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1. Current Context and Future Trends

More than any other country in the region, Myanmar is in the process of rapid political transformation. The reformist initiatives of the government installed in March 2011 have exceeded even the most optimistic expectations. Many political restrictions have been lifted, media restrictions have been relaxed, long-standing ethnic conflicts are starting to be addressed, and the process of economic liberalisation has begun. The new government has been much more engaged internationally, particularly at the regional level with ASEAN. The majority of international sanctions have been lifted, and there are signs of increased bilateral cooperation and support from Western nations.

With this new openness comes new opportunities for and expectations of Civil Society Organisations (CSO). CSOs are being approached by national, state, and regional officials to provide advice on various issues. While there remains tension between CSOs and political actors regarding the role of civil society in the future of Myanmar, it is clear that CSOs will play an increasing role. Thus there is a need to strengthen CSOs, particularly those based outside of Yangon where capacity development opportunities are rarer.

Myanmar has embarked on a series of economic reforms including anti-corruption, currency exchange rate, foreign investment laws and taxation. Foreign investments increased from US$300 million in 2009-10 to a US$20 billion in 2010-11, representing an increase of 667%. Much of this growth has been concentrated in extractive industries that generate little employment while often causing negative economic impacts and political conflict. Recently a number of major manufacturing companies have indicated that they will open factories in Myanmar to take advantage of low wages. This is likely to lead to further rural-urban drift, and lead to increased risks of exploitation of poor migrant workers, especially of women.

The national poverty incidence stands at 26% and there is a significant difference between urban areas (16%) and rural areas (29%), as well as major variations across the country. Chin State is the poorest state or division with 73% falling below the poverty line, followed by Rakhine (44%), Tanintharyi (33%), and Shan (33%). The squared poverty gap, an indicator of the severity of poverty, is also highest in the aforementioned areas. Not surprisingly, the food poverty incidences show similar trends with the highest rates in Chin (25%), Rakhine (10%), Tanintharyi (10%), and Shan (9%).

Available data makes it clear that rural households have poorer access to healthcare and related facilities, and have poorer health outcomes. Some areas of the country consistently present indicators reflecting poorer access to healthcare and poorer health outcomes. Rakhine State presents the worst indicators in the country for the proportion of underweight children under five years (53%), the proportion of births attended by skilled health personnel (56%) and the proportion of the population with access to improved sanitation (54%), while featuring amongst the worst areas for measles immunisation coverage and access to improved water sources. Chin State also ranks poorly on most indicators.

In all common measures of poverty, women fair worse than men. Poor sexual and reproductive health is a major impediment to women’s wellbeing. The maternal mortality rate was 316 deaths per 100,000 live births in 2005; over double the MDG goal. Despite this, the gender balance of governance structures in Community Based Organisations across the country shows gross gender
imbalances with 49% of CBOs having no female committee members at all. Within the household, the norm is that of men being decision makers either as the head of household or relatives of the head of household. Women are also poorly represented at all levels of government, which provides little space for women to actively shape their lives.

As with any society, within Myanmar there are groups who do not comply with cultural and social norms and thus find themselves marginalised politically, economically, socio-culturally and spatially. For example, in the economic sphere people living with HIV/AIDS are often excluded from the labour markets due to their status, and one could argue that sex workers and people who inject drugs are included in illegal or illicit markets on very adverse terms. As Myanmar becomes further integrated into regional and global markets, it’s highly likely the number of Myanmar sex workers participating in domestic and international markets for sexual services is likely to rise.

2. Program Strategy

2.1. Overview

CARE Myanmar’s Program Strategy is explicitly oriented around supporting impacts for particularly vulnerable and marginalised groups in Myanmar. CARE recognises that the key to achieving equitable development outcomes lies in shifting deeply rooted, structural underlying causes of poverty which contribute to exclusion and vulnerability of particular groups in society. CARE Myanmar’s Program Strategy identifies the empowerment of women as a key pathway to equity; linked to two long term programs focused on an impact vision, or goal for lasting change for identified program impact groups.

Women’s Empowerment

CARE Myanmar is committed to promoting Women’s Empowerment through our programs, in line with decisions across CARE globally to adopt Women’s Empowerment as the overarching theme of CARE’s work. We recognise that women’s empowerment is a critical pathway for achieving change in the lives of vulnerable and marginalised women, and in reducing poverty and social injustice.

In designing our programs, CARE Myanmar has identified priority women’s empowerment focus areas, or topics, which have a particular influence in constraining gender equity for program impact groups. To date, these are – gender based violence, maternal and sexual reproductive health; policy and legal reform and economic and social participation. In relevant projects, and through the work of our partners, we will focus on positive changes at the individual, relationship and structural levels (applying CARE International’s Women’s Empowerment framework) in these priority empowerment focus areas. This will also be supported by investing in analysis; our engagement in relevant networks; development of strategic partnerships; and through our advocacy work.

Our focus on women’s empowerment will be complemented by ongoing work to ensure all of our projects are gender sensitive; and through work at the organisational level to promote gender equity.

Impact Groups

In adopting CARE International’s program approach, CARE Myanmar has shifted the focus of our work from changes at the sectoral or geographical levels, to that of impacts for particularly
marginalised and vulnerable groups of people – our program **Impact Groups**. As illustrated below, CARE Myanmar’s strategic directions focus on significant and lasting change for:

1. **Socially Marginalised People** – including male and female sex workers, people who inject drugs, people living with HIV, sexual minorities, recent female migrants in urban settings. The program seeks lasting change for socially marginalised people in urban settings who experience multiple forms of exclusion and exploitation, especially women.

2. **Vulnerable Rural Women** – rural women who lack productive resources, ie lack secure access to productive land and other productive resources such as capital and skills, which combined with gender relationships, severely constrains equitable economic participation. The impact group definition also highlights CARE’s commitment to positive changes for particularly vulnerable rural women – those affected by the legacy of conflict.

For each of these programs, CARE will work with other towards an **Impact Goal**, which represents a vision for the future, and a strong outcomes orientation to all of our work.

CARE Myanmar will continue to invest in **analysis and research** to deepen our understanding of these Impact Groups, and to refine our **program design** and **program delivery** priorities.

### 2.2. Program Delivery

In order to orient our work and support a focus on impacts for vulnerable groups, CARE Myanmar has established clear priorities for program delivery. These represent a shift in emphasis and elevation of much of our current approach, in order to meaningfully engage in work that genuinely
addresses underlying causes of poverty and supports deeper changes and impacts at broad scale. Program delivery priorities are summarised below.

<table>
<thead>
<tr>
<th>M&amp;E, Learning and Impact</th>
<th>In order to ensure a focus on outcomes and impact, CARE Myanmar’s approach comprises:</th>
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<td></td>
<td>• Investment in <strong>outcomes monitoring</strong>, capturing results of project interventions on a regular basis to ensure adaptive programming</td>
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<td>• Promoting quality <strong>evaluation studies</strong>, including baselines, midlines and end of project evaluations, as well as evaluation of our technical approaches; to inform programming and build evidence of our results</td>
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<tr>
<td></td>
<td>• Investment in programmatic <strong>learning and reflection</strong>, at the project, program and CO level</td>
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<td></td>
<td>• Developing <strong>impact</strong> measurement systems at the program level, in line with CARE International approaches to impact measurement of long term programs.</td>
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<thead>
<tr>
<th>Gender and Women’s Empowerment</th>
<th>As noted above, CARE Myanmar’s approach to gender and women’s empowerment is built from three interrelated elements:</th>
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<tr>
<td></td>
<td>• <strong>Gender integration / mainstreaming</strong> for all projects, to promote equitable benefits for women and men</td>
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<td></td>
<td>• Promoting changes around priority focus areas to support <strong>women’s empowerment</strong>, as identified in our long term program designs. By mapping different projects, project components and the work of others, we are seeking significant changes around gender based violence, maternal and sexual reproductive health, and economic and social participation for our program impact groups.</td>
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<td>• <strong>Organisational level changes</strong>, spanning our structures, systems, policies and organisational culture</td>
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<tr>
<th>Partnership</th>
<th>In order to achieve the impacts articulated in our long term programs, CARE Myanmar will elevate our approach to partnership along the following priorities:</th>
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<tr>
<td></td>
<td>• Strengthening the <strong>capacity of implementing partners</strong> to lead quality development interventions</td>
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<td></td>
<td>• Strengthening <strong>civil society</strong> in Myanmar, using multiple sectoral strengthening strategies</td>
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<tr>
<td></td>
<td>• Developing new forms of partnership to support long term program work. These include <strong>strategic, non-resourced based partnerships</strong>, a critical element of our program approach. We recognise that CARE’s work alone cannot lead to achieving our program impact goals, but instead will harness the energies of a range of players. These partnerships bring together different development actors (government, international and local) engaged in supporting similar impacts for marginalised groups, or contributing to relevant research and analysis. We will draw on Policy and Institutional Analyses for each of our</td>
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programs to identify entry points for developing Strategic, non-
resourced based partnerships.
Our partnership approaches will be predicated by investment in *internal capacities* to support these directions.

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<tr>
<th><strong>Advocacy</strong></th>
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<tr>
<td>CARE Myanmar will engage in advocacy in order to scale up the impact of program results. Advocacy priorities will be identified through analysis our program designs (Pathways of Change), with reference to program Policy and Institutional Analyses in order to focus our advocacy initiatives on shifting relevant underlying causes of poverty. Our approach combines policy engagement and dialog (especially on land, peacebuilding and GBV); engagement with Government of Myanmar on poverty reduction programs; and replication of effective models.</td>
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<tr>
<th><strong>Technical approaches and strategies</strong></th>
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| As our focus increasingly turns to positive results for Impact Groups, CARE Myanmar recognises the importance of maintaining and extending the technical excellence of our work. Technical program quality is also essential in maintaining credibility with stakeholders – including sectoral stakeholders and our donors. 

CARE Myanmar has begun a process of identifying and articulating our technical approaches, beginning with our approach to *working with partners*. Future priorities include *gender based violence and micro-finance*, recognising the relevance of these across our long term programs. |

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<tr>
<th><strong>Project alignment</strong></th>
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| While our program designs are increasingly the reference point for programmatic decision making, CARE Myanmar will continue to work through project initiatives. Project level goals and objectives will be designed to contribute to specific changes identified in our program designs (Pathways of Change), complementing the work of our Strategic and Non-Resourced based partners. 

We will begin this process by mapping current projects to program designs, and identifying priorities for future initiatives from CARE and our partners. |

Program delivery will be supported by focused *resource mobilisation strategies*, to attract funds to support priority areas of change to lead to program impacts, and through effective *communication* of our program approach, both internally and externally. In addition, delivery and impact will be supported through *organisational* level elements such as human resources, organisational structure, our finance and administration systems and information management systems.

3. CARE Myanmar's Long Term Programs
In line with CARE International directions and poverty dynamics and trends in Myanmar, CARE has identified two long term programs, orienting our work around deep impacts for particularly marginalised groups. Our Programs aim to achieve lasting impact at a broad scale with specific groups through addressing underlying causes of poverty, including vulnerability to disasters, gender inequality and social injustice through a set of coherent interventions.

Program design work to date is summarised below.

3.1. **Socially Marginalised People**

This program aims to support socially marginalised people in urban settings who experience multiple forms of exclusion and exploitation to equitably access safe employment and have a legitimate voice. For CARE Myanmar marginalisation is considered to have four main dimensions: political, economic, socio-cultural, and spatial. These dimensions are interrelated, and marginalised people often experience multiple forms of exclusion. For example, a female migrant may leave a rural area due to poverty (spatial), find herself working in an unregulated industry and receive less pay than her male counterparts (socio-cultural/economic), and be excluded from participation in village elections because she is not the head of household (political/social-cultural).

This program encompasses five sub-groups: male and female sex workers, people who inject drugs, people living with HIV, sexual minorities, and female migrants. These diverse groups experience a range of common vulnerabilities, which contribute to marginalisation and inequitable development outcomes.

Key vulnerabilities include deep rooted and wide ranging stigma; overt discrimination; limited access to safe and stable employment options; very poor living conditions; weak resilience to shocks; and

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CARE’s Overarching Theory of Change: CARE believes that poverty and social injustice must be addressed through three interrelated dimensions:

- Improving human conditions
- More equitable social positions
- Improving the enabling environment

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**Political**
Exclusion from participation and representation through citizenship in a modern state, and/or traditional political forms, including lack of legal and policy protection

**Economic**
Exclusion from markets or inclusion under adverse terms in both the national and international economy

**Social-cultural**
Exclusion from realising rights, opportunities and resources that are normally available to members of society and which are key to social integration

**Spatial**
Exclusion resulting from the ways in which isolated groups are linked to other people, areas, processes and institutions, and the ways these different factors combine to produce poverty
barriers to accessing quality services. Many remain effectively ‘hidden’ populations, linked to negative stereotyping, lack of legal status and often punitive legal and policy frameworks. Socially marginalised groups remain at risk of exploitation, and physical and sexual abuse.

### Socially Marginalised People program summary

<table>
<thead>
<tr>
<th>Impact Group</th>
<th>Socially marginalised people in urban settings who experience multiple forms of exclusion and exploitation.</th>
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</table>
| Sub-groups:  | Sex workers – female and male  
|              | Sexual minorities – homosexual men and women, transgender, bisexual  
|              | People living with HIV and AIDS  
|              | People who inject drugs  
|              | Recent female migrants |

| Key UCPs | 1. Socio-cultural exclusion  
|          | Stigma leading to social isolation  
|          | Poor physical/mental health in part due to lack of tailored services  
|          | Unequal gender relations  
|          | 2. Economic exclusion (Safe income options)  
|          | Unequal access to market leading to risk of exploitation  
|          | Lack of access to financial services and credit  
|          | Unsafe work environments  
|          | 3. Political exclusion (Legal & policy protection)  
|          | Weak or discriminatory legal framework and enforcement practices  
|          | Policy implementation gap  
|          | Limited/restricted representative civil society  
|          | 4. Spatial exclusion (Access to services)  
|          | Lack of access to and control over resources  
|          | Weak infrastructure and lack of social services |

| Impact Goal | The Impact Group is equitably accessing safe employment and has a legitimate voice |

| Theory of change | The TOC for this program is that if safe income option and services are available to the impact group, and they enjoy adequate legal and policy protection the impact goal of safe employment and a legitimate voice will be achieved. |

| Key areas of intervention | Employment: Vocational skills, small business development, private sector engagement  
|                          | Access to services: health and legal services, social protection, health insurance |
Protection: Legal literacy, labour law reform, policy formulation; policy implementation, legal protection enforcement  
Inclusion: Stigma reduction, equitable gender relations, reduce violence against women, stronger civil society

3.2. **Vulnerable Rural Women**

The VRW Program focuses on particularly vulnerable rural women who experience multiple disadvantages associated with poverty, gender, exclusion, and adverse effects of long-standing economic challenges, changing local economies, and conflict dynamics.

Key vulnerabilities are associated with high levels of poverty, fragile livelihoods and weak resilience to shocks; coupled with negative effects of high levels of out-migration, drug-use and HIV prevalence in their communities. Vulnerabilities are also linked to discriminatory implementation of national and local legal frameworks and practices, and negative stereotypes around gender roles and responsibilities. Most have extremely low levels of participation in decision making at any level, very limited access to services, and poor health and nutrition status. Other major factors include heavy workloads and an extended working day and high levels of gender based violence.

Nationally, 24% of the rural population is landless. Lack of land severely affects people’s access to productive resources, making the landless a particularly vulnerable group. Households that have small or marginal land holdings are somewhat less exposed but still vulnerable. Poor governance of natural resources has meant that insecure land tenure is becoming a major driver of poverty and conflict.

In addition to rights related to an adequate standard of living, VRW also experience more difficulty achieving their rights relating to access to fair and impartial legal process, citizenship and freedom of movement, and political participation. This situation has been exacerbated by ethnic conflicts in border areas.

CARE’s program explicitly targets key challenges and underlying causes of poverty. It focuses on equitable participation in economic development; responsive governance; and supporting more enabling relationships based on gender and ethnicity. Key program areas include equitable participation in the economy and in society, particularly for women; reduced gender based violence; improved maternal health and nutrition; equitable access to markets, productive land and services; resilience to shocks; improved governance; and civil society development.

<table>
<thead>
<tr>
<th><strong>Vulnerable Rural Women program summary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact Group</strong></td>
</tr>
</tbody>
</table>
| **Key UCPs** | 1. Inequitable social positions  
Gender inequality  
Inability to achieve rights  
Ethnic conflict |
2. **Lack of an accountable operating environment**  
   Discriminatory and unfair policies  
   Poor policy formation and implementation  
   Weak accountability and corruption  
   Restrictions on civil society

3. **Poor economic status**  
   Lack of capital  
   Difficulty accessing markets  
   Vulnerability to natural disasters and climate change  
   Poor agricultural and livestock management practices

4. **Lack of quality services**  
   High levels of malnutrition and maternal health issues  
   Poor infrastructure and communication services  
   Lack of social services: education, health etc

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<thead>
<tr>
<th>Impact Goal</th>
<th>The Impact Group actively contributes to and benefits equitably from development</th>
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<tbody>
<tr>
<td>Theory of change</td>
<td>The TOC for this program is that if the impact group has resilient livelihoods, access to quality services and equitable social positions, and there exists protections and the women’s voices are heard, then the impact group will be able to actively contribute to and benefit equitably from development.</td>
</tr>
<tr>
<td>Key areas of intervention</td>
<td>Livelihood opportunities: diversity and resilience; land tenure; participation in economic decision making; and safe migration choices for VRW.</td>
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<td>Rights to access services; equitable health and nutrition status; resilience to the adverse effects of high drug use, HIV prevalence and outmigration in VRW communities; prevalence of GBV; and enjoyment of SRH rights.</td>
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<tr>
<td></td>
<td>Decision making through civil society; conflict resilience, and changes to policy/legal frameworks and their implementation.</td>
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4. **Humanitarian and Emergency Response**

CARE Myanmar, in line with the CARE International (CI) mandate and with approval from the Government of Myanmar, provides emergency and humanitarian response in times of crisis. Determining when a response is appropriate and how it should be developed is based on guidelines established in our Emergency Preparedness Plan, while using the CI’s Emergency Toolkit as a primary reference document. CARE typically responds in geographic areas where an operational presence exists and in case of major suffering where there is a shortage in capacity in non operational areas as well. Key areas include water, sanitation and hygiene (WASH), shelter, and food security. Our focus is to provide support to those most affected by natural disasters, in particular women and girls and the
most marginalised population groups. There is hence an overlap with the programs we implement as well.

CARE Myanmar seeks to work closely with government partners and local non-governmental agencies, as well as other International NGOs, and UN Agencies in its responses to emergencies in Myanmar. Emergency response activities will attempt to meet Sphere Minimum Standards as well as other internationally recognized humanitarian quality and accountability benchmarks.