Collective Voices: Listening to voices to understand ground realities.

The ‘Collective Voices: Exploring the barriers to healthcare access in Myanmar’ report is the product of a partnership between the Ministry of Health and Sports, the 3MDG Fund, local organizations and people of Myanmar. Based on the findings of more than 500 community meetings in 2015, the report explores the social barriers that reduce access to healthcare in Myanmar from the voices of communities themselves. The aim is to provide evidence of ground realities to inform community-based solutions that improve access to healthcare.

Six lead local organizations working with a further 19 Community Based Organizations (CBO’s) undertook community consultations in six states and regions. Using participatory tools and making particular effort to listen to the voices of poor and vulnerable groups, the Collective Voices partners generated valuable insight into the barriers to health in Myanmar.
WHAT WE DID

HELD OVER 500 COMMUNITY MEETINGS IN 6 STATES AND REGIONS

USED A PARTICIPATORY APPROACH TO LISTEN TO THE VOICES OF HEALTH USERS AND PROVIDERS

FOCUSED ON HARD-TO-REACH AREAS AND POOR AND VULNERABLE PEOPLE

COLLECTIVE VOICES COVERAGE AND CBOs

My husband demands that I have a lot of children. I often experienced dangers of easy miscarriage and we used birth control after the fourth child. But I experienced health problems and side-effects from the birth control and we dare not practice sexual reproductive health again. Therefore I am afraid of pregnancy again.

[Ar Yone Oo interview with mother of 10, Chin State]
ACTIVE PARTICIPATION

Collective Voices partners listened to voices using inclusive and participatory learning actions (PLA) tools, such as:

- Ten seeds tool
- Venn diagrams
- Social mapping
- Health service mapping
- Problem trees
- Individual interviews

These tools encourage:

- **Active participation** of all community members, regardless of their age, gender, ethnicity or literacy
- A **learning process** about health
- People to prioritize issues based on **knowledge of local conditions**
- Communities to **take action** themselves on what is uncovered
- **Realistic solutions**

THE REPORT

The report is divided into two main sections:

**PART 1** looks at the community perceptions of health service provision, including health infrastructure, human resources, availability of services, attitudes and trust.

**PART 2** explores the social determinants of health, as explained by community members.

The report places the **voices of the community** members front-and-centre, but also situates their views in a wider body of relevant, current literature on health, gender, society and culture in Myanmar.

KEY FINDINGS

Community members say that their access to healthcare is affected by:

- Socioeconomic conditions, including poverty
- Gender and decision-making power within families and communities
- Health education and access to health information
- Culture, language and tradition
- Social exclusion due to stigma and discrimination
- Infrastructure, remoteness and availability of health staff
- Reliance on informal healthcare providers
- Attitudes towards the public health system
- Levels of trust in the public health system
- Responsiveness of the local healthcare system to the community
KEY MESSAGES

Voices to inform solutions:
Perceptions and experiences of poor and vulnerable people in different locations in Myanmar can be used to inform inclusive health policy, programming and budgeting.

A highly participatory approach:
The Collective Voices model could be scaled up across Myanmar, to strengthen understanding of more ground realities and to mobilize communities to participate in health.

Local context matters:
Health solutions need to be tailored to different settings, adapted to the very diverse realities of townships and villages. Flexible, locally-owned approaches can increase community uptake of health services.

Relationships and trust are crucial:
People-centred health systems build strong relationships between healthcare providers and users. Community-based organizations play an important role in bringing people together. They help to build health awareness, knowledge of health rights, and trust between providers and people.

Healthcare providers need support and understanding:
Healthcare providers face many challenges in mobilizing communities to participate. They may need support, capacity building and tools to help create a stronger relationship with communities.

Better health requires cross-sectoral collaboration:
Health is a cross-cutting issue. Better health outcomes require collaboration between the Ministry of Health and Sports, other Ministries, local organizations and communities.

Working together for better health outcomes:
Collective Voices offers an excellent example of what can be achieved when stakeholders work together and constructively from the start; the Ministry of Health and Sports, local organizations, and communities deciding on solutions together.

The importance of dialogue:
It may not always be possible for health providers to address all needs and wants voiced by communities. Maintaining strong communication between health providers and communities is an effective means of overcoming information asymmetry between them: to manage expectations and strengthen trust.

“I can see a lot of younger people here in this training working enthusiastically for the country. In the past we were more successful in engaging communities, but we lost their trust for a certain period of time for various reasons and now it is a good time to receive this training to encourage us to rejuvenate our community engagement.”

Dr. Ohnmar Aye, Township Medical Officer Magway, Community Engagement Training Participant, 2015

Children participate in adolescent sexual and reproductive health education session in Mon State.