Building Partnerships

Leadership and
Strategic Management
for TB Control Managers

World Health Organization
Regional Office for South-East Asia

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Module 8 | **Buliding Partnerships**

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Acknowledgements

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Introduction

As a Tuberculosis Control Programme Manager, you are aware that effective TB control services can no longer be a function of the public health system alone. Experience with planning national TB programmes has led to the recognition that the public health sector alone cannot meet the requirements posed by increasing case loads, while simultaneously tackling all the cultural, social and economic factors that influence tuberculosis as a disease. For effective implementation of the DOTS strategy and in order to increase the reach and application of DOTS, it has become clear that it is necessary to identify and reach out to all health care providers in both the public and private sectors and further, to other stakeholders in non-health sectors. It is essential that patients, their families and communities are also included in the fight against TB.

This module helps you to identify potential partners who can contribute to national TB control efforts and ways to develop and strengthen these partnerships.

This module also helps you to answer the five important questions regarding partnerships:

(1) Why do we need partners?

(2) In what areas do we need partners?

(3) Who do we need as partners to help us in these areas?

(4) What do we need to do to build effective partnerships?

(5) How do we make sure that everyone benefits from the partnership?

Learning objectives

After completion of this module you should be able to:

1. Describe the value of partnerships for TB Control Programmes;
2. Identify key partners for TB control, and
3. Develop specific action points for enhancing partnerships in your own work situation.

Summary of exercises

This module has four exercises. Plenary discussions will follow each exercise.

1. Group Work: Identifying the need for partnerships;
2. Case Study: Analysing a partnership;
3. Individual written exercise followed by group discussion and group work: Analysing various partners, and
4. Brainstorming: Actions points to build effective partnerships.

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The new role of a TB manager

Your traditional role as a TB control manager is that of a "technical manager" of the programme. This implies that you ensure that activities are carried out according to plan and that the quality of these activities is in line with the expected performance.

With growing numbers of partners providing broader support, the overall scope of your responsibilities has expanded. Engaging with several partners requires close attention to their activities and providing support and guidance to ensure that all activities serve their intended purpose. Your new role thus involves interacting with institutions and agencies outside the direct authority structure of the programme. It is critical to win the confidence and respect of all partners– if you are passive and uncommunicative you will soon lose credibility, to the potential detriment of the programme's performance. As an effective "partnership manager", you need to provide relevant information, report on achievements, provide a forum for regular interaction, opportunities for sharing of experiences and in developing consensus on joint activities, towards a common goal.

The leadership qualities required are different during different stages of a partnership. For instance, during the initial phase, when many partners need to be brought together and to become comfortable as part of a group, your charisma will be decisive. Later, the project will benefit from your skills in organization, management, implementation and consensus-building. More routine managerial and administrative skills are also essential throughout your role as a manager.

In addition to traditional abilities, you must have good communication skills and the ability to interact with a wide spectrum of agencies, promoting equal status for all partners and encouraging overall collaboration in member organizations. While some interaction skills can be acquired, your personal commitment is vital for the success of the partnership.

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Successful partnerships

Three major priorities characterize the successful building of partnerships and programmes in general: money and resources; politics and power; and enthusiasm and commitment.

Money and resources

Partnerships can be viewed as a means of maximizing benefits. Collaboration is a dynamic process; it will fail if its benefits are not at least equal to its costs. The incentives for working in a partnership are not limited to monetary benefits – they include specific skills derived from the learning experience, the greater collective capacity to respond to the problem, and the increased quality of solutions.

Being a member of a partnership involves certain costs, not the least of which is the time that must be devoted to the partnership and that is therefore unavailable for other obligations. Other costs include using scarce resources – for transportation and communication, for example – for uncertain outcomes. The possibility of interpersonal conflict may be seen as a further "cost" to be taken into account by partners.

Is the partnership costly?

- What are the participation costs for a partner, not only in human and financial terms but also in terms of time and effort?
- Are there opportunities for pay-off and benefits to the partner(s), e.g. in leadership of the partnership, wider exposure of the partner's agenda, synergy with other partners' input?
- Are the benefits to the partner at least equal to the costs of the partnership?

Politics and power

Not all partners are the same – they may have widely different backgrounds. As the power differences in a relationship increase, formal terms of collaboration may be required, in which each partner must be individually recognized. In the early stages, partners may not represent a single cohesive group, but are rather a mixture of groups, interests, and resources. Some may have more power and status than others. Competition and even conflict between members is likely in any partnership. This must be skilfully managed. Wide discrepancies in terms of power are not conducive to inter-agency collaboration and are likely to result in distracting influences on emerging policies. Power can take many forms: access to data and information (information power), resources and funds (economic power), and the competencies, capacities, and proficiencies of stakeholders (technical power). Maintaining a power equilibrium is conducive to "togetherness" in a partnership.

Enthusiasm and commitment

Even a partnership that has been carefully put together is not necessarily effective in accomplishing its mission. Shared decision-making leads to greater understanding and commitment. Commitment has many dimensions and is related to the extent to which participating organizations have endorsed or adopted the common mission or carried out activities in the name of partnership. The key to success is to identify bona fide partners who could also be respected leaders in the effort. Partnerships are more likely to be durable when the commitment of individual members is strong.

Notwithstanding the importance of commitment over enthusiasm, partners wanting to move at greater speed than the programme can handle, may potentially derail parts of the programme. As all components of the programme are interrelated, smooth coordination is essential. Unless carefully managed, even well-intentioned overenthusiasm could quickly backfire and take a negative direction.

Are the partners overenthusiastic?

- Are there new stakeholders, who wish to join the "bandwagon" with enthusiasm as their only contribution? They may push too fast for quick results without taking into account the operational difficulties of a health project.
- Do potential partners frequently want to quickly "get their teeth" into a project without thorough, appropriate planning?
- Does the overenthusiasm of some partners lead to confusion, with too many wanting "hands-on" involvement?
- Is the timing of the enthusiasm among partners in line with funding and the implementation of activities?
- Do the initial bursts of enthusiasm to implement partnership programmes soon wither, to be replaced by feelings of frustration? Such frustrations may cause partners to consider that the partnership is being manipulated.
- Is there a "healthy fit" between the enthusiasm of partners and their expectations? Unfulfilled expectations may obstruct commitment, stall the progress of collaborative efforts and cause a disconnect.

In establishing a partnership it is useful to bear in mind the range of issues involved in collaborative work. It is absolutely critical to manage the political environment to support the partnership. However, attention must also focus on the alignment of policies of other sectors in order to be successful. Partnerships are gradual and incremental processes, that require time to gain pace, build momentum, and bear fruit.

4

Partnership mutuality

How do we make sure that everyone benefits from the partnership?

Partnerships among individuals and groups have four overlapping characteristics that benefit all parties concerned: (i) networking to share information, (ii) cooperating to provide resources to each other for achieving common goals, (iii) working collaboratively as individuals or teams towards these common goals, and (iv) joining forces as partners in a common mission to help one another, e.g. private practitioners may help a TB clinic to conduct its activities. This is referred to as partnership mutuality.

Partnerships create a synergy that supports each partner to fulfil its mandate. The tuberculosis control programme is one example where intersectoral partnerships could prove extremely useful in programme implementation as well as in policy-making, planning, programme evaluation, advocacy, and in generating additional resources. A partnership can be time-bound (for a particular goal) or long-term, depending upon mutual understanding. Partnerships go beyond networking, linkages, cooperation and collaboration. The following aspects characterize a partnership with the potential to build a long-term relationship:

- Shared vision and commitment

A vision is a realistic idea that is desirable for the programme and its members and can be achieved through joint efforts. Commitment refers to contributing something of value such as time, money, resources or moral support.

> **There should be a common vision to which all partners are committed**

- Super-ordination

An overall goal is important to all partners concerned, and should be one that one entity working alone could not achieve. The goal should be seen as a shared goal that all persons or partners concerned could be seen to benefit from.

> **Everyone should gain**

- Mutual trust

Mutual trust usually leads to cooperation. Trust indicates a belief that the power of the individual or partner will not be used in a harmful way.

> **The power of the stronger partner should not be used against the weaker partner**

- Appreciation of each other's strengths

Building partnerships is based on recognizing the strength of each partner, accepting and appreciating contributions made by each and making the most of each one's contributions.

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The strength of one will be recognized by the other

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- Sense of equality

Among partners, nobody is superior or inferior. There is no hierarchy at all. Partnership also means equal responsibility and sharing.

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There should be no hierarchy among partners

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- High pay-off perceived from a long-term relationship

Partner programmes or organizations become proactively involved in partnerships if each of them perceives some long-term gain.

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Partnerships should generate a perception of high pay-off

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- Shared ownership of outcomes (positive or negative)

Eventually, the programme and its member partners need to develop by taking personal responsibility for both successes and failures.

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In both success and failure, all partners will be equally responsible

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- Open and frequent dialogue

Openness can be defined as a spontaneous expression of feelings and thoughts, and the sharing of these without being defensive. Openness is required for exchanging feelings, receiving and giving ideas, feedback, and constructive criticism.

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There should be open and frequent dialogue among partners

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STOP

Now do Exercise 1

When you have reached this point in the module, you are ready to do Exercise 1. Tell your facilitator when you have reached this point. While you are waiting, read the instructions for Exercise 1 beginning on the next page of this module.

Group work: Identifying the need for partnerships

In this exercise you will explore the benefits of forging partnerships in support of national TB control efforts. In your small groups discuss the areas in which partnership with others would be useful for the National TB Control Programme.

List these areas:

Once you have listed the areas, where partnerships would be useful, share your thoughts with your group.

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Possible roles of different partners

Public sector

- Education: training teachers and educating children about TB; including TB in school health campaigns; including TB awareness education in non-formal education and adult literacy programmes.

- Social Welfare: possibly offering food subsidies and social assistance to families of TB patients

- Labour: promoting treatment and prevention at the workplace; ensuring that work environments are not places in which TB is easily transmitted.

- Defence and Police: promoting treatment and prevention within these forces; coordination and collaboration between their health facilities, where available, and those of the national TB programme.

- Women's welfare: raising awareness through organized women's groups and ensuring supportive environments for women to seek and complete treatment more readily.

- Youth and Sports: promoting TB awareness among young people.

- Media/communications: raising public awareness and helping shape public attitudes and opinions about people with TB, making the communities aware of how they may participate in control, and informing people about public policies and facilities that are in place to treat TB.

Other governmental and nongovernmental programmes within the health sector

- Referring TB cases.

- Sharing expertise where TB is associated with other illnesses.

- Developing complementary public health messages.

- Sharing resources and support structures at the community level.

- Making better use of manpower and financial resources.

Nongovernmental Organizations (NGOs)

- Providing community-based care.

- Training health care workers and volunteers to provide DOTS.

- Generating awareness, educating the community on prevention and treatment.

- Involving the community in implementing DOTS.

- Conducting operations research.

- Playing a major role in advocacy and in mobilizing community support.

Private sector

- Referring patients to the public sector from private dispensaries, clinics, hospitals, and or providing DOTS services in partnership.

- Undertaking research and development of drugs and simpler diagnostics.

- Maintaining a healthy work environment to prevent the spread of TB.

Academic bodies, professional associations

- Influencing health policy and practices at political and decision-making level.

- Educating all health professionals on national guidelines for the diagnosis and treatment of TB.

- Assisting in setting codes of ethics and maintaining standards, especially in research for TB control.

International/regional organizations and associations

- Mobilizing resources, providing technical assistance to national programmes.

- Promoting innovative approaches, including intercountry collaboration for TB control.

- Coordinating national laws, standards and regulations on cross-border movement.

Neighbouring countries

- Sharing programme experiences and lessons learnt.

- Technical cooperation and exchange of technical expertise.

Media

- Disseminating evidence-based information.

- Educating the public and specific interest groups on TB.

- Influencing attitudes and behaviour with regard to TB.

- Advocating and communicating with policy-makers to influence decisions relating to TB control.

Opinion leaders (political, religious, traditional, etc.)

- Influencing attitudes and behaviour of and towards people with TB.

- Influencing policy decisions relating to TB control.

Communities

- Supporting TB patients and their families through fostering positive attitudes and non-discriminatory practices.

- Involvement in planning, problem-solving, monitoring and reviewing TB programme initiatives.

Patients and their families

- Ownership of their health through active involvement in ensuring that any affected member of their own family is treated properly until cured.

STOP

Now do Exercise 2

When you have reached this point in the module, you are ready to do Exercise 2. Tell your facilitator when you have reached this point. While you are waiting, read the instructions for Exercise 2 beginning on the next page of this module.

Case study: Analysing a partnership

In this exercise, you will analyse a case study to identify the key elements of partnerships – how possible partners were identified, the processes used in establishing these partnerships and what outcomes were achieved as a result of the various factors that played a role in the partnership.

After reading the case study, summarize your analysis. The following questions will help you to do this:

(1) Who were the partners in this case study?

(2) What processes were used to create and sustain the partnership?

(3) What were the outcomes of the partnership?

(4) What factors contributed to the success of the partnership?

(5) Was DOTS implementation improved? If yes, how? If not, why not?

Case Study: An approach to DOTS through a Public-Private Partnership (PPP)

In a joint effort with the government, a charitable speciality hospital in a city in South India undertook a project to involve private practitioners in the DOTS programme.

In 1995, a request was made by this hospital that it be designated a DOTS facility on a trial basis. Until then, public health facilities were carrying out the entire programme. There was opposition to giving any part of it to private hospitals, despite the fact that 80% of TB patients were known to be first seeking treatment in the private sector, and that private facilities were not following national guidelines for either diagnosis or treatment. As a result, most TB patients were not being diagnosed in a timely manner, nor getting the right treatment for the proper duration.

The hospital's practice area covered a population of 500000 in a city of more than five million people. About 75% people in the project area were slum dwellers, considered to be at a high risk of contracting TB.

The British Department for International Development (DFID) provided funding for the project channelled through the World Health Organization, which provided technical support. It was agreed that the Central and State governments would provide training, policy direction, drugs, and other support as required.

As soon as the project was approved, the senior chest specialist and his colleagues began a campaign to educate local physicians about DOTS and create a mechanism for referral of TB patients, with the assurance that the private physician would continue to be the patients' primary care giver.

"There were 302 private practitioners in our project area," said the Medical Officer of the project. "I contacted every one of them and told them that any patient with a cough of more than three weeks' duration should be suspected to have TB and sent to the hospital for free diagnosis and treatment."

These meetings provided an opportunity to freely exchange ideas and address the concerns of private practitioners, especially regarding the likelihood of losing their clients.

"We made it absolutely clear at the very outset that their patients would continue to be in their charge for any problem other than tuberculosis. The hospital would only provide treatment for TB. For any other problem or condition, we would politely tell the patient to go back to his/her doctor". In this way the private practitioners were assured of not losing their clientele.

This arrangement has worked out very well for us and for the private doctors. Most doctors saw this as an opportunity to broaden their patient base. None of the doctors that we have dealt with felt that they were losing patients. They also became part of the national health programme, which served as a good advertisement for them. "Since we started in September 1995, our patient referrals doubled every quarter. We were able to diagnose cases early, which is very important", said the chest specialist.

Initial diagnosis and treatment of suspected TB patients was undertaken at the hospital. Once the diagnosis was confirmed, a detailed counselling session was held for the patient, who then came to the hospital for treatment three times in the first week.

"Every time patients came for treatment, they were told that the treatment was free, and this motivated them to continue their treatment," said the Chief Medical Officer. "Patient education was a very important part of our work." The fact that medicines were completely free, and that patients could, if they wished, continue to receive directly-observed treatment at the NGO hospital, was emphasized.

In addition to the TB clinic at the NGO hospital, the project opened 26 neighbourhood DOTS centres. Patients therefore received treatment within easy walking distance of where they lived. The clinics opened at 7.30 in the morning so patients could take their medicine and then go to work.

A worker at one of the clinics said "With our clinics, most of the patients are still going to work. They are coming to a centre in their neighbourhood. The farthest a patient has to walk is only about half a kilometer; they take their medicine and then go to work. So this sort of arrangement works out well for patients. They are not spending time and money on transport.

"The addresses of all patients are physically verified at the start of treatment to reduce the chance of default. If a patient does not come to a clinic for treatment by noon, a paramedic is sent to the patient's home. "There are almost no defaulters in our programme. If patients don't show up, a paramedic goes to their houses and brings them back for treatment."

The results of the NGO programme from 1995 through 1998 were outstanding. The project quickly achieved a very good case-finding and a cure rate of 95% among new smear-positive patients (exceeding the target of 85%). Referrals from private physicians accounted for nearly two thirds of all patients registered. An additional observation was that women accounted for nearly half of all smear-positive patients in the NGO project area, compared with slightly more than one third in other areas.

You may wish to use the following table to write your responses:

Table 1

Partners	Process used	Outcome of partnership	Factors of success/failure

After completing this table, discuss your views within your group.

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Analyse the potential of various partners

To establish a structure and align all partners for an effective response, it is important that a transparent assessment be carried out against the background of DOTS expansion. Exploring options for working together and building relationships requires that this be done in a spirit of mutual respect, commitment to a common task, and sensitivity to the needs of various partners. At times mutual trust and credibility need to be developed before partners can be expected to work together. To develop a common outlook it is useful for stakeholders to explore their expectations of tackling the ambitious task together.

Analysis of stakeholders

Building a consortium of institutions with different cultures for a joint effort can be an arduous task. The NTP needs to map out the organizations that are already known, and potential partners that who are still missing. Each partner will have to be evaluated differently and will have different interests in the partnership.

An analysis of stakeholders is crucial. This will help in identifying potential partners and assessing their relevance. Questions are asked about the position, interest, influence, interrelations, networks, and other characteristics, past and present positions, as well as their future potential. As governments determine overall policies and outline the framework of cooperation, government representatives are the initiators of some partnerships and need to accept ownership and responsibility of the process.

Once the overall stewardship role of the government has been established, understanding each partner's contribution is the next important step. As part of the process of the partners getting to know each other better, their comparative strengths and weaknesses should be analysed. The findings must be shared openly in an effort to achieve consensus on available assets, strengths and weaknesses. This can be a very sensitive undertaking – all partners may not want this degree of exposure in the early stages of a partnership. High-quality support from an external facilitator during these SWOT (strengths, weaknesses, opportunities, and threats) meetings is vital. With consensus, the value of each partner can be better established and used as the basis for DOTS expansion. A statement of partners' expectations from the partnership should be recorded to facilitate evaluation of results later.

Knowing your partners is crucial! Based on the common goals, and guided by the priorities and gaps in the DOTS expansion plan, the NTP is responsible for assessing and grading these partners according to their value in tackling priority issues. Examples are given in the table below:

Type of organization	Prime interest	Value for DOTS expansion
Human rights groups	Human rights	Awareness and legal expertise
Patient associations	Patients' rights	Advocacy
TB and lung associations	TB awareness	Advocacy and network
Sports associations	Sports promotion	Community involvement
Service clubs	Community service	Support
Business/corporate sectors	Benefits and profits	Service delivery
Professional associations	Education and standards	Management and training
Private practitioners, hospitals, prisons, military	Health care and medical services	Capacity building and service delivery
Ministries of Finance	Public finances	Financial resources and expertise

STOP

Now do Exercise 3

When you have reached this point in the module, you are ready to do Exercise 3. Tell your facilitator when you have reached this point. While you are waiting, read the instructions for Exercise 3 beginning on the next page of this module.

Exercise 3

Individual written exercise followed by group discussion: Analysing various partners

In this exercise you will identify the opportunities, possible concerns, strengths and weaknesses that each partner brings into a partnership. This will help to understand what factors need to be addressed in order to build a strong relationship with different partners.

List the partners who already work with your programme. Identify mutual goals your programme has with these partners. What are the strengths and weaknesses of this partnership?

Complete the table below and then discuss in your own group with your facilitator.

Potential partners	Mutual goal or opportunities	Possible concerns	Strengths	Weeknesses

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Keys steps to building partnerships

The following are suggested steps for building effective partnerships:

(1)   Undertake a situation analysis of the programme. Identify gaps or requirements that need to be filled and list all potential partners who can contribute in these areas to fulfil the programme's goals.

(2)   Identify the strengths, weaknesses, opportunities and threats; Remember to consider what these partners could contribute.

- What technical, training or management expertise do they have?

- Do they have leadership capabilities?

- Do they have the ability to be team players?

- Will they contribute to the direction and purpose of the partnership?

- Is it easy to communicate with them?

- What resources (facilities, human resources) that we need do they have?

- What is their cultural and language background?

- Are they likely to be interested? Do they share common concerns and goals?

- Do we see any drawbacks in involving them?

- Do we both stand to gain in the long term?

(3)   Shortlist the most promising partners and define their roles in the programme. Share your goals and vision with them.

(4)   Discuss your programme with them and explain why you feel they should partner your efforts. Address any concerns they may have in joining your programme. Identify the contributions they can make.

(5)   Obtain consensus on a common plan: targets, objectives, areas of responsibility, use of operational guidelines, procedures and timeframes. If required, help to build the capacity of the partner.

(6)   Prepare a joint plan. Implement agreed activities according to the plan.

(7)   Sustain dialogue. Network and share information regularly with all partners on progress being made, any problems that need to be sorted out and how they may maximize their contribution.

(8)   Evaluate progress.

(9)   Document lessons learnt and experiences. Share these with your partners. Appreciate and praise successes and work towards accepting failures jointly.

(10) Broaden the partnership and scope of work, as your project or programme grows.

STOP

Now do Exercise 4

When you have reached this point in the module, you are ready to do Exercise 4. Tell your facilitator when you have reached this point. While you are waiting, read the instructions for Exercise 4 beginning on the next page of this module.

Brainstorming: Action points to build effective partnerships

In your group, discuss the steps that you could take to build effective partnerships with the partners that you identified in Exercise 2.

8

Summary of important points

- It is important to analyse:
  - Why we need partners in a TB control programme?
  - Whom do we need? (potential partners)
  - In what way will the different partners help in TB control? (their possible roles).

- The concept of partnership mutuality (making sure that everyone benefits) will help in building, strengthening and sustaining a good partnership.

- There are certain steps to follow for building partnerships (what do we need to do to build an effective partnership?) These include:
  - Conducting a situational analysis.
  - SWOT analysis of potential partners.
  - Short-listing the most promising partners.
  - Networking, discussing goals, objectives, roles and action plans.
  - Capacity building.
  - Implementing plans and activities together.
  - Evaluating progress.
  - Sustaining partnerships through continuing dialogue.