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Forging Two-Way Partnerships in Global Health

Introduction

In 2016, *The Lancet* published the first systematic analysis of the geographical distribution of university global health partnerships, abbreviated as GHPs. The rising popularity of global health as a field has led universities and NGOs to establish GHPs with organizations in developing nations. At its ideal state, this partnership model stresses open communication and listening, allowing each partner to voice their needs for themselves and strip away the insidious hierarchy in global health work. However, in a 2011 article published by *The Lancet*, professor Johanna Crane argues that the field of global health has become a “21st-century scramble for Africa by US universities.” Crane notes that “true partnership is especially challenging in global health, in which institutions must forge collaborations across sometimes staggering inequalities” (Crane 2011).

GlobeMed at [university name] is currently partnered with the Shirati Health, Education, and Development (SHED) Foundation in Tanzania. During the summer of 2016, the two of us [university name] undergraduates, lived in Shirati for nine weeks, sponsored by a [university-affiliated] Independent Project grant. As interns for SHED and advocates for GlobeMed at [university name], we worked to strengthen our organizational relationship via two projects: 1) build a school desk carpentry program to pave a foundation for SHED’s own construction business and 2) provide schistosomiasis and hygiene education as well as a project evaluation on the Ministry of Health’s mass drug administration work.

While we believe in the ideal of the true global health partnership, achieving this optimal state is much easier said than done. Work in the global health field remains plagued by its deep imperialistic past. Too often, donor-driven cultures within non-profit organizations impede meaningful discussions on community needs. Stereotypes about well-to-do foreigners results in

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assumptions that hinder progress and open communication. Such was our GlobeMed experience with SHED.

A national movement...of school desks?

Initially, we planned to work on a schistosomiasis mass drug administration (MDA) campaign with SHED. We laid out the details months in advance and obtained IRB protocol approval for testing our campaign design. However, a few days before leaving home, we received an email from SHED informing us that the Ministry of Health had initiated a schistosomiasis and worms MDA for all primary schools in the Rorya district of Tanzania, essentially eliminating the need for us to conduct our planned summer work.

In the chaos of our 48-hour flight and arrival in Shirati, we scrambled to re-pivot and plan a new project, a common theme strung throughout stories of global health fieldwork. And thus, we were catapulted into the school desk movement.

As of June of 2016, the President of Tanzania, John Magafuli, had been in office for 7 months. By that time, the election rioting in Tanzania had fizzled away, though the occasional street conversation regarding Magafuli's new, radical reforms lingered. Magafuli promoted the development of rural Tanzania and created a policy for free primary school education. Consequently, school attendance skyrocketed, and in June 2016, Magafuli was spearheading a school desk construction campaign to provide for the new influx of students.

Before this desk initiative, overcrowding plagued schools: television advertisements streamed short films of five to six school children squeezed together on a single bench meant for three. The kids rocked back and forth on the unstable wooden bench legs. After Magafuli launched his campaign, each town we passed while driving across the Mara region had a mountain of three-seater school desks piled on the side of the road. The way Magafuli had mobilized the entire region amazed us. Indeed, a national movement! For primary school desks!

Our main collaborating school was Shirati Primary, a two-minute walk from the SHED complex. Although we attempted to time our first visit to the school during their typical lunch break, upon entering the school, we found an empty schoolyard and that all students were still in class. We retreated embarrassed, but not before a few students spotted us and whispered to their peers in amazement, "mzungu!", Swahili for "foreigner!" Suddenly, a river of children dressed in identical uniforms rushed towards us as we failed to escape the schoolyard in time, distracting all the students from a lesson their headmaster was teaching. Despite their excitement, they

remained at a distance, forming an invisible circle around us. Following closely, the headmaster walked out to greet us as well.

Although we apologized profusely, the headmaster seemed unfazed by our intrusive entry. He promptly gave us a tour of the school, dismissing the children from class, and showed us a classroom filled with broken wooden desks. Dilapidated pieces of wood piled together had been stamped with the phrase “DONATED BY NMB.” The marking signified that these desks had been donated by a Parliamentary member. Shaking his head in contempt, the headmaster said that the donation was made to increase the Parliament member’s chances of re-election. However, the cheap materials and woodworking had rendered much of the original donation useless. Further, the potholes disfiguring the concrete floors of the Shirati Primary classrooms rapidly aged the lifetime of the poorly constructed, donated desks.

In this respect, this donation reflects a donor-driven culture, one that promotes giving as a means to an end. Whether motivated through political campaigning or resume buffing, this counterfeit charity becomes reflected in shoddy work. By the way, this member of Parliament is currently in office.

To combat this issue, we researched how to create the optimal desk design: highest quality, able to withstand the uneven floors, and lowest cost since we were limited by our GlobeMed at [university name] fundraising efforts during the 2015-2016 academic year. GlobeMed at [university name] was the sole funder of this project, as SHED lacked its own source of income. Determined to avoid instances of pseudo-donation and develop something lasting and meaningful with Shirati Primary, we set up meetings to review all grueling details of what it would take to construct high-quality desks. Our American notions of “organized” involved scheduling ahead of time, consistent communication, and Excel budget sheets, yet in Tanzania, meetings would spontaneously relocate from SHED to Shirati Primary. Indeed, our American notion of organization threw itself out the window. At first, we attempted to force the planning process our way, insisting people arrive on time and wrongfully exercising our power as the funders. We felt high stakes on the school desk project and wanted to deliver high-quality products. Towards the end of the project, we realized that we were reinforcing stereotypes about American donors with their big money, big personalities, and data obsession. Partnership with SHED meant an acceptance of their organizational culture.

Our “global health” summer internship turned into lessons in wood planing, the process of smoothing wood surfaces, and metal welding. However, our goal in partaking in this project was to build the foundations for a carpentry business owned by SHED, serving as a potential source

of income for the non-profit. We had dreams of attracting the attention of the District government as potential customers--which fortunately came true. One day, a District official visited Shirati Primary to see our work in progress, hearing the gossip that mzungus had been working with Shirati Primary on school desks.

Since Shirati Primary is a public school, our work needed to be approved by the government. As such, government officials oversaw the official donation hand-off process of our desks. SHED, concerned that officials would attempt to take credit for the handiwork (funded, researched, and executed by GlobeMed with SHED), encouraged us to paint the words “DONATED BY GLOBEMED/SHED” on the side of the desks. We shied away from this idea, feeling that such a message reinforced ideas of charity as an achievement. On the other hand, we felt the same bitterness that SHED and other Shirati residents felt under what some perceived as a corrupt and opaque government. The desks have all been marked with the donor names--GlobeMed and SHED.

While the school desk project continuously tested our patience and flexibility, it allowed us to reflect deeply within ourselves and dismantle our embedded Western notions of donor-driven culture of communication and project work. During our collaboration with other organizations throughout the summer, we continued to expand upon this lesson in global health fieldwork. This is simply a single story.

Education: the path to getting there... literally

These power dynamics were evident in the process of setting up our schistosomiasis hygiene lessons. Local schools agreed that this education was something important to pursue even after the MDA carried out by the government.

We all sat under the bunda, telling each other to relax, but feeling our heart rates rise with anxiety. We were officially 30 minutes late for our meeting with the headmaster of Kirengo Primary school and still waiting for our scheduled ride. Someone from the SHED office eventually called a taxi for us, laughing and telling us we were not considered even remotely late for “Tanzanian time.” Thankfully, the taxi arrived soon after, and we made our first stop by the Maji Safi office to pick up our translator. Maji Safi (“clean water” in Swahili), a non-profit organization based in Shirati and dedicated to clean water access and education, had allowed us to work with one of their community health workers. Resolving these minor logistical obstacles remained out of our control because of our limited language and cultural understandings. We constantly needed to remind ourselves to adapt to local norms and work with people fluidly.

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When we pulled up to Kirengo Primary, we were greeted by a smiling headmaster who seemed confused at our apologies for having arrived one hour late. Little did we know, this was not the school we had planned on visiting. There were two primary schools in Sota, and the taxi driver had misinterpreted our destination. We sat down with the headmaster and gathered routine information about class size and school hours for our teaching the following week. As we headed back to the taxi afterwards, students watched us with wild curiosity, something we had grown accustomed to. As we were leaving, we were engulfed by a cloud of children banging on our car. They ran alongside the moving vehicle, close enough to make us cringe at the danger. Students shouted after us enthusiastically until the taxi driver shooed them away and we sped off towards home.

Every school was eager to have us over. They would stall many of their usual activities during our presence, without us ever asking them to do so. They instructed us to do whatever we wanted, in some way giving us too much power. Nonetheless, we insisted upon hearing their opinions on what they considered project priorities, so as to not fall into the trap of stepping over something that may be important to them.

One week later, we started our hygiene and schistosomiasis lessons by showing a video about basic hygiene practices, produced by ourselves and acted out by Shirati Primary students. Paradoxically, language presented the most direct challenge in the classroom. Classrooms are spaces in which people exchange knowledge via different forms of communication, and communication is founded upon language. One day, we were working with 5th graders on a narrative about a child infected with schistosomiasis. We asked the interpreter to translate a question for the class: “where should you use the bathroom?” A student stood up and responded, resulting in the entire class bursting out in laughter. The translator replied with a chuckle and a short dialogue between him and the class. We tried to understand their exchange, but our translator could not simultaneously interpret and speak with the children. In these moments, it was important to remain calm and not be overwhelmed. We had to understand that not everything could be under our control. Ironically, even though we had prepared the education material, we found ourselves entirely reliant on the translator, who was our only voice in the classroom.

We had decided to perform a small-scale evaluation of the government’s MDA since there was no local feedback on the process. We wanted to observe how each school perceived the intervention and how it might have directly impacted students’ health, in order for SHED to build on successes and avoid repeating preventable mistakes in future treatment campaigns. We

also used this opportunity to assess common hygiene practices in children's families, which would inform future education plans. Therefore, after our lesson, we chose five children from each classroom to answer questions about how the Ministry of Health had conducted their schistosomiasis treatment campaign. We asked them whether food was provided when taking schistosomiasis medication, whether they vomited after taking the pill, or if they knew what the medication was for. The survey respondents at Shirati and Mkoma said their schools provided uji, a type of rice porridge and staple in Tanzania. Only six of sixty students surveyed across both schools indicated that they vomited after taking the pills--a sign of schistosome worm presence. In addition, 70% of respondents from the two schools said their families treated drinking water by boiling.

One day, before visiting our last school, the director of SHED informed us that "the immigration officers had returned, looking for us again." Though we had appropriate volunteer visas, the immigration officers demanded SHED pay a \$200 per person fee in cash due to the presence of foreign "employees." The immigration office would not back down from their blatantly dishonest request. As such, we were forced to stop teaching at the schools. Now unable to conduct our planned lessons at Kirengo Primary, we realized we had misled this school again by confirming a date for our teaching and having to cancel a few days before our scheduled time. We were angry and felt betrayed: we could not finish what we had worked so hard to achieve. We had worked all summer, sharing ideas with students that could have been the children of these immigration officers, and now the officers forced a hand to prevent us from continuing this work.

However, this issue extended beyond us. The immigration officers craved money to support their families with no voice of authority to stop them. Organizations either paid that fee without protest or stayed out of sight of the officers. Our silent rage could not change the system in place, one stemming from a cultural context alien to us. They exerted a power that we did not have the tools to fight back against. And such it seems as if the traditional power roles reversed.

Conclusion

Living in Shirati for 9 weeks endowed us with a new perspective on work and on the pace of life in foreign cultures. It is easy to jump to conclusions about how the concept of time differs in Tanzania: it slows processes down, it drags work out, it is less organized, maybe less reliable. Ironically, sometimes it is just that: they *take time*, something Americans too often forget to do. This summer, after a meeting started, we always had everyone's full attention, without any distracting smartphone notifications. Carpenters would stay after meetings to discuss

their desk plans with us, and children voluntarily stayed at school after class to hear more of our lessons. The presumptions about how time should be managed is an example of the “assumed values” that foreigners bring with them. These seemingly trivial thoughts hinder positive outcomes. Therefore, partners need to work together in the local context, as opposed to “fixing” each other, or getting stuck on logistical challenges.

Working closely with a partner organization in an unfamiliar community was, at times, a true challenge. From small complications like a malfunctioning printer to larger issues like absentee taxi drivers, we accumulated an unnerving number of obstacles. However, we realized that pushing against these problems could not help us resolve them. Rather, we had to understand the community dynamics and adapt ourselves in order to continue expanding and contributing towards the existing work being done by local organizations like SHED. Working through the partnership model, we strived to dismantle the traditional power dynamics of donor and recipient that often interfere with global health work.

However, in a sense, power dynamics were inevitable. On the one hand, we needed SHED’s knowledge of the local community and communication tools to carry out projects, allowing the organization executives to have the final say on major project decisions. On the other hand, we were perceived as “rich” investors by certain Tanzanians. Therefore, we were often granted excessive liberty to do whatever we wanted at the primary schools, which in fact made our work more difficult, as the school headmasters avoided expressing their needs clearly. We had to navigate these power dynamics with grace-- at times raising our voices, and at others encouraging our partners to take the lead.

Thus, through the partnership model, SHED brings the essential knowledge, cultural capability, and technical expertise. They know their local carpenters: the hard-working ones and the ones who cheat on business deals. SHED knows the cost of lumber and how much we should compensate carpenters for their work. They know who in Shirati has political influence in local schools. GlobeMed brings an outsider perspective to the local environment and allows for the growth of new ideas. Ideas that innovate classroom instruction methods or demonstrate the power of establishing more partnerships between SHED and other local non-profits. Communication is the key to any partnership, and this means listening and compromising more so than talking.

A partnership favors the voice of many. Talking and understanding everyone’s side of the story to meet in the middle is the road to progress. Building respectful and constructive relationships to give a platform for all takes time and cooperation. Global health partnerships still present a

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unique opportunity to revolutionize how we address global health--as an act of listening, deep community engagement, collaboration, and a balance of power to provide a multiperspective approach to service.

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