

Women and Children First

Technical assistance on PLA groups to improve sexual and reproductive health and rights in Myanmar



Communities supported
78
Women, children and adolescents benefiting
60,000

Problem

Hard to reach, underserved ethnic minorities in Myanmar face increased barriers to demanding and accessing sexual and reproductive (SRH) services.

Approach

[Participatory Learning and Action \(PLA\) groups](#) were implemented within a project focused on improving sexual and reproductive health and rights for vulnerable, ethnic minority women and girls of childbearing age and children in Kachin and Shan States, Myanmar. Interventions also included health system strengthening delivered by Health Poverty Action.

WCF PLA groups

- 78 PLA groups, facilitated by local volunteers, were established with 10,617 members.
- Problems prioritised by groups included: diarrhoea, haemorrhage, obstructed labour, anaemia and pneumonia.
- Groups implemented local strategies: awareness raising, emergency funds, income generation – e.g. chicken rearing, stretchers and motorbikes for emergency transport, and WASH activities.

Results

- Number of women receiving 4 or more pre-natal care examinations increased from 26% to 38%.*
- Number of births assisted by skilled birth attendants increased from 57% to 65%.*

- Proportion of married women able to discuss FP issues with their spouse increased from 69% to 89%.*

Communities feel groups have:

- Increased their knowledge to facilitate early detection of risk factors in pregnancy;
- Built their capacity to address health problems;
- Empowered them to advocate for better services.

Lessons learned

- PLA groups have provided an important opportunity for women, adolescent girls and men to learn about RMNH.
- Due to low literacy skills, training materials and tools should be simplified even further.
- PLA groups work well within the humanitarian context of Internally Displaced People camps. See page below for more detail.

*Results driven by entire project, not only the PLA component. Source: Final Project Evaluation, IPE Global Limited

Partner

Health Poverty Action

Funder

UK Aid

Dates

2015 – 2018

Project population

85,000

Kachin and Shan States
Myanmar



Figure 1: PLA group membership

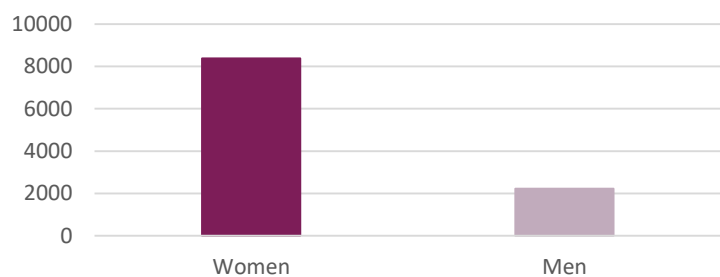
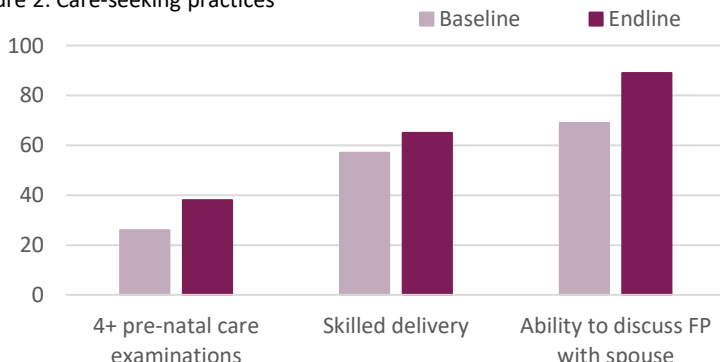


Figure 2: Care-seeking practices



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Experiences of PLA groups in Internally Displaced People (IDP) camps, Myanmar



Overall project

Participatory Learning and Action (PLA) groups were implemented within a project focused on improving SRHR for vulnerable, ethnic minority women and girls of childbearing age and children in Kachin and Shan States, Myanmar. The project was delivered from 2015-2018, with Health Poverty Action, and funded by UK Aid.

The IDP context

Over 91,000 people are displaced in Kachin. Three quarters (76%) are women and children and half (43%) are in areas beyond Government control where international actors have limited access, but where local humanitarian organizations operate. Logistical and security constraints, inadequate facilities, lack of medical supplies and skilled staff impact access to health care.

Basic education, health, food security and WASH services are available in these camps. Services are provided by local NGOs and INGOs.

PLA groups in IDP camps

Description

The PLA group engages community members concerned about mother and child health in groups and guides them through monthly meetings in a four phase action cycle to: a) identify problems; b) identify local solutions to these problems; c) plan and implement these solutions; and d) evaluate these solutions. 30 (of 95) PLA groups established are active IDP camps in Kachin.

Problems prioritised by groups

Common priorities included: anaemia, diarrhoea, haemorrhage, obstructed labour and pneumonia.

Solutions implemented by groups

Common solutions included:

- Raising awareness of:
 - Self care and care seeking
 - Personal hygiene
 - Dangers of smoking
 - Cooking for a balanced diet
- Advocating with services to provide food supplements
- Building of pit latrines
- Facilitating transport to health facilities through:
 - Building stretchers
 - Lobbying for motorbikes
 - Appointing focal person to coordinate transport in an emergency

Perceived impact

Communities feel groups have:

- Increased knowledge to facilitate early detection of risk factors in pregnancy
- Built capacity to address health problems
- Empowered them to advocate for better services.

Table 1: Factors facilitating and hindering the impact of PLA groups in IDP camps

Facilitating factors
Exposure to resources from local NGOs
Households in close proximity to each other
Social cohesion, willingness to help each other
Basic health facilities available
Hindering factors
Unstable political situation
Large number of activities provided by NGOs
Less representation of local government actors
Dependence on humanitarian aid

Figure 1: Number of pregnant women (PW) attending PLA groups compared to expected number of PW, per region

