

Topic 16. How to build and sustain partnerships?

A hand out from the project on “Integrated management of public health programmes at district level”

This project was developed by Incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual emerged covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaborates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration



**Developed by
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for the Society for Community Health Awareness
Research and Action, Bangalore.**

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Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **“Health For All”(HFA) vision** and the **Millennium Development Goals(MDG’s)**.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today’s challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are advised not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details (**see CD accompanying the manual**)

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers (**see list of contributors**).

This is **a work in progress**. The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to evolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - **a journey of strengthening district level public health management**.

Dr Ravi Narayan
SOCHARA-SOPHEA

16. How to build and sustain other partnerships?^{1&2}

General principles: *This chapter shares out the concept of partnership and its general principles. Partnership building is a major challenge for strengthening the public health systems and its management. There is need to build partnerships, within and outside the health sector for outreach of health as a collective responsibility.*

What does that mean? Who decides the partners? What is the force, which binds partnerships? These are some of the questions which this section will try to address.

Partnerships are built on

- Common interest;
- Mutual respect;
- Clear manageable common objectives;
- Commitment to contribute time, resources, energy and
- Mutual trust.

Partnerships should lead to:

- Significant social gains or reduction in the problems which the partnership seeks to tackle;
- Common goals, more productivity and welfare of the people;
- Strengthening of the programmes role as a catalyst for health sector
- Development and the efforts involved in establishing and maintaining the partnership should be worth it.

The concept of Partnership: Partnerships are alliances in which individuals, groups or organizations agree to,

- work together to fulfil an obligation;
- undertake a specific task;
- meet a common goal;
- share the risks as well as the benefits;
- review the relationship regularly and
- revise the agreements as necessary.

How to Build Partnerships?

The partnership should be built gradually through the following steps.

(a) Identify all potential partners in the district

- List out all government and non-government health care providers and institutions including civil society and private sector providers and all those from other sectors whose activities can support health programs or present challenges to them.

- Identify all those who are likely to be potential partners in the health programmes giving priority to those who are already doing some activities, that can be supportive of the health programmes.

(b) Involve in District coordination committee

- Involve some of the key representatives of associations of the health care providers, civil society and the private sector in the local Health committee described later

(c) Sensitize all the potential partners

- Involve all the potential partners by sensitizing them to all aspects of the health programmes of the district through
 - Informal personal interaction
 - Formal meetings
 - Communication handouts and newsletters.
- Those who show specific interest and enthusiasm can be further oriented through workshops and skill orientation sessions.

(d) Identify the role and contributions they could each make to the programmes.

- They could adopt health activities in their own work places.
- They could join health activities at the community level.
- They could participate in IEC campaigns, events, exhibitions and other programmes.

(e) Provide assistance to all the partners

- If these partners require they should be offered technical information and training support to enhance their partnership in the programme.

(f) Monitor and review the private sector partnership

- Each partnership should be reviewed regularly and the representatives of the health care providers, civil society and the private sector in the district coordination committee should participate in the monitoring / review of the control programme at the district level.

Coordination of partnership

The key partnership strategy at the district level is to evolve a health partnership coordination committee at the district level and support the development of local leadership potential through working together.

The health partnership coordination committee at the district level needs the involvement of at least the following:

- The District Administrator

- District Health Officer
- Health Officer designated for different health programmes
- Education Officer
- Agricultural Officer
- Public Works engineer
- Representative leaders of local / village self government
- Selected NGO/ civil society representatives
- Representatives of health care providers associations if any
- Public / private industry if any,
- Officers in charge of:
 - Water and sewerage
 - Irrigation
 - Rural and urban development
 - Social welfare etc

(The composition of this coordination committee will vary in each country and state and will depend on the resource persons available at district level)

Evolving the role of the health partnership coordination committee:

Step One

A coordination committee chaired by the district administrator and health officer as secretary will be the first step to ***develop leadership at the district level***. In keeping with the new philosophy of Health Intervention/ promotion partnerships, representatives of leaders of the community, NGOs and civil society, private practitioners and provider associations should also be included in the committee so that the ownership and the stakes of a much wider group are facilitated.

Step Two

The committee should evolve mechanisms for:

- Promoting participation - meetings, working groups, subcommittees focussed on special ideas.
- Sharing information - communications, newsletters
- Formulating strategic action plans for each department, sector, partner represented on the committee
- Implementation and its monitoring
- Fostering new partnerships - (new partners will keep joining as the programme evolves and spreads)
- Interdepartmental, intersectoral and inter-partner coordination.
- Reviewing partnership through regular monitoring and review

Step Three

Prepare IEC materials applicable for the district to motivate participation by all these sectors. Each member of the committee must be encouraged to plan IEC events in his/her own sector and increase awareness and involvement of the sector

Step Four

Communicate integrated Health Intervention/ promotion plans for the district to various sectors and partners involved in the programme through regular meetings and update.

Step Five

All members of the committee should facilitate the participation of the community as the central theme of the programme. (refer next section) Community mobilization will therefore be a shared responsibility.

Step Six

Constantly review the Health situation and programme with all partners, especially the community.

Developing capacity of leadership

The success of *District management* will rest on the capacity of district level officers placed in charge of the programme to carry out the above steps. For this purpose, they will need training /orientation to develop the following skills:

- Managerial and leadership
- Strategic planning
- Monitoring and evaluation
- Communication
- Networking and partnership
- Advocacy
- Community mobilization
- Resource mobilization
- Rapid appraisal procedures

Suitable resource persons and training centers from governmental and non-governmental sectors should be identified for this capacity building process through regular workshops and skill development sessions.

Partnership with Educational Sector**Why education sector?**

Children and youth are a very important group to be reached by IEC and other programmes because:

- They are the future citizens who should be made more aware of health as a responsibility and a right
- They are eager to learn scientific concepts and have great energy and enthusiasm that can be harnessed for field programmes and campaigns
- Elder children and youth can be motivated to get involved in civic society campaigns to sensitize them to civic and social responsibility.

- Children can carry messages home and pass on information to parents and other members of the family including persuading them to change their ideas and attitudes
- The role of children and youth in Health programmes and campaigns are increasingly being recognized all over the world and in the region.

What is the target population?

The partnership with the educational sector should be aimed at the following target population.

- Teachers, principals, and administrators
- School children and college going youth (6-21 year)
- School dropouts
- Children with no formal education
- Child labour and working children

The partnership will therefore focus on all the local schools – primary middle and high schools; colleges and vocational training centers and polytechnics; non-formal education programmes for school dropouts and working children.

What is expected from children and youth?

- know cause and control of common health problems
- how to change attitudes and practice preventive measures
- involve in health education campaigns to create awareness among community
- participate in preventive measures (in and around educational institution)

What is the role of partners?

- Inclusion of health education in school / college curriculum with a focus on common health problems .
- Motivation of students to participate in health campaigns
- Mobilize their participation in preventing illness and promoting health
- Involve them in community / family awareness programmes.

How to work?

- (1) List out all the educational sector institutions in the district, finding out details of the levels the number of children, teachers etc.
- (2) Request the Education Department / Directorate to send a circular to all schools / colleges to join the health initiatives in the district, and invite them to attend workshops/meetings.
- (3) Invite them to some meetings and workshops to sensitize / orient them to all aspects of common health problems in the area and how children and youth can be involved in them.
- (4) Involve the education department in celebrating health events by carrying out health activities on those occasion.
- (5) Exposing students and youth to various aspects of health and including health activities and experiments as project work in the curriculum.
- (6) Involve science clubs and science networks in increasing awareness about common health problems amongst children and youth.

- (7) Involve parents to initiate health promotion and prevention activities in their neighbourhood.
- (8) Conduct seminars / guest lectures / demo-exhibitions / field trips / essay competitions / debates appropriate to the level of schooling / education.
- (9) Initiating debates / competitions between schools, colleges, and universities on health problems and to create widespread awareness.
- (10) Including the practice of health activities by students and youth in scout movements, national defence and social service auxiliary corps.
- (11) Explore the possibility of inputs by teachers and students into fairs and festivals.
- (12) To support all these activities a small booklet on how children / youth can be involved in health should be prepared supported by posters and charts for wide distribution.

How to sustain the above activities

- (1) Regular meetings with teachers and staff involved in education should be held.
- (2) Capacity building/training sessions for volunteers, teachers and high school students should be organized.
- (3) Organize events at regular intervals to maintain the interest and tempo of awareness activities in the educators and the students / youth. E.g. a *Health Day/ Health action Day; a Health / Health action week or a Health / Health action month.*
- (4) Evolve separate Guidelines For Partnership with Agencies Involved In Non-Formal Sector of Education

Intersectoral Collaboration

Why partnership with other sector?

Inter-sectoral coordination is another important challenge in the *Management of Public Health*. Today there is greater knowledge about the development and *health strategies* that can lead *to a better participation* and *these strategies and methods* must be incorporated before starting *public health programmes* and *Interventions*.

Various other departments be it agriculture, industry, forestry, mining, power and irrigation, rural and urban development etc. can become partners in *Public Health Management*

Many departments like Railways, Transport and Communication, Defence, Industry and others look after large sections of the population their own staff and their families. They can take help of the Public Health Programmes for protective/ curative and thus protecting their own work force.

Inter-sectoral coordination therefore aims at involving all other sectors outside the health sector who contribute to the problem and who can also

participate in the solution and the programme. This inter-sectoral partnership/co-ordination is therefore urgent and crucial.

What should be done?

It is important for the programme managers to identify all the sectors in the district who can contribute both to the problem and to the problem solution. The partnership with each of these sectors will seek to:

- Orient them to important aspects of the *Public Health Situation and appropriate strategies for common health problems*.
- Identify ways and means by which their activities may be contributing to the problem/ situation.
- Identify ways and means by which they can contribute to the solutions.
- Evolve *Public Health measures /strategies* at their work places or for the populations / workforce they cover.
- Identify skills, capacities and other resources they may have which can be tapped to support the district level health programmes.

How it should be done?

- a) Identify all the sectors in the district that need to be involved in an inter-sectoral partnership. Identify their functions and their functionaries at district level.
- b) Dialogue with each of these departments / sectors through personal interactions and visits. In these discussions and visits, identify all the activities they can do to support the district health programmes. Also, identify the information they need and the capacities / skills that may need to be developed.
- c) Invite them to join the coordination committee and be part of the planning and strategy development process for the district.
- d) Through regular meetings, the partnerships can be evolved and operationalized.
- e) Training and or orientation or specific skill training sessions can be provided for staff of these sectors if they are required.
- f) Through regular meetings monitor and evaluate these programmes and constantly renew, adapt and make the partnership more effective.

[Different types of sectors will participate in different ways. District level partnerships should be evolved with each of them gradually.]

Partnership With Civil Society (Non-Governmental organizations and voluntary agencies)

The role of civil society especially the voluntary agencies (not for profit NGOs) is being increasingly recognized in planning and policy circles as an effective complementary/ supplementary strategy in health care programmes.

In the past, they have played this role without much governmental support. In recent years, a greater degree of collaborative effort is emerging as a policy alternative.

Why develop partnership with Civil Society?

Civil Society organisations have the following strengths :

- a. They are closer to the people and usually more aware of grass root realities.
- b. They have experience to work with more marginalised groups, the underprivileged and difficult to reach areas
- c. They are committed to certain values and principles.
- d. They often have a stronger development orientation and awareness building commitment and skill.
- e. This flexibility is a strength.

Civil Society organisation have often the following weaknesses:

- a. They are individualistic and not often linked by any integrated network.
- b. They are inadequately aware of governmental programmes.
- c. They have their own programmes and agenda.
- d. They are very diverse in their, ideology, type, size, distribution, linkages and competence.
- e. They lack adequate professional expertise, being stronger in motivation rather than in skills.
- f. They often follow fund driven or donor driven agendas.

It is a very important development that collaboration of government and civil society are being increasingly promoted in recent years. District Management for public health should take this new opportunity, as an asset for obtaining more civil society collaboration to reach the unreached population through various areas of collaborations. The evolving process of partnership should build on civil society strengths, and capabilities.

What are the avenues and areas of partnership?

(a) Building Community awareness:

Any community awareness programme should be relevant to the local context and hence working with the civil society as partners could greatly enhance the efficacy in the community awareness programmes. Developing IEC material relevant to the local context and carrying health messages through indigenous and local methods will have greater acceptability and adoption and could be a major role for civil society .

(b)Involvement of community in planning:

Most civil society organisations promote participatory methods that favours bottom up planning and ownership of the programme by the community. In the area of Public Health Management, this will be a good strategy and the government could use the expertise available within the civil society.

(c) Community mobilization for community action:

As mentioned earlier this is one of the great strengths of civil society. A recent example of this has been the role of civil society in the pulse polio programme. Similar strategy could be specifically adopted for Public health Management and Health promotion for other health problems.

(d) Early Diagnosis and prompt treatment:

As civil society organisations are the first level contact in the community, access to diagnosis and treatment could be made available nearer to the community. Civil society could be involved in case finding, fever treatment centres and stocking medicine and health education materials.

(e) Epidemic preparedness:

A few civil society organisations could be built as resource centres for epidemic preparedness. They could be trained in surveillance and monitoring the common health problems and initiating a response when these problems begin to increase.

(f) Building *Health* profile in area:

Civil society organisations could help in building a profile (socio-epidemiological) of *health problems* in the area using interactive participatory approaches and appraisal methods. These would help to understand community behavioural pattern and health seeking behaviour, which could be useful for effective strategy formulation.

How to build up partnership with Civil Society ?

The Partnership with civil society could be gradually built up by the following steps:

- (a) Identification of civil society organisation in the districts; The District coordination committee will develop simple tools to identify CSO's and their existing activities.
- (b) Setting up district coordination committee; Include the potential CSO in the coordination committee.
- (c) Define lead role that CSO's can take in *District level public health action*.
- (d) Sensitization and capacity building of the CSOs; The committee will conduct a workshop for the identified CSOs to sensitize them on the issues of *public health* and do a need assessment to look at gaps in the skills. This

committee will also identify resource persons in the district to build the skills of the CSOs,

(e) Information dissemination through the CSO's; Involve CSOs in development of appropriate information and programme guidelines for various activities for the CSO partners on the health issues identified. This in turn will be further simplified by the CSOs for community level dissemination. Information from the community also will be received, sometimes through the CSO at the district level for follow-up. This may be documented systematically or could be taken up for policy advocacy work.

(f) District level action plan; As member of the committee, CSOs are involved in development of action plan. These will include targeted intervention and preparation, development and distribution of IEC material. The district coordination committee will ensure that each district or even sub-district has an action plan worked with the help of CSO partners. This may be presented to the committee and queries clarified and approved. As decentralized local strategies based on local health situation will be the most effective strategy.

(g) Participatory planning and monitoring; The CSOs will be encouraged to use participatory tools for programme planning and monitoring. Other than this, they will also develop indicators as MIS for bringing out reports and to measure outputs.

(h) Monitoring and review; the committee along with the partner CSO's and community will conduct this review at regular intervals to give direction to the programme.

(i) Documentation; enhancing the documentation skills of CSOs involved in the programme are an important adjunct activity and should be promoted. Learning from field experiences both positive and negative are an important adjunct to group learning and CSOs and the government health team should be encouraged to do so, constantly.

Advocacy; CSOs could be strong advocates. Many health programmes have been closely collaborating with CSOs to advocate with political leaders, local leaders and public to obtain attention and support. The committee along with the partners, and CSO networks will take up local issues for advocacy. This may be at the local government level or at the district level.

Partnership with Private Sector

The Private Sector include the following at the District level Health care providers

- General private practitioners of all systems of medicine
- Private dispensaries, health centres, nursing homes, hospitals
- Laboratories and diagnostic centres
- Chemists and pharmacists

Non-health private sector Which includes

- Local industries
- Small-scale industries

- Construction companies and contractors
- Engineering firms and
- Other private companies.

Why private sector? because...

- The public health sector and government programme cannot reach all the people or make all the health gains on its own.
- The private sector already runs a large number of health related services that reach a large number of the population.
- The private sector has management, marketing, organizational and communication skills that can be harnessed to enhance a government programme.
- There are financial resources from the private sector that can be harnessed to support government programmes as their social/community responsibility.
- In some cases like very large corporate sector establishments or private industrial establishments they may provide townships for their own workers and their involvement to ensure that these townships do not allow unhealthy conditions to develop due to poor environmental management is necessary.

The partnership with the private/corporate sector should be evolved very carefully since the profit motives of private sector are strong and the government health programme must not become:

- a vehicle to sell specific goods or services or
- become compromised in any way due to financial support and any unhealthy practices related to their deployment.

To avoid conflicts of interest whether real or perceived – the concerned government programme while evolving the partnership must establish procedures that will ensure:

- **Final normative decisions are free from undue influence.**
- **Industry funding is not used for salaries of staff involved in normative decisions.**
- **Consultations and other normative activities never have their majority financing from the concerned industry.**

(Source: Partnerships for Health Promotion)

What are private sector partnerships?

While the partnerships should gradually explore all sectors of the private sector – each group must be involved in those aspects of the programme in which they have specific expertise interest and skill.

(a) Health care providers

- All health care providers at the health facilities level should provide scientific diagnosis and rational treatment of cases under their care.
- All of them should be made aware of the situation in the district and how to identify severe or complicated cases that need referral to centres that are equipped to handle these complications.
- All the health care providers at different levels of facilities should be involved in health education and IEC activities that provide all the information to patients and the communities from which the patients come simple knowledge about the do's and don'ts for, prevention, treatment and control.
- All of them should be encouraged to notify the health authorities about cases they diagnose or treat so that suitable public health measures can be taken including enhancing epidemic preparedness and response.

(b) Non – Health private / industrial sector

They could be involved at district level to provide the following supportive services to the programme.

- Financial resources for the programme
- Promotion and distribution skills
- Supporting IEC activities.
- Taking steps to provide healthy work place conditions in their institutional environs.

How to build partnership?

The partnership should be built gradually through the following steps.

(1)Identify all potential partners in this sector in the district

- List out all the potential private sector partners including practioners and instituions in the district.
- Identify all those who are likely to be partners in the health programmes giving priority to those who are already doing some activities, that can be supportive of the programme.

(2)Involve in District coordination committee

- Involve some of the key representatives of associations of the health care providers and the private sector in the local Health coordination committee described earlier

(3)Sensitize all the potential partners

- Involve all the potential partners by sensitizing them to all aspects of the health programmes in the district through
 - Informal personal interaction
 - Formal meetings
 - Communication

- Handouts and news letters.
- Those who show specific interest and enthusiasm can be further oriented /trained through workshops and skill orientation sessions.

(4) Identify the role and contributions they could each make to the programmes.

- They could adopt health activities in their own work places.
- They could join health activities at the community level.
- They could participate in IEC campaigns, events, exhibitions and programmes.

(5) Provide assistance to all the partners

- If these partners require they should be offered technical information and training support to enhance their partnership in the programme.

(6) Monitor and review the private sector partnership

- Each partnership should be reviewed regularly and the representatives of the health care providers and the private sector in them district coordination committee should participate in the monitoring /review of the control programme at the district level.

Private practitioners and District Public Health Management – A special challenge

In many South Asian countries the treatment of common diseases and health problems has become quite irrational.

- A wide variety of irrational combinations and regimes often at high cost are prescribed for patients suspected to have common problems
- The illness episode is often exploited by the use of injectable preparations and other adjuncts not in consonance with rational care guidelines.
- The standards of clinical diagnostic facilities are falling and very often practitioners prefer symptomatic treatment rather than sending for a confirmatory laboratory diagnosis.
- Quality of medicines is variable.
- Quality controls and checks are poor in laboratory facilities and drug procurement systems.
- Some degree of medical misinformation also prevails due to medical representatives from some companies making unscientific claims about the superiority of their products over others available in the market particularly generic drugs in the government programmes.

Irrational medical practice is therefore a major problem, which should be urgently tackled.

How to tackle irrational medical prescription ?

- (1) Regular continuing Medical Education sessions on Rational care in consonance with national Treatment guidelines. These can be organized by :
 - The District Level Public Health manager (district level)
 - Local professional associations
 - Local medical colleges and other health training institutions.
- (2) Rational treatment guidelines should be prepared as pamphlets, booklets, charts, calendars or handouts and widely distributed to all the practitioners and pharmacists in the District.
- (3) All practitioners should be encouraged to notify cases of which they diagnose and treat, to the district or sub-district level health authorities so that suitable follow up measures can be taken by the manager and his team.

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Further Reading on partnerships

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