

Annual Report 2012

Yadana Socio-Economic Program



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1. Summary

1.1 Yadana Consortium

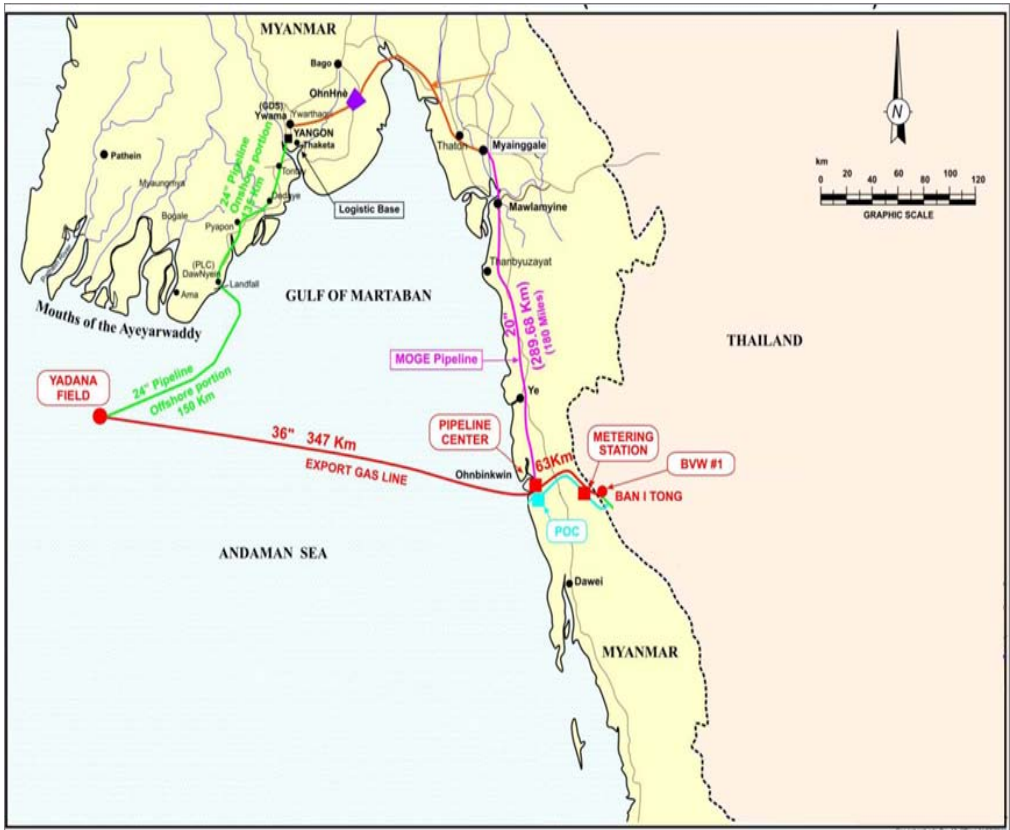
The Yadana consortium is form of Total Exploration & Production Myanmar (31.24%, operator), Unocal Global Ventures Co., Ltd. (28.26%), Petroleum Authority of Thailand Exploration & Production (25.5%) and Myanma Oil and Gas Enterprise (15%).

The consortium is producing natural gas from the Yadana field located in the Andaman Sea, approximately 60 kilometers from the nearest landfall in Myanmar. The gas is transported through a 346-kilometer offshore pipeline and a 63-kilometer onshore pipeline for delivery to Thailand and to the Myanmar domestic market. In addition, since 2010, part of the gas is transported to Yangon directly from Yadana through a MOGE pipeline, for delivery to Myanmar market.

Since 1995, the consortium has been conducting a comprehensive socio-economic development program in Yadana onshore pipeline area, located in Tanintharyi division.

Since 1998, the consortium is also supporting socio-economic projects outside its area of operations, mainly in the field of public health and social welfare.

This report presents the activities and results of Yadana socio-economic programs in 2012.



1.2 Socio Economic Program History

YADANA PIPELINE AREA	
1995	<ul style="list-style-type: none"> • First socio-economic assessment and program definition
1996	<ul style="list-style-type: none"> • Start of socio-economic program in 13 villages (communication, primary health care, education, infrastructure, pig farming, livestock vaccination)
1997	<ul style="list-style-type: none"> • Start of microfinance service • Agricultural development (Rice, Rubber, Maize)
1999	<ul style="list-style-type: none"> • Support to poultry farming activities
2000	<ul style="list-style-type: none"> • Opening of Yadana tuition school • Perennial crops development program (palm oil, cashew, rubber)
2001	<ul style="list-style-type: none"> • Program coverage extended to 23 villages (10 new villages added) • Start of computer training program
2002	<ul style="list-style-type: none"> • Start of horticultural crops development program
2004	<ul style="list-style-type: none"> • Start of scholarship program • Microfinance loans for home-based economic activities, backyard gardens and cocoa
2005	<ul style="list-style-type: none"> • Program coverage extended to 25 villages
2006	<ul style="list-style-type: none"> • Assessment of the socio-economic program after 10 years of implementation • Increased focus on sustainability and reorganization of the socio-economic team
2007	<ul style="list-style-type: none"> • Community concept training activities started in 6 selected villages • Mother and Child Health program launched in 1 pilot village • Opening of new Yadana Thit tuition school • New microfinance program ("Yadana Suboo") launched in 6 villages • Farmers Field School training program for agricultural activities
2008	<ul style="list-style-type: none"> • Mother and Child Health program extended to 12 villages • Transfer of animal feed plants to local entrepreneurs • Opening of first Village Agricultural Input Store (VAIS) in one village
2009	<ul style="list-style-type: none"> • Yadana Suboo microfinance program extended to 25 villages • Opening of new Yadana computer school and training program • Opening of second Village Agricultural Input Store (VAIS) • System of Rice Intensification (SRI) program launched
2010	<ul style="list-style-type: none"> • Socio Economic Program Outcome / Impact Assessment Survey • Creation of English tuition in Kanbauk • Mother and child health program extended to 25 villages • Training on good labor practices with International Labor Organization • Launching of a goat breeding program for very poor households

YADANA PIPELINE AREA – cont.	
2011	<ul style="list-style-type: none"> • Sixth evaluation of the program by CDA • Creation of an advisory committee for the micro-finance program • Awareness campaign for prevention of human trafficking • Opening of SE office in Kanbauk Village • Launching of a program based on provision of groundnut balls for prevention of malnutrition • Promotion of the local content through production of rice and vegetables sold to TEPM's catering contractor
2012	<ul style="list-style-type: none"> • Extension of Socio Economic activities to 8 new villages • Organization of a public seminar for the-first time in Kanbauk area • Partial handover of Yadana pig farm • Awareness campaign for prevention of road traffic accidents • Re-election of village bank committees in 19 villages • Savings services of Micro-Finance program extended to 19 villages • Cataract surgery for 50 people and primary eye care training for basic health staffs • Organization of a health workshop with governmental health staff followed by training for community health facilitators (CHWs/AMWs)

NATIONAL PROGRAMS

1998	<ul style="list-style-type: none"> • Start of Yangon Orphanages Support Program
2001	<ul style="list-style-type: none"> • Opening of Yadana Foster Home • Starting of Blindness Prevention Program with Hellen Keller International (HKI)
2005	<ul style="list-style-type: none"> • Integrated HIV Care (IHC) Program launched in Mandalay in partnership with the International Union against Tuberculosis and Lung Diseases ("The Union")
2008	<ul style="list-style-type: none"> • Integrated HIV Care (IHC) Program extended to Pokokku District
2009	<ul style="list-style-type: none"> • 5 years extension of the Integrated HIV care Program in Mandalay and Pokokku
2010	<ul style="list-style-type: none"> • Malnutrition control program launched in 4 orphanages • First child from Yadana Foster Home reintegrated into community • Integrated HIV Care (IHC) Program extended to Lashio and Taungi
2011	<ul style="list-style-type: none"> • Integrated HIV Care (IHC) program extended to 4 more sites: Monywa, Myinchan, Meikhtila and Yangon Thaketa • Integrated HIV Care (IHC) program donated the very first Gene X-pert machine in Myanmar in the Upper Myanmar Tuberculosis Center, Patheingyi Township in Mandalay Division • Contract extension of HKI Eye Care Program for 3 more years • 2nd child from Yadana Foster Home reintegrated into community • 4 children passed 10th std exam • Aids to National Disaster : Rescue of fishermen • Humanitarian aids : Support to the Mingalar Taung Nyunt fire victims • Visit of Myanmar Local Media teams to Pipeline Socio Eco activities • Scholarship of government doctor • University Scholarship for children under Dept. of social welfare • Collaboration with CVT – Center for Vocational Training
2012	<ul style="list-style-type: none"> • Integrated HIV Care (IHC) program: reaching of 10,000 patients on ART. • Blindness Prevention with Helen Keller Int.: Initiation of Primary Eye Care Trainings. • Extended support to neighborhood community (mainly supporting schools) • 5 children from Yadana Foster Home reintegrated into the community (3 back to relatives and 2 self reliant) • Extended vocational training support to Dept. Social Welfare schools

1.3 Key Socio Economic Achievements in 2012

In Yadana Pipeline Area

Communications

- Increased coordination with regional authorities
- Extension of the socio-economic program to 8 new villages, bringing to 33 the number of villages covered as of end of 2012.
- Organization of a public seminar in Kanbauk area, in order to exchange with villagers on CSR programs

Health

- Facilitation of cataract surgery and primary eye care training by HKI
- Invitation of a mobile dental team through a national NGO (Gold Myanmar)
- Facilitation of the linkage of traditional birth attendant (TBA) to skilled obstetrical care system
- Involvement in new national health programs (on HIV, UCI and TB)
- Facilitation of training for 8 CHW in Yaebyu health department

Education and Community Development

- Organization of a road safety awareness campaign in partnership with Yetagun and Zawtika projects
- Construction of two new school buildings
- Donation of a school ferry for Kyautshut students attending Kaleinaung school
- Support to 27 scholarships
- Students from Yadana Tuition achieved a pass rate of 45% and obtained 10 distinctions

Micro-Finance

- Election of new VBCs in 25 villages.
- Training of new VBCs on personal and technical skills.

Agri-Vet

- Foot and Mouth disease vaccination in area done for the first time in collaboration with LBVD
- New (7) vet auxiliaries got official certificate from LBVD
- Extension of cocoa program: Chocolate made from the project's cocoa beans was tested by a panel of French experts and received the average note of 4/5. The gustative test was performed in collaboration with a French Chocolate Maker (SARL Chocolaterie A. Morin) that is in the chocolate business since 1884.
- Supported threshing machine to ZDI VIAS

Infrastructure / access to market

- Gravity water distribution systems installed in Pharchaung Inn, Zardi, Mawngun, Talinemyaw and Phyunat5 villages
- New access roads for Thingandaw and Pyingyi villages
- 4 bridges rebuilt in RC concrete: in Thebutchaung, Old Michaunglaung, Meedaindat and Kanbauk
- Schools renovated in Mawngun, Kywekone, Talinemyaw, Singoo and Mayanchaung villages

For National Program

Orphanages Program

- Scholarship support started for 2 GTC students from Maylikha Girls School.
- Nutrition assessment for total of 408 children (between 5 and 15).
- Supported 2 days “First aid” training for 40 staff from Dept. Social Welfare.
- Supported 3 days “Psycho Social Counseling” training for 28 staff from Dept. of Social welfare.
- Vocational Trainings Support to Htauk Kyant Girls Training School. (normal sewing, Motorize pressing / sewing, envelop making)
- Infrastructure Support to Htauk Kyant Girls Training School (Septic Tank construction), Thanlyin Boys Training School (Water storage tank and outdoor bathing facilities and water pump) and Natmauk Girls Training School (Renovation of school’s sale center and storing of drinking water tank)
- Hepatitis B program (testing and vaccination) for students and teachers of Kyike Wine Disable Center and Malikha Girls Schools.
- Participated in the CRC (Convention of Child Right) celebration day at Kyike Wine boys school with puppet show.
- Increased of visit (monthly visit) to Nget Awe San Boys training Center.
- Participated in the celebration of 50th anniversary of school establishment (Thanlyin Boys Training Center).
- Children of Yadana Foster Home and Malikha girls School participated in the TEPM 20th Anniversary with traditional dance performance.
- Annual Pest control campaign at all schools.
- Over 500 Children from Dept. of Social Welfare schools visited People’s Park and Happy World Amusement Park with the sponsorship of TEPM and interested contactors - Thukha, T&E, Myint, UE and Genno.
- Celebration for 10th anniversary of Yadana Foster Home.
- Annual excursion trip of Yadana Foster Home team to Chaung Thar beach. (63 Children and 14 staff on 2 nights, 3 days trip)
- Relatives – children reunion of Yadana Foster Home was attended by relatives of 9 children.
- 5 children from Yadana Foster Home reintegrated into the community (3 back to relatives and 2 self reliant)
- 2 children of Yadana Foster Home passed 10th std. exam.
- 3 Boys from Yadana Foster Home joined 3 years long courses at CVT – Electrical and Carpentry.
- 1 Girl of Yadana Foster Home joined 9 months long catering Training at Shwe Swa Bwe.
- Saving accounts for Yadana Foster Home children (pocket money saving) opened at KBZ bank.
- A volunteering team of dentists from Yangon Dental University (15 pax) gave oral care for all children of Yadana Foster Home.

Yadana/HKI Blindness Prevention Program

- Hosted Helen Keller International’s Eye care Program Donors Meeting on 24th Jan. (34 participants from 21 associations).
- Total of 24,770 cataract surgeries were supported by the Yadana/HKI partnership in 2012, in collaboration with Ministry of Health, Myanmar. Yadana project provided 6500 IOLs to SECs and GHs in 2012.

- Primary Eye Care Trainings supported by WHO/MOH/Yadana/HKI in Yangon (Hlaing Thar Yar Township), Lae Wai and Yaebyu Township (Kanbauk).

Integrated HIV Care Program

- The global support of TOTAL/YADANA is 20 % of the 2012 annual budget, and TOTAL/YADANA is presently supporting 15 % of the patients actively on ART.
- Outcome indicators as of Dec 2012: Patients enrolled = 20981, active follow up = 14898, active ART = 12906.
- Integrated HIV Care (IHC) program has reached 10,000 patients on ART in June.
- Participated in UNION's Annual IHC review meeting at Mandalay also involving government sector.
- Contributed to Union's special day for HIV children patients from Mandalay Children Hospital (approximate 400 children)
- TEPM's General Manager and Head of Socio Economic Dept. visited Mandalay IHC program.

Support to Government doctors training

- In collaboration with French Embassy in Myanmar and Ministry of Health, one government doctor received scholarship to study HIV specialty in Paris for 10 months.

Supports to Associate Medicale Franco-Asiatique (AMFA)

- Supported 138 poor children patients at Yangon Orthopedic Hospitals (Kyee Myin Daing and North Okkalapa).
- Visited AMFA's development programs in Myeik from 3 to 9th Nov.
- Supported 131 patients (from 7 islands) in collaboration with HKI, AMFA, DoH.

Supports to community in neighborhood

- Interventions at Primary School no. 6, Mayangone:
 - Implemented quarterly awareness talks and nutritious food donation
 - Supported renovation of classrooms and construction of new toilets

"On Job training" facilities to CVT students (Center for Vocational Training)

- Total of 4 electrical students had undergone internship in Total Myanmar head office.

2.1.2 Objectives

The socio-economic program in Yadana pipeline area is reflecting Yadana partners' commitment to contribute to the social and economic development of the local communities. Thanks to a situation analysis carried out with communities' involvement and intensive consultation with villagers, programs have been reformulated in 2008. In order to achieve the main objective of the program, ie the development of livelihoods in Yadana pipeline area, three specific objectives were identified, and used as a frame for the definition of the program activities:

- Reduce health vulnerability of local population
- Enhance access to educational and professional skills
- Improve income of villagers

2.1.3 Impact assessment surveys

Following the CDA's serial qualitative assessments between 2002 and 2011[#], in combination with quantitative assessment by MMRD in 2010*, the team members were given a comprehensive overview - both impacts and trends - of the Yadana Socio-Economic activities, which enable them to improve the activities where necessary.

CDA found that Yadana's SEP is effectively giving attention to reach all the communities, including people living in the periphery, so as to make sure that everyone benefits from SEP activities. It also recognizes the program's focus on building capacity of community members and on funding projects initiated by local communities. However, CDA advises to pay more attention to *sustainable impacts* rather than to sustainable programs, and recommends strengthening Yadana's overall vision and strategy by reinforcing capacity building both at regional and national level.

CDA also acknowledges that SEP is taking a leading position in the field of Corporate Social Responsibility, by sharing its procedures and standards with government and international companies in Myanmar. It also acknowledges that Yadana's commitment to ensuring no forced labour issues in the pipeline area has been consistent and successful, and that Total's presence is seen as a shield against human rights abuses in the project villages.

2.1.4 Relationship with stakeholders: with trust and confidence

The community approach: All programs implemented by socio-eco department are built on a participative approach, whether a request comes directly from the community or whether a need is identified by one of the technical partners of the program, and is answered in coordination with the local community. A situation analysis through *Participative Learning and Action* methodology and regular meetings with communities allow the team to discuss with villagers their development plan, and to build the programs in common.

For this, one of the key partners at village level is the Village Communication Committee (VCC), whose members are elected among fellow villagers. A committee is composed of 5 to 12 members, depending on the size of the village. Anybody over 18 year is entitled to be a candidate except for chairman and treasurer positions where reading/writing skill is a requirement.

[#]CDA (Collaborative for Development Action) has been engaged with TEPM for assessing Yadana Socio-Economic programs since 2002. Their assessment is based on consultation with a whole range of stake holders, including those who criticize Total's presence in Myanmar

*MMRD (Myanmar Marketing and Research Development)

On the day of VCC selection, which is set by preliminary discussions with community members and advertised ahead in the village, every household is encouraged to send one member. Attendants are invited to propose names of candidates, which are submitted to the audience for approval. Whenever participants can't reach an agreement, or if the number of candidates exceeds the number of positions, a vote is organized through secret ballots.

As of end of 2012, there were 33 VCCs (one in each village covered by the program) composed of 228 members. Besides VCC, the program is also working with a wide network of community volunteers (health workers, vet auxiliaries, farmers coordinators...), and maintains cooperation with National NGOs and Community Based Organizations such as local Red Cross, fire brigade, village patrons.

Annual community event: In December 2012, to show appreciation to VCCs for the time they dedicate to their communities and to their village development, SEP organized a ceremony during which special gifts were presented to all members while outstanding VCCs were awarded various prizes. The ceremony continued with a public music show at Kanbauk football ground, where VCCs and villagers from the whole area enjoyed the performance of local band and a famous vocalist, A Thin Cho Swe. About 5,000 participants attended this music festival.



Communication on Yadana activities: Villagers including VCC members are occasionally invited to visit the pipe line center, where a presentation followed by a site tour is routinely organized. It is the occasion for them to raise any issue that could be linked to TEPM operations, and to better understand the functioning of the industrial activities of the company. In 2012, 4 villagers visited the Pipe Line Center, together with 15 school teachers and 145 students from their villages.

In addition, VCCs are often invited to meet with partners from the Yadana joint venture, as well as with Total shareholders, Embassies' representatives, members of international organizations and media.

The table below summarizes the visits in Yadana pipeline area in 2012. Altogether 34 visits were organized for various stakeholders.

Dates	Visitors	Organization/Institutions	Reason
14-17 Jan	Dr. Aung Kyaw Win Dr. Than Tun Aung Dr. Chaw Wai Lwin Dr. Naing Lin Ms. Thin Le Soe Ms. Nan Zarni Nyunt Ms. Nywe Nywe Myint Mr. Ko Ko Lwin	Helen Keller International, Department of Health	Cataract Operation and Ophthalmological care at KBK hospital

19-20 Jan	Mr. Jacque Rutman (Vice Present of country advisor for Myanmar, Indonesia & Thailand Mr. Pierre Cuisnier (Technical advisor)	TOTAL	Visit to SE programs, PLC, MS
24-28 Jan	Mr. Jamal Akwaa Mr. Nashwan Jubary Ms. Howaida Naami Mr. Jeremy Roeygens	Yeman LNG, TOTAL	To observe SE program
24-Jan	Ms. Francesca Cerletti, PhD candidate Ms. Kariena Htwe,	CDA	To document a PhD research on relationship between TOTAL and CDA
28-29 Jan	Regional Law officer and team(8 members)	Regional Administrative Department, Dawei	Visit to SE program
12-Feb	Dr. Min Than Naing Oo	Dawei Hospital	Follow up with Helen Keller's operation
14-Feb	Dr. Kyaw Zaw Tun U Naing Lin Daw Thin Thin Khine	GRET	To observe SE program
16-Feb	Mr. Neil Menzies Mr. Machutmi A. Shishak Ms. Eleanor Jessica Nagy H.E. Mr. Michael E. Thurston, Charge de affairs U Tint Swe	UNOCAL US Embassy US Embassy US Embassy MOGE	To observe SE program
21-23 Feb	Dr. Saw Say Hai U Aung Aung Daw Zin Zin Htet	GRET NGO	To observe SE program
25-28 Feb	Daw Kyi Kyi Hlaing Daw Kay Khinen Win Daw Thet Thet Khine U Tun Tayzar Than U Aung Pyae Sone Win	Marie Stope' International	To observe SE program
25-29 Feb	2 Engineers	AMFA	Maintenance of equipment installed at KBK hospital

27-Feb	3 visitors	Gold Myanmar (local NGO)	To observe SE program
15-16 Mar	Dr. Tin Tin Oo	Regional Malaria Officer from Dawei DOH	Inspection of Malaria situation
20-Mar	3 Lobbies from Congress	TOTAL	To visit SEP
27-Mar	1 Visitor	Ananda Company	Cocoa plantation
7-Apr	Professor of Agriculture	Yaezin University	Agriculture training with TNRP
10-13 Apr	1 Visitor	TOTAL	TGD road opening ceremony
13-Apr	2 Medical specialists	Ministry of Health	Continue Medical Education Program for PH doctors
17-18 Apr	Prof. Dr. Chit Soe Prof. Dr. Ye Myint Kyaw	Ministry of Health	Continue Medical Education Program for PH doctors
23 Apr-18 May	3 Trainers	CVT	Basic Electrical Training at ZDI
24-26 Apr	5 members	Mobile Dental Team	Dental care for ZDI and EDZ zone
23-May	Ms. Barbizet	TOTAL	Day trip, Public Seminar
24-Jun	Dr. Kyaw Zay Ya	Ministry of Health	KBK, KLA hospital and PDW Rural Health Center visit
26-Jul	Mr. Perre R. Breber Mr. William A. Koetzle Mr. Timothy A. Nagy Mr. Mariano Vela	Chevron	Visit to SEP, OBK clinic
14-16 Aug	Dr. Tun Lin Htike Dr. Moe Tun Dr. Yin Mon Win Dr. Soe Nyunt Dr. Heman Myint Aung Dr. Khine Zin Latt Dr. Nyein Chan Aung	Local NGO	Dental care project
2-Sep	MMA president and 2 Malaria team members	Myanmar Medical Association & Quality Diagnostic and Standard Treatment of Malaria Project	Visit to SEP and PLC
16-Oct	H.E. Mr. Jeffrey A. Bader Ms. Laura Hudson Mr. Mariano Vela Daw Nandar Htun Wynn	Chevron Chevron UNOCAL Myanmar UNOCAL Myanmar	Field visit to SEP

29-Oct	Daw Tin Tin Ohn	Department of Health, Dawei	Laboratory functions and quality control of sputum slides' check
11-13 Nov	TB Campaign Team	Ministry of Health	Active case detection of TB case
11-16 Nov	Dr. Htay Lwin and team	Department of Health, Dawei	Mass active case detection of TB cases at Kanbauk and Kaleinaung hospital
20-22 Nov	Ms. Arlabosse Sylvie Ms. Marianne Borderolle Mr. Frederic Jacovled	TOTAL-HQ	Video and Photo shooting
27-Nov	Daw Khin Sabai U Myo Win U Thurein Lwin U Min Han Daw Aye Sabei Phyu U Sithu Aung U J. Maung Maung U Zaw Thaw U Kyaw Swar Min U Sein Win U Moe Kyaw Lwin	MRTV MRTV MRTV MRTV Myanmar Times Eleven Media 7 Days news Modern Journal Yangon Times Mizzima News Voice Weekly	Field visit to SEP
4-6 Dec	A Thin Cho Swe	Vocalist	VCC gathering
12-Dec	Dr. Min Than Naing Oo	Dawei Hospital	Primary eye care training

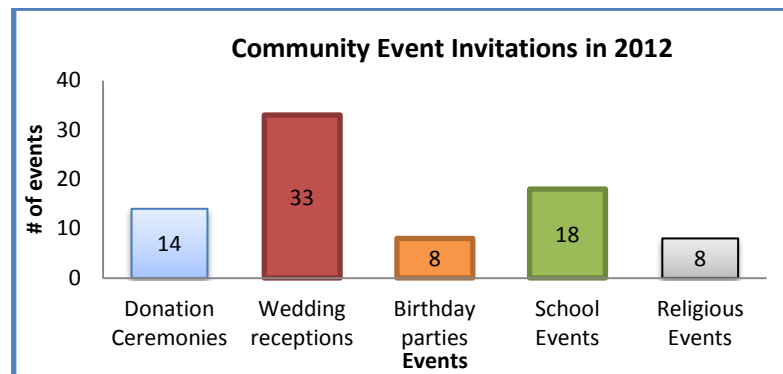
Public seminar: For the first time in Kanbauk, a seminar on “Corporate Social Responsibility” and “Socio Economic development programs of Yadana project” was organized on the 23rd of May 2012. An open invitation for everybody to attend the seminar and discuss any matter of concern was made through vinyl posters in all villages covered by the program.

About 400 local people attended the 3-hours event. After listening the presentations about Yadana and its CSR programs, they expressed their expectations for concrete roads and for provision of electricity. In response, Yadana team answered that it was ready to work with the authorities on these two fields. The other topics brought up by the community members were related to climate change, vocational training and establishment of village libraries.



Expansion of communication with regional administration: In order to build a channel of communication with the new regional authorities, a courtesy visit was paid by the Head of Department of SEP to the Chief Minister of Tanintharyi Division, in order to present the activities of Yadana consortium, both in the fields of industrial operations and of socio-economic programs.

Public relations: Working together for the operations and for the community projects (more than 80% of company staff or its contractors are originating from local area), Yadana team has developed a strong and precious link with villagers, that appears in the high number of social events to which they get invited. In 2012, SEP was invited to 81 events, as shown in the graph below.



Humanitarian assistance: Due to high waves and strong winds, a shore village Pike Te Lay experienced land erosion in early July 2012. A total of 12 houses (56 people) had to move from the shore to a safe place. Yadana socio-eco team involved in the emergency response, by supporting the formation of a relief & resettlement committee, and by providing basic materials – rice, clothing, bed-nets, blankets, kitchen utensils etc. Thanks to its strong mobilization, the local community managed the evacuation in time and without casualty.

Two fire victim families and 3 families affected by heavy winds were also supported by cash donation.



2.2 Reducing health vulnerability of local population

2.2.1 Objectives

In order to address the needs of the local communities, the first objective of the program is to reduce the health vulnerability of the local population. A team of medical doctors has identified the importance of providing curative services at village level, as well as of *supporting* the primary health care and preventive activities that are covered by the Department of Health . The objectives of the health program are defined as follows:

1. Improve availability and accessibility of health services
2. Raise awareness on health matters, and conduct preventive activities

The team: Two Health Supervisors, working back to back, are in charge of managing the health team, and of formalizing all guidelines, protocols and reports of the health department. They also provide consultations in village clinics on a regular basis, in order to keep a direct contact with the local communities.

In Kanbawk Station Hospital, two doctors are assigned back to back, ensuring continuous availability of a SE doctor working hand in hand with the Station Medical Officer (SMO) posted by the government. Besides taking care of the out patients consultations, they assist hospital staff whenever required, and remain available at all time to address emergencies. Also supported by the program is a team of 6 staff (3 general labors, one Laboratory Assistant, one X-Ray technician and one ambulance driver).

At village level, 6 doctors working on a rotational basis share the responsibility for 3 zones. Each zone includes a main clinic, where the doctor stays overnight, and several sub clinics visited by the doctor two to four times per week, according to the village population.

2.2.2 Availability and accessibility of health services

Looking forward to the sustainability of the health services in the area, SE program pays attention not to substitute to national public health system, but to *reinforce* it by providing the necessary support. This is why the health activities are implemented through a strong partnership with public health teams under the Department of Health.

Support to health infrastructure

Main center for referrals in the area, Kanbawk station hospital continued to receive support in 2012. In terms of logistics, besides regular maintenance of the buildings, the program supports proper means of communication between the hospital and the villages. VHF radios are available in 7 village clinics, allowing requesting the ambulance for emergency cases round the clock. Referral to Dawei General Hospital is also assisted by the ambulance. Other material support to the station hospital include provision of medicines & medical equipment.



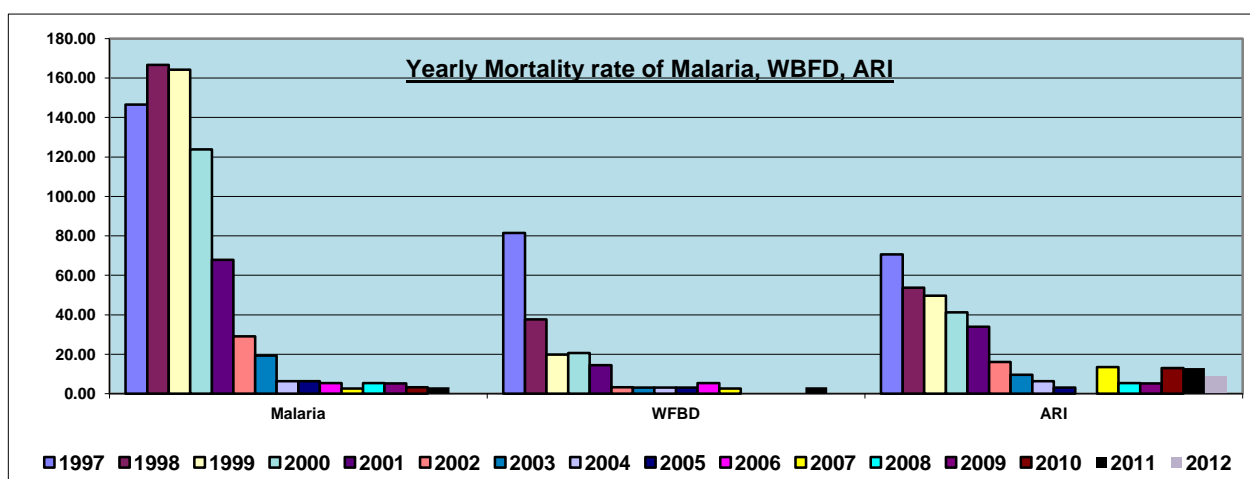
At village level, 3 doctors are assigned permanently in clinics built and maintained by SEP, from where they perform regular visits to sub-clinics supported by the program. In 2012, sub-clinic from Thin Gun Daw was upgraded to a concrete structure. Village sub-clinics are not fully equipped medical infrastructures, but inside those two rooms shelters the doctors and village health workers can receive the patients and provide consultation with the necessary privacy.

Support to national health programs

Universal Child Immunization: SEP provides a logistic support for maintaining the cold chain of vaccines and supports governmental health staff for community mobilization. Collaboration with government health centers is particularly strong on mother and child health care activity and school health program. Being the main health care providers at village tract level, governmental midwives play a key role in the follow-up of children, pregnant mothers, immunization, and for the attendance of deliveries.

Tb: SEP is committed to reduce prevalence and mortality of tuberculosis, in collaboration with national program. It supports Tb patients in hospital (construction of an isolation ward, provision of meals free of charge for in patients), and SE doctors involve in the Direct Observable Treatment Short Course (DOTS) program, providing treatment at village level.

Malaria, Food & Water Borne Diseases, and Acute Respiratory Infections: As in other parts of the country, malaria, food & water borne diseases and respiratory infections are the main causes of morbidity in the area, thus they receive a particular attention from our health team, allowing a



dramatic reduction in their prevalence since 1997.

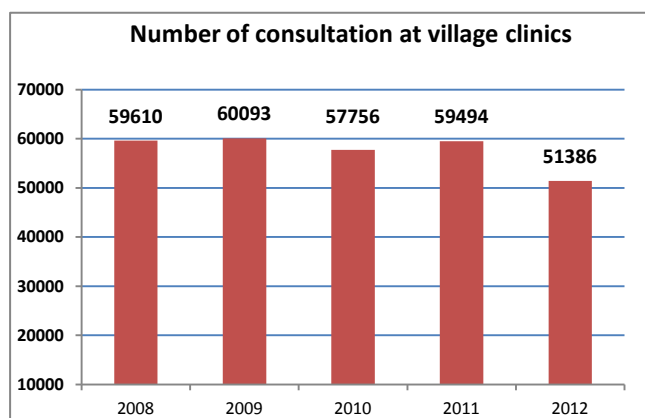
HIV/AIDS-prevention of mother to child transmission (PMCT): Since 2012 September, a program called PMCT was integrated to mother & child health (MCH) activities. After conducting mass counseling during MCH days (a gathering of pregnant mothers and children under 5 organized monthly in every village), basic health staffs collect blood samples of pregnant women. These samples are then sent to Dawei thanks to the logistics support from SEP. Some HIV positive patients who need to go for regular consultation and follow up in Dawei are receiving travelling allowance from SEP as well.

School health: The school health program is a tool that allows Yadana reaching out to children and youths. On a yearly basis, SEP health team visits all primary schools in the area, accompanied by governmental midwives. The medical team screens the children, monitors their growth, provides treatment for basic diseases and refers the patients in need for further investigation. 5428 students from 36 primary schools were examined in 2012, out of which 5222 received de-worming.

Together with screening the children and monitoring their growth, the doctors and health educators pay a special attention to health environment of the children, and give practical advices to keep a safe and hygienic environment.

Support to community network

CHWs/AMWs: Trained in governmental hospitals, and representing the hamlet level of the public health system, community health workers (CHW) are essential actors for prevention of diseases as well as for addressing minor ailments. The curriculum for auxiliary midwives (AMW) includes additional training on mother and child health, making AMW able to attend deliveries. In 2012, the program continued to support 34 CHW and 36 AMWs by regular training, provision of basic drugs, and a monthly incentive. These volunteers took an active role in providing 51,386 consultations at clinics in 2012.



Special program for poor and vulnerable patients: The support provided by Yadana to the health system also pays a special attention to poor villagers. In 2012, 542 meals were provided free of charge to very poor inpatients, and 42 cases were supported financially for their medical care.

2.2.3 Health awareness and preventive activities

“prevention is better than cure”: Many diseases can be prevented by promotion of life skills and by adoption of simple precautions – such as proper hand washing, usage of mosquito nets when sleeping, wearing of safety helmets when driving a motorbike, or screening the children regularly to follow up their growth etc. Therefore, SEP health team dedicates a big part of its energy to promote safe and healthy practices at village level.

The Preventative campaigns supported by Yadana in 2012 are summarized in the following table:

	Activity	Outcome	Nature of support
Water and sanitation	Construction of water wells boundaries	36 water wells boundaries built	Donation of 15,000 MMK for each well.
	Construction of fly proof latrines (FPL)	172 FPL built, 95 FPL renovated	Donation of pans and pipes
	Construction of water system	equipped with a public access to mountain water	Full support for material and labor costs
	Water well chlorination	1,713 water wells chlorinated two monthly with bleaching powder	Provision of bleaching powder
Infectious diseases	Impregnation of bed nets	12,528 bed nets impregnated with mosquito repellent	Provision of material for impregnation
	Larva control program	All households visited weekly for larva control and disposal of mosquito breeding sites.	Organized with community, attendance of SE doctors and health educators
Nutrition	Plumpy nut and Ground nut ball support	86.3% malnourished (categorized by WHO z-score method) children cured	Provision of plumpy nuts and groundnut balls

In order to improve the general environment, and thus to reduce the occurrence of malaria, dengue, and food & water borne diseases, the program continued supporting preventive activities in 2012, in coordination with midwives from Rural Health Centers and village volunteers. Among them, a campaign for impregnation of bed nets by mosquito repellents was organized in two sessions- *before and after* monsoon. In between, a larva control campaign was carried on during rainy season. It consists in weekly visits to all households within project villages, with the aim of raising awareness on mosquito breeding sites, as well as helping villagers to spot mosquito larvae in their water containers, mainly focusing on prevention of dengue fever.



Prevention of accidents (helmet wearing campaigns)

Along with socio economic growth, the number of motorbikes users in the area has increased dramatically, and road traffic accidents have become one of the leading cause of mortality. A random and small survey about driving attitude and knowledge on road traffic laws highlighted that a majority of motorbike users are not paying enough attention to wearing of helmet as a protective equipment. Following this survey, Yadana invited other oil and gas programs in the area- Yetagun and Zawtika- as well as regional administration (road traffic control department from Dawei) to participate in an awareness campaign focusing on “helmet wearing” and “road traffic laws”. Half-day training (lectures) by 2 traffic police officers are organized for interested villagers, who are entitled to buy helmets with heavy discounts. Altogether 891 attended 10 trainings organized in 11 villages during 2012.



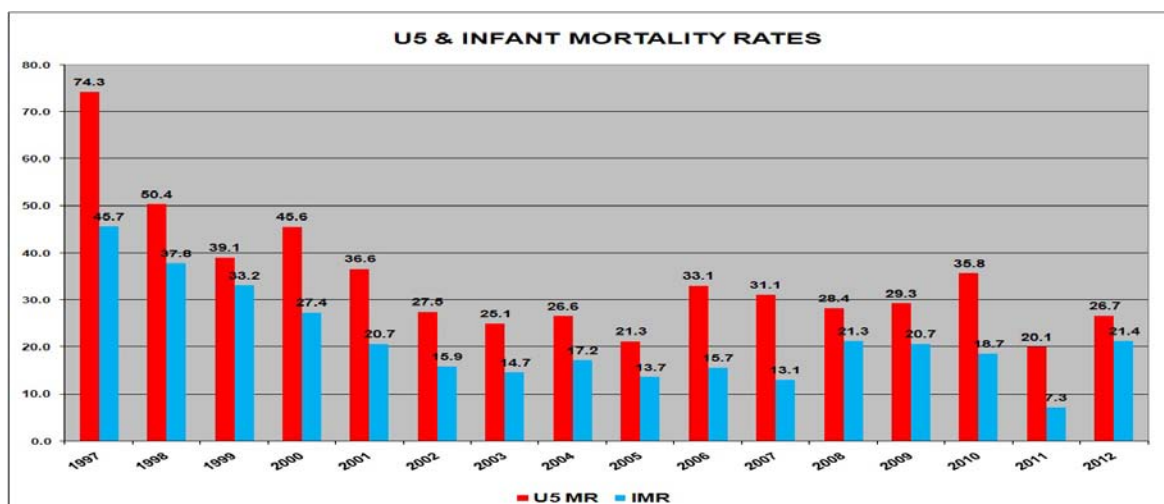
Maternal and Child Health care (MCH)

Started in 2008, this half-day activity consisting in gathering mothers and children in each village for consultation and health education continued in 2012. This program was also introduced in the 8 villages that joined the program in 2012. Mothers with children under 1 year old are invited to participate every month, whereas mothers with children under 5 years old are gathered on a quarterly basis. The main activities performed during MCH days are:

- Follow-up of child growth, in order to detect early signs of malnutrition
- Immunization* of children and pregnant mothers
- Testing of blood (Hb%, VDRL, malaria parasite) and urine (sugar and protein) tests
- Counseling on family planning and provision of contraceptives upon request

Performance indicator	Achieved in 2012
% of pregnant women having received 4 ANC	92
% of deliveries attended by trained practitioners (doctors, nurses, midwives, AMW)	84
% of children having received full course of Universal Child Immunization	84
% of pregnant women having received 2 times tetanus toxoid immunization	92
% of child bearing age women receiving contraception	14

Two specific indicators namely the infant mortality rate(IMR) and under 5 mortality rate(<5MR) increased again in 2012, to reach levels comparable to the ones of 2008. Among several reasons for this variation remain the small sample size of population in this area and the number of live births per thousand population calculated for this reporting. However, some of the relevant causes shall be addressed by the program by reinforcing awareness on ARI (the main cause of fatalities in children); by creating conditions for a quicker and more efficient referral of all under five patients; and by intensifying the program of post natal visits by socio-eco doctors.



*The penta-valant vaccine introduced in late 2012 for UCI programs includes Hepatitis B and Haemophilus Influenzae for prevention of hepatitis B, pneumonia and meningitis; thus 8 childhood diseases can now be prevented by the new vaccine.

Health education

In 2012, health talks and awareness campaigns kept being provided to the local community by doctors and health educators. Mainly delivered at schools and during MCH days, health education sessions addressed the importance of prevention of communicable diseases, personal hygiene, and family planning. 723 health talk sessions were carried out for 15967 audiences in 2012.

Special health care activities in collaboration with INGO and LNGO

Outreach campaign for prevention of cataract

In January 2012, 8 members of eye surgeon team from Yangon, under the leadership of Helen Keller International, another NGO supported by TEPM since 2001 operated 50 cases of cataract and 1 case of chalazion (minor one) on 15/01/2012 and 16/01/2012. 627 OPD cases were seen, 452 eye tests were done by refractionist and 450 pairs of reading glasses and 60 pairs of sun glasses were provided.

In February 2012, an eye surgeon from Dawei came to Kanbauk to follow-up on cases operated during an outreach cataract surgery campaign.



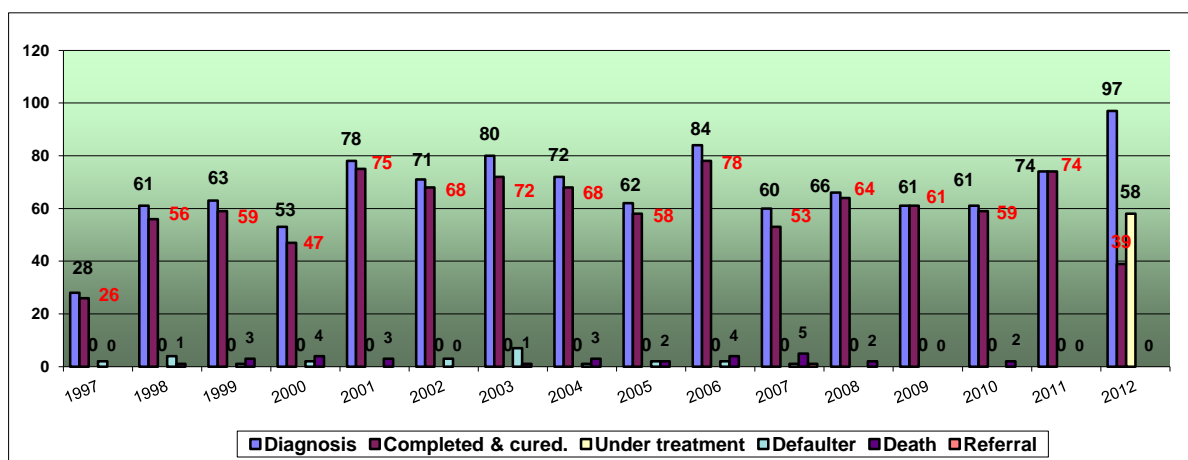
Mobile dental team visit

Dental infections can be very painful and lead to the loss of teeth, but similarly to eye infections, they usually receive few attentions from non governmental health programs. In 2012, Yadana liaised with a mobile team of volunteer dentists dedicated to provide free dental consultations to poor patients, in coordination with a Myanmar NGO (Gold Myanmar). The mobile team made two trips to Kanbauk area and provided dental care (tooth extraction, medication, scaling, dressing & filling) to 774 villagers.

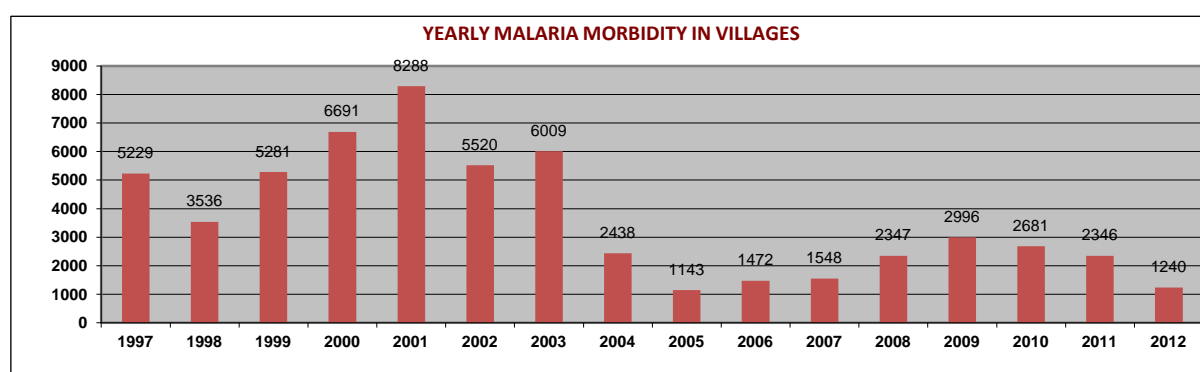


2.2.4 Impact of health care support programs

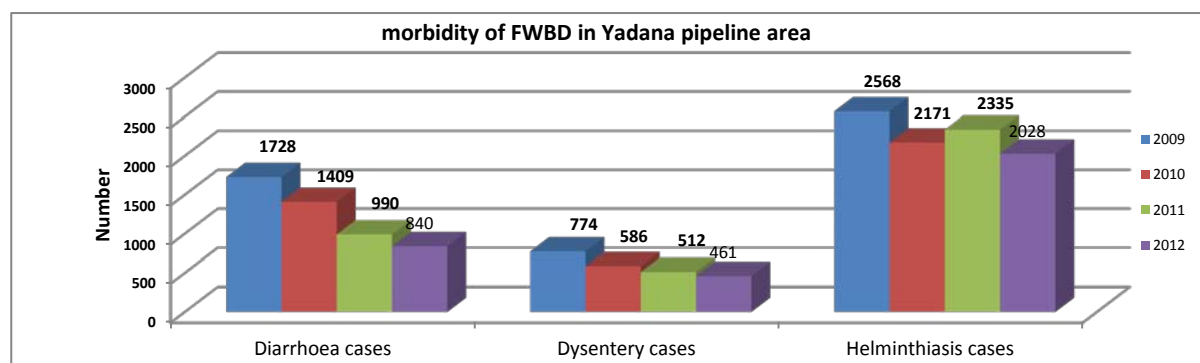
Tb: In 2012, following a proactive outreach campaign, the detection case rate increased compared to the previous years, and the mortality rate of tuberculosis was kept at zero for the second consecutive year.



Vector born diseases: following graph reflects the reduction of malaria in the region thanks to the twice yearly larval control campaigns, bed net impregnation activities and associated preventive measure including extensive health education. And despite a rather high number of 105 cases, no mortality has been resulted concerning DHF incidence in 2012.



Morbidity of food and water born diseases: following the installation of spring water supply (gravity distribution from mountains) in 18 villages, occurrence of diarrhea and dysentery reduced significantly since 1995, which encouraged the program to assist new villages for their access to clean, running water.



2.3 Access to education and professional skills

Capacity building is a key to a sustainable development program. In order to develop access to educational and professional skills, the team has identified three priorities, in close collaboration with the villagers:

Objectives

1. Improve availability and accessibility of education services
2. Improve organizational skills of villagers
3. Ensure presence of skilled community members

The team

Since transferring of knowledge and professional skills is one of the main objectives of the program, senior staff are essentially involved in training activities: agronomists and veterinary doctors involving in farmer field schools; public health doctors accompanying the development of practical skills of Community Health Workers and Auxiliary Midwives; micro-finance supervisors helping the villagers to draw their business plans; and even infra engineers involved in a program of capacity building for local civil contractors. By repairing a road, or when they simply build a school, the Infra team is also supporting the school age children to access to an education facility.

In addition, 8 local teachers are running a tuition school, English language classes and a computer training. Two of them - a teacher from the tuition program and the computer teacher - have once been beneficiaries of the scholarship program.

Also recruited locally and speaking the local languages, a team of 3 health educators is visiting schools and villages on weekly basis to raise awareness on some preventive health measures.

2.3.1. Improving availability and accessibility of education services

Supports to public schools and teaching environment: In a remote region like Kanbauk, difficulty in accessing educational facilities used to cause many children to drop out from studies, as they have to spend time and money to reach the schools. Hence the priority of the program is to keep all primary schools and their access roads in good condition. In 2012, 2 school buildings were constructed in Pike Te Lay and Paya, and extensive maintenance was performed in 5 schools.



Supports to students: Like previous years, SEP continued supporting school furniture, prizes for outstanding students award, schools' sports festivals and events, transportation of students to the 10th grade examination centers, as well as some ad hoc requests from teachers team.

Incentive for teachers: Being residents of the area, teachers working in Kanbauk region benefit from all the programs supported by SEP. In addition, a yearly incentive is offered to appreciate them staying in the area, and dedicating more time to their public duties than to private tuitions. In 2012, this support was provided to 350 teachers, during a ceremony held in Kanbauk assembly hall. All educational staff - both governmental teachers and village-hired teachers received an incentive.

Yadana tuition: Started since 1999 and reshaped in 2007, this center is run by 6 teachers, targeting to help the repeating 10th grade students to succeed in their university entrance exams. A strict administration, intensive teaching sessions and close monitoring of students' academic progress keep the results of this tuition center above the overall national pass rate. In 2012, 26 students out of 58 passed the exam (45% pass rate) with 10 distinctions in Economic subject.



Besides these regular courses from July to March, summer training classes are also provided from March to May, for 9th graders in preparation for their upcoming 10th grade studies.

Below table shows the results of Yadana tuition matriculation exam for each academic year.

Academic Year	Number of Students Enrolled	Number of Students Sit the Exam	Passed	Failed	Percentage	Distinction
1999-00	65	55	17	38	31%	Math-1
2000-01	115	99	57	42	58%	Math-2
2001-02	139	117	52	65	44%	-
2002-03	172	168	67	101	40%	Eco-3, Chem-1
2003-04	196	168	72	96	43%	Eco-7
2004-05	213	196	79	117	40%	Eco-2, Chem-1
2005-06	188	169	32	137	19%	Eco-2
2006-07	85	68	25	43	37%	Eco-1
2007-08	35	24	17	7	71%	Eco-3
2008-09	63	56	29	27	52%	Eco-7
2009-10	82	65	27	38	42%	Eco-5
2010-11	91	66	38	28	58%	Eco-3
2011-12	70	58	26	32	45%	Eco-10

Scholarship program: 27 students received scholarship support in 2012, in disciplines such as Nursing, Engineering studies, Computer Science, Teacher Training, Agriculture, Veterinary and Forestry.

Computer training program: To acquire basic knowledge in IT or computer related field, SEP also runs a computer training center in the heart of Kanbauk. It trained 72 villagers (M=26, F=46) in 12 sessions during 2012, including attendants of summer classes for kids.

English language training: Morning and afternoon classes of interactive English teaching have been introduced in 2008. Classes are run by an experienced English teacher with audio-visual aids supported by SEP. Class sizes vary from 5 to 12 persons depending on convenience of students. A total of 304 students attended this English class in 2012.

2.3.2. Improving organizing skills of villagers

PLA exercise in new villages

In order to get the villagers from 8 new villages defining by themselves a development plan for their communities, SEP implemented a participative tool in the place of a need assessment. The old and the young, the shy and the bold, men and women, all participated to the half day workshop and prioritized their needs by expressing freely their views and their expectations.



Constitution of village development committees

Selected through transparent processes, members of the village communication committees and of the bank committees work as representatives of their fellow villagers, and are key stakeholders to ensure that development initiatives remain at village level. They play a very important role for the empowerment of the local communities.

Community development trainings for community based organizations

What is development? Who shall take responsibility for implementing community projects? What

Course content (Outline)

- Overview of Yadana Project
- Define community, development, community development
- Development Concepts
- Community Participation in development projects
- Define team, team work
- Stages of team formation
- Understanding team work approach
- Do's and Don'ts for team members
- Define Communication
- Explore communication mechanism

does it mean to work in a team? How can someone organize community members in an efficient and lawful way?... these are some of the key questions that shall be answered in order to reinforce the participative mind and skills of the community members, and to provide them with a tool box for designing and implementing projects in a sustainable way. 10 sessions of community development training were organized in 2012, mainly for community partners such as village communication committees/ bank committees; and for other stakeholders like Aryudana –a community based organization in Kanbaur; TNRP (Tanintharyi Nature's Reserve Project); etc.

Promotion of good work practices

Following the workshop on “good labour practices” organized in 2010 with the involvement of the International Labour Organization by invitation of TEPM, awareness sessions about prevention of forced labor are routinely conducted among the local population, especially in relation with infrastructure projects led by the communities.

2.3.3. Promoting the presence of skilled community members

Sustainability of all socio-economic programs relies first on the fact that they are directly implemented by the local community, which receives both technical and material assistance.

Community Health Workers and Auxiliary Midwives (CHWs & AMWs)

Hamlet level of the public health system, health workers are associated to all preventive programs, after receiving an official certificate from Township Health Authorities. In 2012, Yadana supported 36 AMW and 34 CHWs with a monthly incentive and continuous medical education. Practical training is given by SE doctors when they perform consultations assisted by health workers.



In November 2012, with the support of SEP, 18 villagers attended 3 weeks course of “Community Health Worker Training” at Yephyu Township Hospital and received official certificate from the department of health.

Moreover, for the first time in 2012, the program facilitated a “do not harm” awareness workshop for 24 Traditional Birth Attendants, in strong collaboration with DoH.

Vet auxiliaries (new villages)

In order to promote adapted veterinary coverage and to make sure that professional skills are transferred to locals, the project’s veterinaries are dedicating part of their time to train and organize a team of community technicians called Veterinary Auxiliaries. Certified by Livestock & Breeding Veterinary Department (LBVD), the veterinary auxiliaries are able to provide basic care to most of the domestic animals found in project area (pig, buffalo, poultry, dog and cat). In 2012, SEP supported 39 Vet Aux with a monthly incentive for the time dedicated to their community activities. It also supported 7 villagers from new project villages to attend Vet Aux training in Yephyu’s LBVD.

2.3.4. Developing professional skills

Basic electrical installation training

In order to address a strong request from the community that SEP supports the development of professional skills in the area, the program liaised with Center for Vocational Training (CVT) Myanmar to open basic electrical training in Zardi village. Two trainers from CVT provided a 170 hours training to 22 participants from 23rd April to 17th May 2012. Certificates were issued to each participant having successfully completed the training.

Local contractors upgrade program

In order to entitle local contractors and suppliers to obtain contract opportunities from oil and gas companies working in the region, SEP supported the registration of 2 local civil work groups. SE Infrastructure team plays a key role in training them to upgrade their safety culture, to improve their understanding of labor laws, and to reinforce their technical skills in every aspect of construction works –*from drawing and estimation to the practical field jobs.*

Technical trainings (Farm Field Schools of Agri and Vet)

Technical knowledge is an essential asset to promote new opportunities for farmers. SEP has put in place an ambitious training program that focuses on “learning by doing”. Different curriculum are available from the Farmer Field Schools that can be either short training sessions addressing only specific technical issues, or several months long practical training.



In 2012, 1225 farmers and breeders attended Farmers Field Schools, while 120 villagers were trained for vocational training such as rice mill upgrading, stove making, and safe use of pesticides.

Paddy development program

In order to tackle the common technical issues met on field and to develop adapted solutions, a demonstration plot is designed every year by a group of farmers, millers and SE Agronomists. As such, a line planting method called System of Rice Intensification (SRI), has been tested and adopted in a demonstration plot 3 years ago, to be used in a project of “quality paddy seed production”. In 2012, 32 farmers participated in this project with a strong commitment of producing locally generated paddy seeds to distribute to fellow farmers, rather than relying on importation of such paddy seeds from other areas. In order to encourage technical transfer, 36 farmers from *new project villages* were arranged a field visit to the seed production plots.



Access to agricultural and breeding information

An agriculture news journals edited by government services, and a professional journal edited by the Ministry of livestock breeding and fisheries, are regularly distributed through the network of community partners such as vet auxiliaries and farmer coordinators as well as in social places (tea shops, grocery stores...).

From these journals written in Myanmar language, farmers acquire technical knowledge about various aspects of agriculture, animal husbandry and marketing. All the documents are freely available for reference. SEP team is also publishing its own newsletter on a bi-monthly basis, part of it dedicating to agricultural and veterinary projects. The Agri-Vet team also published technical guidebooks for rubber planting,

cocoa planting, pig breeding, local chicken breeding, etc...



2.4 Improve income of families

In a rural area like Kanbauk where majority of the households are involved in farming and breeding activities, supporting the economic development supposes to build strong agricultural and veterinary programs, in order to accompany the development of technical skills of farmers, to ensure proper animal healthcare, or to improve access to quality agricultural inputs. But developing a farm or another business also requires access to credit to procure fertilizers, good quality seeds, or to extend the size of a general store, for instance.

Yadana economic development programs are addressing simultaneously the need for technical skills, while offering access to affordable credit through Yadana Suboo microfinance program. While implementing these activities, SEP teams pay a special attention to the most vulnerable households, and have developed special tools to reach them out.

Objectives

- Maintain the coverage of animal health care
- Support small and medium Agri/Vet businesses
- Improve access to land and to quality agricultural inputs
- Reach out to the most vulnerable households with adapted programs
- Provision of credit and savings services

The team

Two Agronomists and three veterinary doctors recruited from Yangon are supervising a team of locally recruited personnel - 4 agri technicians, 2 foremen and 7 labours; 2 veterinary technicians and 6 labours.

In micro-finance section, 2 supervisors from Yangon are working back to back to manage a team of 6 loan officers and 2 office assistants – all of them recruited locally.

Beneficiaries

In 2012, 61 vulnerable households received free support in kind to promote breeding activities. Among them, 32 families referred by Public Health section for high occurrence of malnutrition received a roaster and nine hen as well as poultry housing material in order to start breeding activities. In addition, 139 small scale farmers could purchase from the program highly productive breeds at subsidized price

On agricultural side, 107 vulnerable households received free support in kind to promote agricultural activities, and over 36 small and medium scale agri-businesses were supported by the agri team. Team members also dedicated more efforts to design and implement programs targeting the most vulnerable families. For the future, Agri team is going to support more vegetable seeds and plastic water tank instead of chemical fertilizer.

1816 villagers benefitted from the loan services of the microfinance program, with more than half of them also using the savings services.

When selecting beneficiaries the team took into consideration important issues such as gender equity, environmental conservation and sustainability of the activities implemented.

2.4.1. The veterinary care

Small scale animal breeding is a common source of income and crucial activity for food security of vulnerable families in a rural area. When implemented on a larger scale, animal husbandry encourages employment and generates food for large numbers of households. Proper animal health care plays a vital role for success of any breeding activity.

Since the beginning of Yadana project, the veterinarians have deployed strong links with communities through regular training of local technicians called Veterinary Auxiliaries (VA). After attending intensive training delivered by LBVD (Livestock Breeding and Veterinary Department), they became certified animal health care providers in the community. Being not only primary vet care providers, they also relay farmers' constraints, participate in identification and selection of beneficiaries and organize trainings for villagers. Another critical part of their work is prevention of diseases outbreaks through information meetings. In 2012, 7 Vet Auxiliaries from new socio-eco villages were certified by LBVD thanks to the facilitation of SEP.

Also in collaboration with the national body LBVD, veterinary team is providing animal care to promote breeding activities, reduce risk of disease outbreaks and follow-up of the overall health of the animal in the area, including:

- Regular vaccination campaign for cattle, pig & poultry flocks,
- Anti-rabies vaccination for domestic animals and pets,
- Delivery of common treatments,
- Contagious disease prevention & surveillance,

In 2012, SEP vet team and vet auxiliaries involved actively in a mass vaccination campaign organized for the first time in the area for prevention of foot and mouth disease. 1319 animals (cattle, pigs and goats) received vaccination including booster dose.



Key figures:

- 4,617 vaccinations on pig and cattle (not including Foot & Mouth vaccine)
- 808 pets vaccinated against rabies
- 137,777 doses of poultry vaccines delivered
- 17,903 pigs and 5,370 cattle treated by SE vets and VAs

2.4.2. Supporting small and medium Vet/Agri businesses

Promotion of pig breeding: An opportunity for small scale production units



The pig breeding program is mainly based on the project's pig farm, called Yadana farm, where piglets and boars of three exotic breeds (Large white, Duroc, and New Hampshire) are produced and sold at subsidized price to any interested pig breeder. The boars are selected for their productive genotypes, and are also assigned in the project's villages where the keepers arrange mating with interested sow owners.

Boar keeping activity generates significant incomes for the keeper. Indeed, it is now agreed in all the project's villages that successful mating should be charged of one piglet after delivery. The natural mating

program is complemented by an artificial insemination (AI) campaign to reach even the most remote villages. In 2012, the program also shared its breeds with another CSR project, by selling twenty piglets to the Italian Thai CSR program in Dawei.

In order to reinforce sustainability of the pig breeding program, a partial handover of the Yadana pig farm was planned to externalize piglets' production. A call for application was published in project villages, and a beneficiary was selected out of ten candidates by a selection committee, taking into account experience in breeding activities and investment capacity.

Key figures:

- 32 assigned boars in villages
- 3,509 cross-breed piglets produced by assigned boars
- 89 piglets born through pig artificial insemination
- 318 piglets sold at subsidized price from the project pig farm

Support to commercial egg production: A focus on semi intensive farms

The development of poultry layer farming has been encouraged by the veterinary team since the beginning of the Yadana project. SEP team allowed a rapid rise of the local egg industry by implementing a dynamic development strategy, including technical support and the importation of quality laying chicks. Most of the commercial poultry farmers are regular customers of 2 local feed enterprises and of one brooder farm supported by the socio-economic program. (Shwe Ye Min, Shwe Gant Gaw and Shwe Wut Hmon)



Key figures:

- 18 farms supported with vaccines and technical expertise
- About 95,000 eggs produced every month
- 6,770 day-old-chicken imported for layers; and 5,570 growers distributed to poultry layer farms.

Support to upgrading of other local breeds: an approach to comprehensive husbandry

Similarly to the boars assigned in villages for breeding purpose, 3 Friesian bulls and 3 male goats of foreign origin are assigned in villages for upgrading of local breeds so as to increase dairy production or to increase the size and weight of the cross-bred animals. Technical training is given to the selected bull and goat keepers, and an incentive in kind (animal feed) is provided by the program.

2.4.3. Improving access to land and quality agriculture inputs

Village Agricultural Input Store (VAIS)

A VAIS is a farmers' association aiming at supplying agricultural inputs (such as fertilizers, seeds...) to its members, who can save the transportation cost that they would spend if they were to purchase those inputs from outside their village. It is managed by a local committee elected on a yearly basis.

Created in 2008, there are currently two VAIS running in two isolated villages - Phaungdaw and Zardi- with 134 and 136 members respectively. Besides fertilizers, the stores propose quality seeds, tools and chemicals to its members. In 2012, with the support of SE, Zardi VAIS purchased a threshing machine which was used by paddy farmers. Both VAIS sold 46.88 tons of fertilizers to 270 members by linking with a special loan program offered by the micro-finance section.



Both VAIS are also relaying technical messages and innovations to a broad population of farmers (with a focus on integrated agricultural practices and good post harvesting techniques). VAIS members are also involved in the research and development strategy planning and in the design of new programs.

In 2012, in order to move a step forward and to reinforce the sustainability of VAIS, SEP stopped supporting the transportation of the fertilizers bags through the supply boats of Yadana. This made some VAIS members complained that prices increased, to the point that some products became more expensive than the ones available on Kanbauk market, but they kept purchasing at VAIS, as the products available there are registered and tested (for the weight and quality).

Perennial crops

In order to promote orchard plantation and perennial crop development in the area, seedlings and clones produced in a tree nursery located in Migyaunlaung are sold to interested farmers at market price. 6,750 grafted rubber plants were produced in the framework of *farmers' field school*, and 8,764 cloned fruit trees were produced in the said nursery in 2012, before being sold in the local market. Incomes generated by the tree nursery are used to fund the running costs of the structure, while the net profits are capitalized into a fund.



Paddy



Being the staple food of the area, rice plays an important economic role within the communities. Traditionally, it can be exchanged for goods or services. Unfortunately, the rice produced locally is known to be of low quality. Farmers are used to seed varieties that are well adapted to the local conditions but with few marketing potential. In addition, the limited access to post harvesting knowledge and good milling technology reduce the final product quality. As a result, the rice produced locally cannot be sold on the main markets and is mostly consumed at village level.

In 2009, an assessment underlined the poor quality of paddy seeds used in the project area. In fact, improper production methods and storage techniques impact the seed purity and germination, which

affect the yield. A new program aiming to develop quality paddy seed production and proper post harvesting techniques was put in place in 2010. The project supports paddy farmers to apply integrated seed production techniques and to use adapted storage material. The system of Rice Intensification (SRI) and the line seeders, tested in 2009, were selected as production techniques.

In 2012, 32 farmers managed to produce 15.5 tons of seeds.

In addition to the agronomical support, the team also concentrates on the promotion of adapted post harvesting techniques. Trainings are regularly performed to encourage farmers to use proper storage system. “Super bags” and “metallic Silo” used to store seeds were made available to farmers of both VAIS. In 2012, defective stones of 3 mills were also maintained and 12 millers could learn proper maintenance practices. This program is put in place in collaboration with the *Pioneer Post Harvest Development Group*, a Myanmar association of professionals in rice production and marketing chain, providing technical guidance.

Agri Infrastructure

The socio-economic program is providing technical and financial support for the creation and maintenance of hydraulic infrastructures used in paddy fields: dams, dykes, water gates, flumes, pipes...

A strict procedure for selection of beneficiaries is implemented, insisting among others, on the necessary contribution of community members. Particular focus is paid to make sure that all the work performed is done in accordance with proper labor practices, as per TEPM ethic charter.

In 2012, 34 farmers benefited of such agri-infra support, which allowed upgrading 269 acres of paddy fields.

2.4.4. Supporting vulnerable households by building skills and promoting food security

Local poultry: Most of the rural households in Kanbawk region try to maintain small flocks of chickens in their backyards. For this, the Vet team organized training in the framework of “local poultry breeding farmers field school” that usually includes theoretical modules and farm visits. Most important topics related to seasonal diseases (bird flu for e.g.) are regularly summarized during village focal discussions organized by the Community Development section.



In 2012, local chicken trainings were provided in new project villages. Necessary vaccines and knowledge on bird flu prevention measures are discussed in every bi-yearly community development meeting.

Also in 2012, 20 families with malnourished children were identified by the Health section and supported by the veterinary team with a flock of birds consisting one rooster and nine hens, in order to establish a back yard poultry farm.

Pig support program for vulnerable: Focusing on the poor and vulnerable families, the veterinary team assists pig breeding activity in link with micro finance services. For the unfortunate villagers who can't manage to find a guarantor among fellow villagers to access Yadana Suboo loan services, the program act as a gurantor and support these families in their breeding activities by providing technical expertise and some support in kind. 10 families benefitted from this program in 2012.

Promotion of vegetable cultivation: Since backyard gardening contributes to food security, and can be an income generating activity when implemented efficiently, SEP project is supporting it with a focus on poor families. The selection of the beneficiaries is done through community partners according to socio-economic indicators. Beneficiaries belong to 2 categories:

The grass root farmers: grass-roots farmers are the farmers having a small capacity to invest, though being unable to support the full cost of their project.

They are supported to grow vegetables during winter and summer. The project technicians help them to design their agricultural project (cropping pattern, total budget required for inputs...) and define with them the team contribution. This contribution is always provided in kind (seed or fertilizer) and cannot exceed 50% of the total cost, with a maximum of 50,000 MMK/farmers. **In 2012, 36 grassroots farmers were supported by the program.**



- **Very vulnerable households:** Very vulnerable families are the ones who cannot invest at all even to initiate a very small plot of garden, apart from their labor force. 107 households in this category received a free back yard garden package including vegetable seeds (non hybrid) and technical booklets during 2012.

2.4.5 Improving access to credit and savings

Access to credit and to saving facilities is an important requirement to complement the creation of small businesses. Several types of loans schemes are available in Kanbawk market, but with very high interest rates, up to 5% per day! Created in 1997, and restructured since 2007 through a partnership with an INGO specialized in micro-finance -Entrepreneurs du Monde(EDM), Yadana Suboo is a micro-finance program run by the community, and offering a much cheaper and safest financial service than the other options locally available.

The team: “Yadana Suboo”

Supervised by two senior staff, six local loan officers are recruited by Yadana. Daily activities of Yadana Suboo are implemented by 91 Village Bank Committees (VBC) elected by the villagers, ensuring the community ownership of the program.

In 2012, to renew these committees, elections were carried out in the 25 villages where the program is implemented. But in order to build on the skills of the existing members instead of restarting the training process from scratch, decision was made to keep in each new VBC at least one member from the previous committee (2 in big villages). Therefore, the election followed two steps. First, all community partners of the program had to elect, within their village’s VBC, one or two members to be extended for a second term. Then only, all villagers were invited to elect the remaining members of these new VBC. After the elections, all members (old and new) were trained on micro-finance activities and on teamwork.

Besides VBC, who operate the daily activities of Yadana Suboo at hamlet level, an Advisory Board was formed in 2011 to involve in Yadana Suboo’s strategic management. It comprises 5 elected community members for only 2 socio-eco staff. Since then, it has been involved in every important decision and activity related to the program, like reviewing and approving the yearly accountancy.

In 2012, Yadana Suboo organized 4 releases as per its regular schedule. Altogether **2,499** loans were

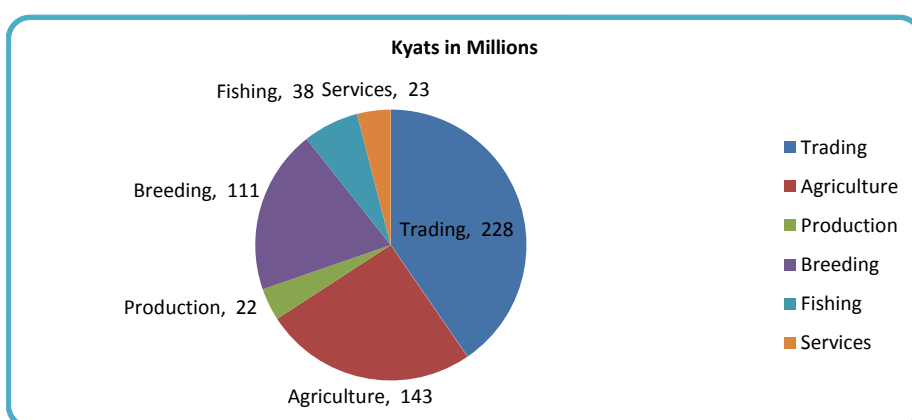
disbursed, for a total amount of **563,861,000 MMK**. The key figures of the loan operation in 2012 are shown below.

Key figures – loan operation 2012

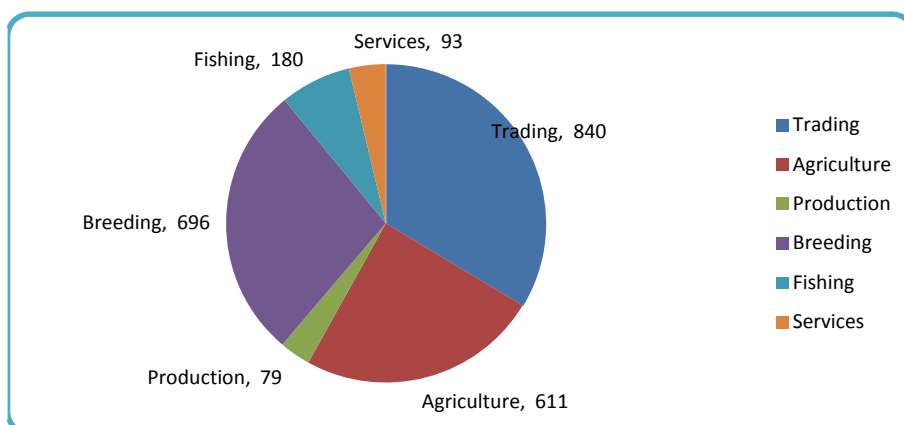
(In Myanmar Kyats)

Number of loans disbursed in 2012	2,499
Bulk capital loans	1,633
Progressive loans	866
Number of New Clients in 2012	366
Number of clients in 2012	1,816
Total amount of loans disbursed in 2012	563,861,000.00
Number of outstanding loans at the end of 2012	1,670
Outstanding amount at the end of 2012	313, 583, 231.00
Proportion of women among loaners	79%
Proportion of poor among loaners	76%
Repayment rate	97%
Interest income in 2012	69,205,514.0

Loan disbursement in 2012 Amount based on Business Sectors



No. of loans disbursement in 2012 based on Business Sectors



Yadana Suboo offers two types of loans, according to the types of projects:

- **Bulk Capital Loan (BCL)** for which the capital is paid at the end of the loan term, whilst interests are paid on a monthly basis. BCL are provided to support activities that generate income after a certain amount of time (agricultural activities for instance).
- **Progressive Capital Loan (PCL)**, for which both capital and interests are paid on a monthly basis. PCL are provided to entrepreneurs engaged in activities generating incomes on a daily basis (grocery shop for instance).

Individual loan amount ranges between 30,000 and 500,000 MMK. The amount that a villager is entitled to borrow is not only depending on his business plan, but also on his previous loan history. Before releasing a big loan, the program needs to ensure that the villager would not be overwhelmed. This is why important loans are never released at the first time.

Interest rate was initially set up at 3% per month, in order to ensure financial sustainability of the program. Starting from February 2010, the interest rate for both loan products was lowered to 2% per month (on a progressive basis for progressive loans), as the program is now covering its operating expenses.

Loans are released 4 times per year, according to a schedule taking into account the seasonal calendar of the main activities in the area. They are followed within one week by a first Loan Utilization Check, meant to control that the money received was really used as per application.

Loan process

Yadana Suboo members are defined as individuals operating or wishing to start income generating activities or micro-enterprises. In order to identify more precisely its target population, the program has developed a leveling tool according to the standards of living. Yadana Suboo's objective is to reach mainly poor and middle poor loaners. Besides belonging to the targeted socio-economic groups, the applicants have to meet the following requirements:

Several steps are required before releasing a loan, from the application of the loaner to the moment when the money is actually delivered to him. Sometimes perceived as heavy by villagers, those steps are made to ensure that the business planned by an applicant is realistic, and that the repayments will not overwhelm him/her. This screening does not aim at excluding the poor loaners, who are the first target beneficiaries of the program, but rather to help them launching profitable enterprises. During the assessment of an application, Yadana Suboo team meets with the villager and assess his/her repayment capacity, as well as the investments need on which is based the request. When the application is over 300,000 MMK, business plans are reviewed by a committee including technical advisers from socio-eco, mainly veterinary doctors and agronomists. All the loaners have the responsibility to find a guarantor in the community, except for some special assisted loans targeting the very poor population, for whom SEP acts as the guarantor.

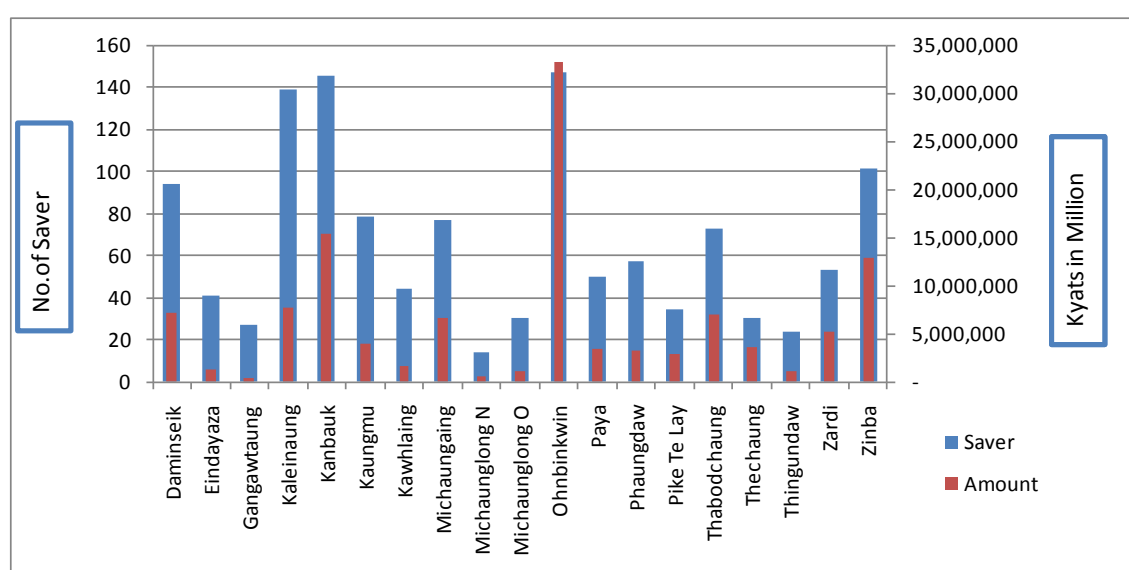
Savings

Loans are a good solution to alleviate temporarily poverty, but they bear the risk to get villagers trapped into a loan cycle, where they have to keep borrowing to maintain their income generating activities. By encouraging the habit of saving regularly some income and by offering a safe and reliable savings scheme, the program allow them constituting a reserve of capital in which they can tap when they need investments. Savings accounts also provide easily accessible money to face unexpected / emergency situations that would harm their business if villagers had to sell their assets.

Launched in 4 pilot villages in 2010, savings services were running in 19 villages as of December 2012. Designed for loaners, the savings program provides a yearly interest rate of 12%.

Key figures of savings program in 2012 are shown below; highlighting **451** clients opened saving accounts and the average individual deposit increased compared to 2011.

Yadana Suboo micro-finance program - key figures for saving operation in 2012	2012
No. of Savers	1,258
No. of Villages	19
No. of Saving AC opened	451
No. of Saving AC closed	5
Amount of saving interest paid	10,289,813.00
Total amount of deposit	189,091,153.00
Total amount of withdrawl	141,184,290.00
Average saving bal. amounts (Kyats)	93,879.17
Saving bal. Amount as at 31st Dec 2012	118,099,994.00



Sustainability of a development program is defined by the ability of this program to be implemented on its own resources, without relying on external assistance. It has a financial part. In a program like Yadana Suboo, financial sustainability means that the program can bear its costs without tapping in the loan fund, but also that the program is able to generate the financial margin allowing it to grow, and to cope with the accidents that it can face (default of payment for instance).

In 2012, the program revealed a constitutive weakness by being unable to meet the objective of financial sustainability. Whereas it had reached a positive balance in the previous years, an increase in staff salaries and in operating costs brought this balance below zero in 2012. Even if this situation is alarming and shall drive the team to review the way of working, particularly the interest rate set at a very low level, it had no consequence for the loaners or for the loan fund since the program owner (Yadana) continued in 2012 to support all human resources costs associated with the program.

In 2012, the program's net income from operation amounted to 71,001,514 MMK. After deducting all operating expenses, the program showed a negative balance of 3,861,135 MMK.

"2012" Income and Expenditure Statement of "YS"	Kyats	Kyats
Income		
Income from loan and Saving operation		71,001,514
Expenses		
Costs linked to operations	34,784,333	
Salaries and benefits	25,497,076	
Office supplies and expenses	3,762,290	
Other purchases	450,000	
Transport expenses	5,099,300	
Training expenses	4,309,650	
Office utilities expenses	960,000	
	74,862,649	
Income over expenses (including MGTC supported cost).		-3,861,135
Income over expenses (Excluding MGTC supported cost such as Satff salary, other support).		23,910,041
MGTC Supprt : Salary : 25,497,076		
Other such as relating cost for MF registration, provision for office rental : 2,274,100.		

2.4.6 Improving access to market by supporting basic infrastructure

Together with the enhancement of educational and health infrastructure, like school buildings and clinics, the SE program is also committed to improve the means of communication within its area of coverage, because existence of proper means of communication makes a big difference in terms of opportunities for the local products to be sold in the market outside of their source of production. For instance a broken bridge or a bad access road can cause a village to lag behind in competition for market since transportation of goods usually adds substantial expenses in a remote area like Kanbauk. That is why during a situation analysis survey in 2007, 38% the villagers pointed out poor infrastructures as the main constraint to their development.

In 2012, the program upgraded 2 major roads accessing to 2 remote villages-Pyingyi and Thingundaw. Also as part of maintenance plan, 4 wooden bridges on main public roads were upgraded into longer-lasting RC (reinforced concrete) bridges.



2.5. TOTAL Access To Solar, a project of the TOTAL Group

TOTAL ACCESS TO SOLAR (TATS) is a project of the TOTAL Group which aims at improving the access to affordable solar lighting solutions in the most remote areas, where there is no or limited access to electricity.

This initiative, which is based on a social-business approach, started in 2011 as a pilot project in Cameroun, Kenya and Indonesia.

In TOTAL Marketing & Services affiliates (Cameroun, Kenya), TATS introduced the solar solutions in the strong network of TOTAL petrol kiosks situated in rural areas to reach the target population, whereas the Indonesian E&P affiliate relied mainly on cooperatives and small entrepreneurs selected and trained by the TOTAL staff.

One year after the sales kick-off, 60,000 solar solutions had been sold in these three countries, demonstrating that there was a real demand for the solar solutions selected by TOTAL. The project has been extended to 8 new countries since, including Senegal, Haiti, Cambodia, Uganda, Burkina Faso, Ethiopia, Congo and Myanmar, and 160,000 solar solutions have been sold so far. TATS ambitions to reach 1 million units sold by 2015.



Visit to TATS Indonesia

Following the nomination of TEPM for the TATS program, a mission was made by the Head of Socio-eco activities to Jember (Indonesia) in June 2012 in order to see how TATS was implementing this project in the remote areas of Indonesia, and to assess the relevance of introducing a similar project within TEPM pipeline area.

The mission included discussions with customers as well as meetings with TATS solar entrepreneurs and retail partners.



Despite certain local particularities, like the prevalence of rural cooperatives, a lot of similarities have been observed between the Jember area and the TEPM pipeline area. In particular, they had in common the absolute absence of electric grid, and the prevalence of diesel generators, kerosene lamps and even candles.

Start of the feasibility study in Myanmar (November 2012)

A feasibility study has been launched in the pipeline area in November 2012, including quantitative and qualitative interviews as well as focus groups.

The results have shown that access to electricity ranks among the top priorities of the inhabitants of the pipeline area. The baseline survey revealed that around 47% of the inhabitants of the area spend 5 to 6,000 Kyats per month to light their homes through unsafe and inefficient solutions such as candles and kerosene lamps. Another 46% of the inhabitants pay around 10,000 Kyats to use diesel generator, which provide power only from 6 to 9p.m.

The focus groups and product demonstrations have raised a strong interest of the villagers for these solar solutions, which they see as safer, more reliable and more cost-competitive than their current solutions. The willingness to buy is particularly high among users of candles and kerosene lamps, who see the solar solutions as perfect substitute to their current means of lighting. People connected to village generators are also keen on purchasing such products as a complement to their generator (after 9 p.m). Samples have been let for test in a few randomly selected households. The later reported savings of 4 to 7,000 kyats on their monthly energy bill thanks to the lamps.

Following the results of the feasibility study, TEPM has decided to implement the TATS project in 2013. Solar entrepreneurs will be selected by TEPM and will receive technical and business training during the first semester of 2013, and the sales kick-off should take place in the second semester of 2013.



3. National Socio Economic Programs

3.1. Yangon Orphanages Support Program

3.1.1. Yangon Government orphanages schools support program

Program provides assistance to 7 Government Orphans' schools which are under the direct control of the Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement. They are:

- Htaukkyant Girls' Training School
- Kyaikwine Boys' Training School
- Mayangone Girls' Training School
- Thanlyin Boys' Training School
- Nget Awe San Boys' Training School
- Natmauk Vocational Training School for Girl
- Kyaikwine Disable Care Unit

Areas of support are Health, Nutrition, Sanitation, Education, Infrastructure, Recreation and Vocational training. Over 1,000 orphans from above institutions have been benefiting from this program in 2012.

Health Program

A full time Yadana socio-eco doctor and 3 nurse aids are supporting 1 government doctor and 5 government nurses at above mentioned institutions. Yadana Socio Economic program is the sole donor of monthly supply of medicines, medical equipments and supports expenses for hospitalization, operations and other needy specialist attentions. During 2012, over 7400 consultations were performed and 35 medical cases were treated & referred to specialist care. Mass de-worming was done twice during the year.

Health Education Program

Total of 32 health & environment awareness talks were carried out with more focus on participatory approach by taking quiz, competition and awarding. 4 topics were chosen for 2012: Worm prevention, Dengue prevention, basic knowledge on HIV/AIDS and Environmental Sanitation and correct waste disposal.

Complementary Nutrition Program

In all schools, monthly special meal program was organized. Menus were arranged according to the children's preference.

Mal-nutrition Control Program

All children were measured systematically their height and weight. Data analysis was done by WHO Z scores tables. During 2012 only 4 children (2 at severe and 2 at moderate) were found to put on the special program. (compare to 2010 = 33 pax. and 2011 = 6 pax)

Sanitation Program

Twice a year pest control service was also done in all schools. New agenda for this year was that some training sessions were given to nominated staff on safe application of pest control chemicals. Head lice campaign was done in all girl schools. Mosquitoes' larval control campaigns were also carried out during the monsoon season.

Education Program

In 2011/2012 schooling year, support was focus on high school (10th std) students of Malikha Girls School. 2 GTC students from Malikha Girls School continued their study in electrical and civil engineering. 11 students, under the Dept. of Social Welfare schools, who passed the 10th standard was also given outstanding awards.

Recreational Program

Physical development is not the only important factor in development of a child. Mental development also plays a big role in personal development. During 2012, TEPM staff & family members made a special effort to visit the schools on Saturday (except rainy season) and play with the children. Sport tournaments were also organized every now and then. Support for Football and volley ball trainers at Thanlyin, Kyiek Wine, Malikha and Nget Awe San Schools are continuing throughout 2012.

This year specialty was the visit to Amusement Parks; People's Park and Happy World game zone. Both students and teachers (around 560 pax) enjoyed the day filled with enjoyable rides and fun games. This trip was co-sponsored by other local companies working with Total Myanmar such as, Myint & Associates, United Engineering, T&E international, Thukha construction, Genno.

Vocational Training Program

In 2012 Yadana Project revives the vocational training program by supporting sewing training – both on motorized machine and traditional sewing machine and envelope making training for girls at Htauk Kyant Training School. Trainings are given not only to the students but also teachers are included so that trainings can be multiplied, quality can be monitored and the program can be sustained. And this program will be extending to all other non-school going students in other centers.



Children enjoying clown act



Amusement Park visit



Vocational Training



Awareness Talk

Infrastructure Program

Infrastructure projects supported in 2012 were:

- Septic Tank construction at Htauk Kyant Girls Training School
- Water storage tank and open bathing facilities and water pumps at Thanlyin Boys Training School
- Renovation of school's sale center and drinking water storage tank at Natmauk Girls Training School

3.1.2. Yadana Foster Home

Fully supported by Yadana Socio Economic program, the home currently fosters 62 children. 2012 marked the 10th anniversary of the home.

During 2012, 3 children re-united with their relations and 2 children left school under self supporting program.

2 students who passed matriculation last year is now attending Distance University. In parallel, the girl is taking 9 months long catering training in “Shwe Sa Bwe Training Center” and the boy is attending 3 years Electrical Training in CVT – Center for Vocational Training and doing traineeship in Total Myanmar Yangon Office. Furthermore, 2 other students are attending Carpentry training at CVT taking traineeship in Furniture factory at Htauk Kyant.



At Chaung Thar Beach



School First day for 2012

For 2011/12 academic year matriculation exam, 2 students passed and they are now enrolled to join University of Distance education. In the mean time, one of them is attending one year nurse aid training and one is attending 2 year military clerk training. The rest of the children are attending formal school, ranging from grade 2 to grade 11.

Adult children participated in weekly shopping and cooking programs. During summer holiday, elder children joined the variety of trainings (cooking / sewing) organized by Dept. Social welfare's training center. Younger children spent their time working on their English language, art & craft making, painting, and long playful days.

All year round, children go out and about, visiting different places within their own groups. Children are formed into 6 groups (mixed age & sex) to do group activities. In December 2012, all children & staffs went for 2 nights trip to "Chaung Thar Beach".

Yadana Foster Home encourages visit by / visit to relatives. During 2012, there were 12 visits by relatives (for 6 children) and 18 overnight visits by 17 children to their relatives/guardians. Re-union day was also organized during holiday time – April 2012 and relatives of 11 children participated. It was worth putting extra effort to organize the meeting.



Reintegration Ceremony

Experience Sharing: Future dreams of Children from Yadana Home

My name is Pale Nu and I just sat for my first year examination, majoring in Psychology. I shall soon be 18 this February, 2013. Since October, 2012, I have attended a 9-month culinary course at "Golden Table" Training School. I shall certainly pursue my university studies until I graduate. I have also decided to continue to strive until I strengthen my position in life.



I am Khine Thazin and I am presently preparing to attend my First year in Economics in distance education. Since January 2013, I have started to attend a one year nursing course. I shall work hard to find my own income with the education I have had from this course. I aim to continue pursuing my university education until I reach my goal.

I am Tun Aye Kyaw and I have sat for my first year examination majoring in Psychology (Distance education). I am also attending first year of a three-year electrical course at Center for Vocational training (CVT). With an aim to enable me better in my studies, I am offering my services as an electrical apprentice at Total Myanmar headquarters in Yangon. In February 2013, when I reach the age of 18, I have planned to go to and live with my Uncle and aunt's family. I shall build a successful life with the vocational training and the education I received from university.



I am Nay Linn Oo. Since December 2012, I have started to attend a 2-year diploma course on computers for military personnel in Ba Htoo town. As military personnel, I shall fulfill my duties diligently as I strive forth to improve my life. I shall have to opportunity to attend distance education course in 2014. Remembering all my family members as I wrote this letter.

I am Maung Than Ko Oo. I am presently attending the first year of a three-year carpentry course (specializing in cabinet making) at Center for Vocational Training (CVT). Before I start practical work, I am helping with house work. I am planning to start my apprenticeship in February 2013. I aim to make a living with what I have learnt at the vocational training school.



I am Kyaw Thu Phyto, a first year student at Center for Vocational Training school (CVT) specializing in cabinet making. As my examination is drawing near, I am having to study a lot. I am also preparing to enter my field of work. I have decided to do so until I finish the course. I shall work hard to be able to stay with my brothers and sisters.

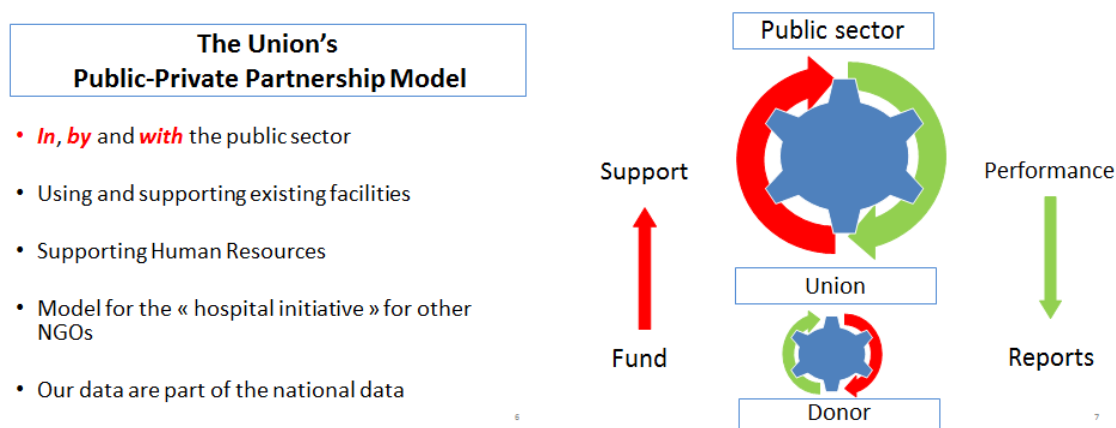
3.2. HIV Integrated Care Program (IHC)

Overview

The Integrated HIV care (IHC) program is a model partnership program between private and public sector i.e. Yadana consortium (funding partner), the International Union Against Tuberculosis & Lung Diseases (INGO) and Ministry of Health, which started in May 2005. In December 2009, a new Memorandum of Understanding was signed between Yadana consortium and The Union to extend the program for another 5 years (2010-2014).

Program objectives are to:

- Provide testing, counseling and treatment to HIV patients and their family members
- Strengthen TB-HIV collaborative activities
- Develop the capacity of the public health sector to take care of HIV patients
- Promote HIV prevention and awareness in the community



Summary of achievements in 2012 are:

- Ninety eight percent of the target of patients actually receiving antiretroviral drugs set for 2012 has been reached by December 2012.
- The number of staffs employed by The Union office in Myanmar has largely increased.
- Discussion with Ministry of Health for new ART sites and decentralization sites.
- 2 Union staff and 1 Government staff attended the World AIDS Conference in Washington and presented a poster on HBV and HCV co-infection.
- Ten thousand patients on ART have been reached during June. A celebration has been held at Divisional Health Director office.
- Training for HIV RNA testing has been conducted in Laos to 3 laboratory technicians (1 NHL, 1 PHL, 1 Union). A second training took place in PHL in Mandalay. PHL has started to implement HIV viral load testing as of 1st July 2012.
- Antiretroviral treatment review workshop held in Nay Pyi Taw during Sept 2012.
- Since 2008, 222 public health staff have benefited from Union's training program.
- Referral system and collaboration with other NGOs (accepting HIV pts, seeing pts together, sharing equipments, ...)
- TB program (PICTS) in place to catch up TB suspects collaborating with GP and pharmacists in Mandalay.
- Twenty-four different visitors or group of visitors came to the IHC program in 2012 and provide various inputs.

Performance directly related to Yadana support

The support of TOTAL/YADANA is 20 % of the 2012 annual global budget, and TOTAL/YADANA is presently supporting 15 % of the patients actively on ART.

Global achievements

Outcome indicators as of Dec 2012: Patients enrolled = 20981, active follow up = 14898, active ART = 12906. Program has reached 10,000 patients on ART in June 2012.

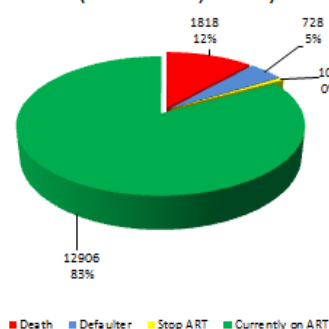


Locations

- Mandalay, 7 townships [2005]
- Pakokku, Magwe Division [2007]
- Lashio, Shan State [2010]
- Taunggyi, Shan State [2010]
- Monywa, Sagaing Division [2011]
- Myeikhtila, Mandalay Division [2011]
- Myinchan, Mandalay Division [2011]
- Thar Ke Ta Hospital, Yangon Division [2011]

11

ART outcomes of IHC program in Myanmar (December, 2012)



This pie chart shows the outcome of ART patients in IHC program excluding the PMTCT women and children's outcomes.

Progress of IHC program excluding PMTCT program (up to December, 2012)

December, 2012 Report	Total
Total enrolled patients	20,981
Active follow-up	14,898
Total patients ever started on ART	15,665
Active follow up on ART	12,906

Total enrolled and active follow up patients, total patients on ART and active follow up patients on ART of IHC program in Myanmar up to December, 2012

December, 2012 Report	MU1	MU2	MU3	MTH	MCH	THC	MDY (NAP)	PSN	MTL (Adult)	MTL (Child)	MTL (NAP)
Total enrolled patients	1818	1951	2061	1765	947	NA	2393	188	751	141	587
Active follow-up	1016	1182	565	920	657	2818	216	144	975	111	81
Total patients ever started on ART	1859	2085	1642	1777	627	NA	0	126	1006	101	0
Active follow-up on ART	859	1030	456	794	491	2746	0	110	921	92	0

Total enrolled and active follow up patients, total patients on ART and active follow up patients on ART of IHC program in Myanmar up to December, 2012 (continued)

December, 2012 Report	TOG (Adult)	TOG (Child)	LSO (Adult)	LSO (Child)	PKK (Adult)	PKK (Child)	MMW (Adult)	MMW (Child)	MMW (NAP)	MCN (Adult)	MCN (Child)	TKT (Adult)	TKT (Child)
Total enrolled patients	1525	112	996	98	1747	108	767	158	388	608	75	1679	118
Active follow-up	1092	98	650	55	1221	78	837	117	48	440	58	1426	93
Total patients ever started on ART	1220	86	603	45	1380	81	935	91	0	436	49	1429	87
Active follow-up on ART	963	81	514	37	1088	68	804	82	0	373	49	1266	82

Experience Sharing 1:

In Myanmar, 10,000 patients are on ART through The Union's "4 P" approach: Partnership between patients and the public and private sectors (from <http://www.theunion.org> - Newsroom/ Aug 2012)

The Union Office in Myanmar, the Myanmar Ministry of Health and their partners recently celebrated an achievement that once seemed impossible: 10,000 people living with HIV (PLHs) have hope and life as a result of a collaboration that is providing them with much-needed antiretroviral treatment (ART) and other services.

"What started in 2005 as a pilot programme for tuberculosis and HIV care has grown into an Integrated HIV Care (IHC) programme that is reaching thousands of patients and impacting not only their lives, but also the lives of their families and their communities", says Dr Philippe Clevenbergh, Director of The Union Office in Myanmar, one of the 14 offices worldwide of the International Union Against Tuberculosis and Lung Disease (The Union).

The original collaborators were The Union and the Myanmar Ministry of Health, who received funding for the project from the Yadana Consortium operated by Total/MGTC.

"The overarching goal is to scale up access to ART, and Total/Yadana has been a partner from the beginning. With their support we created a successful model", says Clevenbergh, " but since The Global Fund and the Three Diseases Fund (3DF) have also become involved, we have been able to quickly scale up our provision of ART to HIV-infected patients." To illustrate this change, he points out that it took five years for the programme to reach 2,000 patients actively taking ART, while an additional 8,000 patients started on ART between January 2010 and June 2012.

The new funding also gave the IHC programme the opportunity to broaden its mandate and extend its reach. Services are now offered in 14 townships and are available not only to co-infected patients but also to any HIV patient. In addition, patients are no longer required to prove they are residents of the catchment area to receive services. These changes have greatly increased the scope of the project, but the model remains the same.

Our motto: in, by and with the public sector

The IHC model is based on what Clevenbergh calls the "4 P" approach -- a partnership that brings together the patients, the public sector and the private sector. The private sector is represented by The Union and the donors, who facilitate the integration of HIV care into existing public health services on behalf of the patients.

"Our motto is 'in, by and with the public sector'," says Clevenbergh. The IHC programme relies on the existing health facilities, infrastructures and human resources not only of Myanmar's National AIDS (NAP) and National TB (NTP) Programmes, but also of an array of other partners, including hospitals, township health centres, laboratories, social service departments, pharmacies and patient self-help groups.

While the public programmes deliver the services to the patients, The Union provides technical, human resources and financial support to enhance their performance and increase their reach. The Union also assists with monitoring and recording progress and identifying opportunities to use operational research to improve the overall functioning of the system.

"Over time we have all gained experience and confidence in our system and how we work together", says Clevenbergh. Today the IHC programme enrolls 400 new patients each month, providing diagnosis; treatment for opportunistic infections, including TB; ART; and biological follow-up. The IHC programme is part of the national effort to fight against HIV/AIDS and contributed to the NAP's A1 rating by the Global Fund performance scale.

"This enormous effort obviously requires a lot of participation and energy from many health care workers in the public sector, without whom it would be impossible to carry out such a task", says Clevenbergh. Their good performance, he adds, is what has made the programme attractive to donors, who are willing to support a model able to achieve their requirements.

Some key results of the IHC programme:

- ✓ > 10,000 patients are actively on ART as of July 2012.
- ✓ 83% of those started on ART are still taking it.
- ✓ 85% of patients are alive on treatment 12 months after starting ART.
- ✓ HIV testing for TB patients is now handled autonomously by township health centres.
- ✓ Dedicated out-patient departments have been opened at several facilities, including one at the Central Women's Hospital in Mandalay, which provides ART to pregnant women to prevent mother-to-child-transmission (PMTCT) and care for exposed babies until their HIV status is known.
- ✓ The programme has grown from 7 townships in Mandalay in 2005 to include sites in Pakokku, Lashio, Taunggyi, Monywa, Myeikhtila, Myinchan and Thar Ke Ta Hospital in Yangon, as well as the prisons in Mandalay and Taunggyi.
- ✓ 71 employees now work for the IHC programme through The Union Office in Myanmar.
- ✓ In 2012, The Union received its registration as an international non-governmental organisation in Myanmar and the memorandum of understanding with the Ministry of Health was renewed.



The future: continuing improvement on all fronts

The future for the IHC programme looks bright, and negotiations with donors for continued or expanded funding are underway. New developments designed to further enhance the programme include:

In Mandalay, the NAP has opened a "pre-ART" clinic offering baseline investigation and drug adherence counseling to enroll patients more quickly and prepare them to receive ART.

Plans are underway to upgrade the capacity of the Public Health Laboratory in Mandalay so that it can perform all laboratory investigations necessary to follow HIV-infected patients receiving ART. In collaboration with Fondation Mérieux, a molecular biology laboratory able to measure HIV viral loads has been established there.

A formal merger between the NAP and The Union has largely simplified the procedures for procurement and will potentially streamline systems across all the participating facilities.

New ART guidelines from the NAP, developed with input from The Union, permit adults to start ART at a higher level of CD4 count, which greatly increases the number of patients eligible for ART and increases their chance of a favorable outcome. A new first-line drug regimen has also been introduced and recommendations for PMTCT have been updated.

Comprehensive care for patients stabilised on ART for at least one year has been decentralised to township health centres, which now provide their clinical follow-up, dispense their medicines and handle blood sampling and results.

"We are all very pleased with our growth and what we have achieved", says Clevenbergh. "We met our 5-year funding target in 2 years, and this will make it possible to add another 6,000 patients by 2015. Our hope is that all these trends will continue. 10,000 lives have been saved, but there are still thousands more who require this care".

Experience Sharing 2:

PICTS programme launched in Mandalay (Taken from <http://www.theunion.org> - Newsroom / Feb 2012)

On 15 January 2012, The Union launched a new programme called PICTS – Program to Increase Catchment of Tuberculosis Suspects. The grand opening of the one-year programme funded by TB REACH was celebrated at the Mandalay Divisional Health Department with a strong turnout from stakeholders and the media.

Dignitaries present included U Win Maung, Director of Disease Control and Dr Thandar Lwin, Programme Manager of the National Tuberculosis Programme. Other attending were a microbiologist from Upper Myanmar TB Center, the medical superintendent of Tuberculosis Hospital, township medical officers, representatives from the Mother and Child Welfare Association and other stakeholders. About 10 journalists from local newspapers and journals also participated in the opening.

The main objective of PICTS is to double the tuberculosis cases identified within one year. PICTS will implement its activities in seven townships of Mandalay in collaboration with township health centres. TB supervisors from the PICTS team will work closely with a tuberculosis key person from each township health centre: these key people will be government employees. There will also be about 30 volunteers from each township recruited to participate in implementing PICTS. Most of them will be persons living with TB or who have experience with tuberculosis-related issues.

One TB manager, two TB coordinators, seven TB supervisors, and over 200 volunteers will run the PICTS activities as a team. Strategies include TB suspect referral from general practitioners and drugstores; dissemination of Information Education Communication (IEC) materials; health education sessions in factories, schools and other places; technical support for the public sector to improve TB diagnosis; placement of sputum collection points where people can access them easily; and collaboration with other health sectors.



PICTS logo



TB supervisor giving health education session at a school



Children at a PICTS health education session
Photo credits: Hnin Su Mon

3.3. Blindness Prevention Program in Central Myanmar

Overview

Since 2001, HKI Europe has been working with the Yadana Consortium, operated by Total E&P Myanmar, to support eye health in Myanmar. To achieve optimum impact, the project began by supporting two teaching hospitals in Myanmar: Yangon Eye Hospital and Mandalay Eye & ENT Hospital, as well as three SECs in Upper Myanmar under Trachoma Control & Prevention of Blindness Program (TC&PBL). In 2012, HKI focused its support on a total of 24 eye centers: the 16 Secondary Eye Centers (SECs) under TC&PBL program plus an additional three General Hospitals (GH) that are not part of the PBL network, namely: Dawei GH, Myeik GH, in partnership with Association Médicale Franco-Asiatique (AMFA) and Hpaan GH. An additional five teaching GH: Yangon Eye Hospital, North Okala GH, Thingangyun Sanpya GH, East Yangon GH and Mandalay Eye & ENT Hospital are also supported.

Achievements from Years 1 to 11 (2002 to 2012)

The Myanmar Eye Health Initiatives project consists of a variety of activities. The activities described below will focus on 2012 achievements as well as give a historical perspective to the project over the past 11 years.

Cataract Surgery

In 2012, 22,800 cataract surgeries were performed by TC&PBL in 16 SECs. In addition, 1,970 cataract surgeries were performed at the three supported GHs (Dawei, Myeik and Hpaan), including 40 surgeries performed at Myeik in partnership with the AMFA program. In total, 24,770 surgeries were made possible through the Yadana Project partnership.

Compared to previous years, the total number of surgeries performed has decreased. This is due to several factors; transferring of surgeon assignments, some SECs were left vacant for parts of 2012. Not only did this affect the total number of cataract surgeries conducted, it also affects the cataract surgical rate (CSR) which experienced a decrease from 1,524 in 2011 per million people to 1,319 in 2012.

As the project developed, the number of cataract surgeries performed by Yadana/HKI supported SECs under TC&PBL increased from 5,226 in 2001 (63% of total cataract surgeries performed by TC&PBL) to 33,025 in 2010 (100% of cataract surgeries performed by TC&PBL). The total number of cataract surgeries performed by TC&PBL since 2002 is 235,938. From this total approximately 208,050 surgeries were performed by Yadana/HKI-supported SECs (see Graphs 1 and 2 for more information).

U Wa Gyi, a 74 year-old farmer from Simikone village, was admitted to Myingyan SEC for his right eye cataract in February 2012. He has three sons but all are away from home.



U Bo Than, 52 years old male from Myingyan, seller of goods along the bus and railway stations of Nyaungoo, Kyauk-padaung, Mandalay was operated for his right eye cataract at Myingyan SEC.



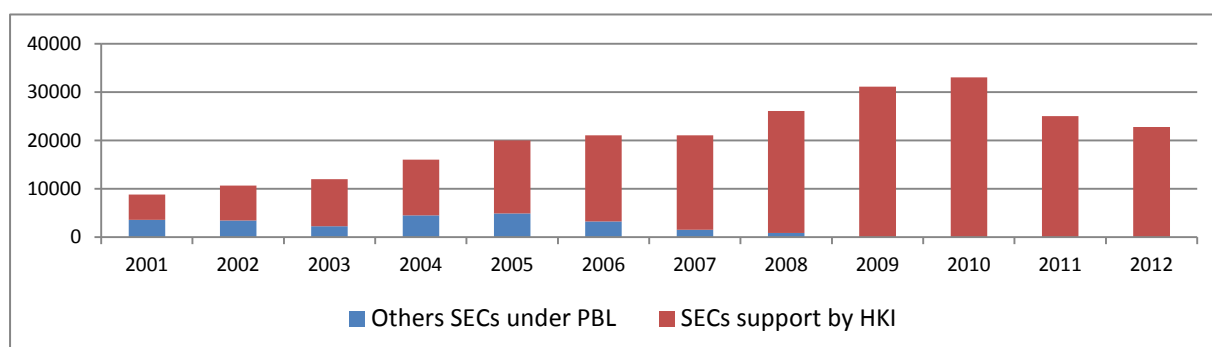
Daw Ma Toke, a 64 year-old from Pyaungpya village was operated at Myingyan SEC in February 2012. She used to make local linens for clothing, decoration and cleaning.

Daw Nwe, a 73 years old, house wife of a poor farmer from Myittha town, and mother of eight children. She was operated at Myingyan SEC with free consumables provided by the project.

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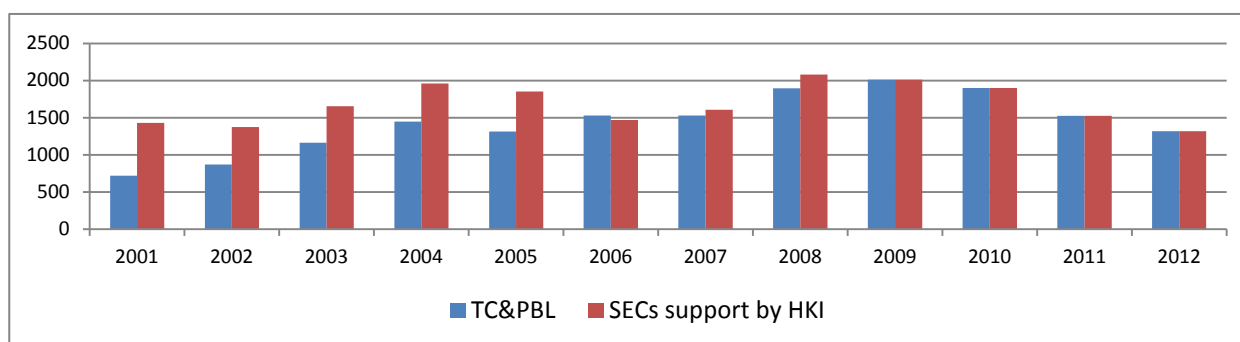


Graph 1: Cataract surgeries performed by Yadana/HKI supported SECs under TC&PBL Program.



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Others SECs under PBL	3580	3489	2297	4514	4906	3279	1546	912	NA	NA	NA	NA
SECs support by HKI	5226	7192	9730	11526	15073	17805	19501	25209	31083	33025	25000	22800

Graph 2: CSR of Yadana/HKI supported SECs.



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
TC&PBL	719	873	1164	1450	1315	1530	1528	1896	2010	1902	1524	1319
SECs support by HKI	1429	1376	1654	1960	1851	1468	1608	2079	2010	1902	1524	1319

Equipment Provision

The provision of equipment to project partners is intended to improve the quality and quantity of cataract surgeries provided by the supported facilities (SECs & GHs). Over the past 11 years HKI has provided the following equipment:

- ✓ 14 Microscopes (standard & portable)
- ✓ 72,700 Intraocular Lens (IOLs) + related consumables
- ✓ 6 Generator Sets (3 by Myanmar Tractors)
- ✓ 5 Motorcycles (for outreach programs)
- ✓ 8 Refraction Sets
- ✓ 5 Direct & 1 Indirect Ophthalmoscopes
- ✓ 3 LCD (projectors), 4 Artificial Heads and 1 Cryo Unit (for teaching)
- ✓ 21 Keratometers
- ✓ 7 Slit-lamps
- ✓ 24 Tabletop Sterilizers
- ✓ 21 A-Scans
- ✓ 25 Portable Slit-lamps
- ✓ 119 micro-surgical cataract sets

The provision of IOLs has been particularly successful over the years, increasing the rate of implant insertion from a baseline range of between 9 to 24% in 2002 to more than 95% in 2012. The Yadana project provided 6,500 IOLs to SECs and GHs in 2012.

Outreach Programs

Outreach programs during 2012 were met with numerous delays and postponements. However, even with the challenges, outreach programs did take place during 2012 and those that could not were rescheduled for early 2013.

In January 2012, as part of the 2011 activity plan, a Yadana/HKI/YEH team conducted an outreach program in Kanbaw, where 51 cataract surgeries were performed.

The program in Myeik began in September 2012 with operation of 40 cataract patients and is continuing.



Myeik post-operative check



Myeik OT Room – Sept 2012



Kanbauk Station Hospital



Post-operative dressing changes



Before discharging post-op patients

Primary Eye Care Training (PECT)

Yadana support to PECT includes training materials and 300 teaching aids for eye exams. The eye exam tool kit includes torches, vision charts, pin holes, basic eye drops and stationary. Total of 104 health staff, 35 Township Medical Officers and 68 voluntary community health staff were trained.



PECT Kanbauk / Yephyu Township



PECT Hlaingtharyar Township



PECT Hlaingtharyar Township

Maintenance Training and Services

Yearly maintenance program at all centers (16 SECs + 17 GHs) is supported by the project since 2008. Routine maintenance of the donated equipment is instrumental to optimize its use.

Supervisory visits and networking

In 2012, six SECs and one GH supported by the Yadana/HKI project received supervisory visits to get feedback from their medical teams and from beneficiaries.



Sagaing SEC with Dr. Moe Moe and Dr. May Cho Cho Aye



Shwebo SEC team – total 39 staff + Dr. Tin Myo Thant



Sintgaing SEC with Dr. Aye Aye Thwin



Minbu and Magwe SEC team with Dr. Aung San Win and Dr. AK Win



Shwebo SEC with Dr. Phyu Phyu Kin & staffs



Myingyan SEC with staff – Dr. Thandar Tun & Dr. AKWin

3.4. Other initiatives

Support to Government doctors training

In collaboration with French Embassy in Myanmar and Ministry of Health, scholarship was given to a government doctor, to study HIV specialty in Paris for 10 months. 2012 scholar is the 4th doctor on this training program.

Support to Associate Medicale Franco-Asiatique (AMFA)

Under the arrangement of AMFA, various medical equipment and medicines from France Hospitals are transferred to hospitals in Myanmar. In 2012, 3 shipments were supported.

In collaboration with AMFA and Myanmar Medical Association, funds were set up to support operation costs for poor patients, mainly children, in Yangon Orthopedic Hospitals - Kyee Myin Daing and North Okkalapa. In 2012, the funds covered the operation costs for over 138 cases.

During November 2012, TEPM Socio Eco team also visited Myeik to see the development programs of AMFA and other partners. Another agenda for the year is supporting 131 patients (from 7 islands) with eye problems and operation of 40 cataract patients, in collaboration with HKI, AMFA, DoH.



AMFA support programs in Myeik



Cooperation plan between CVT Myanmar and Total Myanmar

CVT Myanmar and Yadana Project (Total Myanmar) are working together to offer vocational training opportunities for young people.



Center for Vocational Training
Berufsbildungszentrum

အသက်မွေးမှုအတတ်ပညာသင်တန်း
ကျောင်း

This program was initiated in 2011 and continued throughout 2012. Total of 4 students were able to benefit from this short internship program. This “on job training” focuses on International Industrial HSE standards and practices.

Another collaboration was organizing a training on “Basic Home Electrical Installation” in Zardi Village, Kanbaw region. Over 20 students were trained for 70 hours of theory and 100 hours of practice. U Kyaw Myat Khaing, Head of Electrical section, opened the ceremony and instructors Ko Ye Lin and Ko Thet Naing Oo led the training.

Students from Yadana Foster Home (managed by Total Myanmar) are also attending trainings in Cabinet Maker Profession and Electrician Profession.

Support to Neighborhood Community

Supporting neighborhood community with cultural and seasonal events has been ongoing for sometimes now.

Starting from 2012, more commitments have been put into practice for example supporting a Primary School (Primary School 6 – Mayangone Township) located near TEPM Yangon head office. This school accommodates around 530 boys and girls.

Awareness talks (on health & environment) and nutritious meal provision program was introduced and designed to carry out on 3 monthly basis.



Awareness Talk

Yadana Project also assisted in construction of additional toilets and renovation of classroom walls and internal partitions.

As Yadana team has been collaborating with “Clown without border”

and “Thu Khu Ma Art Travelers” team to bring additional resources to its recreation program, children were occasionally entertained by both International and local professional artists on clowning, magic acts and music.



Performance at Primary School No. 6



Visit of Myanmar Media Groups

A day visit to the Pipeline Center Onshore was organized by company's communication team (GCOMM) for thirteen Myanmar Media personnel from the seven local journals and MRTV to show the company Socio-Economic Programs in the Pipeline Area. After the presentations by Site Manager and Head of Socio Economic dept. the Operations Activities and Socio-Economic Programs, visitors had a tour to look around the socio-economic activities implemented in the villages. They also interviewed some community elders and local people during the trip.

The visit program was concluded with the Q&A in Yangon Office, chaired by Namita Shah, General Manager. DG and the respective Managers discussed and answered the questions from the media representatives.



Journalists visit to Kanbawk
Meeting with local stakeholders
Visiting Socio Eco Programs
Q&A with Management Team



4. Appendix

4.1 Socio Economic Department Organization

As operator of the Yadana Consortium, Total E&P Myanmar is implementing socio-economic program on behalf of the consortium's partners.

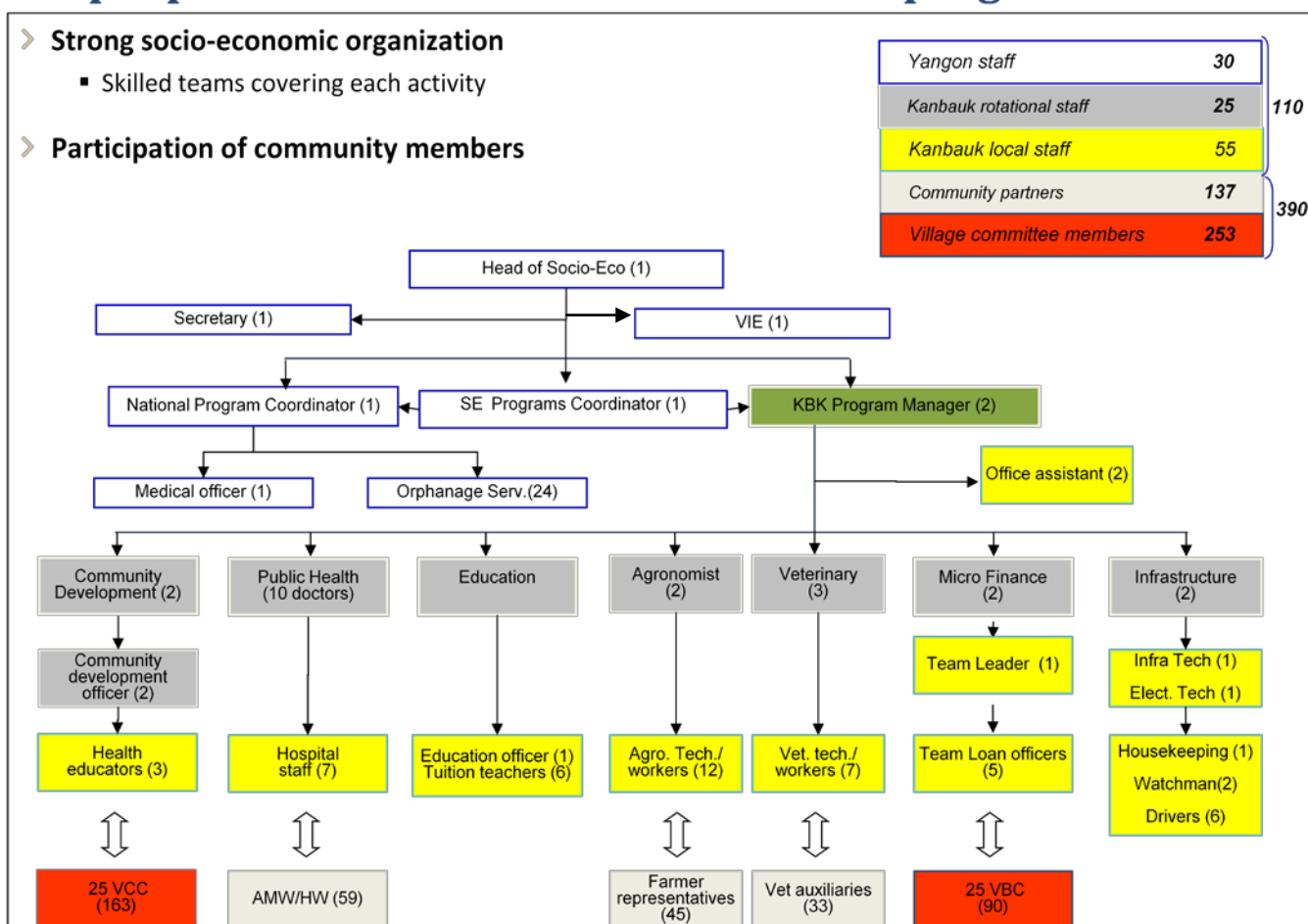
At the end of 2012, **110 persons** were working for Total E&P Myanmar socio-economic department, including 30 persons based in Yangon (for the national programs and Yadana Foster Home) and 80 persons based in Yadana pipeline area (out of which 55 persons were recruited from the local villages).

The socio-economic department includes skilled resources covering each program activity:

- Community development specialists
- Doctors and hospital staff,
- Education officers,
- Agronomists and veterinaries,
- Micro-finance officers,
- Infrastructure specialists.

Together with community partners and village committee members, altogether **500 persons** are directly involved in the implementation of the socio-economic program.

500 people involved in the socio-economic program

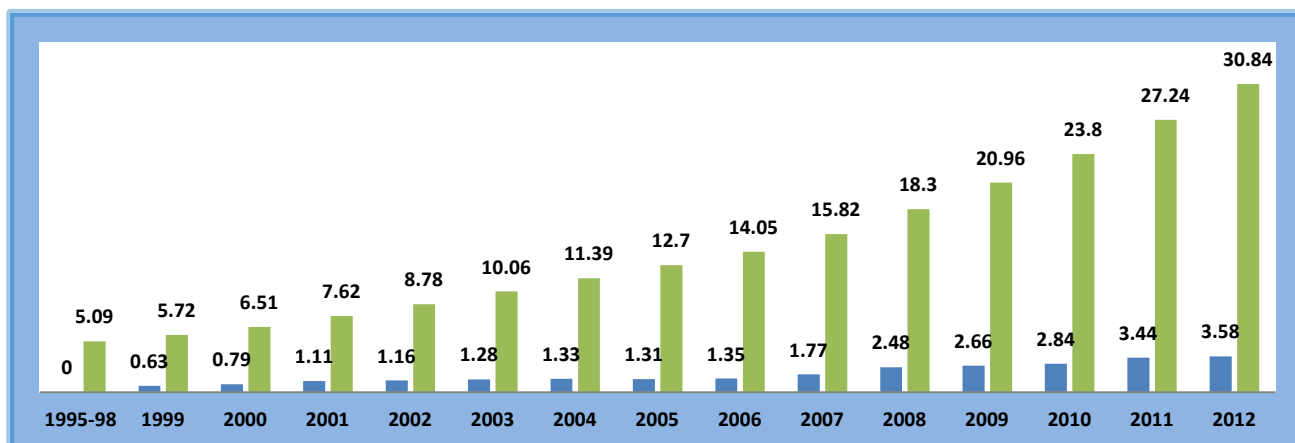


4.2 Budget

In 2012, Yadana consortium allocated a budget of USD 3.58 million to the socio-economic program.

Since the start of the program in 1995, Yadana consortium invested a cumulated amount of approximately USD 30.84 million in the program.

Annual and cumulative budget of Yadana socio-economic program



The 2012 budget breakdown is presented below. In 2012, activities in Yadana pipeline area represented 56% of the total budget, while national programs represented 44%.

2012 Socio-Economic budget breakdown

