**TDLG Case-Study:  
Kawa Township, Bago Region**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is TDLG at the Township level?**Adopting a ‘participatory model based on representation’, the Township Democratic Local Governance (TDLG) project has supported township planning processes across 22 townships in Bago Region, Rakhine and Mon States over the past three years. Participants in planning processes include elected Ward/Village Tract Administrators (W/VTAs), Female 10 Household Leaders, Hluttaw members, Civil Society Organisations (CSOs) and, where present, Ethnic Armed Organisation (EAO) representatives nominated by their liaison offices. During the three annual township planning workshops, participants discuss the key issues effecting those who live in the township, before selecting priority projects to be implemented through the Township Development Plan.

Since the implementation of the participatory model, TDLG has facilitated the development of eight projects of varying sizes in Kawa Township through cross-sectoral discretionary grants. The first two projects addressed long-standing issues in the education and health sectors and involved the construction of eight schools and 10 sub-rural health centres which have since benefited close to 9,000 households.

**Why were health and education projects prioritised in Kawa Township?**Prior to the implementation of the TDLG project in Kawa Township, overcrowded classrooms were a common occurrence. As a result, the majority of students attended only a half day at school as the facilities could not cater for the volume of registered pupils. Additionally, during the monsoon season, many students were unable to attend school due to flooded roads and waterways. A number of school buildings had also become decrepit due to the lack of funding available for renovation. Consequentially, enrolment and completion ratios gradually declined over time.

In 2018, one hospital catered for the entire 200,000 Kawa Township population. During the monsoon season, accessing basic health commodities and facilities would often involve an arduous five hour journey through flooded roads and waterways for those resident in remote villages. Many avoidable causalities, particularly among pregnant or post-natal women, often resulted with negative health outcomes experienced across the township.

**What has been the impact of the health and education projects?**Within one year of the construction of the eight new schools, the enrolment had increased by 7.5% while completion rates had increased by 12.3%. With the vast majority of students now attending school from 9am to 3pm, an increase of three hours per day, costs of attending school have also fallen as parents no longer have to pay tri-bike drivers to transport their children to school. The time taken to travel to school for both students and teachers has also been reduced considerably, with many teachers now residing in the same village where they teach. As a result, many teachers have reported a stronger and happier learning environment in schools.

The construction of 10 sub-rural health centres, each serving between 10 and 15 villages, has considerably eased access to health commodities, services and facilities for 44,742 villagers across Kawa township. Perishable health commodities can now be stored in adequate facilities, ensuring supply chains are maintained while health care associated costs have fallen. Vaccination programmes, which were currently unavailable to many, have now been rolled-out across the township with many villagers now regularly attending educational courses on basic health care, first aid and public health which are hosted in the health centres. Additionally, the sub-rural health centres also include accommodation facilities for mid-wives and nurses, ensuring emergency cases are addressed in a timely fashion.

**What did beneficiaries say about the project?**“As a result of the sub-rural health centre, I can now cater to the health care needs of patients from my four assigned villages on a daily basis. Having previously lived in over-crowded accommodation, by now staying at the sub-rural health centre I can ensure a sanitary environment at all times, which has benefited my patients. Daw Su Mar Myint, Midwife, Htar Wa Village.

Prior to the construction of the sub-rural health centre, VTAs had to provide accommodation and accommodation and health facilities for mid-wives. With no clinic, the provision health care in childbirth became very difficult. Now, the wid-wife lives in the health centre and is always open and accessible for patients.” U Khin Zaw Than, VTA, Htar Wa Village. Village.

“In previous years when there was no health centre in the village, it was very difficult to take care of patients. Today, as a result of the health centre, I happily provide quality care to and health education to outpatients and maternal women.” Daw Aye Thidar, Midwife, Kawa Township.

“Before the school was built, there was no space where teachers could prepare lessons or grade exams in advance of classes. Instead, we would often develop our classroom materials in corridors, which was difficult and effected our teaching. This new school building has resolved these issues and has ensured a safe and happy teaching environment.” Daw San San Win, Head Mistress for Neik Ban BEHS (Affiliate).

“In previous years, there would be 40 to 50 students per classroom which had a negative impact on my teaching. Now, not only is there enough space, but the number of students advancing from primary school to middle school has grown.” Daw Aye Mi San, Junior Assistant Teacher, Chaung Gwa Village.