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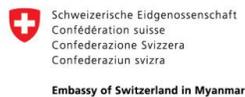
SUPPORTING CIVIL SOCIETY WITH 3MDG FUNDS

“COLLECTIVE VOICES: UNDERSTANDING COMMUNITY HEALTH EXPERIENCES”



DECEMBER 2015

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1. Background

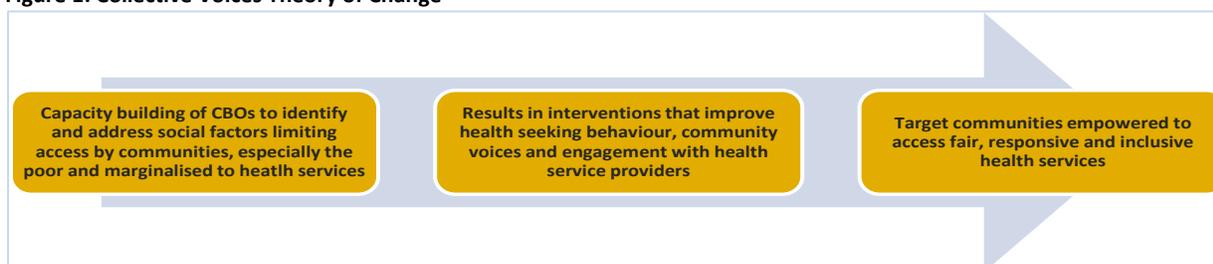
The Three Millennium Development Goal Fund (3MDG) supports the provision of health services in Myanmar and contributes towards the country's efforts to achieve the three health-related Millennium Development Goals. In partnership with the Ministry of Health (MoH), implementing partners, and community-based organizations, 3MDG strengthens health systems at all levels and improves access to quality health services for poor and vulnerable populations. In particular, 3MDG work focuses on three key areas: 1) improving maternal and newborn child health, 2) combating HIV and AIDS, tuberculosis and malaria, and 3) strengthening the health system using a rights-based approach.

From the outset, the 3MDG Fund has committed to supporting Civil Society Organisations (CSOs) and communities as part of its rights-based approach and health systems strengthening measures: *"The overarching goal of the 3MDG Fund is to contribute to national progress towards the health MDGs through a rights-based approach. This will reflect the principles of non-discrimination, equality, participation, transparency and accountability and will give high priority to strengthening voice and accountability including through building the capacity of civil society and community structures".*¹

Civil society has the potential to promote people-centered health through creating an enabling environment for broad and active citizen participation. Additionally, local civil society actors are 'demonstrably and deeply committed to relieving the suffering of Myanmar's poor and marginalized'.²

Collective Voices is an innovative initiative that reflects the notion that, in order for the objectives of 3MDG to be achieved, fundamental changes need to occur in the relationships between health care providers and the communities they serve, especially the poor and marginalized, to achieve improvements in service quality, access and utilisation. Hence the eventual goal of the initiative is for target communities to be empowered to voice their needs, and to access fair, responsive and inclusive health services through a breadth of health seeking behaviour change interventions, while producing changes in relationships between civil society, community and health service providers.³

Figure 1: Collective Voices Theory of Change



This paper explores the thinking behind the Collective Voices initiative, and the multitude of factors that were taken into account in its design, leading to an eventual call for proposals from CSOs in June 2014.

Collective Voices grants were awarded to six lead CSOs working in partnership with a total of 19 smaller community based organisations in March 2015.

¹ 3MDG Description of Action (DOA), 2012, <http://www.3mdg.org/library>

² Local Resource Centre (LRC), 2012, p.20, <http://lrcmyanmar.org/en/resources/bridging-gap-between-donor-community-and-local-organizations-myanmar>

³ Poonam Thapa, Collective Voices Participatory Development of M&E Strategic and Logical Social Framework, Final Report, HERA, November 2015

2. Design

Principles

A wide range of factors were taken into account in designing the Collective Voices initiative, including the findings in the evaluation of the 3MDG predecessor fund, the Three Diseases Fund, along with the objectives outlined in the 3MDG Description of Action, the 3MDG Accountability Equity and Inclusion Framework, relevant literature on CSOs in Myanmar, and the views of internal and external stakeholders.

In synthesizing these sources of information, it became clear that the Collective Voices design needed to accommodate an ambitious set of aspirational requirements, including utilizing the skills and knowledge of communities to the fullest extent possible,⁴ improving the gaps in gender-related health research on issues such as health-seeking behaviour and access to quality health care⁵, build the capacity of local CSOs⁶, and explore equity and social inclusion issues while encouraging information-sharing, empowering citizens, and providing evidence for health planning and decision-making.⁷

These overarching principles were reinforced in more practical terms in some of the key literature⁸ on the history of CSOs in Myanmar and their opportunities for growth, that argued for:

1. **Building in flexibility** - to address challenges of smaller organisations in meeting international donor standards, such as relatively weak organisational structures, acquiring official government registration and a bank account in the name of the organisation.
2. **Direct funding** - the need to support civil society in its own right with direct funding rather than through international NGOs, and a strong preference from CSOs for this funding model.
3. **Community participation** - strengthening community participation in decision-making processes, promoting pluralism and social empowerment of particular groups, mobilizing communities around the challenges they face and establishing opportunities to disseminate information to local communities and solicit feedback.
4. **Reaching further** – including organisations located in other parts of the country beyond Yangon, including in isolated or conflict affected areas, encompassing various ethnic and religious groups, and targeting small organisations that need relatively small amounts of funding.
5. **Bringing different groups together in partnership** - supporting initiatives that stimulate networking, cooperation and coordination between civil society organisations, international organisations and the government rather than CSOs operating in isolation.

*“CSOs are often in a better position to make judgements about the needs and priorities of local communities...but lack resources – both financial and technical – to improve and/or increase their activities. They often have a better knowledge and understanding of local conditions, local security situations and how to deal with local authorities”.*⁹

⁴ Euro Health Group, Final Evaluation of the Three Diseases Fund (3DF), http://www.3dfund.org/index.php?option=com_content&view=article&id=148&Itemid=123

⁵ 3MDG DOA

⁶ 3MDG DOA

⁷ 3MDG AEI Strategic Framework, 2013, <http://www.3mdg.org/library>

⁸ Tom Kramer, 'Civil Society Gaining Ground: opportunities for change and development in Burma', Transnational Institute (TNI) and Burma Center Netherlands (BCN), 2011, <https://www.tni.org/files/download/tni-2011-civilsocietygainingground-web2.pdf> ; LRC 2012

⁹ Tom Kramer, p.37

6. **Developing capacity** – by providing both financial and technical resources, and focusing on learning processes through training, workshops, exchange and networking. Further, including a wider concept of monitoring and evaluation that focuses on capacity building rather than a control mechanism or assessments of accountability failures, and complementing donor expectations on accountability and transparency with activities to support local organisations on these issues. Additionally, emphasis should be on qualitative indicators and enable CSOs to concentrate more on their relationships with the communities they work in and less on reporting back to the donor.

Operational considerations

In addition to the above considerations, during scoping consultations with various stakeholders¹⁰ there was general agreement that CSOs were very keen to participate in 3MDG Fund initiatives, to enhance their involvement in health-related projects, and had a strong desire for capacity development, but they were less clear about what specific gaps they could fill, what supporting role they could play in the health system, or how they might effectively utilize funding under this 3MDG small grants window. There was also a significant degree of uncertainty about the term ‘innovative’; what it meant in the context of small 3MDG grants, and how CSOs could produce creative and meaningful projects within the health sector.

To address lessons learned in the past and to meet the current needs of CSOs in Myanmar as much as possible based on the principles identified above, the Collective Voices initiative was designed with the following features: a partnership approach whereby a lead local organisation was required to work with other CBOs on the project, a two-phased approach with an emphasis on community participation and voice (firstly a community consultation and scoping stage, followed by a community action project), an accompanying breakdown of funding into two phases (up to US\$50,000 in the first stage and up to US\$200,000 in the second), and a holistic health systems focus including citizen participation and addressing the social determinants of health rather than a technical health service delivery role for CSOs. These elements are discussed in more detail below.

1. A flexible, phased approach

Based on the key findings of the consultations and in the literature, it was envisaged that the grants should be practically structured around two phases, with the first stage used to empower communities and CSOs to work together (‘learning by doing’) to firstly understand community perspectives on the social barriers hindering access to health services, before requiring that they determine an innovative or community-led project to improve the problems. It seemed unlikely that jumping straight into project implementation would produce successful outcomes, given that the idea of CSOs playing a role in health systems strengthening and addressing social determinants was a relatively new concept for many. In many ways, the Collective Voices staged design was based around a Participatory Learning Action (PLA) approach, encouraging the participatory learning part before action was required.

This staged approach aimed to increase the relevance of projects introduced in the second phase, as by that time the organisations would have an ‘evidence-base’ of community perspectives or ‘voices’ upon which to devise and customize appropriate interventions. They could firstly listen to community views through a series of participatory community meetings, jointly identify and prioritize key social

¹⁰ Consultations were held with representatives from Pyoe Pin, Marie Stopes International, Ratana Metta Organization, Pyi Gyi Khin, Metta Development Foundation, Oxfam, and 3MDG staff (with former 3DF experience of funding local organisations)

and cultural barriers to health access, and together pinpoint potential solutions. It was hoped that this approach would enable the organisations to develop context-appropriate projects that were genuinely participatory and based on community views, avoiding a prescriptive ‘one-size-fits-all’ approach, and mobilizing communities around the health challenges they face.

It was anticipated that the results from both stages of the grants could also be used more broadly beyond the bounds of the project, for stakeholders and donors outside of the 3MDG Fund to better understand health access issues requiring further attention and potential investment in the future.

In Stage 1 (March-October 2015), the organisations engaged their target communities through a series of more than 200 community meetings (using PLA tools) to develop greater understanding of how culture, gender and health-related knowledge, behaviors and attitudes influence access to health information and health services.

Table 1: Summary of Stage 1 Projects

Organisation	Project Summary
1. Ar Yone Oo	<ul style="list-style-type: none"> Engage communities in Mindat, Matupi and Kanpetlet Townships of southern Chin State to develop greater understanding of how cultural and linguistic diversity influences access to health information and health services. Explore gender and health-related knowledge, behaviours and attitudes in culturally diverse and remote villages
2. Bright Future	<ul style="list-style-type: none"> Engage communities in Mudon Township, Mon State to develop greater understanding of health seeking behaviours, including how customs, beliefs and local dialects affect access to health services. Facilitate mutual understanding between communities and health service providers for more effective health services and enhanced consumer satisfaction.
3. Charity Oriented Myanmar	<ul style="list-style-type: none"> Engage communities in Magway, Labutta and Myanaung Townships to develop greater understanding of the relationship between gender and health-related knowledge, behaviours and attitudes. Increase women’s access to health services by learning about the role of women and girls in health-related decision-making at the family and community level.
4. Community Agency for Rural Development	<ul style="list-style-type: none"> Engage communities in Hakha and Thantlang of northern Chin State to develop greater understanding of how cultural and linguistic diversity influences access to health information and health services. Explore gender and health-related knowledge, behaviours and attitudes in culturally diverse and remote villages.
5. Community Driven Development and Capacity Enhancement Team	<ul style="list-style-type: none"> Engage communities in Bilin Township, Mon State to increase community awareness about sexual and reproductive health, accurate utilization of family planning services, and promotion of family planning practices at the grassroots level.
6. Phan Tee Eain	<ul style="list-style-type: none"> Engage communities in Lashio and Yangon Townships to develop greater understanding of the relationship between gender and health-related knowledge, behaviours and attitudes. Improve access to health services for disadvantaged women (in particular poor women, women infected and affected by HIV, lesbians and transgender communities).

After completing the first stage (within six months), organisations were requested to submit an end product summarizing the outcomes of stage one, combined with a proposal, new budget and work plan to carry them into the second stage.

Organisations were allowed up to six months to complete the first phase of the project but were not limited to this timeframe. If an organisation developed an innovative pilot approach before the six months was complete, they were eligible to submit a proposal for phase 2 funding. If acceptable and approved, a contract amendment would be initiated and stage two of the project could commence.



The aim was to allow local organisations the flexibility to move at a pace most suitable to their competencies and interests, without a strictly prescriptive timeframe for phase one and two of the projects across all grantees. All organisations ended up using the full six months for the community consultation and information-gathering phase, and many indicated that this timeframe was too tight (see discussion of challenges below).

This meant that the project ideas for Stage 2 were unknown to both the organisations and the 3MDG Fund until the first phase evolved and results were analyzed. It was intended that the second phase projects would address at least one of the social/cultural barriers discovered during the first stage of community consultations. The aggregate findings of the first stage will be discussed more comprehensively in a separate report. In brief, we now know that in Stage 2 (November 2015-December 2017), the organisations will each pilot a project in their target communities with the following objectives:

- To empower women to make personal and family health decisions, including through increasing men's health knowledge and participation.
- To improve health seeking behaviour in the community, and reduce stigma and discrimination towards Lesbian, Bisexual and Transgender people, PLHIV and their families.
- To increase participation and engagement between health care providers and target communities, and knowledge and awareness of their health needs.
- To strengthen the capacity of CBO partners.

Table 2: Summary of Stage 2 Projects

Organisation	Project Summary
1. Ar Yone Oo	<ul style="list-style-type: none"> Overcoming Barriers to Health: promoting community access to health services in southern Chin State
2. Bright Future	<ul style="list-style-type: none"> Two Way Connections Project: connecting service providers and local communities for better health knowledge and access to services in Mon State
3. Charity Oriented Myanmar	<ul style="list-style-type: none"> Gender Equality and Health Service Equity in Ayeyarwady and Magway Regions
4. Community Agency for Rural Development	<ul style="list-style-type: none"> Improving Health Access for Chin People in northern Chin State
5. Community Driven Development and Capacity Enhancement Team	<ul style="list-style-type: none"> Family based health literacy promotion and community based programming in Mon State
6. Phan Tee Eain	<ul style="list-style-type: none"> Enhancing the capacity of Community Based Organisations (CBOs) to strengthen community health care in Ayeyarwady Region, Yangon Region and Shan State

1. Direct funding

The maximum funding amount for the Collective Voices small grants (up to US\$250,000 over two years, later extended to three years) was determined with the intention of providing an amount that was not too large (so as not to create significant risks to the Fund) and not too small (to enable organisations to engage in meaningful projects), of course with people having varied interpretations of what this meant in practice. Determining an appropriate funding amount was further complicated by the amorphous nature of the grants and an undetermined second phase project.

“There is a danger of placing too much hope and expectations on what civil society is and what it can do in Burma. Throwing too much money at it without adequate support may be counter-productive and may create conflict within organisations and networks”.¹¹

The funding amount was based on the following considerations:

- Consultations with internal and external stakeholders (including former 3DF staff, CSOs, NGOs and INGOs operating in Myanmar) on the amount of funding they generally felt could be managed by smaller local organisations (gestimates were in the range of US\$80,000 to US\$100,00 per year);
- The amount of funding that was provided to eight local organisations through the Three Diseases Fund in 2009 (US\$70,000 each for one year);
- The Local Resource Centre (LRC) Study in 2012 with Myanmar’s CSOs that had operating budgets between US\$100,000 and US\$6 million; and
- Considerations around the fact that this funding would be distributed amongst a minimum of four organisations working in a consortium over multiple years.

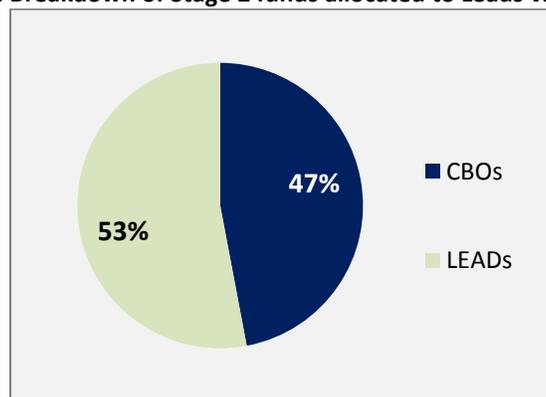
¹¹ Kramer, p.43

Importantly, the staged approach to the projects meant that only a smaller amount of funding was released in the first phase (up to US\$50,000), enabling both the organisations and the 3MDG Fund to test absorption capacity and utilization of the funds, and to manage risk through identifying any significant capacity gaps in financial or organisational management prior to release of the second, larger amount of funding in the second stage. The funding distribution was also weighted towards the second stage to emphasise the importance of project implementation, and to indicate that the first stage was intended a project scoping or concept-development phase.

The organisations have been provided with a budget for ‘core costs’, including salaries, equipment, office rent, in addition to indirect costs. Funding has also been distributed to CBO partners rather than residing only with the lead organisation.

In addition to the US\$1.5 million total in direct funding provided to the Collective Voices CSOs, further 3MDG funding has been used to engage an interrelated set of capacity and technical support providers for the organisations to the total value of approximately US\$600,000. This is discussed in further detail in the capacity development section below.

Figure 2: Breakdown of Stage 2 funds allocated to Leads vs. CBOs



2. Community participation for health systems strengthening

As explained in a recent analysis of civil society and livelihoods funds in Myanmar that references the Collective Voices initiative¹², ‘a stronger system requires that all struts of the triangle (private sector, government, and civil society) are strengthened’. Further, Collective Voices stresses that health is formed within social, economic, political and environmental contexts, and as well as being a key systems player in all contexts, civil society has a particular role in being able to influence the *social determinants* of health. Importantly, ‘this goes beyond the narrow and usually ascribed role of policy-monitoring (the “watch-dog”)’ for CSOs to incorporate the social capital and social relations dimensions of health contexts’.¹³

An issue that arose in several conversations with stakeholders during the Collective Voices design phase was that health was perceived as a technical and specialized field for which many local organisations did not possess the prerequisite medical expertise to participate. In order to debunk this idea and encourage CSOs to play an important role in supporting the broader health system (i.e. a People Centered Health System), the grants were defined as ‘non-service delivery’ grants that

¹² Ja Tum Seng, Matt Desmond, Sandar Myo, ‘Supporting Civil Society with LIFT Funds’, p.6-7, <http://www.lift-fund.org/supporting-civil-society-lift-funds>

¹³ *ibid*

should aim address the social determinants of health. This aligns closely with the Ministry of Health’s vision for Universal Health Coverage (UHC), in particular Strategic Area 6, which focuses on ‘strengthening community engagement in health service delivery and promotion’.

To point organisations in the right direction, the Call for Proposals template presented five pre-defined thematic areas, with project examples, under which proposals had to be submitted. Proposals could cover more than one thematic area.

The five thematic areas were: 1) gender and health, 2) cultural dimensions of health-seeking behaviour, 3) conflict and health, 4) age, disability and health challenges, and 5) health information. More details on the thematic areas outlined in the CfP Guidelines are included at Annex B. As the projects have evolved they have expanded into a number of the thematic areas (particularly gender and health), however at the initial proposal stage the successful six organisations identified the following thematic areas for exploration:

Table 3: Collective Voices Thematic Areas by Organisation

Organisation	Thematic Areas
1. Ar Yone Oo	Gender and health, and Cultural dimensions
2. Community Agency for Rural Development	Gender and health and Cultural dimensions
3. Bright Future	Conflict and health, and Cultural dimensions
4. Charity Oriented Myanmar	Gender and health, Age, disability and health challenges, and Health information
5. Phan Tee Eain	Gender and health
6. Community Driven Development and Capacity Enhancement Team	Health information

3. Reaching further - geographical locations

Proposals under the Collective Voices window were encouraged from within geographical areas where the 3MDG operates. The selected lead organisations and their CBO partners cover townships located within six states and regions in Myanmar: Chin State, Mon State, Shan State, Ayeyarwady Region, Yangon Region, and Magway Region.



The funding therefore reaches organisations located in many areas beyond Yangon, and importantly covers ethnic minority groups, enabling the initiative to shed light on the particular barriers these population groups face in accessing health services.

4. Bringing different groups together in partnership

Proposals were invited from local organisations to 'lead' a project, working in cooperation with a minimum of three additional CBOs. The successful lead organisation would be

*“Decades of conflict and military rule have caused deep divisions and mistrust in Burma’s society. In such a context, cooperation and coordination are great challenges. As a result many initiatives by civil society organisations operate in isolation. This prevents them from learning from each other, sharing information, building trust, and working towards a common goal”.*¹⁴

provided with funding and have a Grant Support Agreement with the 3MDG Fund, and would be left with the flexibility to determine the nature of the funding and operational relationship with its partner CBOs. The 3MDG Fund did not introduce any rules around 'how' the organisations would work together, other than emphasizing that the lead organisation should aim to increase the exposure and capacity of its smaller partners in managing a donor grant and implementing a project.

The selected lead CSOs were also expected to jointly determine (in partnership with CBOs) the broad project questions, methods for developing a knowledge base at the community level, collation of information and eventual format for submission to the 3MDG Fund.

The intent behind the partnership approach was to meet some of the recommendations identified in the literature; to encourage organisations to work together rather than in isolation, to provide them with flexibility to self-determine their working relationships, to fund a variety of local organisations directly rather than through INGOs, and to enable funds and capacity development opportunities to reach smaller, often unregistered Community Based Organisations (CBOs) located in areas beyond Yangon.

For most development agencies, grantees must function as a legal entity and in Myanmar this means being registered under the Ministry of Home Affairs. However local CSOS have struggled to secure legal status, and without it cannot open foreign currency accounts in the organization’s name, further limiting access to donor support.¹⁵

Additionally, the 3MDG Fund wanted to reach as many CSOs as possible through this funding window, but also needed to balance its own capacity and administrative constraints in managing a bundle of small grants with local organisations. One way of doing this was through the partnership approach, whereby 3MDG established a direct relationship with six lead organisations but in fact reached a total of 25 organisations in six states and regions through the Collective Voices initiative.

Thus, working in partnership with other organisations was a mandatory eligibility requirement for the grants, a strategy that has produced both positive outcomes and some challenges as the projects have unfolded.

¹⁴ Tom Kramer, p.40

¹⁵ LRC, p.12-13

5. Capacity Development

*“Apart from small grants, what is mostly needed to develop civil society in Burma is support to strengthen local organisations and their staff. There are many new local organisations who have a weak organisational structure. Although civil society organisations often have committed staff and are able to reach local communities better than international agencies, they usually lack technical skills (e.g. financial management, project management and project reporting)”.*¹⁶

The six lead organisations and their partner CBOs vary in size, experience, interest and organisational capacity. Nevertheless, they have all strongly articulated an appetite for ‘capacity development’, and an intensive and multi-layered effort has gone into capacity support from the 3MDG Fund side. This has been partly in response to the request for capacity development from the organisations themselves, partly to fulfil the objectives of the 3MDG Description of Action that strongly supports capacity development for local organisations, and partly to ensure that 3MDG funds are managed effectively and that the projects produce results. In other words, this is seen as a holistic and mutually beneficial approach to working with civil society.

The multi-layered approach includes, firstly, a programme design that is structured in a way that intends to promote capacity development and two-way learning between the lead organisations and their partner CBOs. The idea is that the larger, lead organisation will provide capacity development and technical guidance where possible for its smaller CBO partners. At the same time, the CBOs provide the Yangon-based lead organisations with insights and learning from the ground in far-reaching communities across Myanmar, and the realities faced in implementing this project.

The structure of the Collective Voices initiative also (ideally) has the potential to provide all involved organisations with increased awareness and experience from participating in a partnership process – for example, conflict resolution and negotiation skills, networking and coordinating, relationship building, and context-appropriate mentoring through a local-local organisational relationship rather than a foreign-local arrangement.

*“This grant is designed to listen to the voices of community and the approach is interesting. Working in partnership with Lead and CBO also creates a favorable opportunity for CSOs to grow, gain experience and capacity improvement during implementing of this project. We are happy to be part of this project”.*¹⁷

Secondly, organisations were allowed to include technical assistance or consultants in their proposed budgets to 3MDG as an eligible cost, recognizing that they may wish to have in-house expertise throughout the grant life cycle to support the project implementation.

Thirdly, the 3MDG Fund has engaged Pact Myanmar to provide ongoing (rather than one-off) organisational capacity development support to the six organisations, and the partner CBOs where possible, until the end of 2016. Through this support, Collective Voices partners are guided through an organization-wide participatory process to identify capacity gaps and lead in identifying relevant solutions. With Pact’s support, the organisations develop an Institutional Strengthening Plan (ISP) for organisational growth and development, and are supported in achieving key goals in the plan

¹⁶ Kramer, p.39

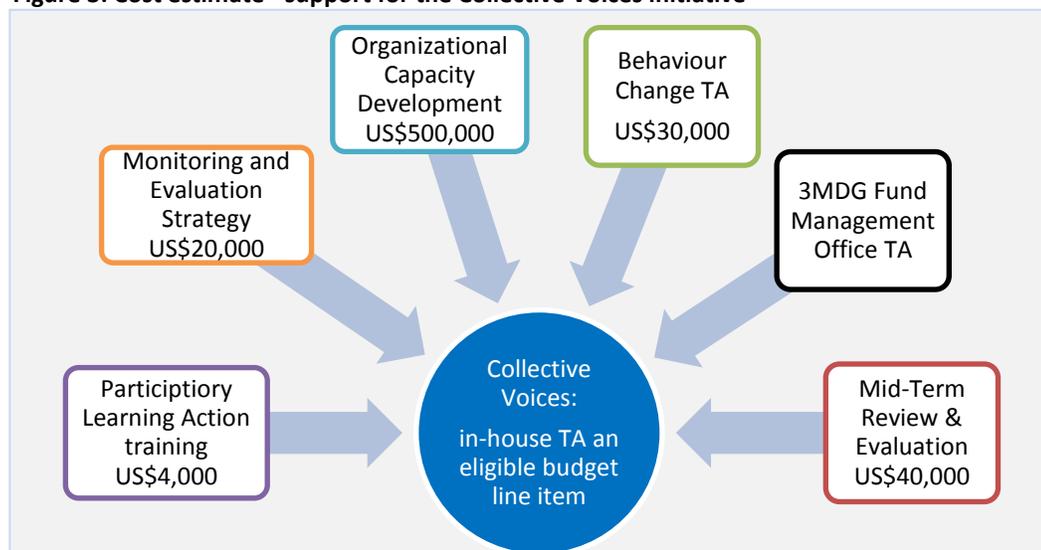
¹⁷ CBO partner, 3MDG Questionnaire response

through customized workshops and training, mentoring and coaching, and inter-organisational learning. The key focus areas for Collective Voices partners have been identified as human resource management, monitoring and evaluation, fundraising, and administrative and logistics support. Additionally, financial management strengthening training will be provided to all organisations.



In addition to the ongoing organisational capacity development support, 3MDG has also sourced external technical assistance for Collective Voices project implementation, including on Participatory Learning Action methods¹⁸, Monitoring and Evaluation (including project log frame development) and implementing effective Behaviour Change initiatives. Funding will also be used for a mid-term review in 2016 and an evaluation of the initiative.

Figure 3: Cost estimate - support for the Collective Voices initiative



¹⁸ Dr. Than Tun Sein, 'Report of the Qualitative Analysis and Learning Consultant', HERA, June 2015, www.3mdg.org/library

Lastly, a team of five at the 3MDG Fund Management Offices manages the Collective Voices grants and has undertaken several complementary capacity development activities, including quarterly forums that bring all of the partners together to meet with the 3MDG Fund. The team considered launching a 'community of practice' or learning group for the organisations, but due to their wide geographical spread, has instead introduced a hard-copy 'travelling diary', in which partners can share photos, stories, information, tools, lessons learned and so on with each other.



Further, Collective Voices organisations are invited to attend all workshops and training sessions offered to other 3MDG implementing partners. In summary, while the grants themselves may be arguably perceived as relatively 'small' in size, the supporting scaffolding surrounding the projects is relatively large and resource intensive.

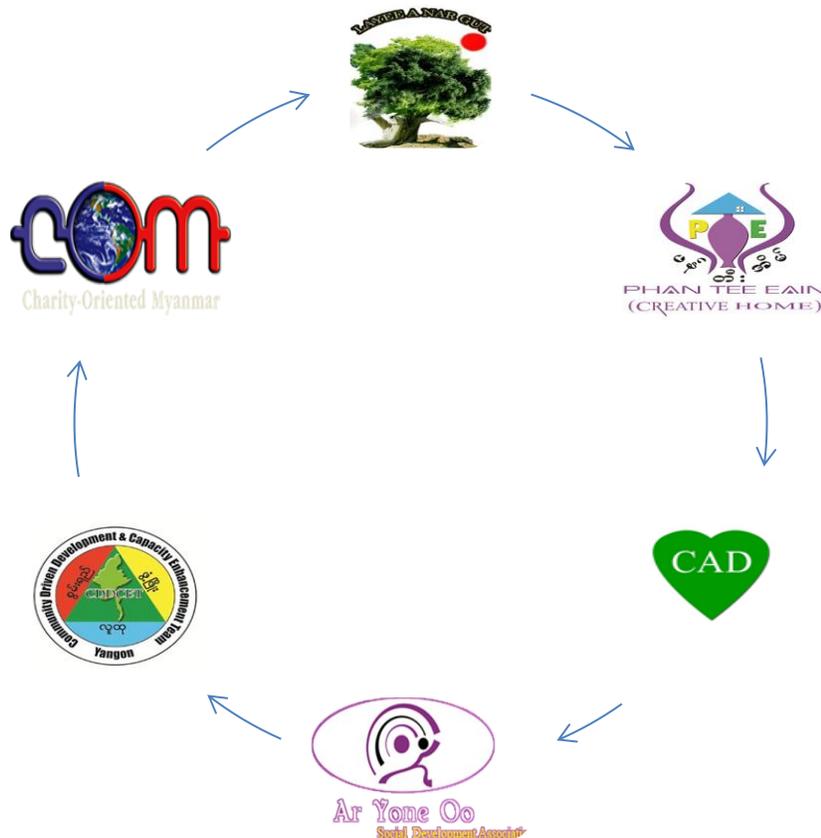
3. Call for proposals

In July 2014 the 3MDG Fund issued a competitive Call for Proposals (CfP) dedicated to local CSOs under the Health Systems Strengthening component, called 'Collective Voices: Understanding Community Health Experiences'.

The primary aim of this new funding window was to create a space for CSOs to play a stronger and innovative role in supporting the health system based on their own strengths, primarily by generating better information for all stakeholders on the social factors limiting access to health care, and empowering local organisations to design and implement effective solutions at the community level to increase access to, and uptake of, health services.

Following a review and assessment by an Evaluation Panel based on the CfP evaluation criteria, six lead organizations were selected to receive funding under the 'Collective Voices' funding stream and contracts were awarded in March 2015: Charity Oriented Myanmar, Bright Future, Phan Tee Eain, Community Agency for Rural Development, Ar Yone Oo, and Community Driven Development and Capacity Enhancement Team.

Each of the lead organisations was required to partner with a minimum of three smaller Community Based Organisations (CBOs) to be eligible for funding through this window (more details are provided at Annex A). All of the lead organisations partnered with three others, with the exception of one that has four CBO partners. None of the newly selected partners had a prior relationship with the 3MDG Fund.



4. What has worked well so far?

Although the Collective Voices initiative has only been operational for a short time, there have been a number of avenues for assessing early progress and challenges. This has been achieved through regular formal and informal meetings between 3MDG and the organisations, frequent field trips during which a questionnaire for the lead organisations, CBO partners, and community beneficiaries was administered, and the establishment of a feedback mechanism to encourage all participating organisations to provide their views to 3MDG on how their projects are progressing. Based on these sources of information, indications are that several elements of the initiative are working well.

1. Direct funding has been well received

Overall, the release of direct grants for civil society organisations was well received, and this offset any prior perceptions that the 3MDG Fund was only focused on support for INGOs and is willing to engage CSOs directly. For example, one organisation stated: ‘this is the first partnership project with a UN agency and the organization is really proud of it. This is the first project to identifying social barriers relating to health services’.¹⁹

2. Strengthening relationships between health care providers and CSOs

Collective Voices reflects the notion that, in order for the objectives of 3MDG to be achieved, fundamental changes need to occur in the relationships between health care providers and the community they serve, especially the poor and marginalized, to achieve improvements in service quality, access and utilisation.

The grants have successfully produced cross-cutting projects that are not limited to only MNCH or three diseases, but instead aim to address the social determinants of health - including gender, culture, language, ethnicity, poverty, marginalization, discrimination and stigma. There has been a strong focus on gender and ethnic minority issues. In particular, the Chin State organisations have provided access and insight into remote areas and are developing local solutions appropriate to that context. Positively, indications are that, through this approach the CSOs will contribute to increasing community uptake of 3MDG-supported and other health services by facilitating greater health awareness, knowledge of health rights, and trust between providers and people, thus integrating communities more into the health system.

*“We are not doctors or nurses and have no health-related knowledge but we do know how to hold participatory community meetings! I now have more confidence in community meetings”.*²⁰

Continuing along this line, a major positive development has been the extent to which the CSOs have successfully driven an ‘enabling environment’, already bridging gaps between communities and health service providers, and have made a major contribution to facilitating mutual understanding between the ‘supply-side’ and ‘demand-side’ of the health system. Although Collective Voices were encouraged to collect community voices, they all advocated with local health authorities from the outset and most included them as key stakeholders in the projects from the beginning.

Lastly, a major indicator of success has been the recent request from the Ministry of Health for the Collective Voices CSOs to support Ministry staff in enhancing their knowledge and practices of

¹⁹ 3MDG Field Trip questionnaire for Collective Voices organisations

²⁰ CBO response, 3MDG Field Trip Questionnaire for Collective Voices organisations

community engagement, to listen to voices and to include them in health planning processes. The CSOs are providing training at the state/region level to Ministry of Health staff on the principles of community engagement (responsibility, fairness, inclusion and do-no-harm), how to build trust between providers and communities including utilizing CSOs as partners in this process, and how to conduct participatory community engagement using PLA tools.

3. Geographical reach and community participation

The lead organisations and their partner CBOs represent diverse geographical, ethnic, socio-economic groups/backgrounds.

The partnership approach between lead CSOs and partner CBOs has enabled significant geographical reach beyond Yangon, to Ayeyarwady Region, Chin State, Mon State, Shan State and Magway Region, while the flexible and adaptive nature of the initiative through its phased design has also been considered a strong point. For example, organisations have stated that the design has ‘created space for partner organizations and community to be involved in the decision-making process and the approach has a large amount of freedom to provide inputs and suggestions. The organisations are motivated by their high level of participation’.

4. Capacity development

The strong emphasis on complementary and continuous capacity development has also been positively received by the organisations.

An Orientation Workshop was conducted at the beginning of the contract to introduce the organisations to the 3MDG Fund, its strategic priorities and contractual obligations. The 3MDG Fund has ensured that technical support is available both on the ground and at the Fund Management Office (FMO), with the FMO Health for All team visiting nearly all of the 25 CBOs in the field, and has provided technical support for project planning, implementation, reporting and documentation processes.

Areas in which the organisations feel that capacity has grown as a result of stage 1 include learning how to design questionnaires, using participatory learning action tools, gender, facilitation skills, information management, management and coordination, effective use of funds. Further, the staged approach has meant that the 3MDG Fund has been able to work closely with the organisations to prepare for the second stage (which is not based on a competitive call for proposals), supporting them with resources and guidance in the development of quality stage 2 project designs.

A positive observation has also been in the funding distribution between the organisations. Some reports on CSOs in Myanmar have cautioned against funding residing with only one organisation within a partnership, and the risk of smaller organisations not receiving any financial gain from their participation in a project.²¹ The Collective Voices initiative attempted to address this issue mainly in the phase two set-up by firstly strongly encouraging the lead organisations to distribute the funding amongst their partners, and secondly by requiring that they identify funding directed to the CBOs in their budgets. Overall, the lead organisations have been very willing to do this, and this is demonstrated in the budget tables below that show that 47% of total funds have been allocated to the CBOs in stage two.

²¹ LRC; Kramer; Ja Tum Seng, Matt Desmond and Sandar Myo

5. Challenges and Limitations

This is a ‘learning by doing’ process, not only for the funded organisations but also for the 3MDG Fund. Along the way some of the unintended limitations and challenges have become clearer, some of which can be addressed through the flexible/adaptive design of Collective Voices along the way, and others that will serve as lessons learned for future funding models targeting CSOs in Myanmar.

From the outset, feedback from organisations suggests that a number of factors may have reduced the ability or desire for some organisations to apply, including that the proposal template was only provided in English; the funding cap of US\$250,000 may have been too small for the larger CSOs in Myanmar; the requirement to have a bank account and make transactions in US dollars may have been a deterrent for smaller organisations; and the consortium approach may have prevented a number of organisations from being able to apply or wanting to apply.

1. Tight timeframes

For those organisations that did apply and were successful, their feedback has generally indicated that the six month timeframe for the first stage was too short, given the breadth of villages that they wished to reach and that the timing partly coincided with the rainy season, reducing their ability to access certain communities. They also sometimes faced challenges in mobilizing communities to speak openly about their access to health services and the social barriers encountered.

2. Mandatory partnerships

While there have been benefits in the partnership approach between a lead organisation and partner CBOs, there have also been difficulties and some tensions arising from this arrangement. There has been much written about the tensions between INGOs as direct grantees when partnering with CSOs as sub-grantees. In the case of Collective Voices, a similar model was used, only the direct grantees are local organisations not INGOs. While this model has worked very well for some of the partnerships and has received positive feedback, it has nevertheless created challenges for others, particularly because it sets up a different power dynamic with one organisation having more than the others (regardless of their international or national status). At the end of the day, some of the CBOs would prefer to be receiving funding directly rather than via another organisation.

There have also been some communication difficulties between the lead and partner CBOs, particularly as they are located in different geographical regions, and some initial problems in sorting out roles and responsibilities. For stage 2, a number of the organisations have set up a Letter of Agreement between the lead organisation and the partners, so that everyone is clear about the division of labour.

“CSOs spend a great deal of time and energy in order to satisfy both perceived or expressed donor expectations for collaboration – consortium-like arrangements in which programs are jointly developed and executed. Pressure to collaborate can result in the development of inauthentic partnerships born not out of shared interest or consensus but external financial or programming pressure”.²²

²² LRC, p.17

3. Operational challenges

Some of the practicalities of managing the Collective Voices grants from a 3MDG Fund perspective include that it is human resource intensive initiative, requiring a lot of time, energy, guidance and support for the CSOs. Keeping the project scope clear and focused has been a challenge, and the geographical spread of the organisations makes it difficult to reach everyone with information all of the time. Further, with a small team of four managing the grants at the 3MDG Fund, it has been difficult managing the balance between establishing a direct relationship with the lead organisations, while also remaining open to, inclusive of, and in contact with the 19 partner CBOs.

The relatively flexible design of the initiative can create administrative and management challenges, as UN systems aren't always able to be as flexible or quick to adapt.

There have also been language challenges, with not all individuals within organisations speaking English, and although most 3MDG-supported workshops and meetings are provided in Myanmar language there are also often sessions that require dual-language/translation which results in a longer and more exhausting process for all involved. This has also been a challenge for reporting results, which ultimately need to be recorded in both Myanmar and English for foreign and local audiences. Having a team of largely Myanmar national staff managing the grants at 3MDG has played a major role in keeping this communication process running smoothly.

Although the geographical reach of the initiative extends beyond Yangon, five out of the six lead organisations are located in Yangon and therefore it is still Yangon-centric to some extent. Because they are based in Yangon, it is easy for the grant management team to regularly meet with the lead organisations, but this can create the perception that the CBO partners are left out of direct dialogue with the 3MDG Fund. A series of field trips have been conducted to minimize this perception, and have been strongly welcomed by the CBO partners.

“3MDG staff rarely communicates directly to our CBO. But during this field visit personal and working communication was improved. Our CBO was aware that they have opportunity to communicate directly to 3MDG as they were introduced the communication feedback mechanism. Hopefully, Stage 2 will create more opportunity to build a strong relationship with the 3MDG team”.²³

²³ CBO response, 3MDG Field Trip Questionnaire for Collective Voices organisations

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7. Annexes

Annex A – Collective Voices Organisations and CBO Partners

	Name of Organizations	Partner Organizations	Project Location
1	Ar Yone Oo Social Development Association (AYO)	<ol style="list-style-type: none"> 1. Matupi Women Group 2. Cho Land Development Association 3. Khawnumthung Rural Development Organization (KRDO) 	S. Chin State: Matupi, Mindat, Kanpetlet,
2	Bright Future (La Yee Anar Gut)	<ol style="list-style-type: none"> 1. La Wee Mon (CBO)-7 2. Rainmanya Charity Foundation (CBO)-8 3. Hnee Padaw Education Support Group (CBO)-7 	Mon: Mudon
3	CDDCET Community Driven Development & Capacity Building Enhancement Team	<ol style="list-style-type: none"> 1. Lan Pya Kye 2. Lanpyakyesin Self-Reliance Group /Township Leading Group 3. Ah Lin Yaung 4. Paung-Kue 	Mon: Belin
4	Charity Oriented- Myanmar	<ol style="list-style-type: none"> 1. Social Care Volunteer Group 2. Development Parami 3. Ayeyarwaddy Social Development Organization 	Ayeyarwaddy: Labutta, Myanaung Magway: Magway
5	Community Agency for Rural Development (CAD)	<ol style="list-style-type: none"> 1. Greenland Social Development Organization 2. Chin Youth Organization 3. Love In Action 	Hakha, Thantlang, Chin State
6	Phan Tee Eain (Creative Home)	<ol style="list-style-type: none"> 1. Kings N Queens 2. Triangle Women Support Group 3. Rainbow Women’s Organization 	Shan: Lashio Yangon: Dagon Myothit (East), Dagon Myothit (Seikkan), Tamwe, Thingangyun Ayeyarwaddy: Dedaye

Annex B - Thematic areas for project proposals

<p>1. Gender and Health</p> <p>The relationship between gender and health is an important issue for the 3MDG because gender equality, gender norms and women’s rights are integral to health status and outcomes. Women and men often have unique health needs and face different challenges in accessing appropriate health services for maternal, newborn and child health and the three diseases (HIV/AIDS, TB, and malaria).</p>	<p>Examples for projects under this thematic area may include:</p> <ul style="list-style-type: none"> ○ access to health education for girls/women boys/men on sexual and reproductive health; ○ understanding the different health experiences, needs and priorities of women and men; ○ health issues for women-headed households; women’s decision making role in health; ○ the role men play in relation to women’s health outcomes; and ○ promoting women’s representation and voice in the health sector.
<p>2. Cultural dimensions of health-seeking behaviour</p> <p>Myanmar is a country with great ethnic, cultural and linguistic diversity. It is important for all stakeholders, including 3MDG, to gain a better understanding of how such diverse backgrounds and experiences can influence health seeking behaviour. This will enable more appropriate and sustainable interventions to be developed.</p>	<p>Examples for projects that fall within this theme include:</p> <ul style="list-style-type: none"> ○ migrant populations and access to health services; ○ cultural and linguistic diversity and access to health information and health services; ○ interactions between health workers and marginalised or vulnerable groups; and ○ knowledge, attitudes and practices of health in culturally diverse regions.
<p>3. Conflict and health</p> <p>Addressing health challenges in areas emerging from conflict or where there is active conflict is a priority for all stakeholders in the health sector. To be most effective, approaches to health care in these areas will need to be tailored to context and needs.</p>	<p>Examples for projects under this thematic area include:</p> <ul style="list-style-type: none"> ○ health needs of returnees/former IDPs; ○ psychological and social impacts of conflict for ethnic minorities and vulnerable groups; ○ challenges to transparency, accountability, monitoring and evaluation of health services in conflict affected areas.
<p>4. Age, disability and health challenges</p> <p>Health outcomes in Myanmar can be significantly influenced by a person’s age (including youth and the elderly) and by disability. There is more information needed to better understand the specific health vulnerabilities and inequities faced by youth, the elderly, and people living with a disability in Myanmar, and how these issues relate to accountability, equity and inclusion.</p>	<p>Examples for projects in this thematic area include:</p> <ul style="list-style-type: none"> ○ health vulnerabilities, access and inequalities for the youth; ○ health vulnerabilities, access and inequalities for the elderly; and ○ health vulnerabilities, access and inequalities for people living with a disability.
<p>5. Health information</p> <p>Communities access information about health in a variety of ways, including radio, television, newspapers, word of mouth, community meetings etc. Understanding how individuals, communities or particular populations obtain and disseminate health information is important to improving health education, empowering people and enhancing health outcomes.</p>	<p>Examples for projects may include:</p> <ul style="list-style-type: none"> ○ the usefulness of current health information and education sources in decision-making and advocacy; ○ understanding levels of awareness amongst individuals/communities/populations of key health policies; and ○ challenges to transparency, accountability, monitoring and evaluation of health information.