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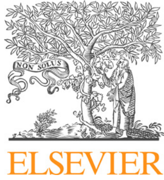

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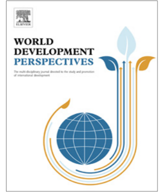

Case report

Dynamics of multi-stakeholder engagement and its role in achieving high compliance of a tobacco control programme

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ABSTRACT

Partnerships with the local administration and other stakeholders is proposed to achieve high compliance of smoke-free law but rarely practiced. The current study proposes a sustainable multi-stakeholder model and examines its process to establish a smoke-free jurisdiction. Impact of multi-stakeholder engagement was assessed using a cross-sectional observational design. Various stakeholders including the District Health Administration, local NGOs and associations were engaged to achieve high compliance of a smoke free law (Cigarettes and Other Tobacco Products Act, COTPA). Study adopted a twin strategy i.e. use of legal mechanisms to push local authorities into action and at the same time, raising public awareness of the smoke-free law through rallies, seminars and talks by involving NGOs. Using a checklist 210 public places in Fatehgarh Sahib district were monitored for the evidence of active smoking, display of no-smoking signage boards and signs of recent smoking. Involvement of various stakeholders helped to achieve 90.2% compliance for section 4 of COTPA. It was achieved by bringing together the government machinery and the civil societies together, which is crucial for the sustainability of tobacco control efforts. The highest compliance was observed at government buildings and transit points (92.5%), followed by health facilities (91.0%). Multi-stakeholder partnerships should be promoted for effective implementation of smoke-free laws. It also enhances community engagement, compliance and sustainability of a tobacco control programme.

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1. Introduction

Second-hand smoke (SHS) causes more than 600000 deaths per year worldwide, which are preventable (WHO, 2008; Öberg, Jaakkola, Woodward, Peruga, & Prüss-Ustün, 2011). World Health Organization (WHO) recommended that all indoor public places and workplaces should be 100% smoke-free to avoid exposure to SHS (Taylor & Bettcher, 2000). Following this, India enacted a comprehensive national law for tobacco control in 2003, i.e. Cigarettes and Other Tobacco Products Act (COTPA) under the aegis of Framework Convention of Tobacco Control (FCTC) WHO, 2005; Dawson & Singh, 2009. Under Section-4 of COTPA, smoking at a public place is prohibited.

There are guidelines to achieve and maintain high compliance of smoke-free law, which recommend the involvement of local administration and other stakeholders including non government organizations (NGOs) but they are rarely practiced (WHO, 2005; Lal, Wilson, & Singh, 2011; Goel, Ravindra, Singh, & Sharma, 2014; Hopkins, 2011). Against this background, current study assesses the impact of multi-stakeholder approach to achieve high compliance of a tobacco control programme. The study also evaluate and propose dynamics of a multi-stakeholder engagement to understand the key motivational factors and challenges faced by various stakeholders to successfully implement a tobacco control programme in other cities and countries.

The study was conducted in a rural district (Fatehgarh Sahib) of Punjab with a population of 599,814 (Census of India 2011). Majority (69.1%) of the population in Fatehgarh Sahib reside in rural area having average literacy rate of 80.3%. Impact and process of multi-stakeholder engagement was assessed using a strategic approach, whereas compliance of tobacco smoke-free law was observed using a cross-sectional observational design.

2. Synergizing Stakeholders by Twin strategy

As a first step, a tertiary care medical research institute and District Health Authorities agreed to achieve the status of tobacco smoke-free environment at the public places. Following this,

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District Commissioner (DC) was briefed regarding the implementation strategy for prohibition of tobacco smoking at public places. Frequent meetings of the District Tobacco Control Cell (DTCC) were convened to involve various stakeholders and deliberate upon the project plan, timeline, strategies, manpower and logistic requirements etc. The DTCC had representatives from various sectors as shown in Supplementary Fig. S1. The members of the group were sensitized about the hazards of tobacco smoking and SHS and a project implementation committee was formed involving multiple partners from academia, administration and NGOs.

Study adopted a twin strategy to synergies the various stakeholders i.e. the use of legal mechanisms to push local authorities into action for an implementation of smoke free law and at the same time involving various NGOs to raise public awareness. A total of 14 NGOs were mobilized to join hands and work together for a smoke-free district (Fig. 1). Each NGO/association was allotted a separate geographical block where they were responsible for improving the overall compliance of public places to the provision of COTPA and raising public awareness.

A training of trainers was organized to produce a pool of master trainers at the district level. The master trainers included the district epidemiologist, food safety officer, mass media officer, sanitary inspectors, school health coordinator and NGO representatives. The master trainers then trained 27 field investigators who conducted the compliance survey. The District Administration used penalty receipt (challan) books for compounding offences under Section 4 of COTPA. The penalty receipts were distributed to all authorized officers, including those from the health and police departments. These officials were oriented to monitor violations and issue penalty receipts under COTPA.

Public places were divided into 5 types of categories namely educational institutions, health care institutions, restaurants and bars, government buildings and transit points (bus stand, railway stations). A category wise list of public places was collected from the local administration which became the sampling frame. A proportionate sample was obtained from each category of public places by simple random sampling to arrive at the desired sample size (n = 210). The sample size was calculated based on expected compliance rate of 80% and margin of error as 10%. A total of 10% of the public places were also verified by the study investigators.

A structured observational checklist adopted from John Hopkins was used, which includes monitoring of public places for evidence of active smoking, display of No-smoking signage boards, signs of recent smoking smell of tobacco smoke, ashtrays, matchboxes, bidi (thin, hand-rolled tobacco flake filled Indian cigarette) and cigarette buds (Johns Hopkins, 2011). The compliance survey was done at unannounced timings and during the busiest hours. Field investigators after taking informed consent observed the assigned location for 20–30 min.

3. Process and Dynamics of Multi-stakeholder Engagement

Before engaging the multiple partners, the baseline survey showed an overall compliance of 69% at public places. Impact of multi-stakeholder engagement was assessed by conducting an end-line survey. Trained field investigator visited 210 public

Fig. 1. Map of Fatehgarh Sahib District and location of blocks allotted to various stakeholders for smoke-free campaign.

Table 1
Category-wise compliance of public places for smoke-free law in end-line survey in Fatehgarh Sahib, India.

Category of public place	Health institutions N = 26	Educational institutions N = 80	Government buildings N = 51	Hotels and restaurants N = 22	Transit points N = 31	Overall compliance N = 210
No active smoking	26 (100)	79 (98.7)	51 (100)	22 (100)	31 (100)	209 (99.5)
Signage displayed	22 (84.2)	69 (86.25)	46 (90.2)	18 (81.8)	29 (93.5)	184 (87.6)
Signage complying with the law	20 (76.9)	60 (75.0)	43 (84.3)	14 (63.6)	27 (87.1)	164 (78.1)
Free from recent tobacco smoke/smell	26 (100)	79 (98.5)	51 (100)	21 (95.45)	30 (96.8)	207 (98.6)
No beedi /cigarette buds	24 (92.3)	68 (85.0)	46 (90.2)	18 (81.8)	26 (83.8)	182 (86.7)
Absence of ashtray /match box/lighter	24 (92.3)	71 (88.7)	46 (90.2)	20 (90.9)	29 (93.5)	190 (90.5)
Overall compliance	142 (91.0)	426 (88.75)	283 (92.5)	113 (85.6)	172 (92.5)	1136 (90.2)

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