**NATIONAL BEST PRACTICE UNIT**

**TACKLING INDIGENOUS SMOKING**

# Building together

Using partnerships to strengthen TIS program outcomes

# A story of partnerships... from the Silent Valley



"We have accepted you into our community, so what is your plan now... get your PhD and... go away...can you work with us?"

# So....?

**RESEARCH**                                                      **Open Access**

## "Everything is provided free, but they are still hesitant to access healthcare services": why does the indigenous community in Attapadi, Kerala continue to experience poor access to healthcare?

Mathew Sunil George, Rachel Davey, Itismita Mohanty and Penney Upton

George et al. International Journal for Equity in Health    (2020) 19:105    Page 7 of 15
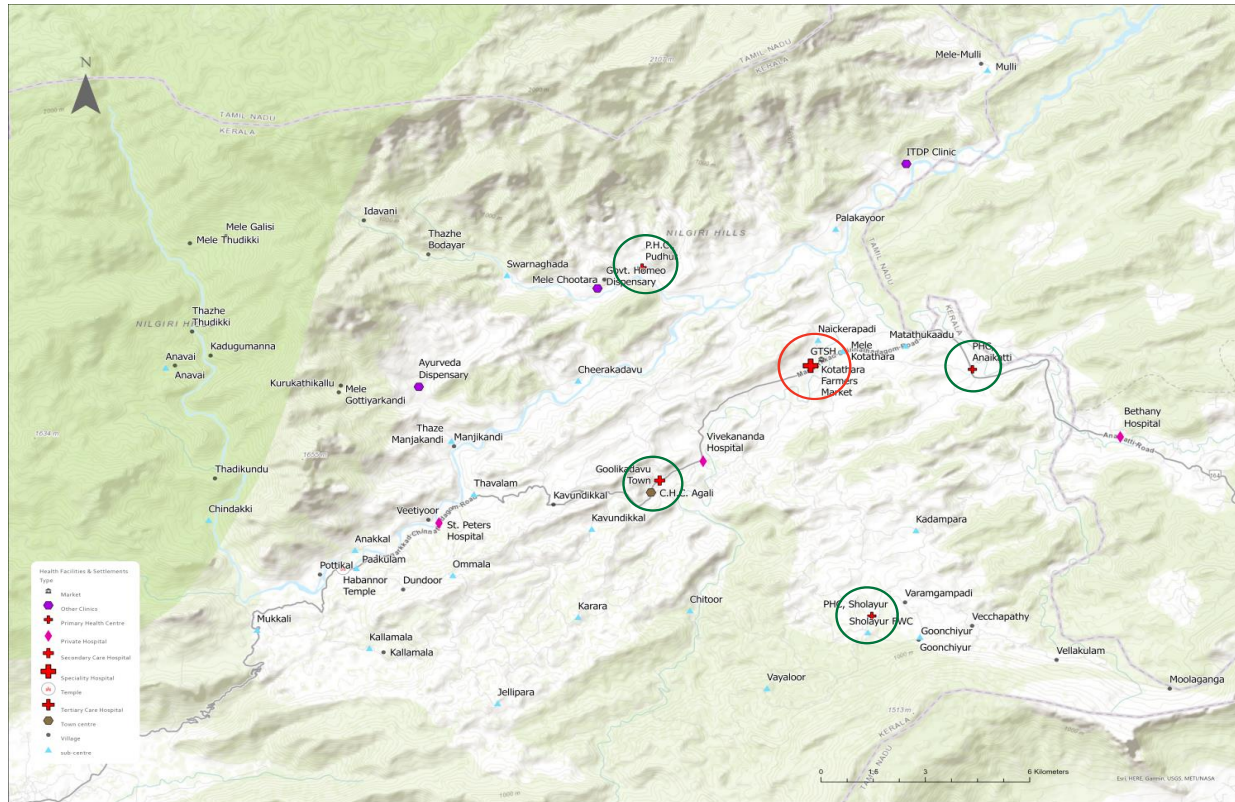
Such openness to Indigenous culture and traditions and the ability to negotiate and arrive at approaches that was culturally sensitive while being clinically acceptable was grossly lacking in the local health system at Attapadi.

**Lack of community engagement**
Several village chiefs pointed out that no one ever asked for their opinion regarding healthcare provision for their community. They felt that given their 'illiterate' status, doctors and other health professionals did not see their views as important. Healthcare staff did not inform village chiefs even when an MMU visited a village. They failed to use this as an opportunity to actively engage the community. MMUs would generally arrive at the villages after most of the community had left for their daily work. Village chiefs who were interviewed pointed out that if they knew details about the MMU's visit to their villages in advance, they could discuss it with the community and convince them to stay back in the village for that day. The exclusion of village chiefs and their councils - the traditional decision makers, was common across all programmes. Furthermore, a senior staff member from one of the health facilities revealed that while there was a hospital management committee with Indigenous representation, it was more focussed on the development of the hospital than on improving community engagement. This approach contrasted with the custom among the Indigenous communities where all common issues had to be discussed in village meetings and decisions arrived at by the community.

"Even though I am the village chief (moopan), nobody has asked me anything so far. Even the doctors who come here on medical camp they don't ask me for my opinion. They do things as they think is best. Our opinion is not taken."
Indigenous community FGD, TK 12

This lack of community engagement lead to initiatives with no value either to the community or the health system. Such initiatives gave the impression to outsiders and higher officials that efforts to promote community engagement existed, but in reality, these were nothing more than symbolic gestures undertaken as tick-box exercises. Another example was the feedback system provided at the tribal speciality hospital. None of the participants who had received hospital services knew about its existence. Furthermore, the feedback form was in English and Malayalam two languages that most tribals do not read. One of the doctors interviewed ac-

individual participants who had received healthcare services. One of the common issues raised in the interviews was how doctors did not spend adequate time examining patients or discuss their prognosis in detail with them.

"I was with my brother when he was being treated. They did not tell me why he was having this problem. They just told me I will have to take him to the hospital in Thrissur for treatment. Other than that, they did not tell me anything about it."
Indigenous community, IDI, TM7

The exclusion of the community from decision making processes related to the health system added to a lack of belonging that the Indigenous communities felt about the health system. A key informant who headed a well renowned tribal healthcare initiative in south India pointed out that unless there was strong community ownership, interventions carried out among the Indigenous were bound to fail.

"Here the golden rule is that everything has to be discussed with the community first; we have to take them along. It is not easy; it slows things in the beginning. But unless the community is on board, our work is not going to succeed in the long run."
Key Informant, IDI, KI 3

**Centralisation of healthcare services**
A network of healthcare institutions with trained staff and appropriate infrastructure was present in Attapadi (Fig. 1). In spite of this, most healthcare services including ANC were provided only at the tribal speciality hospital. The general trend among healthcare professionals at the Primary Health Centres (PHC) and Community Health Centre (CHC) was to refer patients to the tribal speciality hospital. When asked why they did not treat them at their facilities, doctors explained that this was because the tribal hospital had specialists and better facilities. In contrast, community members described being afraid to go to big hospitals away from their homes. Many described feeling disoriented in the tribal hospital, a large building with several rooms and offices. Even more worrisome was the fear that they would be referred outside Attapadi for treatment to a bigger hospital. Some of the participants shared stories of how they had travelled for several hours to reach the hospital, even though there were other health facilities closer to their villages.

"If someone falls sick in those villages, we are

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## NATIONAL BEST PRACTICE UNIT
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# What is the purpose of partnerships in the TIS program?

# Why emphasize partnerships?
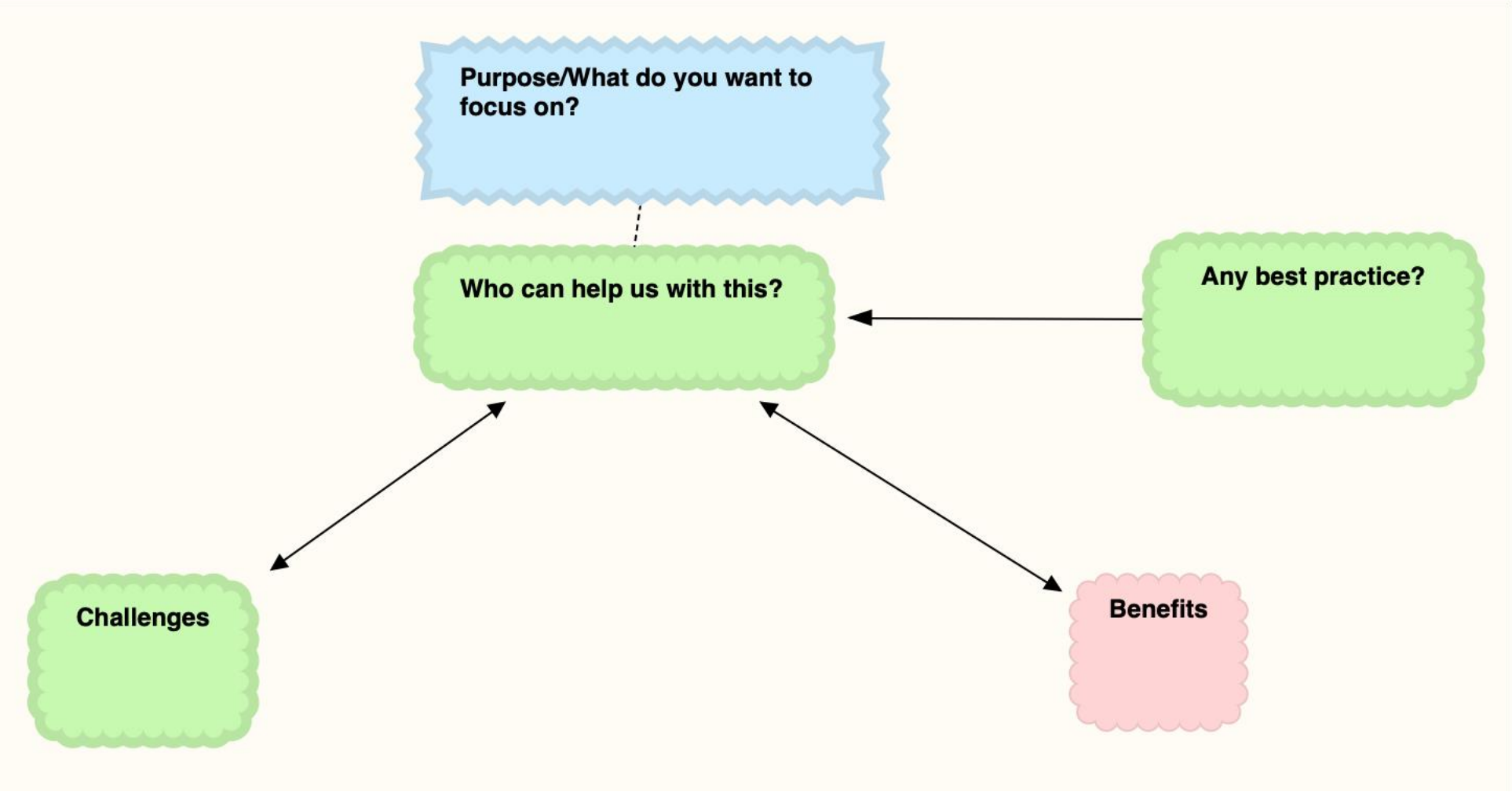
**Increase** reach of your team

Create **impact**

**Share** knowledge, resources, skills

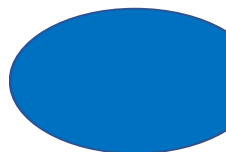Gain **access** to specific community groups

Making smoking **everyone's business**

# Group work

# Group work

Teacher
C
(friend)

# Effective partnerships

**Implement**  STEP 05

**Plan**  STEP 04

**Build**  STEP 03

**Scope**  STEP 02

**Explore**  STEP 01

CQI

# Keep the charge up...



Effective communication

Common values

Long-term commitment

Transparency

Shared learning

Contextual awareness

Organizational growth

Participatory processes

Moral support

# Some tools

## Partnership Survey

Use the template below to score the nine areas of partnership working on a scale of 1-10. You and your partner organisation should each complete the survey independently, then come together to discuss your scores. This way you can see what your strengths are and also work together to improve the partnership.

**Effective communication**
Straightforward communication based on trust and clear and simple reporting.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Common values**
A clear understanding of each other's values with mutual commitment to shared goals and responsible behaviour to each other.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Long-term commitment**
Commitment to supporting core activities

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Transparency**
Clear expectations of roles and responsibilities

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Shared learning**
Help with networking and cross-fertilization of good ideas, sharing of expertise.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Contextual awareness**
A deep understanding of the local context and work on the ground.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Organizational growth**
Support that allows partners to 'scale up' their work.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Participatory processes**
A strong emphasis that the relationship should be a partnership. The importance of sharing processes, for example around monitoring and evaluation.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

**Moral support**
A key factor (both ways) for keeping us motivated.

Disagree ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Agree

## Partnership Focus Group Discussion

Centre your discussion around the following questions:

**Effective communication**

What do you think about the quality of communication between our organisations?

Do you think it is straightforward communication based on trust and clear and simple reporting?

**Common values**

Do we have a clear understanding of each other's values?

Do you believe we are committed to shared goals and responsible behaviour towards each other?

**Long-term commitment**

Do our organisations have a commitment to supporting shared core activities?

**Transparency**

Are there 'clear expectations' of what is needed from each of us in this partnership?

**Shared learning**

Do we support each other with networking?

Do we share ideas and expertise to help both organisations achieve our core goals?

**Contextual awareness**

Do we share a good understanding of the local context and our work on the ground?

**Organizational growth**

Does our partnership support each of our organisations to 'scale up' our work?

**Participatory processes**

Do you feel this is a true partnership?

Do you think we have shared processes in place, for example how we monitor and evaluate the impact of our shared activities?

**Moral support**

Does our partnership keep you motivated?