Community Agency for Rural Development

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The Overview of Food-security and Living Conditions in Chin State (2024)



November 17, 2024

Preamble:

Chin State is one of the states with the highest number of mortality rates in infants, under-5, and mothers, and with the highest chronic undernutrition status in Myanmar. According to the Integrated Household Living Conditions Assessment in Myanmar 2009-2010 of UNDP¹, Chin State has the highest poverty proportion in Myanmar since 73% of its population lives below the global poverty line. Transport is also limited in Chin State due to the bad topography with remote location.

Primary healthcare is still out of reach for most people in Chin State, one of the most remote, isolated parts of the country, where three-quarters of the people, who mostly depend on small-scale farming to survive, hover below the poverty line, said aid workers. To add, poor transport and the state's rough terrain mean rural residents often have to walk for days to reach medical care in the nearest town. Some arrive close to death while others do not survive the journey. As healthcare is not easily available, many people rely on the traditional remedies for seasonal [monsoon] sicknesses.

With our own resources, CAD conducted a Rapid Survey of food-security and Living Conditions of people (FLSP) in Hakha township, Chin state in September 2024. During this survey, CAD staff interviewed 300 (male 156 (52%), female 144 (48%) villagers from 32 communities/villages. In big villages, we interviewed 10 households and in small village, we interviewed 1 household. In our assessment report, known as CAD (2024), here are the findings to be addressed.

The objectives of this survey are as follows;

- 1. To know the latest socio-economy and food security conditions of the local people in the central part of Chin state
- 2. To identify the gaps of previous development activities in the survey area
- 3. To disseminate the findings to CAD partners and donors for their intervention
- 4. To design an intervention program in these targeted regions for better socio-economy of local communities

• Executive Summary

The total respondents recorded were 300. The survey findings showed significant differences between Hakha and Than Tlang townships in regards to attitudes and service provision. There were also marked differences of opinion between men and women on particular issues, although this was not regular.

Respondent Analysis

Meetings were held in 32 villages across Hakha and Than Tlang. There were 156 male and 144 female respondents. The majority were married (83%) and recorded their profession as farmers. The average no. of children per respondent was between 3 and 6. The highest incident was 4, although variation was low between 3 and 6 (3% variable).

¹ UNDP (2011), Integrated household living conditions assessment in Myanmar 2009-2010. Hereafter, (2011).

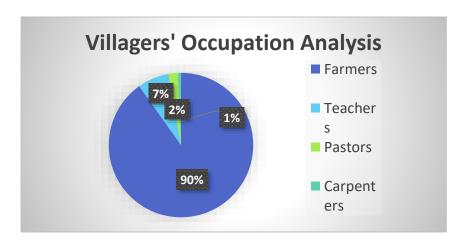
Scope and Limitations

Though this survey was conducted in 32 villages covered by CAD intervention, it was designed to cover the overall aspects of socio-economic conditions in the entire region as much as possible. The survey was prepared also to find out new variables that might be of interest for development actors and that have never been explored before. However, it is worth admitting that the survey was not able to yield proper information about certain variables as expected due to a number of difficult circumstances.

In September 2024, CAD conducted a Rapid Survey of food-security and living standards of people (FLSP) in Hakha township, Chin state (Hereafter: CAD (2024). During this survey, CAD staff interviewed 300 (male 156 (52%), female 144 (48%) villagers from 32 communities/villages. In big villages, we interviewed 10 households and in small village, we interviewed 1 household. In our assessment report, known as CAD (2024), here are the findings to be addressed.

1.1. Villagers' Job Occupation

When we interviewed the occupation of the 300 villagers in 32 villages/Communities, we were answered that (87.67%) represents farmers, teachers (6.6%), carpenter (0.67%) and pastor (2%).



1.2. Education Levels

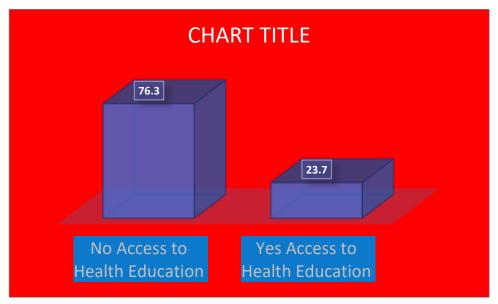
When we interviewed their education level, we were answered that no education (6.33%), primary education (35%), middle education (23.67%) and high school (27%) and graduated (8%). (82%) of children in their respective children are attending schools.

1.3. Access to Electricity for Lighting

When we interviewed their access to electricity level, we were answered that (55%) represents NO access to electricity, (45.67%) YES. Their main lighting source is solar energy (81.03%).

1.4. Access to Health Education

When we interviewed their access to health education, they reported us that (76.33%) represents No, and YES (23.67%).



1.5. Access to Healthcare services

When we interviewed their access to healthcare service, they reported us that No represents (51.67%) and Yes (48.33%).

1.6. Main Challenges of Access to Medication

When we interviewed their main challenges of access to healthcare service/medication, financial constraints represent (74.33%), lack of medicines in their areas (61%) and distance to health center (39.33%).

1.7. Healthcare Seeking Behavior

When we interviewed their healthcare seeking during their illness, (74.33%) go to hospitals or doctors in Hakha city, (16%) go to health-service providers in their villages.

1.8. Asset Ownership

88% of (299 farmers) reported us that they own land. (93%) of 299 families own mobile phones too. To add, when we asked them if they own motorcycles for their transportation, (77%) owned motorcycles. When we interviewed their asset ownership, house ownership represents (99%). Moreover, regarding the ownership types of houses, (57%) of respondents own zinc-houses (roofing and wall are made up of zincs), (34.67%) own wooden houses (zinc roofing with palm wooden walls with hardwood polls).

1.9. Local transportation

When we interviewed their means of local transportation, use of motorcycle represents (94.67%), by car (1%), by other means (4.33%).

1.10. Access to Land

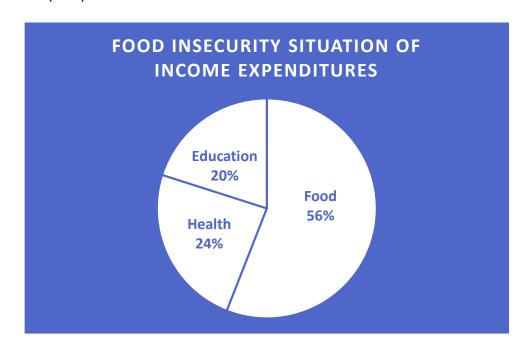
86% of (262 farmers) reported us that they own farming land. Access to land is guaranteed by the Chin customary law in the minds of village authorities. Every household is allocated for a land of farming with average acre of 3 to 5 based on family numbers. not yet problematic in Chin State until now, but usually without legal protection. Complicated land tenure exists in Chin State in the forms of owned and collective land. This allows farmers to do farm works on land in one way or another though the mechanisms used are localized and vary from tribe to tribe and Township to Township. One major problem is the shorter rotation cycle due to the growing population that can lead to limited access to land, decline in soil fertility and yield rate.

2.11. Food security

Despite the known unfavorable topographical and agro-climatic conditions of the region, communities in Chin State are primarily agrarian with at least 74% reliant on agriculture as the main livelihoods. The report said that cultivation systems are largely based on plot rotation (with a cycle of about seven years) as well as slash and burn techniques. Overall, 92% of surveyed communities produced either upland or lowland paddies, while 48% produced maize.

2.12. Food insecurity Situation

The local people reported us that they spent their income in food (56.67%), in health (24%), in education (20%).



2.13. Income generation

The local people reported us that they spent their income in food (56.67%), in health (24%), in education (20%). The major income sources for the target communities in Chin State are agriculture and casual labor. 74.67% of households in Chin State rely on agriculture as their major income source. Decline in agricultural yields thus leads to decline in available income at household level. The lack of employment opportunities and weak road/transport infrastructure also limits income earning opportunities and access to market.

2.14 Main Family Expenditures

Regarding their main expenditures during 2023-2024, the respondents listed down their main expenditures as below.

- 1. Food (56%)
- 2. Healthcare (24%)
- 3. Education (20%)