issues and building capacities of communities to protect the environment while using its resources. Project interventions are prioritised by a participatory planning process.

Some villages which have been active in the project since the beginning of the HDI have made tremendous progress towards self-sufficiency. There are many very successful CBOs, including CBOs which reach beyond village boundaries in common cause with neighbouring villages. The villages which have made less progress are usually more remote, and often have difficult access, which greatly impedes development - not only economic development, but also of social infrastructure such as availability of health services and access to schools. Overall, the project is making excellent progress towards achievement of its goals. Phase III will take account of the following lessons:

- Villagers are slow to learn the importance of soil and water conservation practices to

maintain and develop their agricultural production, even though they contribute significant labour for this purpose.

- Women have enthusiastically accepted responsibility for growing of specialty cash crops and raising livestock.

The main change in Phase III will be more emphasis on the strengthening of technical and management capacity of villagers through various human resources development activities. More emphasis will also be given to re-building and maintaining soil fertility and plant nutrient supply through organic recycling and other practices. The capacities of villagers, particularly women, the poor and the disadvantaged, to implement environmentally sustainable crop, livestock, forestry, fisheries and other land-based income generating options will be enhanced.

#### ***viii. Environmentally Sustainable Food Security and Micro-income Opportunities in the Ayeyarwady (Mangrove) Delta***

This project area is situated in an economically depressed and environmentally critical southern part of the Ayeyarwady Delta in mangrove swamps within a tidal and brackish water zone. The population of the project area is 920,000 (more than 332 persons/sq.mi) - one of the highest rural population densities in Myanmar. Fifty percent of the population are landless. Mangrove forests covered more than 50% of the land area two decades ago, but now amount to about a tenth of that area due to unsustainable use of the forest for charcoal manufacture. Now this area is a very important monsoon paddy rice producing area, although yields are relatively low because of the scarcity of fertilizer. Other economic activities include capture fisheries (which had declined with the loss of mangrove); pig, chicken and duck rearing; and operation of private tree nurseries. The HDI project started work in 1994 and has developed a programme of mobilizing communities in over 250 villages to take charge of their own development. Participatory rural appraisal techniques were used to identify poverty stricken target groups, women's groups and the landless and to form beneficiary groups for income generation as well as environmental conservation activities. These CBOs were promoted by the project and gradually transformed into formal organizations with elected officers. Each village has four Village Development Extension Workers (VDEW) - two men and two women nominated by the villagers trained by the project for various extension activities. In turn the VDEWs attend village tract and regional monthly workshops organized by the project and as a result have formed a network of villager-to-villager extension. Most income generation activities have received assistance in kind from the project, which is totally repaid and becomes a growing revolving credit fund managed by the beneficiary group. Women play a leading role in many of these CBOs. The project has succeeded admirably in mobilizing a great number of economic and social groups who have taken charge in generating substantial additional incomes throughout the project area, as well as addressing many essential social needs of villages. Many of the villages which were supported in the first phase are approaching the maturity stage with greater capacity for self-management and self-reliance. Overall, the project in this area has been an unqualified success. Phase III will focus on consolidation of the activities and accomplishments achieved in the preceding phase, extending these activities in further areas of these same three townships and on consolidating community capacities as part of the project's exit strategy.

#### ***ix. Community Development in Remote Townships (CDRT)***

CDRT aims at poverty alleviation through a participatory approach for communities to prioritize and implement outputs in some or all of nine fields of social services, food security and income generating activities. The project has covered 494 villages populated by ethnic

groups in 12 townships administered through four zones. Implementation is more than usually difficult, due to logistical problems. Besides the CTA based in Yangon, the project is led by one international manager in each of the four zones.

Following a slow start, the project has initiated a great deal of activity during a short period. Mid-term evaluation found that output targets were ambitious and that training needs, and the need for reinforcement, had been under-estimated, both for CDWs and sectoral specialisations. Zonal differences now need to be assessed for cross-fertilization and convergence to best practice, while respecting the need to capitalise on successes at the local level. With regard to administration, greater delegation and decentralisation is necessary to improve efficiency and effectiveness, as well as to respect regional diversity in resources and culture. The project design for Phase III aims to take account of these concerns. It is proposed to benefit 240 villages covering an estimated 144,000 very poor people. Villages should have at least 4 or 5 functioning sectoral CBOs with an exit strategy of 12-15 months, after which CDWs will transfer to other villages. Phase III takes account of the need for more cohesive but decentralised management with a hierarchy of area, township and village working groups to plan from the grass-roots.

Some aspects of the project design are over ambitious. Four or five separate sectoral CBOs are not necessarily the optimum result while the time for the exit strategy is too short for a guarantee of the sustainability of many CBOs. It is considered that sustainability from such an extremely low base calls for a more realistic time frame for back-up, both in community development and technical advice, at least during the 30 month term of Phase III. It is likely that during this period there will be extensive needs to assist CBOs in planning, managing of financial resources and training in management and leadership. However, the project has made real progress in understanding of the complexities and is now able to promote community development with a degree of confidence. If the international mandate for operations in Myanmar were to be broadened, CDRT provides a base for more intensive activity linked to institutional strengthening. In the meantime, it provides several, varied replicable models for community development in the most deprived areas. By simple geographic expansion to new equally deprived areas, this project (as well as others) is appropriate for cost-sharing arrangements.

#### ***x. Human Development Initiative Support (HDIS)***

The HDIS Project executed by UNOPS supports projects in all other sectors and is itself multi-disciplinary. It conducts activities in research, training, monitoring and evaluation (M&E), provision of common services, information, education and communication (IEC) and integrated management.

The evaluation study of May 1998 found that much clearer direction had been given to the project and important outputs had been achieved since the previous assessment in 1997. Contributions included training of CDWs, development of M&E systems and the conduct and promotion of research. HDIS has had particular success at township and village levels. There is now better targeting of the poor and better definition of the appropriate interventions. Through refinement of M&E systems and training, there is more confident and more efficient management.

In the project design for Phase III, more attention will be given to assistance in the preparation of township plans and budgets. These activities will be led by HDOs reacting to community interests, rather than the sector-led approach of the earlier phase. At the central level, an early emphasis on M&E has served its purpose in defining systems and the project can move on to different priorities; continuing definition and facilitation of best practice, cost effectiveness, inter-sectoral research and more extensive IEC. The staffing profile will be

adapted to reflect these changes and international staff will be reduced from four to two.

The inter-agency relationships of HDI will be guided by new administrative arrangements now being introduced and referred to under *Management* in Section 4.5 of this report. As a service provider to other agencies, the new arrangements have considerable implications for HDIS, which is responsible for social mobilization and community development through its training functions. There are two main challenges facing HDIS: First, to adapt quickly to evolving needs and second, to develop the appropriate culture of service to meet its responsibilities to UNDP and to maintain the most effective and productive relationships with the sectoral projects. It must be sensitive to the ways in which other projects engage with communities and the ways in which other agencies operate. An important aspect is the right attitude of HDIS staff to contribute to the objectives of HDI III through serving the beneficiaries of projects, which are being delivered by *other* agencies.

### **Preparation for Northern Rakhine State Coordination Project**

HDI has included some activity in Northern Rakhine State (NRS), first through Quick Impact Projects (QIPS) in the first phase and in HDI-E through the CDRT project which is operating in two of the three townships of NRS. The focus of CDRT in this area was development assistance through a participatory approach and group capacity building. The mid-term evaluation of the CDRT project overall found that, after a slow start, the project in NRS moved to a firmer footing with the appointment of an Area Manager in March 1998 and the recruitment and training of national staff drawn from Muslim communities and able more readily to communicate with the target population. In the past year the CDRT project in NRS has made promising progress, particularly in community development and micro-credit. The HDI input, however, is very small compared to the UNHCR-led programme funded by joint UNHCR-WFP appeals.

The UNHCR programme began as a resettlement and reintegration programme for returnees from Bangladesh who were Muslim, do not have citizenship and face legal barriers to development, such as inability to hold land and restrictions on freedom of movement. These numbered around 250,000 or one third of the population of the three townships of Northern Rakhine State. Poverty surveys indicate that NRS is particularly disadvantaged and the UN Country Team in Myanmar proposes an Integrated Development Programme (IDP) for NRS. UNHCR proposes to hand over its work to more development oriented UN agencies and has commenced this process. The IDP will be under the direction of the Resident Coordinator. Funds for the IDP would be sought by a separate appeal to be launched in 1999. It is intended that the IDP should commence in January 2000 and preparations are now under consideration among UN agencies. These preparations include the role of CDRT in NRS.

It is considered that CDRT activity should continue in NRS transferred to the proposed IDP. In this way NRS would benefit from the late but good start that CDRT has already made. Discussions on arrangements for the IDP are now progressing, which include absorbing CDRT into the new programme. Dates for hand-over of activities are being set and it is intended that an appeal should be made to the international community in 1999.



# **ANNEX 3**

## HDI Disbursement by Project 1994-1996

	Project No. and Title	Total HDI	Total 1994	Total 1995	Total 1996
1	MYA/92/006 : National Aids Programme	1,151,874	209,261	670,069	272,544
2	MYA/93/003 : Fuelwood Plantation	1,965,035	753,243	1,033,179	178,613
3	MYA/93/004 : Agri. Dev. in Dry Zone	2,085,988	1,030,723	693,788	441,118
4	MYA/93/005 : Watershed Management	2,982,155	960,976	1,634,708	386,471
5	MYA/93/021 : QUIPS – Chin	945,771	147,438	642,346	165,261
6	MYA/93/022 : Leprosy	693,997	294,976	182,790	236,462
7	MYA/93/024 : Malaria	1,569,111	714,215	586,011	268,885
8	MYA/93/025 : Water Supply & Sanitation	2,300,000	357,700	1,848,526	263,594
9	MYA/93/026 : Ayeyarwaddy Mangroves	2,024,121	741,010	1,022,374	266,440
10	MYA/93/028 : Improv. Access Primary Education	2,573,935	114,725	1,927,928	553,135
11	MYA/93/030 : Primary Health Care	2,988,742	1,386,847	1,093,215	508,680
12	MYA/93/031 : QUIPS – Rakhine	988,352	230,021	509,910	254,649
13	MYA/93/033 : Improv. Quality Primary Education	1,175,635	476,220	404,922	436,249
14	MYA/93/034 : Umbrella Training	1,368,698	144,207	820,296	198,484
15	MYA/93/035 : Prog. Support and Development	824,625	441,200	265,170	134,987
	<b>Total</b>	<b>25,638,039</b>	<b>8,002,762</b>	<b>13,335,232</b>	<b>4,565,572</b>

## Delivery of HDI-E 1997-1999

	Project No. and Title	Total HDI	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998 (Estimated only)
1	MYA/96/001 : Primary Health Care	7,212,755			78,293	2,662,455	4,472,007
2	MYA/96/002 : Community Water Supply	3,187,538			251,925	1,527,531	1,408,082
3	MYA/96/003 : HIV/AIDS	1,914,157				811,829	1,102,328
4	MYA/96/004 : Education	4,567,061			4,016	2,559,922	2,003,123
5	MYA/96/005 : Micro Credit	2,101,974			-	870,906	1,231,068
6	MYA/96/006 : Food Security, Dry Zone	1,488,051			8,801	471,107	1,008,143
7	MYA/96/007 : Food Security, Shan	1,916,668			66,044	774,270	1,076,354
8	MYA/96/008 : Food Security, Delta	1,636,111			72,368	606,540	957,203
9	MYA/96/009 : CDRT	5,781,372			2,532	2,459,452	3,319,388
10	MYA/96/010 : HDI-S	2,428,071			35,590	1,039,575	1,352,906
	<b>Total</b>	<b>32,233,758</b>	<b>--</b>	<b>--</b>	<b>519,569</b>	<b>13,783,587</b>	<b>17,930,602</b>