



TAILORING HEALTH PROGRAMMING TO CONTEXT VARIATIONS IN KAYAH STATE, MYANMAR

CASE IN BRIEF

The Three Millennium Development Goal (3MDG) project in Kayah State used a six-month inception period to build relationships among partners and craft a context-tailored approach to serving basic health needs of the most vulnerable populations. The resulting program design included health plans for each of six ethnic health organizations, as well as township-level plans for the seven areas where those organizations work. Relationships built among the civil society and state partners, as well as opportunistic program funding, have been critical to adaptive management. Onerous reporting and centralized decision making have been key constraints, slowing implementation timelines.

BACKGROUND

CONTEXT

Conflict, inaccessibility, and resource limitations stand in the way of health services in Kayah State in eastern Myanmar. These challenges stem from decades of civil war that continue to impact the state's population of 230,000 people. Though the government has established ceasefire agreements with almost all ethnic armed opposition groups, some townships in Kayah are still under complete control of ethnic armed groups, and others have active conflict. Even in places without violence, ethnic minority groups have underlying grievances related to a lack of influence over political decisions, an absence of economic and social development, and the repression of cultural rights and religious freedoms.

PROJECT

Launched in July 2014, the Three Millennium Development Goal (3MDG) project aims to address the basic health needs of the most vulnerable people in Kayah State, with a focus on supporting maternal, newborn, and child health service provision across all seven townships. This project is one of many across Myanmar that have been supported through the 3MDG Myanmar Fund, managed by the United Nations Office for Project Services (UNOPS) with contributions from seven donor countries.¹

In Kayah, the International Rescue Committee (IRC) leads a core consortium that includes the International Organization for Migration (IOM) and the Civilian Health and Development Network (CHDN)—a local organization consisting of representatives from six ethnic health organizations that are

active in the state. The IRC works principally with CHDN and the ethnic health organizations, while the IOM works with the State Health Department (SHD).

The 3MDG project in Kayah involves state and non-state health services, as well as mobile health teams supporting remote populations. The program approaches are tailored in township, state, and organization-specific plans.

Improved access to quality health care has provided a shared objective for the parties in this conflict. The IRC and partners have sought to capitalize on this opportunity by encouraging increasing levels of collaboration. Key accomplishments over the project period to date include:

- ▶ CHDN has the respected and active participation of all ethnic health organizations;
- ▶ Joint training and regular coordination meetings between SHD and CHDN;
- ▶ Joint immunisation campaign and coordinated response to cyclone Komen by SHD and ethnic health organizations.



A woman is examined by a nurse from the state health department.

¹ Australia, Denmark, the European Union, Sweden, Switzerland, the United Kingdom and the United States of America



Without donor flexibility and careful navigation of the context, none of this would have been possible.”

Program Director

ADAPTIVE CAPABILITIES AND ENABLERS

PROJECT APPROACH TAILORED BY EACH LOCAL PARTNER

3MDG’s contextually tailored approach was built on an understanding of local dynamics. This foundation was laid during a six-month inception phase, funded by an initial grant of \$530,000 from the 3MDG Fund. The IRC used the period to build trust within the consortium through a small number of activities, while also working together to conduct a stakeholder analysis and develop a detailed budget and approach for the full project.

The inception phase was critical to crafting a project that responded to the heterogeneity and needs of the six ethnic health organizations. For the IRC and IOM, this was a period for building understanding of the different goals, capacities, and cultures of their partners. This allowed the consortium to present a nuanced approach to the 3MDG Fund, which had previously emphasized a standardized process whereby each township developed a single health plan that contributed to the achievement of a state-level health plan.

Instead, the consortium worked toward *organization*-specific plans that supported township and state plans. This approach was tailored to partners’ capacities and the specific context, which increased participation and ownership. At the end of the

inception period, the project grant was increased to \$8 million and extended to December 2016.



We didn’t initially ask for a detailed project proposal or budget. Instead we asked for an estimate of operational costs. We said we want you to implement a package of services, how much will it cost? They started with little funds – for interventions to react to needs, to get things started. They worked with all the partners – did (their) analysis, then provided us with a detailed plan.... Then came the contract and detailed activities.”

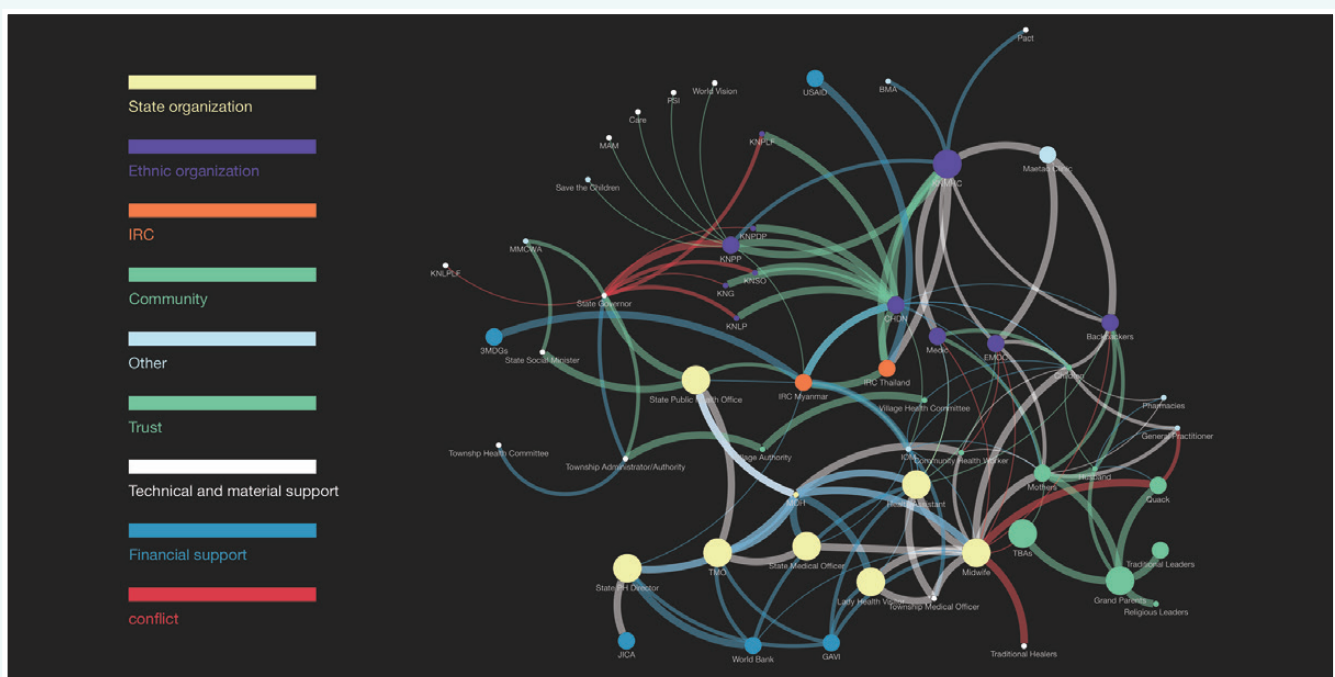
Donor representative



RELATIONSHIPS BUILT AMONG PARTNERS

To achieve the project’s goals, stakeholders from different sides of the conflict need to collaborate. To increase collaboration, the project team has focused the various parties on the overarching and shared ambition of meeting basic health needs, while managing the concerns and motivations of different actors and facilitating productive engagements. For example, activities like joint trainings have helped to build trust and personal connections.

In February 2016 the team conducted a social network analysis of actors involved in health care provision in order to inform its strategies and approaches. The analysis mapped state actors, ethnic organizations, community organizations,



Social network analysis of health actors in Kayah State: The IRC (orange dot) managed to build trust (green lines) within the network of ethnic health organizations (purple dots) and capitalize on opportunities for joint engagement between them and the state (yellow dots).

international organizations, donors, and mothers and children accessing care. Among those actors, the team identified connections of trust, technical/material support, financial support, and conflict. This data was visualized for analysis by the team (see diagram on page 2). The result proved invaluable for establishing a common understanding of the relationship dynamics in Loikaw, Kayah and for capitalizing on opportunities and addressing tensions.

The program team used the information from the social network analysis to strengthen relationships between partners over the course of the project. The CHDN is now recognized by all ethnic health organizations and is a respected partner of the SHD. These partners – CHDN and the ethnic health organizations on the civil society side, and SHD on the government side – hold regular coordination meetings, collaborate to organize joint trainings, and are able to engage in sensitive issues like immunization protocols in areas controlled by ethnic armed groups.



(The) IRC's role is about creating an enabling environment for change, rather than being the driver of it."

Project staff



The project is led by compromises within CHDN, and between CHDN and the government."

Project staff member



COMBINATION OF CORE AND OPPORTUNISTIC PROGRAMMING

The project partners and donors have a shared understanding that progress in a context like Kayah's is not fully predictable and does not follow work plans. However, as is often the case, the logical framework (logframe) that is used as the primary management reporting tool between the implementers and UNOPS does not reflect this complexity.

Appreciating the complexity of the context, UNOPS introduced a flexible funding line, which enabled project partners to

initiate a systematic and collaborative approach to identifying, analyzing, and responding to opportunities and needs. The project complemented core programming, in line with the logframe, with opportunistic programming that capitalized on emerging opportunities and/or mitigated risks.

Opportunistic programming facilitated some of the most significant relationship-building achievements such as the referral of complex cases from ethnic armed group-controlled areas to the SHD, and even a joint campaign between the SHD and ethnic health organizations to vaccinate 2,400 children in 80 villages against Rubella.



Photo: Peter Biro/IRC

A child is examined by the health team.



In a situation such as Kayah progress doesn't happen at a constant rate or necessarily in line with program implementation work plans. It rather is a start-stop process with slow periods, sudden spurts forward as well as some steps back."

However, the project logframe is: "outdated and too rigid... our major stumbling block to being flexible."

Donor representative

ADAPTING TO URGENT NEEDS FOLLOWING CYCLONE KOMEN

In October 2015, heavy rain from Cyclone Komen triggered a series of landslides in Hpa-saung Township of Kayah State. At least 28 people were killed, 60 homes destroyed, and 800 residents forced to temporarily relocate to camps opened on the grounds of schools and hospitals.

The 3MDG project partners shared information on the needs of affected villages, and then collectively determined how to respond. The SHD expedited the temporary evacuation of

those at risk of landslides in Kone village, while the CHDN, ethnic health organizations, and local partners rapidly distributed relief items to people in Lo Kha Lo camp.

The speed of the response was possible only because the SHD and ethnic health organizations had built sufficient trust from previous engagements to be willing to work together and permit access to one another, and the IRC was confident in the 3MDG Fund's resource flexibility.

CONSTRAINTS AND INHIBITORS ON ADAPTIVE MANAGEMENT

REPORTING BURDENS AND AUTHORIZATION DELAYS

Grant compliance and financial management burdens resulted in implementation delays for 3MDG. Though the relationship between the project team and donor was characterized by regular communication, mutual respect, and joint problem solving, various aspects of the bureaucratic requirements were inflexible and time consuming.

For example, the grant amendment that allowed for organization-specific (rather than township) health plans took five months and ten budget iterations to complete, cutting significantly into implementation time. As one staff member put it: “There is flexibility with funding, but it takes forever to negotiate.”

In a similar gap between intended flexibility and reality, the UNOPS team initially planned a relatively simple financial reporting system but instead reverted to more detailed and time consuming reporting system due to the discomfort of some staff on their side. The result was what a DfID representative called “overly onerous” planning and budgeting frameworks, which were perceived to be “quite inflexible and very time consuming.”

CENTRALIZED DECISION MAKING

The 3MDG project’s effectiveness has relied heavily on the decision making of a few champions within the project team and donor. These key people invested heavily in a thorough understanding of the context, and decided that this detailed knowledge was less critical for junior staff who were responsible for implementing more standard aspects of the intervention.

The dependence on a few individuals’ decision making has slowed down implementation, especially as communication can be difficult between Loikaw (the capital of Kayah State) and Yangon. More recently, efforts have been made to empower mid-level managers and to encourage deeper contextual understanding, in order to allow for more rapid and nuanced approaches to changing conditions or new information.

KEY REFLECTIONS

In some ways, the results for 3MDG have been slow in coming. However, as one donor representative put it: “Some political analysts think it’s amazing that (the) IRC are even there” and the project has created the conditions for future success in a challenging context. The progress made in coordination and collaboration among previously conflicting parties is arguably more impressive than the gains made in health outcomes, and the relationships built will contribute to further health outcomes going forward.

As the Program Director observed: “There has been a change in mindset over the past year. Whereas previously they (the SHD and ethnic health organizations) wouldn’t speak, now they seek to understand the other. They try to find common ground and are willing to compromise. This change has been brought about by building trust, which has been facilitated by making the most of opportunities for engagement when they arise. Without donor flexibility and careful navigation of the context, none of this would have been possible.”