

Resilience and Community Social Organizations in Rural Myanmar: Research Summary

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May 2016

Abstract

Consistent with prior research, analysis of data from two large rural household surveys conducted in 2015 and 2016 across all the administrative areas of Myanmar demonstrates that almost half of rural communities in Myanmar have at least one social organization, as distinct from religious, political or administrative organizations. Overall, households in communities with social organizations were less likely to be classified as vulnerable than households in communities without social organizations (27.6% vs. 28.8%). The positive effect was seen mostly in the West, Southeast and Delta areas, was slightly negative in central areas, and strongly negative in Northeastern areas. In villages with social organizations, per-capita health spending was higher, but levels of debt relating to healthcare costs were lower, with better overall health indices. Likewise, educational spending was higher, but education-related debt levels lower in villages with social organizations. The presence of village social organizations was also associated with lower degrees of income inequality, and the degree of disadvantage experienced by being a poor household, a female-headed household or a household with a person with disabilities was lower in communities with social organizations, suggesting that the activities of these groups plays a significant role in addressing vulnerabilities and inequalities in their communities. These findings show evidence of strong association between the presence of community social organizations and favourable patterns of resilience. Policy-makers of social protection programmes should consider how to engage such organizations in the development of national social protection systems.

Background: The place and nature of social organizations in Myanmar

Despite recent emphasis on national, universal mechanisms for social protection, evidence exists validating the efficacy and efficiency of community based, community led social protection mechanisms (De Coninck & Drani, 2009; Habtom & Ruys, 2007) Such mechanisms reside in a contextual framework, and rely on local resources, and are shaped to deliver locally appropriate solutions in the community setting. In a 2003 policy brief, Stefan Dercon noted that “Local communities have a big role to play: public funds should not be used to replace indigenous community-based support networks; rather they should be used to build on the strengths of these networks to ensure broader and more effective protection” ((UNU-WIDER, 2003). Recent research demonstrates a strong support for strengthening community social protection, especially in the areas of children’s education, livelihood opportunities for women and persons with disabilities, and health support for older persons(Griffiths, 2012). Despite the gaps at central level, numerous traditional, community based mechanisms are in place which provide varying types and degrees of social protection such as funeral services, rice banks and donations to enable poor children to attend school. The use of social capital in the Delta has been documented in the ability of economically disadvantaged cyclone-affected peoples to secure loans and avoid land repossession. It is reported that relatives-turned-lenders tend not to repossess land as the social structure of kinship encompasses certain entitlements and obligations (Tripartite Core Group, 2010). In the Myanmar context, preliminary research points to the near-universal existence of community-led social protection mechanisms,(Thu, 2013) with a typical village having 4 different schemes, delivering an average of \$26.50 per household per year in grants in cash and kind, with over 80% of funding coming from within the

community. Such schemes are organized using traditional cultural and religious principles, but each village typically having a slightly different structure. Anecdotal evidence suggest that these organizations have been functioning for decades (LIFT, 2015). If these findings are true for the entire country, the financial capital handled by such organizations dwarfs central government spending (ActionAid, 2013). The current question then is: what is the correlation between the existence and activity of social organizations and resilience in rural communities in Myanmar?

Community social organizations and resilience in rural communities in Myanmar

The main evidence considered here is derived from secondary analysis conducted on data collected in two large rural surveys, both undertaken by the Department of Rural Development (DRD). The first, undertaken in 2015 rural household survey, comprised 22,000 households sampled from all 14 States and Regions of Myanmar, which included a wide range of indicators on household socio-economic, demographic and social participation factors (as part of the 'Umbrella Model'). The second, conducted in late 2015 and early 2016, was a sample of 10,000 households in 1,000 villages, again sampled from all 14 States and Regions as part of a baseline survey for the DRD. Data collection included numerous indicators relevant to resilience and rural livelihoods, as well as detailed information on the existence of different types of village organizations, as well as socio-economic characteristics of households and villages. The methodology for the umbrella model can be found at http://www.lift-fund.org/sites/lift-fund.org/files/publication/vulnerability%20and%20disability%20using%20umbrella%20model_0.pdf

The reporting of community organizations identified six main types: village development committees, social organizations, religious organizations, political organizations, maternal/child welfare organizations and militia (being non-state military organizations). The typology corresponds well to known categories in rural Myanmar; however, as analysis will show, there is frequently considerable slippage between religious and social organizations in some areas, where religious organizations assume many social functions. Analysis of data from the second of these two studies showed that nearly half of all communities reported having a social organization, with rates highest in Yangon, Eastern Shan, Tanintharyi, and Sagaing. Nearly one quarter of all communities reported having a religious organization, with rates highest in Yangon, Eastern Shan, Tanintharyi, and Kayah and Kachin.

Table 1. Villages reporting presence of a village organization, reported by community leader interview

	Development committee	Social organization	Religious organization	Any Social or Religious	Mean number of organizations per village
All	54.4%	49.0%	25.2%	58.6%	2.0
NPT	50.0%	70.0%	20.0%	90.0%	2.1
Kachin	72.3%	55.6%	38.9%	68.6%	2.0
Kayah	50.0%	50.0%	0.0%	50.0%	2.3
Kayin	58.6%	20.7%	34.5%	55.6%	1.7
Chin	25.0%	18.7%	18.8%	37.5%	2.6
Sagaing	69.1%	68.1%	28.8%	76.3%	2.4
Tanintharyi	83.4%	94.4%	55.5%	94.4%	2.9
Bago	69.4%	47.0%	36.8%	64.6%	1.8
Magwe	63.7%	62.5%	25.0%	65.3%	2.3
Mandalay	65.6%	42.5%	17.3%	51.2%	2.3
Mon	28.6%	71.4%	35.7%	78.6%	2.2
Rakhine	55.4%	47.3%	27.1%	57.5%	2.0
Yangon	60.5%	89.5%	52.6%	89.5%	3.2
Shan South	38.2%	19.8%	14.5%	27.0%	1.4
Shan North	41.5%	14.7%	6.1%	18.5%	0.7
Shan East	33.4%	61.1%	50.0%	76.5%	2.2
Ayearwaddy	39.4%	54.5%	18.9%	64.0%	2.1

Household involvement in social organizations was linked to village development status: 49% of households in villages the lowest strata of development reported involvement in social organizations, with that figure increasing to 63.5% for the middle strata and 73% for the upper strata. Involvement rates were also correlated to village size, with larger villages (over 200 households) reporting over twice the rate of social organizations (88.6%) as small villages of under 100 households (43.7%). Households in communities which did have a community social organization had lower rates of vulnerability (27.6% vs. 28.8%) compared with households which were in communities which did not have community social organizations, a difference which was not statistically significant. However, this conceals significant regional differences: the presence of a social organization was associated with lower rates of vulnerability in western, southeastern and delta regions. Overall, when analyzing at State and Region level, there was a positive correlation between the percentage of communities with social organizations and lower rates of vulnerability in those communities, which corroborates the observation that the lack of benefit of such organizations is mostly in areas where the proportion of communities reporting them is lowest.

Table 2: vulnerability in communities with and without social organizations

	% vulnerable in communities without social organizations	% vulnerable in communities with social organizations	Difference	Significance
Central (Sagaing, Magwe, Mandalay, Bago, Nay Pyi Taw)	21.04%	23.96%	-2.92%	P<0.05
West (Chin, Rakhine)	48.74%	41.42%	7.32%	P<0.001
North & East (Kachin, Kayah, Shan)	26.19%	36.42%	-10.23%	P<0.001
Southeast (Kayin, Mon & Tanintharyi)	48.39%	34.07%	14.31%	P<0.001
Delta (Ayearwaddy and Yangon)	31.31%	22.63%	8.68%	P<0.001
Overall	27.6%	28.8%	1.2%	NS

Figure 1: correlation between % of communities with and without social organizations and the difference in vulnerability between communities with and without social organizations, by State and Region

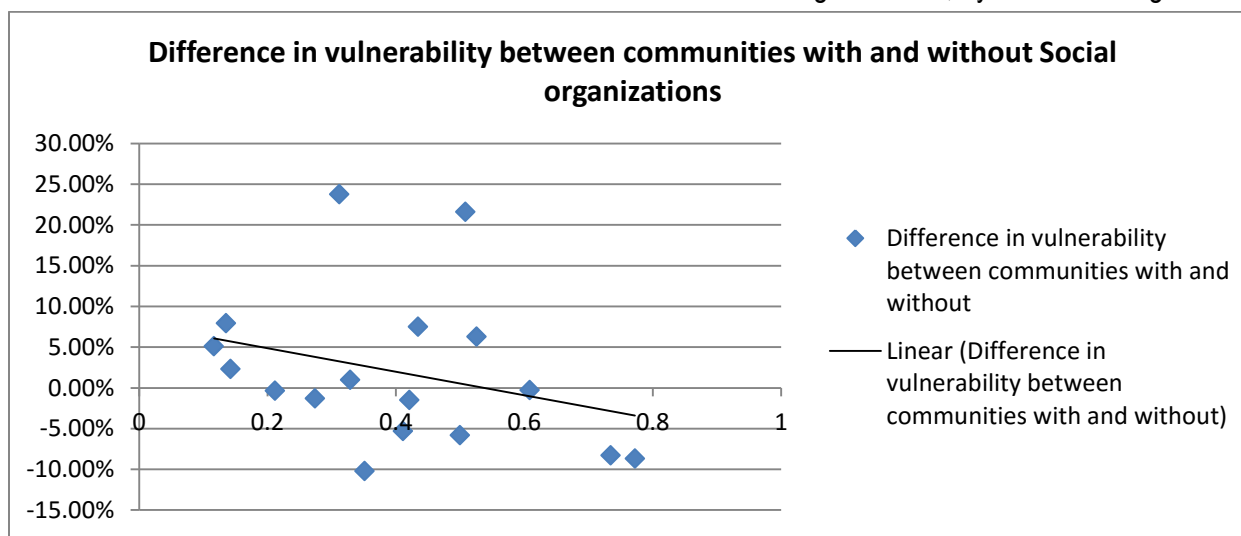


Figure 1 shows that, as the percentage of communities with social organizations increases, so the degree of difference in vulnerability between communities with and without social organizations changes from positive (where communities WITHOUT have higher rates of vulnerability) in States and Regions with LOW proportions of communities with social organizations, to negative (where communities WITHOUT have lower rates of vulnerability) in States and Regions with HIGH proportions of communities with social organizations. In summary, the more widespread social organizations are, the more they are associated with positive effects on lower rates of vulnerability.

Of more interest is the extent to which such organizations appear to be associated with decreased degrees of inequality. In these surveys, poor households, female headed households and households with persons with disabilities all experienced higher rates of vulnerability; however, the degree of difference in risk of vulnerability (represented by Odds Ratio) differed between villages with and without social organizations.

Table 3: additional risk of vulnerability amongst poor, female-headed and households with persons with disabilities in communities with and without social organizations

Additional risk of vulnerability	Odds Ratio	Confidence interval
Poor households in communities without social organizations	6.16	6.02-6.29
Poor households in communities with social organizations	5.38	5.2-5.59
Female-headed households in communities without social organizations	1.36	1.2-1.53
Female-headed households in communities with social organizations	1.31	1.1-1.53
PwD households in communities without social organizations	1.99	1.79-2.18
PwD households in communities with social organizations	1.42	1.15-1.68

Overall, the additional risk (degree of disadvantage) of being a poor, female headed or Person with Disabilities (PwD) household is lower in communities with social organizations, suggesting a positive impact regarding the resilience of households whose vulnerability may be higher.

In villages without groups, average incomes of the poorest were 65% less than the average income of the richest 20%, whereas in villages with groups, the difference was 59%, indicating a positive trend towards lower rates of income inequality in communities with social organizations.

Significant differences were noted in healthcare indicators: firstly, although the proportion of households reporting significant health expenditure in the previous 12 months did not differ between households in villages with or without social organizations, the spending patterns differed. Households in villages without social organizations were likely to spend less overall, but were more likely to have debt resulting from borrowing for healthcare costs, to have a higher overall health-care related debt burden, and to have a higher proportion of healthcare expenditure as debt. Poor households in communities with social organizations spend 1.5% less of their overall expenditure on healthcare than poor households in communities without social organizations.

Table 4: Healthcare spending by households in communities with and without social organizations

	% of HH with health expenditure	% of households with significant health related debt	Annual household expenditure on health	% of expenditure on health	Per capita expenditure	Debt burden for those with health-related debt	% of all health expenditure as debt for those with health expenditure
No Group	67.67%	3.10%	215,686	8.97%	49,243	427,726	14.55%
Group	67.14%	3.03%	256,228	8.47%	60,243	379,363	14.15%

Healthcare indices also differed, with households in villages with social organizations having lower rates of morbidity (as measured by fewer days lost per household, and per working adult household member to ill health or caring for ill households member in the previous year).

Table 5: Healthcare indices of households in communities with and without social organizations

	Days lost per household per year to ill health	Days lost per income generating adult to ill health per year
No Group	9.35	7.71
Group	6.83	5.78

Similarly, with education, overall rates of expenditure on education were higher in villages with social organizations, but the levels of expenditure derived from debt, and overall education-related debt burdens, were lower in households in villages with social organizations.

Table 6: Education expenditure of households in communities with and without social organizations

	% of HH with education expenditure	Annual household expenditure on education	Debt burden for those with education-related debt
No Group	56.9%	330,905	521,144
Group	54.9%	377,538	338,896

Thus, based on findings from this sample, the presence of social organizations at community level appears to be associated with higher degrees of resilience, and in particular, a reduction in the degree of disadvantage experienced by poor, female-headed and households with persons with disabilities.

Given, then, the degree of resource availability, evidence of strong association between the existence of social organizations and favourable patterns of resilience, the question arises as to how the vast resource of capacity, capital, horizontal trust and existing knowledge can be successfully interfaced with the development of national social protection programmes. When considering the future of community based social protection organizations, there are five possible scenarios for traditional organizations:

- **Co-opted institutional role:** although few examples exist, a possible trajectory could be for traditional social organizations to be co-opted into a national system, effectively being an implementing approach or mechanism for centrally-administered social benefits and grants
- **Complementary role:** traditional organizations play a complementary role, contributing human resources, local knowledge, and a localized approach which ensures that local vulnerabilities are addressed, and that gaps and excluded persons are included. In this scenario, local organizations also provide a degree of governance
- **Governance role:** local organizations play a role in contributing to the design of, development of and monitoring of social welfare services, through representation, forums and local networks.
- **Commissioning role:** in this scenario, local organizations manage centrally disbursed funds to purchase services for community members, potentially working in co-operation with other organizations to jointly commission and monitor services. This would require a high level of capacity and co-operation, and trust from regional or central government.

The most beneficial outcome would be a combination of co-option, complementary and watchdog, with the likelihood and benefit of an enhanced commissioning role being both remote and risky. The probability of groups becoming irrelevant, isolated or extinct is increased by benign neglect, or by intentional exclusion of community organizations from the national social protection systems.

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