THE ROLE OF TRIBAL PEOPLE’S PARTICIPATION IN A GOVERNMENT LED COMMUNITY HEALTH WORKER PROGRAM

FINDINGS OF A QUALITATIVE STUDY WITH THE KATTUNAYAKAN COMMUNITY IN KERALA, INDIA

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Community health workers (CHWs) are key in bridging the gap between the health system and the community.

A tribal CHW program was launched in 2016, named “Oorumithram” in Kerala, India. Ooru means tribal hamlet, and ASHA is the name given to CHWs under India’s national program.

Tribal communities are the direct intended beneficiaries of the services provided by Ooru ASHAs, but also play a role in their selection and support to complete their tasks.

Research Objective:
To understand how community participation was envisaged and manifested in the Oorumithram program.
METHODS

- Qualitative descriptive analysis as part of a larger tribal health implementation research study
- Larger study employed purposive criterion sampling while theoretical sampling was employed for this sub-analysis
- Data Collection: Key Informant Interviews, In Depth Interviews, and Group Interviews
- Permissions were secured from health, tribal welfare and forestry department officials as well as local leaders at state, district, and hamlet level
- Individual written or audio-recorded informed consent was obtained from participants
- Thematic analysis using ATLAS. ti 8

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<th>Participant Profile:</th>
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<tr>
<td>Category</td>
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<td>Tribal Community Workers</td>
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<td>Community leaders and CBO actors</td>
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<td>Scholars</td>
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“It is very important that all households should collectively co-operate with Ooru ASHA…Ooru ASHA should look after pregnant cases and children. She should do the necessary arrangements to bring them to the hospital during emergencies…and also should help us to get financial assistance…It will definitely help us to improve our health.” (GI_03)

Even an ASHA (CHW) has to act as a catalyst only. She must only be a person who is involved in the service delivery system. The involvement, leadership and decision making must come from within the community itself. It is not there in our state.” (KII_29)

“They (community members) will select two persons through the Oorukoottam meeting. They can select whoever they want...Then we summon those two selected persons for the selection process.” (KII_37)

They (community members) won’t come for sure (as there is no sense of collectiveness among community members)... If we say anything or do anything, we think that it would be beneficial for everyone and all the community members should stand with us without any second thought. But they never do that. If a meeting was called for discussing such important things, only half of the people will go for it. (GI_04)
CONCLUSIONS

- Community participation envisaged in the Oorumithram program happened diverse across project areas. Whilst some communities participated actively as envisioned, some CHW selection was based on prior engagement with the health system.

- Varying community priorities resulted in a mismatch between envisioned and actual roles of community.

- A policy formulation on mandating tailored community participation strategies is required for designing new programs.

LIMITATIONS

- The questions for data collection were framed with the focus on the larger study. Hence, specific questions for this analysis on selection of CHWs and community’s role was not a priority probe, resulting in limited responses from the participants.

- In-person data collection could have provided more nuances regarding community participation. However, due to COVID 19 pandemic restrictions, data collection was partially carried out through telephonic interviews.
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