

Clinic-Community Collaboration Toolkit:

Working together to improve
PMTCT and paediatric HIV
treatment, care and support





**ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION**



EngenderHealth
for a better life



ACKNOWLEDGEMENTS

PATA and PACF express our sincere appreciation to the organisations and individuals who contributed to the development of this toolkit and whose materials are referenced.

We offer special thanks to technical partners Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Project ACCLAIM, Aidsfonds and the Towards an AIDS Free Generation in Uganda (TAFU) programme, and EngenderHealth for reviewing and contributing their expertise, particularly Doortje 't Hart, Blanka Homolova, Dephin Mpofo and Merian Musinguzi.

Finally, PATA and PACF acknowledge with deep gratitude the healthcare providers and community-based organisations across Cameroon, DRC, Ethiopia, Kenya, Malawi, Nigeria, Uganda, Zambia and Zimbabwe who took part in the programme on which this toolkit is based, and contributed their learnings over a three-year period.

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FOREWORD

We've come a long way in our responses to the HIV epidemic. We now recommend lifelong treatment for all people with HIV irrespective of signs and symptoms of illness, and our drug regimens are more convenient, more easily tolerated, cheaper and more effective than ever before. But getting to the end goal of Zero and sustaining the response for future generations takes more than medicine. It takes a service delivery mechanism that can find people who need treatment and retain them in care for life. Reaching the "Third 90" – 90% of people on antiretroviral treatment with sustained virologic suppression is the most challenging task of all and it will require an expanded public health approach, with greater decentralisation of treatment systems and radical new approaches to providing care in the community.

In many places, the health service has very limited human resources and overburdened clinics. We need to build the capacity of the community to become an integral element of that health service through developing and promoting innovative, high quality, user-responsive models of care that link facility and community in a continuum of excellence.

This toolkit provides much-needed support to that linkage, and outlines a clear plan for collaboration that may be taken up across the region.



Dr Shaffiq Essajee
Deputy Director of the HIV Division, UNICEF

PATA and Positive Action for Children Fund, through its partnership on the C³ (Clinic-CBO Collaboration) project, working across nine countries and 36 community-clinic collaborations, identified how transformative collaboration at a local level between CBOs and clinics can be to local health responses. This toolkit aims to scale these results by providing a simple step-by-step guide to assist health providers, community-based staff, and local coordinators to initiate, expand and improve upon joint activities and action plans based on the three-year C³ experience. The toolkit offers a practical “how to” application of the methodology of working together that is centred on cooperation, joint planning and structured partnership.

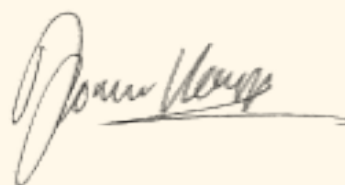
While the toolkit has drawn on lessons from the implementation phase of the C³ programme, which aimed to strengthen linkage and retention along the PMTCT and paediatric treatment cascade, its intention is to be applicable to all target populations and service areas. The toolkit provides transferrable building blocks for cooperative planning, implementation and monitoring of community engagement strategies and activities. The toolkit has also integrated lessons and contributions from key stakeholder projects and is very grateful to EGPAF, Aidsfonds and Engender Health, who have each contributed significant time and effort into its development.

The toolkit will continue to be applied across the second phase of the C³ programme, providing a community of practice on community engagement that is open-source, online and widely available. The toolkit will also be complemented by an interactive online curriculum offering additional benefits for strategic sessions, facilitated discussions and practical workshops on community engagement and clinic-CBO linkage.

It has been a privilege and delight working together on the development of this toolkit. We look forward to sharing our C³ vision, experience and lessons in the confidence that clinic-community collaboration remains a vital strategy for linkage and retention. It will only be together, with local communities, that we end AIDS by 2020. We must therefore continue to scale up clinic-CBO initiatives, gathering evidence on the impacts of such collaboration, and advocating for appropriate resource allocation, technical capacity and ongoing support at a global, regional and local level.



Luann Hatane
PATA
(Paediatric-Adolescent  Treatment Africa)



Dominic Kemps
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GLOSSARY OF ACRONYMS

| | |
|----------------------|--|
| ANC | Antenatal care |
| ART | Antiretroviral therapy |
| C³ | Clinic-CBO Collaboration |
| CBO | Community-based organisation |
| CHW | Community health worker |
| EID | Early infant diagnosis |
| EGPAF | Elizabeth Glaser Pediatric AIDS Foundation |
| FBO | Faith-based organisation |
| HIV | Human immunodeficiency virus |
| INGO | International non-governmental organisation |
| LTFU | Loss to follow-up |
| M&E | Monitoring and evaluation |
| MOU | Memorandum of Understanding |
| MTCT | Mother-to-child transmission |
| NGO | Non-governmental organisation |
| PACF | Positive Action for Children Fund |
| PATA | Paediatric Adolescent  Treatment Africa |
| PIF/ PIW | Partnership Initiation Forum/ Partnership Initiation Workshop |
| PLHIV | People living with HIV |
| PMTCT | Prevention of mother-to-child transmission of HIV |
| RACI | Responsible, accountable, consulted and informed |
| SMART | Specific, measurable, achievable, reasonable and timebound |
| SRHR | Sexual and reproductive health and rights |
| SWOC | Strengths, weaknesses, opportunities and challenges |
| TAFU | Towards an AIDS Free Generation in Uganda |
| TBA | Traditional birth attendant |
| UN | United Nations |
| WHO | World Health Organization |

SETTING THE SCENE

Why clinic and CBO collaboration is important

The Global Plan¹ was responsible for extraordinary gains, including a dramatic reduction in new paediatric HIV infections². However, half of children living with HIV do not receive antiretroviral therapy (ART). For many of those who do, treatment comes too late. Without timely treatment, one third of children with HIV will die by the age of one, and half by two.

In 2016, the World Health Organization (WHO) released guidelines³ that recommend treatment for all people living with HIV (PLHIV), regardless of CD4 count. Universal treatment requires a shift away from intensive, individualised care to an expanded public health approach, characterised by decentralisation, simplification, task-shifting and extended community-based service delivery. The Start Free, Stay Free, AIDS-Free super-fast-track framework⁴ builds on the success of the Global Plan, focusing on programmatic and policy gaps that must be filled. Realising these targets will require unprecedented scale-up, and implementation of new ways of delivering services, including differentiated service delivery.

As we begin to design methods for reaching far greater numbers of people than ever before, we must move beyond old distinctions between the health system and community. Instead, our focus must be on a health response supported by actors both within and outside of the health system. For HIV programmes to reach entire communities for prevention and care, efforts will need to be extended beyond clinic doors. At community level, this integration may occur as collaboration between clinics and community-based organisations (CBOs).

While there is broad recognition of the important role that communities play in providing effective care, there is limited evidence and guidance available on **how** the pivotal role of community structures can be supported to accelerate and expand responsive services. What is clear is that for the contribution of community to be amplified, it must be linked into the health system. Community strategies are infinitely more effective when actioned through jointly established clinic-community partnerships and implementation plans. Despite this, clinics and CBOs tend to operate independently, relying primarily on informal arrangements that do not provide the needed structure or mechanisms to facilitate and coordinate meaningful and sustainable engagement between them.

Clinic-community partnership was recognised in the Global Plan, which advocated for enabled and empowered communities.

Without a linked community response, the health system, operating in isolation, will not succeed in breaking down the barriers preventing access. To reach and sustain record numbers of pregnant women, children and adolescents in care, clinics and the communities they serve must act together, with the patient placed firmly at the centre. Together, clinics and communities must sensitise to increase uptake, link children and families into care, combat stigma and discrimination, monitor programme quality and build stronger local health systems.

The success of the Global Plan has highlighted that community and civil society organisations are able to effectively mobilise people into care, and these strengths must be harnessed if we are to achieve our new goals. Working together, clinics and communities can jointly address basic health system challenges such as staffing insufficiencies. If enacted in a sustainable way, clinic-CBO collaboration will lead to improved service uptake, increased community ownership, more effective and efficient health and community systems, and better patient health outcomes. Partnership between clinics and CBOs that leverages community expertise and assets, through for example strengthened referral systems, will advance services and ensure that PMTCT and paediatric HIV are addressed in a more comprehensive and coordinated way.

If enacted in a sustainable way, clinic-CBO collaboration will lead to improved service uptake, increased community ownership, more effective and efficient health and community systems, and better patient health outcomes.

How the toolkit was developed

The toolkit was developed by Paediatric-Adolescent  Treatment Africa (PATA) and the Positive Action for Children Fund (PACF).

PATA aims to mobilise and strengthen a network of frontline healthcare providers to improve paediatric and adolescent HIV prevention, treatment, care and support in sub-Saharan Africa.

PATA'S GOALS ARE:

- Improve the quality of paediatric and adolescent treatment, care and support
- Grow and deepen engagement of the PATA network to increase peer-to-peer and south-to-south linkage and learning
- Incubate, document and share effective service delivery models along the HIV prevention, treatment and care cascade that inform policy and practice

ViiV Healthcare is a pharmaceutical company specialising in the development of therapies for HIV infection. PACF is an integral part of ViiV Healthcare's commitment to communities affected by HIV and AIDS. PACF supports organisations working to end mother-to-child transmission (MTCT) of HIV by empowering mothers and children across the globe. Every year, PACF forms new partnerships with CBOs dedicated to improving health and wellbeing and ending AIDS in their communities.

Together, PATA and PACF conceptualised the Clinic-CBO Collaboration (C³) programme to link the PATA clinic network and PACF CBO network in clinic-community collaborative partnerships across sub-Saharan Africa, the world's most affected region.

PROJECT AIM:

To promote and strengthen collaboration between multidisciplinary paediatric HIV treatment teams and CBOs for improved access to high-quality holistic care for HIV-infected children, their families and communities.

C³ PROJECT OBJECTIVES:

- Improve PMTCT and paediatric HIV service delivery
- Engage communities in PMTCT and paediatric HIV service delivery and link with clinical services to form health partnerships
- Identify and disseminate challenges, lessons learned and best practices for clinic- CBO collaboration

C³ initiated 36 clinic-community partnerships across nine focus countries (Cameroon, DRC, Ethiopia, Kenya, Malawi, Nigeria, Uganda, Zambia and Zimbabwe) over a three-year period. The programme set out to develop, incubate and disseminate clinic-community implementation models and partnership strategies, as well as provide recommendations for effective clinic-CBO collaboration. C³ used a localised model – establishing four clinic-community partnerships per country – to gather and learn lessons. Partnerships were supported and received several forms of capacity-building, including: partnership initiation forums, small grants, monthly conference calls, materials, tools and guidance. During the implementation period, the programme facilitated local C³ review meetings and undertook 20 site visits across eight countries. Lastly, the PATA-PACF 2016 Continental Summit, held in December 2016 in Entebbe, Uganda, convened 104 representatives from the C³ partnerships to collectively reflect upon and refine the programme's key learnings.



Fig.1: C³ initiated 36 clinic-community partnerships across nine focus countries

The toolkit is grounded in the learnings of the C³ programme, and the experiences and lessons of other contributing strategic partners in the sector. Our intention is for the toolkit to become a critical vehicle for implementing, consolidating and building on the clinic-community engagement methodology.

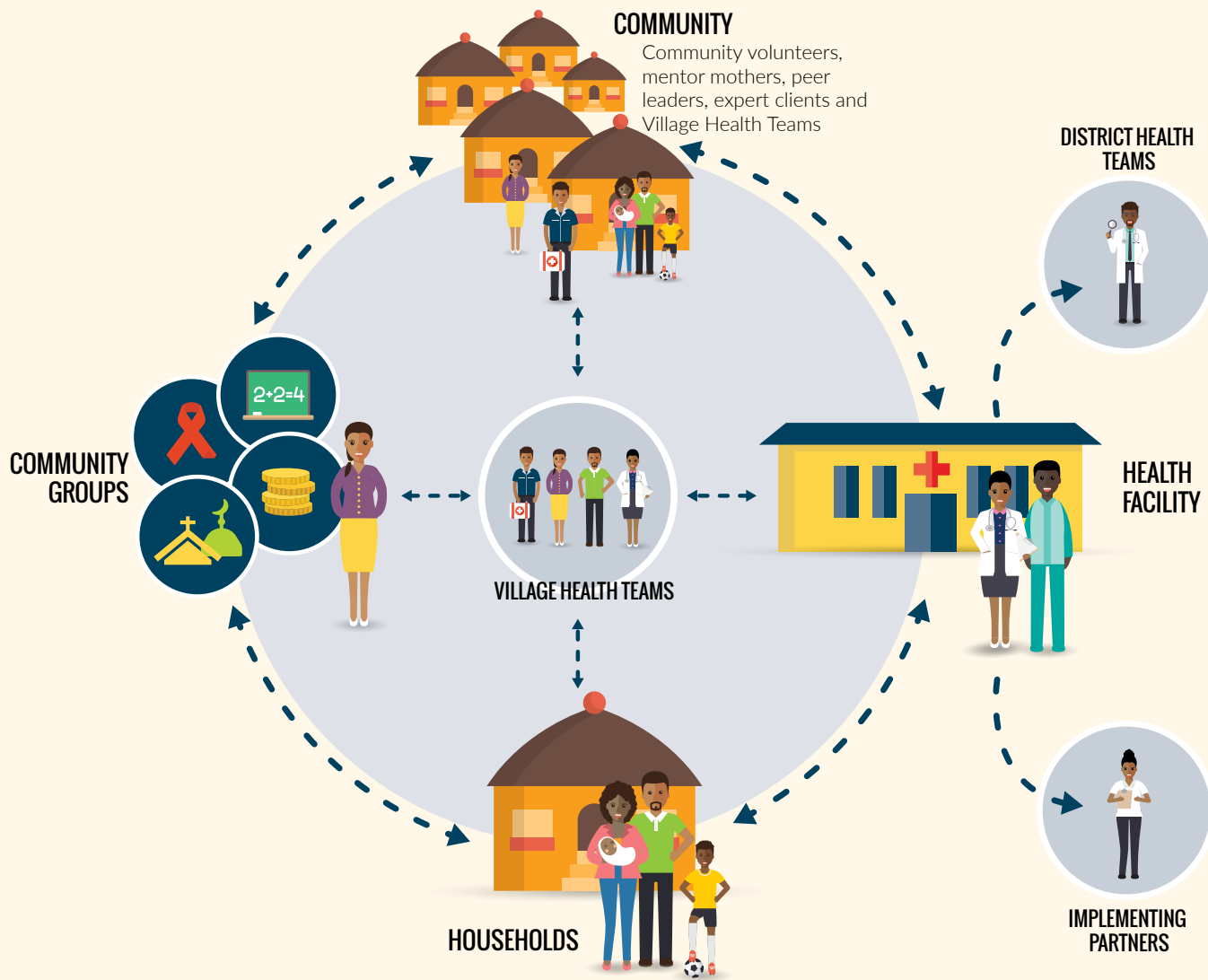


Fig.2: Building clinic-community engagement

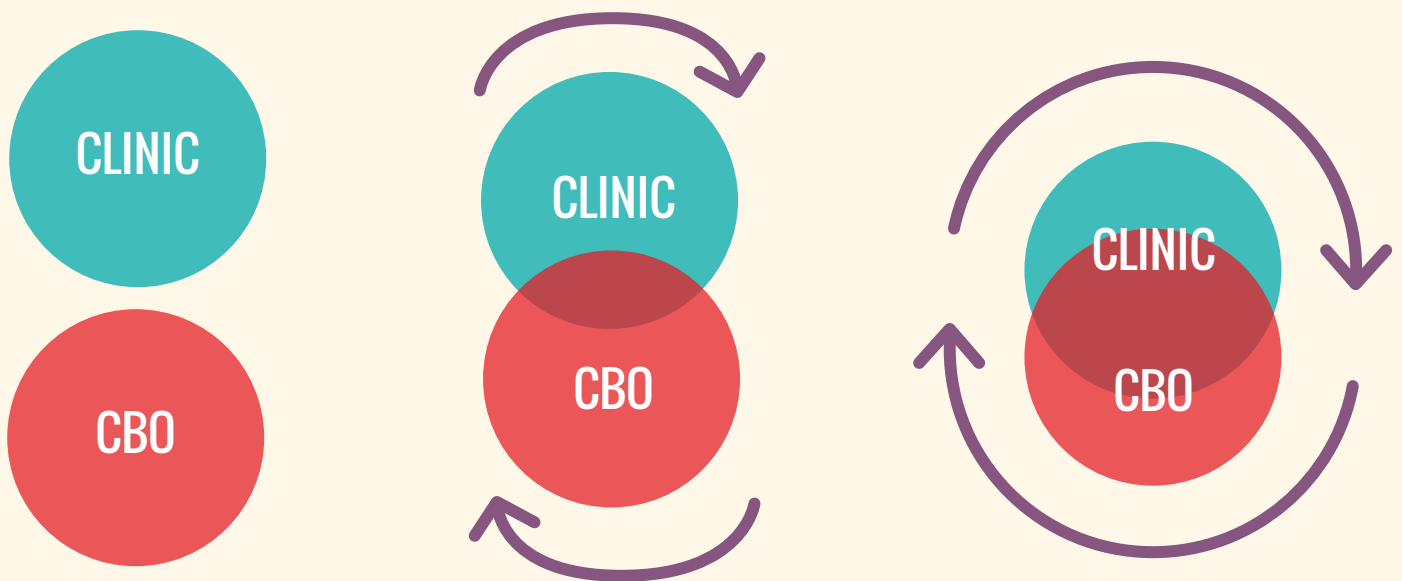
PATA and PACF led the development of the toolkit, with technical support from partners Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Project ACCLAIM, Aidsfonds and the Towards an AIDS Free Generation in Uganda (TAFU) programme and EngenderHealth, each of whom made contributions in the form of content, tools, case studies and technical review.

SECTION A:

USING THE TOOLKIT

PURPOSE OF THE TOOLKIT

The toolkit sets out to support clinics and CBOs to partner with each other. The toolkit provides a systematic approach and series of methodologies on how clinic-CBO partnerships can be built through shared projects, with the goal of expanding access to prevention, treatment and care for pregnant women, children and adolescents.



Before collaboration

- Clinics and CBOs do not recognise the importance of one another, they look at their own sector perspective and organisational reality
- If any collaboration, this is informal, and driven by particular individuals which can leave gaps whenever particular individuals are not around
- Lack of trust and transparency
- No defined roles, with clinic and CBO often working against each other
- Common interests, serve same community

During collaboration

- Joint commitment and ownership
- Formalise clinic-community engagement
- Develop agreements and provide clear terms of reference with defined roles
- Norms and values, routines and partnership culture are built
- Partners gain trust in one another and begin to cooperate with each other

After collaboration

- Joint leadership and commitment
- Shared goal
- Value each other's strengths
- Collaboration is now institutionalised as a methodology
- Relationship more organised
- Collaboration becomes integral to a district-level response
- Sustainable model of behaviour for clinic-CBO pairs across a district or region

HOW THE TOOLKIT IS ORGANISED

This toolkit is organised into three sections. In this section, Section A, we explain how to use the toolkit. In Section B, “Steps towards collaboration,” we focus on how to collaborate. In Section C, “Collaboration in action,” we provide real-life examples of collaboration on the ground. Together, Sections B and C represent what we have learned about the process of clinic-CBO collaboration through C³.

Section B provides guidance on how to build a collaborative relationship between a clinic and a CBO. Through C³, we found that clinic-CBO collaboration is most successful when it starts with a formal intention to collaborate. Often, this begins by working together on an initial project – therefore, in this section, we spend time focusing on how to manage a single project. During the process of undertaking a single project, partnership teams form and learn how to work with one another. Norms and values, routines and partnership culture are built through this process. Over time, clinic-CBO partners gain trust in one another and begin to cooperate with each other on daily activities. As the partnership grows in confidence, it may take on more collaborative projects and, over time, collaboration becomes a normal way of working.

As a partnership grows and exhibits success, other clinic-CBO pairs are likely to be formed. Often, collaboration becomes integral to a district-level response, as these partnerships begin to be replicated across the local health system. The ultimate goal is that clinic-CBO collaboration becomes a sustainable model of behaviour for clinic-CBO pairs across a district or region.

Section C provides illustrative examples and stories of what activities clinic-CBO partnerships can undertake together, showing how these activities map to the PMTCT and paediatric HIV treatment cascade. Then, we provide six spotlights highlighting real world examples of clinic-CBO partnerships,

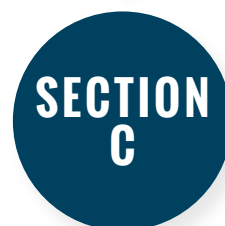
Throughout the toolkit, we share tools, templates, examples, guidelines and lessons learnt from C³ and other programmes across various aspects of collaboration to support improved outcomes along the PMTCT and paediatric HIV treatment cascade. While the toolkit is rich with examples across countries and programmes, it intends to promote and encourage local innovation and individualised application specific to context. Blank versions of the worksheets that support the learning in Section B can be found in Annex 1.



Using the
toolkit



Steps towards
collaboration



Collaboration
in action

KEY PRINCIPLES OF THE TOOLKIT

This toolkit has been developed with the following underpinning principles in mind:

- **Work with what you have:** Many of us work in low or middle-income contexts, with limited staff and funding. Leverage the resources that are available to you, and build collaborative partnerships that are not necessarily dependent on additional funds
- **Tailor strategies to your unique context:** There is no one-size-fits-all approach or silver bullet. Each community is different in terms of its available resources, infrastructure, leadership systems and socio-economic, political and cultural landscape. Your effectiveness will depend on your ability to leverage the strengths of your situation
- **Lead the change:** Whatever your role, you can influence what is closest to you
- **Do what you can:** While the toolkit outlines a gold standard process for collaboration, if you cannot complete all steps or aspects of a step, there is still value to be had in fulfilling those you can
- **Collaborate:** Working with others in your community is fundamental to accomplishing your objectives, especially when information and resources can be shared
- **Participate:** Collaboration requires partners to contribute to and invest in the relationship
- **Integrate:** Provide HIV and broader health services under the same roof, or through strong referrals and linkages. Integration and coordination can increase service access, uptake and retention as well as improve health outcomes
- **Innovate:** Be creative. Think up game changers for your context, and don't wait for resources before you shift your practices

WHO IS THE TOOLKIT FOR?

The toolkit will be useful to **those working at various levels within clinics and CBOs**. This includes clinic managers, healthcare providers, CBO managers, youth leaders and community health workers. This is because relationships between clinics and CBOs can be built at different levels, although it is best when partnerships are supported by all relevant stakeholders.

The toolkit will be of interest to **policy makers and programme managers**, including district health management, national ministries of health, national and international NGOs and donors, as well UN agencies wanting to support collaboration between health systems and communities. This is because the toolkit's principles are cross-cutting and apply at both local and national levels.

We have focused on **low-resource settings** and assumed that clinic-CBO collaborations will operate in the absence of supplementary resourcing, although dedicated funds will accelerate progress.



KEY DEFINITIONS

Throughout the toolkit, we refer to certain concepts by specific names. To help you to understand what we mean, below are some key definitions:

Clinic: In this toolkit, the term *clinic* is used to represent any facility or service that provides healthcare. This may range from a large district hospital to a small local clinic, inpatient to outpatient care and public to private settings. The clinic may provide specialised HIV care only or offer a comprehensive health service that includes HIV care.

Community: A *community* is a group of people who are linked by having something in common, such as a shared interest, religion or identity. In this toolkit, *community* refers specifically to people in a shared geographical area (e.g. village or neighbourhood).

Community-based organisation (CBO): By *CBO*, we mean a group of people who work together at a local level, and not for profit, to improve life for a community's residents. The CBO may be registered or not, and work across health, education or food security for example. In relation to the toolkit's focus on the PMTCT and paediatric HIV treatment cascade, CBOs of particular interest are those that aim to improve HIV prevention and treatment access for pregnant women, children and adolescents.

Community health workers (CHWs): When we speak of *community health workers*, we are referring to members of the community who provide basic health services to their fellow community members. This includes, for example, village health workers, health promoters, health aides, health advisors, peer supporters and mentor mothers.

Health service provider: The term *health service provider* is used throughout the toolkit to refer to a range of cadres working as practitioners within the health system to provide prevention, treatment and/ or care. This includes for example doctors, nurses, pharmacists, counsellors and psychologists.

Indicator: *Indicators* are important metrics that show progress.

Key driver: Throughout the toolkit, we use the term *key driver* to describe the individual who is responsible for "driving" the partnership forward. This person can be a staff member of either the clinic or the CBO. We found that partnerships are usually more successful if there is an individual who is tasked with keeping the partnership on track.

Key priority area: We use the term *key priority area* to refer to the challenge that the partnership is working together to solve. This challenge should be a critical problem that the partners decide upon together. It can change over time as the partnership and context evolves.

Milestones: We use the term milestones to refer to a scheduled event that indicates the completion of a major deliverable of a project. *Milestones* are measurable and observable and serve as progress markers.

Norms and values: *Norms and values* are the ways that clinic-CBO partnerships work together when they collaborate. Every partnership has a unique culture that is derived from these norms and values.

Organisation: In the toolkit, we refer to an *organisation* as either the clinic or the CBO.

Outputs: *Outputs* are the things that we produce, e.g. training or workshops.

Partnership: In the toolkit, we refer to a *partnership* as two or more organisations working together to achieve shared aims.

Patient/client: We use the terms *patient* and *client* interchangeably. Typically, we will refer to *patients* in the context of the clinic, and *clients* in the context of the community.

PMTCT and paediatric HIV treatment cascade: Throughout the toolkit, we use the term *PMTCT and paediatric HIV treatment cascade* to describe the sequential programmatic steps that pregnant women and their children should follow in order to prevent mother-to-child transmission and improve treatment outcomes. The cascade includes various stages and helps in analysing health system performance and bottlenecks. The *PMTCT and paediatric HIV treatment cascade* includes the presentation of pregnant women at ANC, the offering and accepting of an HIV test as well as receiving test results, commencement of PMTCT, early infant diagnosis (EID), completion of PMTCT and HIV testing following the cessation of breastfeeding, and then paediatric/ adolescent linkage to care, treatment initiation, treatment adherence and retention in care and viral suppression.

Project: A *project* is a time-bound set of activities that are undertaken to achieve specific aims. Clinic-CBO partnerships undertake one or more projects in order to address their key priority area.

Project aim: Throughout the toolkit, we use the term *project aim* to refer to the expected long-term impact of a project on a key priority area.

Services: We use the term *services* to include any treatment, care or support that is given to women, mothers, families and children in the community or health catchment area.

Stakeholders: When we use the term *stakeholders*, we are including individuals, community leaders, groups and other organisations who will be impacted by the project, or who could influence its outcomes.

Success indicators: The term *success indicators* refers to the metrics that will indicate if the project is delivering on its activities and achieving its aim.

Team: In the toolkit, we use the term *team* when we are referring to staff and volunteers of the clinic and CBO working in collaboration on partnership activities.

Training and capacity-building: We refer to *training* as activities intended to build specific skills that people need to do their work. By contrast, *capacity-building* is the overall support given to people so that they can grow in their positions, develop their careers and take on more advanced roles and functions in the future.

ICONS

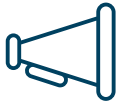
You will find the following icons throughout the toolkit:



DEFINITION: a key word is defined the first time it appears in the toolkit



FURTHER READING: material you can access to learn more about a relevant topic



KEY MESSAGE: a critical piece of information or guidance



LESSON FROM C³: a learning directly from the C³ programme experience



QUOTE: words from a C³ programme participant



TIPS & TRICKS: troubleshooting tips for questions that arose frequently during C³



TOOL: a practical instrument you can use as you perform a given step



Meet Patience

Throughout the toolkit, we tell the story of **Patience**, a Programme Manager at Community Development Impact (CDI), a CBO that empowers families. We use her story to show you how collaboration between clinics and CBOs can unfold. Within the toolkit, you will see an example of each tool completed for Patience, and in the Annex a blank version for you to use.

SECTION B:

STEPS TOWARDS COLLABORATION

STEP 1: ASSESS AND IDENTIFY

HOW TO ASSESS YOUR CONTEXT AND IDENTIFY COLLABORATIVE PARTNERS

OUTCOMES FOR THIS CHAPTER

By the end of this chapter, you will have a better understanding of why assessing your context is important, as well as what approaches, strategies and actions you can take – and tools you can use – to undertake the assessment. You will also have identified the ideal partner/s with whom to collaborate.

WHY?

Assessing the PMTCT and paediatric HIV treatment cascade in your context, and identifying key points of leakage, is an essential starting point to embarking on a collaboration. By assessing and understanding your unique community context, you will be in the ideal position to identify a potential partner.

The process of assessment requires you to dive deeply into your context and ask important questions. If, for instance, your district has high HIV prevalence and MTCT rates, but few women accessing PMTCT, you will need to understand why. Are pregnant women reluctant to attend the clinic? Why might women avoid the clinic? Do pregnant women present, but then fall out of care? Why might they leave care? Do any social and/or cultural practices affect their uptake of PMTCT?

Your answers to these kinds of questions will determine where existing health services and community resources are falling short, and must be enhanced and strengthened. Once you have a greater understanding of the issues and gaps, you will be better placed to assess what partnerships can be leveraged to successfully address them.



KEY MESSAGE

Before you begin the process of collaborating to solve a problem, you need a clear understanding of the problem itself.



SUMMARY OF ACTIVITIES FOR THIS STEP

Appoint a key driver

Who will be the key driver of our partnership?



To lead the process of partnership, it is helpful to identify and nominate a “key driver”, the individual who will act as the initiator of the partnership process, providing direction and ensuring that you are moving forward. This person will lead the partnership team to deliver on the steps that follow.

Gather relevant information

Where and how can I get the information I need to find out more about the context?



Gathering information is an important activity before you identify your future partner. Through this activity, you will identify the local policies, laws, services and stakeholders that are currently in place in your community that can be incorporated in your assessment.

Analyse the stakeholders working in your community

*Who are the key stakeholders in my community? What are their interests?
Who holds what power in terms of resources and decision-making?*



Once you have gathered all of the relevant information, you will be in a good position to analyse the stakeholders working in your community. It is important to understand the local power dynamics and decision-making structures in your community so that you can effectively choose a partner.

Make sense of the information

*What does the information I have gathered tell me about the situation?
What are the key problems my community is facing?*



Making sense of the information will allow you to understand the key challenges in your community. Analysing the data and information that you have gathered will give you a good sense of the root causes of these challenges.

Identify the best possible clinic-CBO collaborative partner

Who will we work with towards a shared goal?



Using the stakeholder analysis, you will be able to identify a partner with whom to collaborate. The primary goal is to identify a partner who will be committed to sharing resources and activities to improve PMTCT services in your community.

1

APPOINT A KEY DRIVER



To lead the process, it is helpful to identify and nominate a “key driver”, the person who will act as the initiator of the partnership process, providing direction and ensuring that you keep moving forward.

The key driver takes responsibility for setting out a plan of action, coordinating activities and communicating outcomes. This key driver also brings in others as needed to work in collaboration and cooperation throughout the step. This may include clinic or CBO leadership and staff, community leaders, policy makers and policy influencers, district HIV coordinators and civil society representatives.

2

GATHER RELEVANT INFORMATION

Once you have identified your key driver, it is time to start your collaboration journey!

Within your local context, and consistent with the resources available to you, it is important that you analyse your context in a detailed way, focusing on understanding the relevant information, policies and laws, as well as mapping the services and stakeholders available in your community. There is no universal approach to gathering information; however we have given a few examples of information types that you will want to identify on the next page.

There are many different types of information you can gather, and various ways of analysing this information, each of which will give you a clearer picture of your context. With your sources of information, you can begin to piece together a picture of how treatment and care is being accessed and used in your community. Each piece of information you set out to collect should answer a question for you and help you to understand how the issue presents in your context.

C³ LESSON FROM C³

One of the key lessons from C³ is to identify a **single** key driver for the project. This person serves formally or informally as the project leader, acting as a central point for all activities and communications. This person is also responsible for the team who are working on the project, ensuring that they have the motivation, skills and capacity to perform their roles. The key driver should be in regular contact with clinic and CBO management, so that each can keep the project and their respective team on track.

Sources of information may include:



KEY MESSAGE

Some types of information will be easy for you to collect. Others may be difficult and time-consuming to access. Don't let the difficulty of collecting information prevent you from starting: begin with the information that is more easily available to you.

UNDERSTAND RELEVANT POLICIES, LAWS AND CUSTOMARY PRACTICES

How clinics and CBOs can respond to their identified issues is shaped by a context of local, national and even international laws and policies. You should also consider which policies and laws are actually being implemented, which are not, which are helpful and which may hinder collaborative efforts to address the PMTCT and paediatric HIV treatment cascade.

Find out what laws, policies and guidelines say about the PMTCT and paediatric HIV treatment cascade. These may include for example relevant WHO guidance, your national HIV/ AIDS strategic plan and your district plan. It may also be relevant for you to understand any policies and laws around related issues such as task-shifting, integration and decentralisation of health services.

It may also be helpful for you to know about any related local by-laws, traditional systems or customary practices. It is important to understand the informal community structures and traditional systems for decision-making. Identifying the role of local and traditional leadership is very important when understanding what happens in a community.

Fig.3: Examples of sources of information that could be used to analyse your community context

3 ANALYSE THE STAKEHOLDERS WORKING IN YOUR COMMUNITY

It is essential that you understand the full range of stakeholders and services available to your community before you can understand your context and identify potential partners with whom to collaborate.



TOOL
01

COMMUNITY MAPPING EXERCISE

The first step in this process is mapping your community. This is an interactive process that helps you to identify the locations of services and activities in your local area. With this map, you are then able to determine how close or far away stakeholders and services are from your organisation. This will help you in three ways:

1. To better understand your local community
2. To identify stakeholders that are close by who may be easiest to work with
3. To identify services that are available for patients

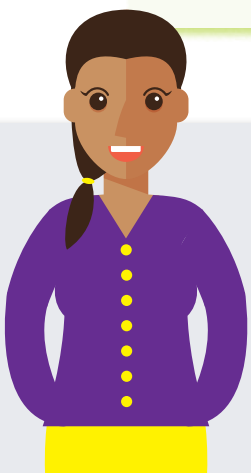
TIPS FOR MATERIALS

- Your blank aerial map of the area should have clearly labelled streets. You can use whatever resources are available to help create this map. Some examples of resources include: someone who has a good sense of geography and can hand-draw the map, printing a map of your area from Google Maps or Google Earth, or going to your local municipality to get the correct map
- For the list of the types of stakeholders and services, you may want to identify a specific colour or unique symbol for each type that is clear, easy and distinguishable, which you will use to mark your map whenever you locate a specific stakeholder or service

Time estimated:
4 hours (1/2 a day)

Participants:
Key driver, with help from other team members

Materials:
A blank aerial map of your community, a list of your target stakeholders and services, and good walking shoes! See Tool 1 in Annex for sample map.



Patience has just been appointed as the key driver to lead the collaboration. She asked one of her colleagues to hand draw a map of their community, which shows all of the major streets and landmarks. She then set out for a walk around her community with

this colleague, making notes on the map as they noticed each important stakeholder or service. They managed to walk 3 kilometres before lunchtime! She is now ready to share the map with her team.

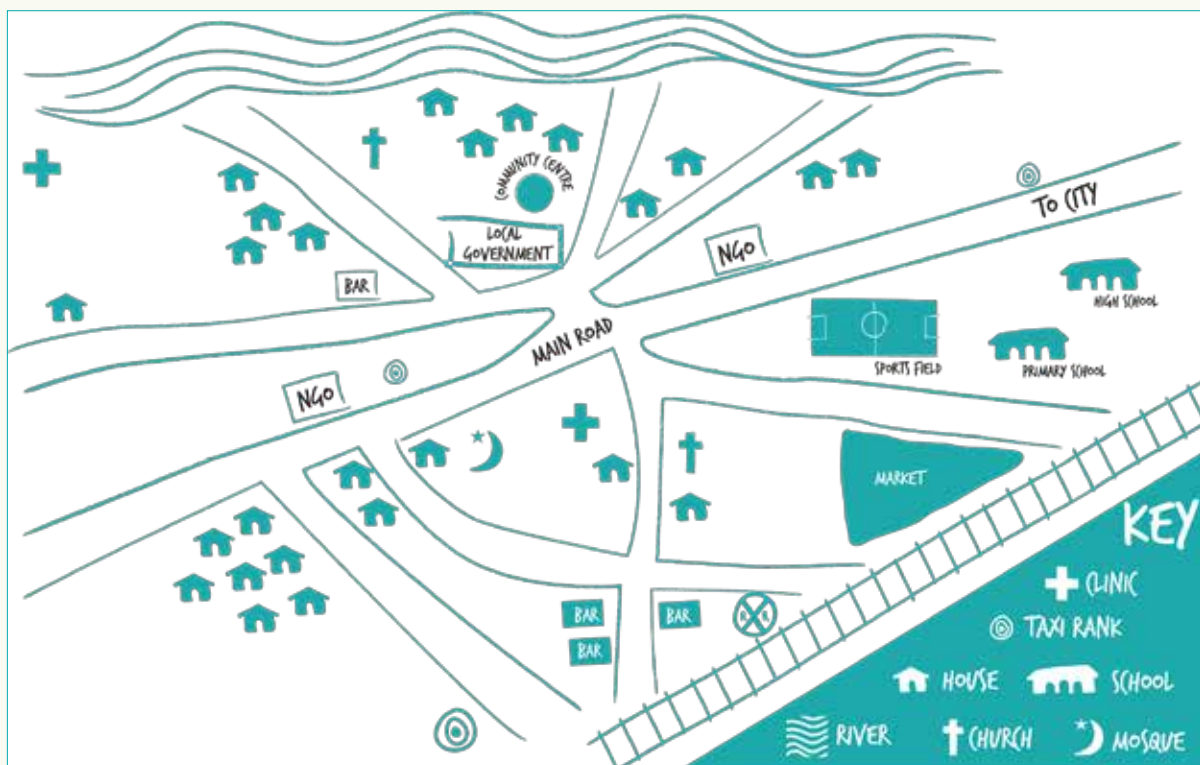
HOW TO USE THIS TOOL

Take your materials and head to the streets. As you walk around your area (street by street), systematically make observations and talk to community members in order to identify all stakeholders and services in your area. Whenever you find a service or stakeholder, locate your position on the map and use your specific colour or unique symbol to plot the point on the map. Next to your point, write the service or stakeholder's name.

This “community map” is useful when seeking to:

- Identify what relevant services and activities are available, and who is responsible for them
- Explore people's knowledge and views of different services and activities
- Discuss who accesses services and activities and who does not
- Identify gaps in services and activities
- Explore people's priorities for new services or activities
- Identify organisations (and people) to involve in project planning and coordination

In addition, you may want to record other details such as operating hours, key contact people, types of activities and gaps in services for each of the stakeholders and services that you identify.



Patience invited two of her colleagues to join her on a walk around the community. They have walked several kilometres before lunchtime! Once they finished their walk, she sat down with her notes and plotted the important stakeholders and services that exist in

her community. Her map includes a “legend” which shows the types of stakeholders and services that they set out to identify. She is now ready to share the map with her CBO team.


**TOOL
02**

COMMUNITY DIRECTORY

Now that you have identified the services and stakeholders in your area, you can use this information to create a community directory. You can use the community directory tool below to build a comprehensive database of the organisations who are already working in your community.

HOW TO USE THIS TOOL

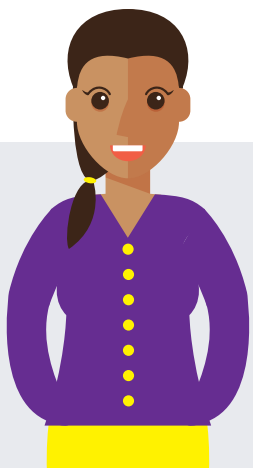
Fill out the directory below with the information that you have gathered from your community mapping exercise. Each stakeholder and service provider should have a line in your directory. Try to be as comprehensive as possible when filling out the directory.

Time estimated:
1-2 hours

Participants:
Key driver, with help from other team members

Materials:
A spreadsheet or notebook in which to keep your directory. See Tool 2 in Annex for sample directory.

| Name | Type of services provided | Address | Contact person | Telephone number | Website | Email |
|--|---|---|-----------------------|------------------|--|--------------------------|
| Community Association of People Living with HIV/AIDS | Community network for people living with HIV and AIDS | 175 Justice Street, United House, 2nd Floor | Constance Akombi | 065 345 8976 | www.caphiv.org | constance@caphiv.org |
| Sheshane Health Clinic | Primary health | 2nd Floor Civic Centre, Landros Mare & Bodenstein Streets | Mr Chokoe | 015 632 4112 | www.sheshane.org | chokoem@sheshane.org |
| Christ Baptist Church | Church/Religious Services | Christo Groenewald Street | Senior Pastor Boshoff | 051 534 2786 | www.cbc.org | cbcbfn@cbc.org |
| Sifundzani Primary School | Primary school | Makhosini Drive | Ms Agnes Tsemba | 025 184 533/6 | www.sifundzanschool.org | info@sifundzanschool.org |



Patience made a list of the key services and stakeholders that she had included on her map. She then included all of the relevant contact details that she had for these organisations. In cases

where she didn't have the information, she asked colleagues in her organisation for contact details and looked up the information on the internet.

Once you have conducted the community mapping exercise and developed your community directory, you are now ready to analyse the stakeholders and service providers who are operating in your community. The purpose of a stakeholder analysis is to understand the relationships between different stakeholders and service providers that currently exist.

In communities, stakeholders and service providers exist in the context of each other. Your aim is to identify who is working together, how they are working together and where there are gaps and opportunities.

STAKEHOLDER RELATIONSHIP MAP



This exercise allows you to visualise how the stakeholders and service providers are working together in your community.

HOW TO USE THIS TOOL

On the photocopy of your community map, draw lines between each of the stakeholders and service providers to show the relationships between them. Use different colours and types of lines to show different types of relationships.

For example, use a dark solid line to denote a positive and strong working relationship. Use a dotted line to show that organisations only work together sporadically. Use double lines to show organisations that have a formal alliance or who are part of a larger entity (such as clinics and hospitals working under the District Health Authority).

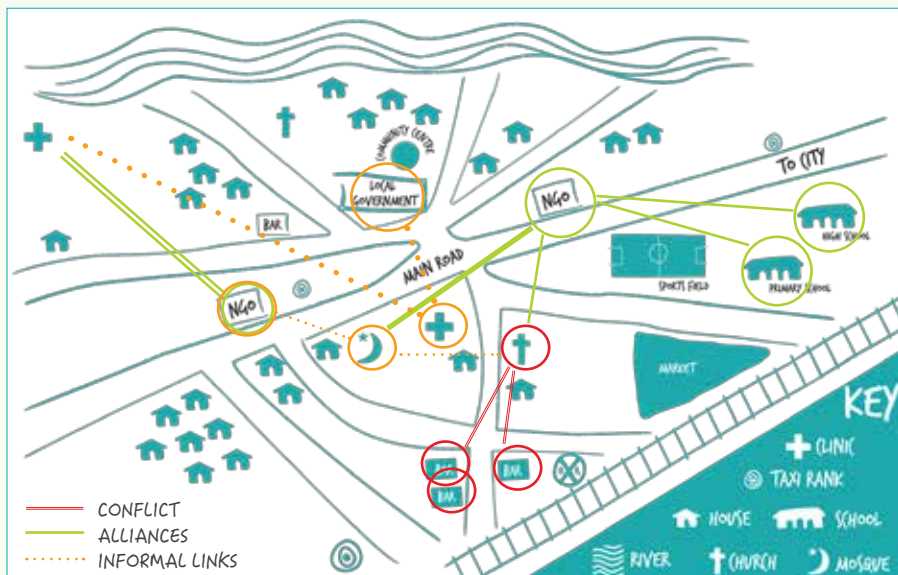
Time estimated:
1-2 hours

Participants:

Key driver, with help from other team members

Materials:

The exercise below is done on the community map that you have just created. Make a photocopy of your community map so that you have a clean version on which to draw the relationships. You will also need marker pens. See Tool 3 in Annex for sample map.



Patience made a photocopy of her community map and sat with two of her colleagues at a large table in their offices. They discussed the relationships that they had seen between the stakeholders and service

providers that they had visited while on their community mapping walk as well as their knowledge of the community. Together, they decided on the lines that they would draw on the map.



STAKEHOLDER ANALYSIS MATRIX AND GRID⁵

Using the list of stakeholders from your community directory, you can now create a stakeholder analysis matrix and grid. The matrix will help you to identify the stakeholders relevant to your problem and their potential for partnership. This exercise will help you to identify the primary stakeholders in your area of collaboration, i.e. the groups or organisations that are expected to be impacted by or impact your intervention.

HOW TO USE THIS TOOL

Draw the matrix below on a flipchart or whiteboard. Plot the stakeholders and service providers from your community map on the matrix. High Interest = those stakeholders and service providers who have similar interests to your own. High Influence = those stakeholders and service providers who have significance and power in the community. You are trying to identify the stakeholders in the **upper left-hand quadrant** who have similar interests to your organisation, and who have influence in the community.

Once you have plotted the stakeholders on the matrix, enter the stakeholders from the **upper left-hand quadrant** into the stakeholder grid on the next page. You can enter this grid in a spreadsheet, or use the template included in the Annex of this toolkit.

Time estimated:
1-2 hours

Participants:
Key driver, with help from other team members

Materials:
Flipchart and/or whiteboard, marker pens and a notebook or spreadsheet. See Tool 4 in Annex for blank stakeholder analysis matrix and grid.

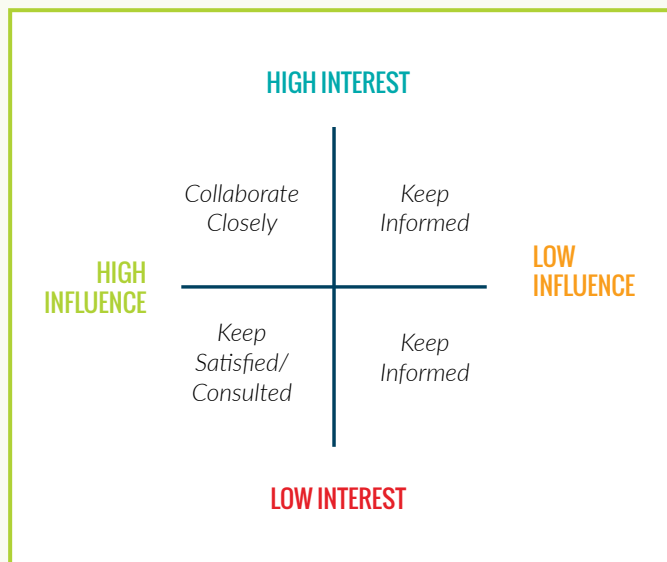


Fig.4: Stakeholder analysis matrix. Adapted from [tools4dev](#), 2015⁶

Patience scheduled a meeting with several of the members of her organisation, including those who had worked in the community for many years. She knew that she needed their experience to understand the dynamics between the stakeholders and service providers in her

community. She drew the matrix on a flipchart and they spent an hour discussing where to put each of the stakeholders and service providers from the community map on the matrix.

| Stakeholder name | Contact person <i>Phone, email, website, address</i> | How much may the project impact them? <i>Low, Medium, High</i> | How much influence may they have over the project? <i>Low, Medium, High</i> | What is important to the stakeholder? | How could the stakeholder positively contribute to the project? | Strategy for engaging the stakeholder |
|--|--|---|--|--|---|---|
| Shine Primary Health Clinic | Lindiwe Mpofo, lindiwe@shinephc.gov.za, www.shinephc.gov.za | Medium | High | Reducing loss-to-follow-up in pregnant women diagnosed with HIV | Providing access to counsellors following testing diagnosis | Set up a meeting with L Mpofo to discuss potential collaboration |
| MenEngage PMTCT | Malvin Maluleke, malulekem@menengage.org; www.menengage.org; 076 548 9527 | High | Medium | Decreasing LTFU through partner/male involvement in PMTCT | Strengthening community engagement to enhance male involvement in PMTCT | Arrange a face-to-face meeting with Malvin and his key co-workers to see how our work may align |
| Karola Health Centre and Network of Positive Women | 086 594 2301; Sam Tshabalala; tshabalalas@karolapositive.org; www.karolapositive.org | Medium | High | To increase the uptake of PMTCT services and expand paediatric HIV services | Strengthening counselling services through refresher trainings for volunteers and healthcare workers. | Attend next Karola Health Centre Management meeting and present on potential areas of collaboration |
| Harambee Hospital | Thandi Mzamo, 073 504 6723; mzamot@harambeehalth.org; www.harambeehalth.org | High | High | Monitoring and retention of HIV positive pregnant and breastfeeding women and their HIV exposed children | Improving breastfeeding practices of new mothers by tracking them telephonically and linking them to support groups | Speak to sister who is in charge of the network and arrange a time to meet face-to-face |

Fig.5: Stakeholder analysis grid

4

MAKE SENSE OF THE INFORMATION

Once you have gathered information, including mapping and analysing the stakeholders and service providers in your community, it is time to assess the information. Through this process, you are trying to fully understand the problems that are facing your community. These are the problems that you will set out to improve with your collaboration.

A problem tree analysis and SWOC analysis in the following pages will help you to identify the underlying or root causes of your problem, which in turn will help you to prioritise which aspect/s of PMTCT and paediatric HIV to centre your partnership. A problem tree analysis supports us to move beyond the symptoms of a problem to a deeper understanding of the underlying issues on which to focus our actions.

Then, together as a group, they filled out the grid in a spreadsheet on her computer so that she could keep the information in a safe place.





PROBLEM TREE ANALYSIS

HOW TO USE THIS TOOL

1. Define the problem: Start with what the information that you have gathered is telling you. Discuss with the group: Where are you seeing the gaps along the cascade? Where are your biggest challenges? Find out as much as you can to understand how each of these challenges is a problem, and the extent of the problem. Where, for example, along the cascade, is there the highest fall out and what are the critical entry points into the cascade where you are experiencing problems and barriers?

2. Define the problem in numbers: Look at data and service information on hand that you gathered in the activity above. Confirm that this is indeed a problem and try, as best as possible, to write out your problem in a quantifiable way. For example, if your problem is related to loss to follow-up, write out what this currently looks like. For example: only 60% of women enrolled in PMTCT remain in care post-delivery OR only 60% of women enrolled in PMTCT have their children tested at 18 months. This is your problem statement.

3. Find the root causes of the problem: Now, draw the trunk of a tree on your flipchart paper and write the problem statement on the trunk. As a group, identify the main causes of the problem. Draw these causes along the large roots of the tree, indicating that they are “root” problems. Select one of the causes. Ask yourself or others, “Why do you think this happens?” This question will help you to identify the secondary causes. Write the secondary causes as small roots coming off the larger roots of the tree. Repeat the process for each of the main causes.

4. Find the main effects of the problem: Next, begin to identify the main effects of the problem. Write each effect as a large branch of the tree. Select one of the main effects. Ask yourself or others, “Why do you think this happens?” and identify the secondary effects. Write the secondary effects as small branches coming off the larger branches of the tree. Repeat the process for the other main effects.

When completed, consider what the problem tree shows. For example, how do the causes and effects relate to each other?

Time estimated:

3 hours (can be done in the same meeting as the SWOC analysis)

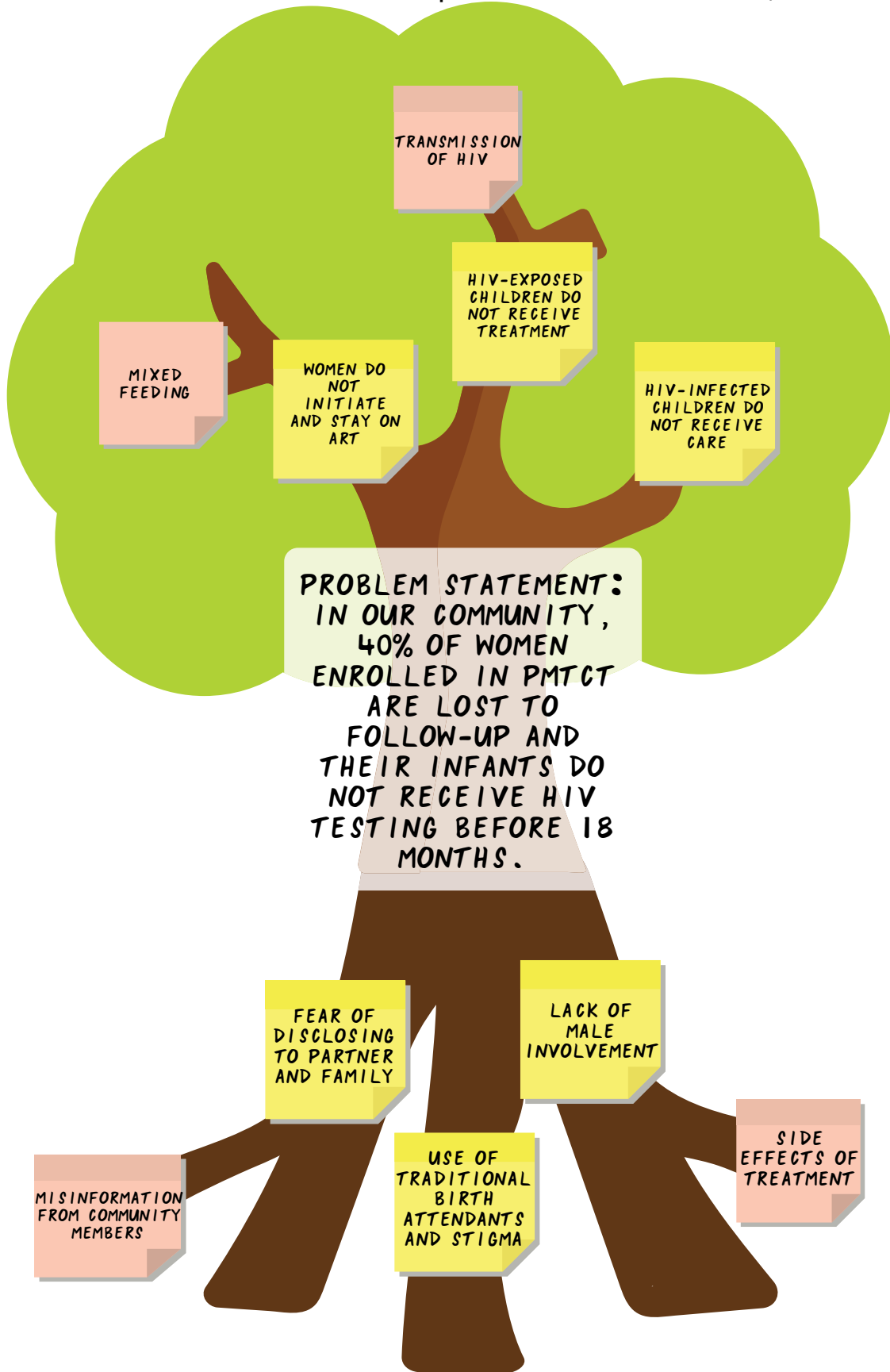
Participants:

Key driver, with help from other team members. You may want to invite members of your client groups and/or members from other stakeholder groups to join you for this exercise.

Materials:

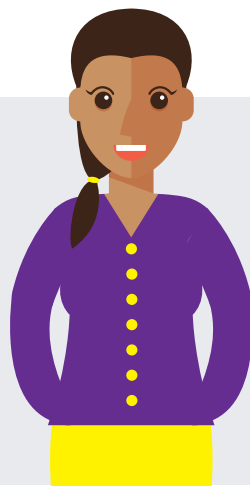
Flipchart and/or whiteboard, marker pens and sticky notes. See Tool 5 in Annex for a blank problem tree.





Patience wanted to work with a group of people who had different perspectives to do the problem tree and SWOC analysis. She felt that these diverse views would help her to get to the bottom of why women in her community were being lost to follow-up during PMTCT. She organised a meeting including a Senior Programme Manager and two community

health workers at her organisation, as well as two nurses from the nearby clinic. She organised tea and cake so that the group could socialise after a busy week. Together, they worked on the problem tree and SWOC analysis (next page).





SWOC ANALYSIS

Another tool to analyse your organisation and its context is called a SWOC analysis. You can perform a SWOC analysis to analyse the internal strengths and weaknesses of your organisation, and the opportunities and challenges faced in your community. This analysis will help you to identify activities that will maximise your strengths and opportunities, as well as ultimately identify a partner who will compensate for your weaknesses and challenges.

HOW TO USE THIS TOOL

Draw the grid below on a flipchart or whiteboard. With the group, either together or in small groups, brainstorm answers to the questions below. The more stakeholders you involve in your analysis, the more perspectives you will be able to include. Discuss your answers and make sure that everyone agrees that all of the questions have been answered fully.

Time estimated:

3 hours (can be done in the same meeting as the problem tree analysis)

Participants:

Key driver, with help from other team members. You may want to invite members of your client groups and/or members from other stakeholder groups to join you for this exercise.

Materials:

Flipchart and/or whiteboard and marker pens. See Tool 6 in Annex for a blank SWOC analysis grid.

First, consider the internal factors that will strengthen your efforts. These include your clinic or CBO's abilities and resources. What are your strengths? What do you do well? What are you known for?

S STRENGTHS

Experienced group of CHWs, passionate about our work, 10 years of experience working in the community, and CHWs respected by clients

WEAKNESSES W

Poor linkages with clinics, not sure if clients are retained in care, lack of access to data, and do not have the most up-to-date guidelines

Next, think about the internal weaknesses. These weaknesses will reflect a lack of ability or resources and may be located through examining past failures. What are you struggling with? What deficiencies hinder your ability to achieve your goals?

Then, discuss the external opportunities that are available to you. What is happening in your community that will help you in your work? What could positively impact your programmes?

O OPPORTUNITIES

District health office encouraging collaboration, clinic in-charge has reached out to have more contact

CHALLENGES C

Far distances in our community, traditional leaders not supportive of PMTCT, migration in area results in many mother-baby pairs being lost.

Finally, consider the external challenges that your organisation is facing, which may reside within your community or even country. These may include policy, economic, educational or socio-cultural issues for example. What future challenges do you face?

GG We have also learned that implementing partners need to do a joint assessment of their individual strengths and weaknesses so that they can find a way of complementing each other. In such partnerships, being different can actually be a good thing so it is important for the partners to be honest about what they can do and what they can't do so that they can support each other."

5 IDENTIFY THE BEST POSSIBLE CLINIC-CBO COLLABORATIVE PARTNER

After completing your information gathering and analysis, you are now in a good position to identify the most appropriate partnership to help you to address the underlying issue you have identified. You may identify a single potential partner or several potential partners.

Review the stakeholder matrix and grid from earlier. You want to select a partner or group of partners that:

- Shares your problem in some way
- Is already active in providing services or undertaking activities relevant to the problem
- Has complementary strengths and weaknesses

KEY MESSAGE

Your prospective partner should have similar interests to your own organisation, and provide complementary services and activities that would be useful to the patients and clients that you serve, or hope to serve.

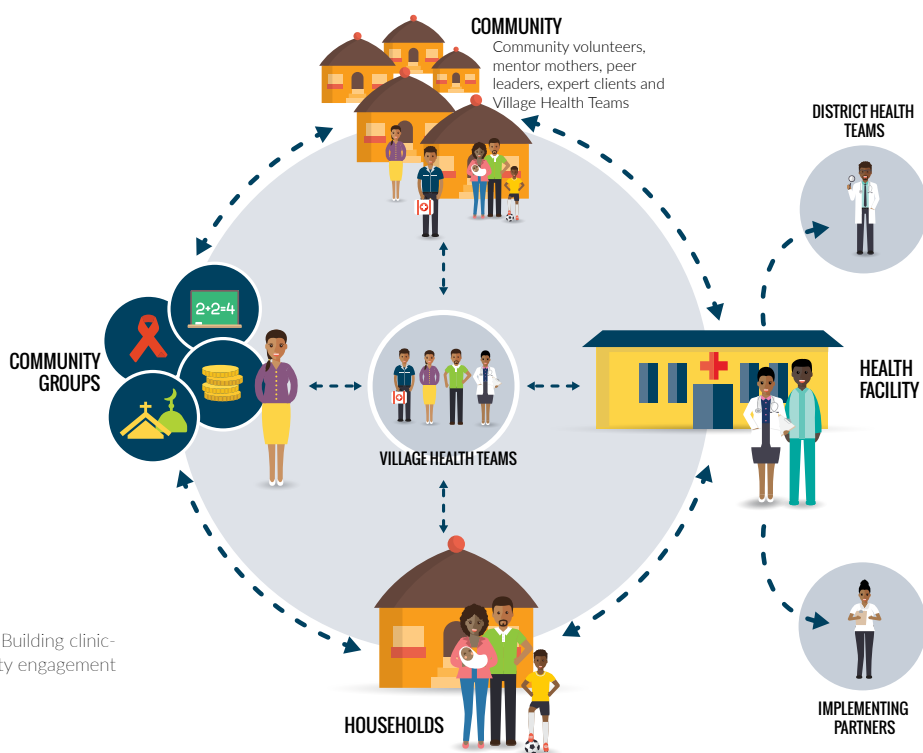


Fig.6: Building clinic-community engagement

“There was mutual interest/benefit in the project outcomes for both the clinic and CBO.”

- Chikowa Health Centre and SRGDI, Malawi (C³)

Patience met with her Executive Director to show her the results from the exercises she had done so far. They discussed the results from the exercises. Hope Clinic, a primary health facility in an adjacent neighbourhood, seemed to have very similar interests to CDI. They served a large percentage of the women in the community, and the sister-in-charge had reached out to them recently about hosting an information session for CHWs.

The sister-in-charge had expressed concern about the high rate of LTFU in the community, and believed that by providing a training session on the recent updated PMTCT guidelines for CHWs, they could potentially expand their positive impact on women returning to the clinic. Patience and her Executive Director decided that it would be a good idea to set up a meeting with Hope Clinic’s sister-in-charge in the next week to discuss a more formal collaboration.





TIPS & TRICKS



There are many potential problems that we could analyse in the problem tree analysis. How do we decide which problem to address?

Indeed, it may seem very daunting to narrow down your information gathering to just ONE problem to address.

- **TIP:** Consider the biggest problem that you can most feasibly address.
- **TIP:** Remember to review your data. We may often think something is a problem, only to find that once we look at the data, this may not in fact be an actual problem at all. Sharing and looking at data together can help us to see more clearly where the biggest problems exist. Using the information we collect to guide our decision-making can be very empowering.



There are stakeholders in our community who could make good partners. However we have approached them in the past and they have not been interested in collaboration. What can we do to change their minds?

Often, organisations are so immersed in their current work that it is difficult to conceive of doing *yet another* project. Moreover, clinics and CBOs may be hesitant to enter into a partnership with an organisation whom they barely know.

- **TIP:** The best way to approach a potential partner is to show them how the partnership will make their work *easier and more impactful* rather than the opposite. Consider how you can work with the partner to make their work easier, and approach them with a specific proposal in mind.
- **TIP:** Identify organisations with whom you have worked, who are trusted by the potential partner – these organisations can act as referees for your organisation.
- **TIP:** Highlight benefits in any way. For example, draw up a simple diagram or flow chart that shows what you each do and how, doing a certain aspect of your work together, will help you both to achieve more and/ or help you to reach your desired goal and target faster.



WRAPPING UP

Congratulations for completing Step 1.

By now, you have:

- ✓ **Appointed a key driver** to lead the process of identifying a possible partner, and drive the partnership forward
- ✓ **Gathered information** that is relevant to your context and community, including data, laws, policies, traditional decision-making structures, as well as mapped and identified community stakeholders and service providers
- ✓ **Analysed the stakeholders** working in your community, through a stakeholder matrix and grid
- ✓ **Made sense of the information** that you gathered with a problem tree analysis and SWOC analysis
- ✓ **Identified the best possible partner** for your clinic-CBO collaboration

You are ready to move on to initiate and formalise your collaboration, which are detailed in the next chapter.



FOR FURTHER READING:

- Community-facility linkages to support the scale-up of lifelong treatment for pregnant and breastfeeding women living with HIV. Geneva: UNICEF; 2015.
- Communities deliver: The critical role of communities in reaching global targets to end the AIDS epidemic. Geneva: UNAIDS and Stop AIDS Alliance; 2015.
- Get On the Fast Track: The lifecycle approach to HIV. Geneva: UNAIDS; 2016. http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

STEP 2: INITIATE AND FORMALISE

HOW TO INITIATE THE COLLABORATION AND FORMALISE THE RELATIONSHIP

OUTCOMES FOR THIS CHAPTER

By the end of this chapter, you will understand how to give your partnership a solid foundation with a PIW – a meeting which includes identifying shared objectives, agreeing on a key priority area, establishing the type of partnership, and developing relationships, roles and responsibilities. You will also be able to formalise the collaboration with a written agreement.

WHY?

Once you have assessed your context and identified your optimal partner, you are ready to embark on the next step in the collaboration process, in which you will initiate and formalise the partnership.

A partnership is generally understood to be two or more organisations working together to achieve shared aims. In the case of a clinic-CBO partnership, you are seeking to collectively solve the problems identified in your problem tree/SWOC analysis in collaboration with another stakeholder who is critical to success. Partnerships should be “greater than the sum of their parts,” meaning that you can do more together than you would be able to achieve alone.



KEY MESSAGE

Launching your collaboration with a Partnership Initiation Workshop (PIW), as well as a formal, written Memorandum of Understanding (MOU), will provide a good framework for your initiative, ensuring that all partners are clear in their roles and activities moving forward.

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

SUMMARY OF ACTIVITIES FOR THIS STEP

Conduct a Partnership Initiation Workshop

What will be the agenda for our first meeting together?

1

In many cases, the activities of initiation and formalisation are jointly conducted in a one or two-day workshop, where key people from each partner organisation come together to share ideas and consider the terms of partnership. The Partnership Initiation Workshop includes activities 2-5 below.

Establish shared interests and expectations

What are the interests and expectations that I share with my future partner? How will we work together to achieve these shared interests?

2

When forging a partnership with a key stakeholder, it is important to consider their point of view: What will they want to achieve through the partnership? Is the culture and mission of the potential partner similar to or different from your organisation? Once you understand the stakeholder's point of view, you can develop a vision of what you can achieve together.

Identify your key priority area

What will be the challenge that we will work on together with our partner?

3

Next, you will identify the "key priority area" that your partnership will work on together. The key priority area is the most pressing challenge that you and your partner share that is both urgent and addressable.

Agree on the type of partnership

What type of a partnership should we create? How will this evolve over time?

4

When developing your partnership, it is important to conceptualise the type of partnership that you will undertake. Partnerships can take many forms: a simple partnership may involve information sharing and referrals, while a more complex partnership could include resource sharing, where each organisation holds part of a collective budget.

Define relationships, roles and responsibilities

What will our relationship look like? What should be my role in the partnership? What should be my partner's role? What will our responsibilities be?

5

It is important to define the roles and responsibilities that you will each assume in the partnership, ensuring that each partner is clear about what they can expect to contribute, including the skills and capacities each brings to the partnership.

Develop and sign a written agreement

What are the key terms that we should include in our written agreement that will form the basis for our partnership?

6

It is important to formalise your partnership, usually with an agreement such as an MOU or other formal document. Formalisation ensures that agreements are put in writing, so that all partners are clear on the terms of reference, including timelines, responsibilities and lines of accountability.

1 CONDUCT A PARTNERSHIP INITIATION WORKSHOP

A good way to begin your partnership is with a PIW, a one to two day working session where the key partner members come together to discuss and agree on various aspects of the partnership. By the end of the workshop, you should have all of the ingredients necessary to formalise your partnership with a written agreement, such as an MOU.

The PIW is key to setting the tone for the partnership going forward. One organisation can take responsibility for playing the role of “host” for the meeting, and carrying out the preparation and logistics. However, the “hosting” organisation should take care that the workshop is prepared with the input and agreement of the partner.

Importantly, this is NOT a planning session. Instead, the purpose of the PIW is to answer the questions related to identifying shared objectives, understanding culture and building relationships, establishing roles, and assigning responsibilities.

 The initial PATA-facilitated training was very helpful in defining our different but complementary roles. And at the start of the project, we also had a joint meeting for our staff and volunteers. This also helped to match our expectations. It is something we recommend for other partnerships.”

- Karambi Health Centre II & Youth Empowering Initiative Partnership, Uganda (C³)

THINGS TO DO:



DO use the PIW to set a *shared vision for the partnership*: Ensure that everyone in the room is on the same page using Tool 8 (Meeting “check in/check out”).



DO use the PIW to discuss the *shared norms and values or terms of engagement for the partnership*: These can include the ways that your partnership will communicate, hold meetings, share knowledge, manage resources, make decisions and resolve conflicts.



DO document the outcomes of the PIW and share them: Ensure that a “record keeper” is assigned for the meeting, or for each session, and that all discussions, commitments and decisions are documented and distributed after the meeting concludes.

THINGS NOT TO DO:



DON'T pack the agenda: Less is more! This PIW is far more about being together and learning the behaviours and needs of each other than making decisions and plans.



DON'T use a big budget for the PIW: It is important not to use precious partnership resources for the PIW. If people need to travel to the meeting, provide modest travel stipends. Limit the PIW to a one-day meeting if it is necessary to save costs in catering and accommodation. Remember that this meeting will set the tone for future partnership expenses.

Fig.7: Tips for a successful Project Initiation Workshop



SAMPLE PARTNERSHIP INITIATION WORKSHOP AGENDA

HOW TO USE THIS TOOL

The agenda below is a sample of a one-day PIW. You can modify this agenda for your own workshop.

Time estimated:
1-2 days

Participants:
Clinic and CBO staff members who will be involved in the partnership

Materials:
Flipchart and/or whiteboards, marker pens and sticky notes. See Tool 7 in Annex for a sample partnership initiation workshop agenda.

PARTNERSHIP INITIATION WORKSHOP

AGENDA

| | |
|-------------|--|
| 08:00-08:30 | Arrival & registration |
| 08:30-09:15 | Welcome remarks; Introduction to teams; Meeting check in (See Tool 8) |
| 09:15-09:30 | Background and objectives of collaboration (scene setting for shared issue) |
| 09:30-10:15 | Overview of paediatric HIV prevention, treatment and care in your country |
| 10:15-10:30 | TEA/ SOCIALISING |
| 10:30-11:30 | Workshop 1 – Shared interests and expectations (See Tools 9 & 10) |
| 11:30-12:30 | Workshop 2 – Key priority area (See Tool 11) |
| 12:30-13:30 | LUNCH |
| 13:30-15:30 | Workshop 3 – Establishing the types of partnership, understanding relationships, roles and responsibilities, and RACI Chart (See Tool 12, 13 & 14) |
| 15:30-16:30 | Workshop 4 – Partnership agreement questions (See Tool 15) |
| 16:30-16:45 | TEA/ SOCIALISING |
| 16:45-17:30 | Closing remarks; Meeting check out (See Tool 8) |



CDI's Executive Director sent an email to the sister-in-charge at Hope Clinic and followed up with a visit. She described the interest that she had in setting up a more formal collaboration between the clinic and CDI. Hope Clinic's sister-in-charge was equally enthusiastic and suggested that they go together to the district health administrator and present the idea of a formal collaboration. With the health administrator's consent, CDI and Hope Clinic set a date for a one-day PIW for the following month. They

invited the administrator to give the welcoming remarks at the workshop. Patience worked closely with the Executive Director to set the agenda for the day, and they sent the agenda to Hope Clinic's sister-in-charge two weeks before the workshop to get her input. Finally, the Executive Director and sister-in-charge sent out invitations to their staff and volunteers to attend the workshop. The two prospective partners eagerly anticipated the PIW.



MEETING “CHECK IN/CHECK OUT”⁷

One way to ensure that everyone feels engaged and all voices are heard in the PIW is to use a “check in /check out” exercise at the beginning and end of each day.

HOW TO USE THIS TOOL

Use this exercise at the beginning and the end of each day of your PIW.

1. Everyone sits in a circle. You can either go around the circle, or you can “popcorn” around the room (everyone decides when they take a turn). Everyone will speak once, and has one to two minutes to answer the question.
2. The facilitator poses a “check in” (beginning of the day) and “check out” (end of the day) question.
3. Suggestions for questions:
 - “Check in” questions:
 - » What is one word that best describes your feelings at this moment?
 - » What is one thing you hope to accomplish in this workshop today?
 - » What questions do you think need to be addressed in this workshop?
 - “Check out” questions:
 - » How did we do as a partnership team today?
 - » Did the process help us to achieve a goal? If not, what can we do differently next time?
 - » What is one question that I have after today? How will I answer that question?
 - » What did I contribute to today? What will I contribute next time?

Time estimated:
3 minutes per participant

Participants:
All meeting attendees

Materials:
See Tool 8 in Annex for a sample check in/ check out exercise.

2

ESTABLISH SHARED INTERESTS AND EXPECTATIONS

Often, when we seek to build partnerships, we want to jump straight into the “action phase,” so we begin by considering joint activities and projects. However, it is important to first take a step back and reflect on each partner’s particular interests. Most organisations have a set of interests that arise out of their unique vision, mission and values. It is important to understand your own organisation’s interests, as well as those of your partner, before you embark on a partnership. Only with this understanding can you identify the areas where your common interests overlap, which will be the basis for your successful partnership.

CLINIC AND CBO MOTIVATIONS

Clinics and CBOs often have motivations that are different from one another. This can sometimes result in different objectives. That can be surprising, since both organisations are working to improve the health of patients. However, these differing driving forces highlight why partnership is so important: both the clinic and CBO bring different strengths and priorities to the relationship. Once you explore these different objectives together, you can find the common ground that will allow you to avoid future conflict and misunderstanding.

Based on the experiences of the C³ partnerships, we have identified several **motivational** differences that generally exist for the two types of organisations. These may or may not apply to your particular partnership, but are a good starting point for your conversation.

| Clinic motivations | CBO motivations |
|---|--|
| Primary objective is to treat patients as they present themselves in the clinic | Primary objective is to identify community members with health needs |
| “Throughput” (getting patients in and out of the clinic) is critical | “Depth” (understanding clients’ needs individually) is critical |
| Following procedures is important | Solving problems on-the-spot is important |
| Focused on the patient’s presenting health problem | Interested in determinants of presenting health problem |

Fig.8: Examples of clinic and CBO motivational similarities and differences to help establish shared interests and expectations



IMAGE EXCHANGE EXERCISE⁸

This is a useful technique to deal with perceptions that emerge in a partnership. You can use this tool and the next one to identify your perceptions and interests, and see how they align with your partner's. Remember that it is important to share your honest and open answers to these questions, so that you can find out where there is divergence or overlap in your interests.

HOW TO USE THIS TOOL

Divide into groups based on organisation. Each group should have a flipchart or a large whiteboard on which to work.

1. On the flipchart or whiteboard, write down "How we see ourselves", "How we see our partner" and "How we think our partner sees us"
2. Sit in a group separately from your partner and answer the questions using images and metaphors. Get creative: draw pictures, tell stories and use quotes to describe your answers (20-30 minutes)
3. Finally, sit with your partner, and show what each of you has developed. Discuss what lies behind it, clearing up misperceptions and tackling problem areas (20-30 minutes)

Your answers to "How we see ourselves" will be the driving force behind many of the interests that you will identify next.

Time estimated:

1 hour

Participants:

Attendees at the PIW

Materials:

Flipchart and/or whiteboard, and marker pens. See Tool 9 in Annex for suggested questions for this exercise which you can photocopy for your team.



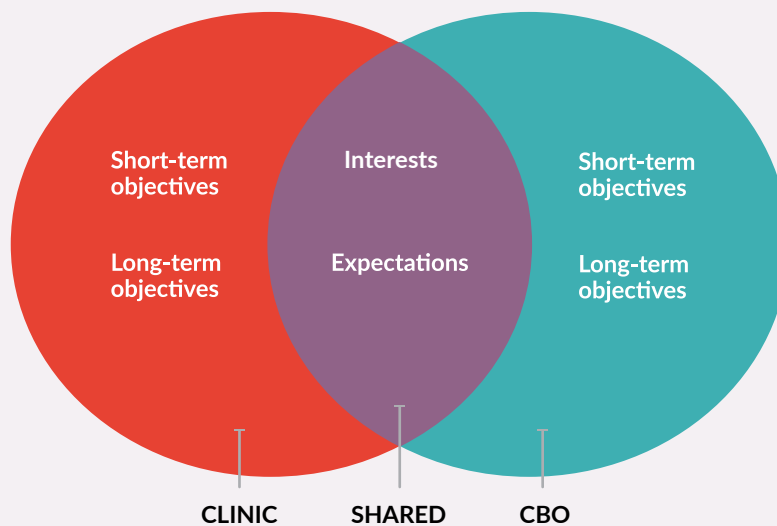
SHARED INTERESTS AND EXPECTATIONS

You can use this exercise to identify your interests in and expectations of the partnership. You will then identify which interests and expectations are shared between the two organisations – these are the areas where you will want to focus your joint activities.

HOW TO USE THIS TOOL

1. In individual groups, use the questions to brainstorm your interests and expectations: Why are we interested in this partnership? What do we expect to gain from this partnership? (30 minutes)
2. Now, come together as a group and review the two lists to see where your interests and expectations overlap. You can use different coloured marker pens or stickers to identify where the interests and expectations are similar. Look closely to see where different motivations may be hiding a common purpose. Put the common interests and expectations in the middle column to show where there are shared or similar interests and expectations (30 minutes)

The shared interests and expectations in the middle column are where you should focus your new partnership.



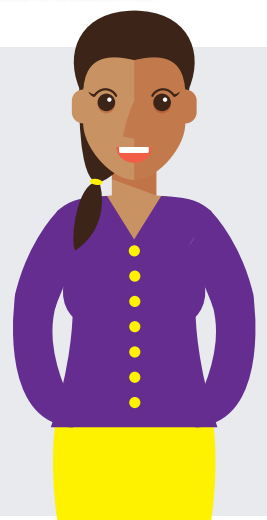
Time estimated:
1-2 hours

Participants:
Attendees at the PIW

Materials:
Flipchart and/or whiteboard and marker pens. See Tool 10 in Annex for a sample template.

At Patience's PIW, CDI and Hope Clinic were surprised to find that they had many differences in the way they saw the potential partnership! For example, CDI was interested in reducing stigma in the community and thought that a mass education campaign to educate community members on the importance of PMTCT was a priority. Hope Clinic, on the other hand, was interested in tracking the women that were already on their registers - they wanted to only do home visits to

those women who had already presented at the clinic. However, as they discussed the issue together, they realised that these two different strategies revealed a common interest: bringing pregnant women into the clinic. They wrote the common interest in their shared section in the middle and committed to discussing the best strategy/strategies to achieve this common interest fully in the future.



3

IDENTIFY YOUR KEY PRIORITY AREA

Now that you have identified the interests that you share with your partner, it is time to put these shared interests into practice. Through this exercise, you will identify the “key priority area” that your partnership will work on together.

The key priority area is the most pressing challenge that you and your partner share that is both urgent and addressable. The definition of a “priority” is the thing that is regarded as more important than others. An important part of setting your key priority area is that you are defining the scope of your partnership: what will be included and what will be excluded.

“Family planning is not embraced by the community due to religious and cultural norms, despite high rates of unwanted pregnancies, and abortions.”

- Kibibi Nursing Home & Kalamba Community Development Organisation, Uganda (C³)

“Most women rely on Traditional Birth Attendants for delivery, and thereby miss out on PMTCT and Paediatric HIV Services.”

- Abia Specialist Hospital & Widows & Orphans Empowerment Organisation, Nigeria (C³)

“50% of the pregnant women in the Fizi teritory are lost to follow-up. This result in failure to initiate them on PMTCT and contributing to an increased number of babies being born with HIV.”

- Hôpital Général de Référence de Nundu & Ensemble pour la Promotion de la Femme et Famille en sigle (EPF), DRC (C³)

Fig.9: Examples of key priority areas from C³

LESSON FROM C³

A WORD OF CAUTION: Often, it is very difficult to identify just ONE key priority area to address with your partner. Clinics and CBOs are faced with many challenges, and it is hard to select one that will be the focus. However, we strongly advise that you focus your project on just one key priority area. You can always expand your key priority area in the future. We have found through C³ that projects are far more successful if one challenge is focused on at a time.



THEMATIC PRESENTATIONS & KEY PRIORITY AREA

To prepare for this exercise, it is useful to go back and review the problem tree analysis and SWOC analysis that you did in Step 1. You may also want to provide a presentation or synopsis of these analyses to your partner before this exercise.

HOW TO USE THIS TOOL

1. Break into groups, one group per organisation. Each group should prepare a short presentation on flipchart paper which answers the following questions (30-45 minutes):
 - What are the key challenges that our patients face in receiving PMTCT and being retained in care? (refer to your problem tree analysis and SWOC analysis)
 - What are the key challenges that we face as an organisation in responding to the challenges faced by our patients above?
 - Does the data that we have shared and compared confirm that these are central problems and challenges?
2. After the time is up, each group should choose a presenter to give the presentation to the entire group. The group should also nominate a “record keeper” who will make a list on flipchart paper of the key challenges. Circle the key challenges that are the same for both the clinic and CBO, where both can substantiate and you have evidence to support that this is experienced as a problem (15 minutes)
3. Once the presentations are finished, give each participant three small circle stickers (alternatively, they can use a marker). Each participant should now put their stickers next to the three circled challenges that they consider the most pressing (5-10 minutes)
4. As a full group, discuss the results (45 minutes). Consider the following questions:
 - Which challenge received the most “votes”? Do most people in the room agree that this is a priority challenge? Allow time to listen to any participants who disagree that this is a priority challenge.
 - Is this a challenge that your partnership can address in a meaningful way? If not, why not? If the challenge is not addressable for the partnership, consider other popular challenges which might be a better fit for the partnership.
 - Finally, as a group, come to agreement on the challenge which will become your key priority area for your project.

Time estimated:
2 hours

Participants:
Attendees at the PIW

Materials required:
Flipchart and/or whiteboard, marker pens, and small circle stickers (if available). See Tool 11 in Annex for suggested questions for this exercise which you can photocopy for your team.

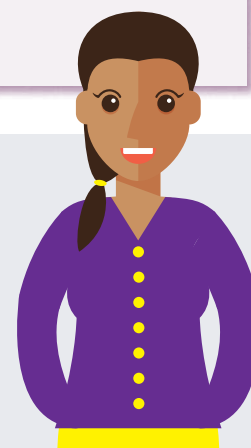


LESSON FROM C³

Once you have identified your key priority area, you may want to give your partnership a name! Although it sounds like a simple idea, naming your partnership can serve an important purpose in giving your collaboration an identity that will carry the team forward.

The staff members from CDI and Hope Clinic identified a number of key challenges in their presentations. The one challenge that kept surfacing was LTFU of pregnant women enrolled in PMTCT. It was clear that

this was a persistent and recurring issue for both the clinic and CBO. They resolved that this would be their key priority area for their partnership going forward.



4

AGREE ON THE TYPE OF PARTNERSHIP

Based on the shared interests and key priority area that you have identified, you can now consider the type of partnership that you wish to establish.

TYPES OF PARTNERSHIP

There are many types of partnerships that you may want to explore with your partner. This chart provides examples of different types of partnerships that emerged from the C³ programme. They range from very simple partnerships to more complex relationships.

| | Type of partnership | Possible activities | Example from C ³ |
|-------------|------------------------------|--|---|
| SIMPLE ↓ | Information exchange | Clinic and CBO share information with one another OR Strengthened referrals and referral monitoring between clinic and CBO | Ozubulu Primary Health Clinic & Victorian Clarion Foundation, Nigeria (C ³): "The project used community sensitisation and the institution of a strong referral system to improve the health facility and community linkages in Ozubulu state for 12 months." |
| | Resource sharing | Clinic and CBO share physical resources, including space OR Clinic and CBO share human resources | Birchenough Bridge Hospital & Rujeko Home Based Care Programme, Zimbabwe (C ³): "The CBO has a clinic block grant arrangement with the hospital for treatment of beneficiaries and, in turn, the hospital procures equipment and material of their choice, provision of airtime for follow-up of defaulters, and bicycles for community health cadres." |
| | Training & capacity-building | Clinic provides training, advice or technical input to CBO OR CBO provides training, advice or technical input to clinic | Hôpital Général de Référence de Nundu & Ensemble pour la Promotion de la Femme et Famille en sigle EPF, DRC (C ³): "The project conducted a two-day PMTCT training workshop to women leaders openly living with HIV from Mboko, Nundu and Lusenda Zones." |
| COMPLEX | Joint activities partner | Clinic and CBO undertake joint activities such as defaulter tracking, follow-up, joint awareness raising | Machinga Health Centre & Youth Impact, Malawi (C ³): "The project is conducting joint awareness-raising activities (focus groups, advocacy meetings) to increase male involvement in PMTCT and paediatric AIDS by 50% by October 2017." |

Fig.10: Types of partnerships

What should you think about when deciding which type of partnership will work best? The most important aspect to consider is the experience that you and your partner have in working with each other, and with other organisations. Collaboration and partnership is like any other skill – it takes practice! It is always easier to start with a simple partnership first, and then move on to more complex partnerships when you have achieved success.

For example, if there is no history of collaboration between your two organisations, you may want to start with a simple partnership first. This gives you a chance to learn how to work together, learning about each other and gaining experience within the initial partnership. As the trust and working relationship grows, you can move into more complex partnerships.

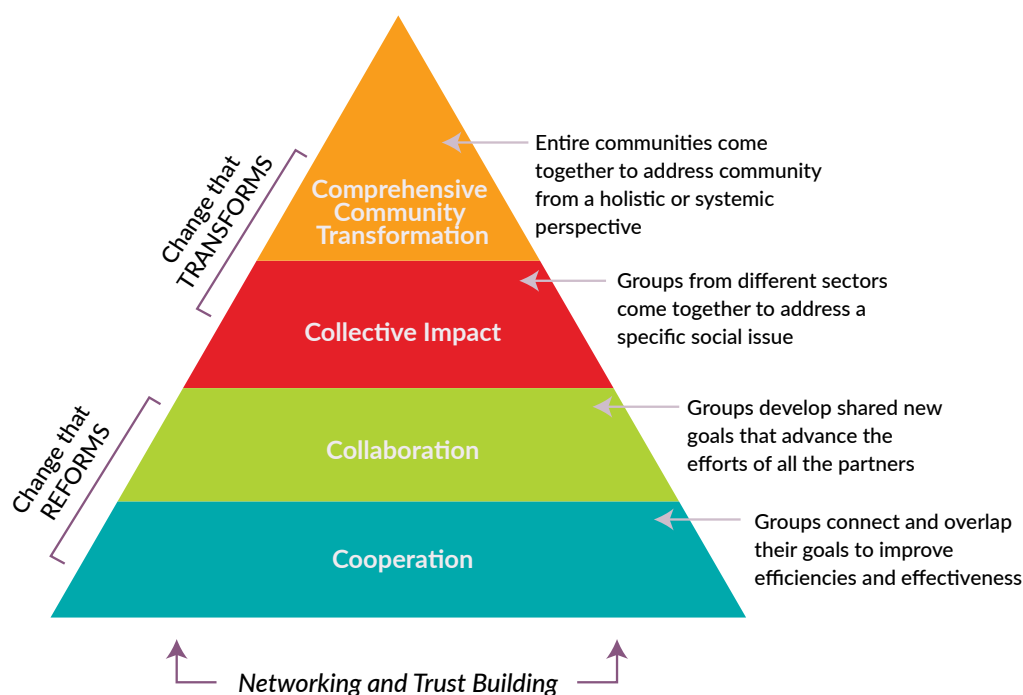


Fig.11: Partnership and impact pyramid. Adapted from Herchmer, 2013.⁹

Relationships can move from simple to complex. In a simple relationship, you and your partner may focus on information exchange, resource sharing and developing joint training. In a more complex relationship, you and your partner may look at joint activities together to have collective impact and transform practices within the community.



TOOL 12

QUESTIONS FOR ESTABLISHING THE TYPE OF PARTNERSHIP

HOW TO USE THIS TOOL

Use the questions below and the worksheet in the Annex to discuss the type of partnership you would like to pursue together.

QUESTIONS FOR ESTABLISHING THE TYPE OF PARTNERSHIP:

1. Do our organisations have experience working in collaboration with each other?
No, this is our first collaboration.
2. Do our organisations have experience working in collaboration with other organisations?
We have only collaborated informally in the past with a few organisations that we refer patients to and that refer patients to us.
3. How much time and energy do we have to devote to the partnership? (Complex partnerships will require significantly more time and energy than simple partnerships.)
Hope Clinic has limited time, but they are willing to devote a few hours each month to the partnership. CDI has more time, and is willing to devote a full-time resource to the partnership.
4. Does each organisation have people and resources that can be devoted to the partnership? (Complex partnerships often require dedicated staff.)
Hope Clinic does not have staff that can be dedicated to the project, but they can provide some transport funds, as well as a place to meet on a monthly basis. They can also devote the time needed to extract data from the patient registers. CDI can provide 3 CHWs who will be dedicated to tracing PMTCT patients who have been LTFU, as well as Patience as a full-time partnership manager.
5. What type of partnership should we embark on together? (Pinpoint the type of partnership on the “Types of Partnership” table on page 46).
Based on the substantial resources that both partners are willing to invest, and the key priority area that they are hoping to address, they have identified a “Joint Activities” type of partnership.

Time estimated:
1 hour

Participants:
Attendees at the PIW

Materials required:
Flipchart and/or whiteboard and marker pens. See Tool 12 in Annex for suggested questions for this exercise which you can photocopy for your team.

KEY MESSAGE

Consider how your current partnership can move one step closer toward being more structured, to undertake a jointly agreed upon plan together, with clear terms of engagement that are monitored and reported against over time.

5 DEFINE RELATIONSHIPS, ROLES AND RESPONSIBILITIES¹⁰

It might seem obvious – but organisations are made up of people! The key to the success of your partnership is ensuring that the people who are involved in the partnership are able to work together as effectively as possible. For people to work well together, there are generally three things to consider: relationships, roles and responsibilities.

Let’s explore each of these areas:

Relationships – Establishing a sound relationship between partnering organisations is a critical step towards ensuring the success of your collaboration. An effective relationship starts with understanding; you must fully understand how the people in your partner organisation work so that you can partner well, and vice versa.

Roles – Developing a clear set of roles for the people who will be involved in the partnership is important to your success. The people who will be involved in the partnership need to be aware of their roles so that they can be prepared and ready to work together for the benefit of the partnership.

Responsibilities – Once roles have been established, it is time to assign responsibilities. Responsibilities are different from roles; they are the specific tasks that each of the people in the partnership will perform to make the partnership work.

Just as people are different, so are organisations. All organisations operate with a unique culture and set of norms and procedures that allow the people in the organisation to get their work done. Partnerships are sometimes tricky because two unique organisations must come together and learn to work within a new set of norms. It is important to invest time upfront in understanding how each organisation operates so that you can be successful in your partnership.

CLINIC AND CBO CULTURE

Based on the experiences of the C³ partnerships, we have identified a number of *cultural* differences that generally exist between the two types of organisations. Again, these may or may not apply to your particular partnership, but are a good kick-off point for your conversation.

| | |
|--|---|
| Decision-making is hierarchical (“top-down”) | Decision-making is consensual (“everyone works to agree”) |
| Rank and seniority is important | Individual initiative is important |
| Bureaucratic procedures must be followed | Procedures are largely “ad hoc” or can change |
| “Getting things done” is the priority | Collaboration is the priority |
| Jargon and terminology are important for communicating | Jargon and terminology are not widely used |
| Staff are specialised and usually work in one area | Staff have to be flexible and “wear many hats” |


 Wherever we have warm, trusting and open relationships, all kinds of surprising possibilities begin to open up to us, enabling and unlocking many positive things in ourselves and in others. We find that we can speak more honestly and freely, we can be more of ourselves, more creative, more productive, even more generous. We are less afraid of making mistakes and more able to collectively learn from them.”⁹

Fig.12: Examples of Clinic and CBO cultural similarities and differences to help define relationships, roles and responsibilities



QUESTIONS FOR UNDERSTANDING RELATIONSHIPS, ROLES AND RESPONSIBILITIES

Use the questions below and on the next page to discuss how you would like to work together. You will start to build the type of healthy relationship that a successful partnership requires. It is important to remember that building a collaborative relationship takes time. As the relationships grows, you will gain confidence and trust in each other, which will allow the partnership to flourish.

HOW TO USE THIS TOOL

Use the questions below and the printed worksheet in Annex included to discuss the type of partnership you would like to pursue together. You can discuss these questions as a large group or in small groups.

QUESTIONS FOR UNDERSTANDING CULTURE AND BUILDING RELATIONSHIPS:

1. How are decisions made in each of the organisations? Is there a formal approval process, or are decisions made more spontaneously?

The attendees from Hope Clinic noted that they made decisions in formal meetings and that everything needed approval from the district health office. CDI attendees noted that they made decisions in informal meetings held when questions arose in their work.

2. Is the organisation consensual or hierarchical? Does everyone need to agree to move forward, or are decisions made by one or two leaders at the top?

Hope Clinic attendees said that they usually followed the rules and regulations that their superiors had put in place; CDI attendees noted that they usually liked to have everyone's input and agreement before making a decision.

3. How are meetings conducted? Is everyone invited, or are only key people invited to participate?

Hope Clinic holds weekly meetings with only key people invited, whereas CDI holds ad hoc meetings with everyone invited.

4. What kind of "jargon" do we use? How can we ensure that we are all speaking the same language, and encouraging a partnership wherein we can feel comfortable asking what terms mean?

Hope Clinic tends to use medical terms which could be unfamiliar to those not in the field. CDI asked that Hope Clinic staff be patient with them as they learned the new terminology.

5. What "ways of working" will we use for our partnership?

The Hope Clinic-CDI partnership agreed to monthly meetings with key personnel invited; decisions to be made by consensus, and then approved by district health office; to keep jargon to a minimum — and that there are no silly questions!

Time estimated:

1 hour

Participants:

Attendees at the PIW

Materials required:

Flipchart and/or whiteboard and marker pens. See Tool 13 in Annex for suggested questions for this exercise which you can photocopy for your team.

QUESTIONS FOR ESTABLISHING ROLES:

1. Who will make decisions for the partnership? How will these decisions be made?

The Hope Clinic-CDI partnership agreed that decisions will be suggested by the appointed team, and then approved by the sister-in-charge who will consult with the district health office.

2. Who will be the spokesperson for the partnership? Who will liaise with external stakeholders to the partnership, such as the community, government and traditional leadership?

The CDI Executive Director would be the spokesperson; and sister-in-charge would liaise with the district health office for communication approvals.

3. If roles will be jointly held by people in both organisations, how will these people work together?

The CDI Executive Director and the sister-in-charge will be in close contact to ensure a positive working relationship.

QUESTIONS FOR ASSIGNING RESPONSIBILITIES:

1. Who will manage the day-to-day activities of the partnership? Who will perform the day-to-day activities of the partnership?

Patience will manage the day-to-day activities of the partnership. The three newly hired CHWs will perform the day-to-day activities in collaboration with clinic staff.

2. Do these people have the skills and time necessary to complete the activities?

Patience will require some project management training; CHWs will require full training.)

3. Who will hold these people accountable for completing the activities of the partnership?

The sister-in-charge and the CDI Executive Director will hold the people accountable.

4. Who will be responsible for ensuring that meetings are held regularly?

Patience

5. Who will be responsible for documenting the outcomes of the partnership?

Patience

Patience divided the attendees into small groups of three to four people each. She gave each group a printed worksheet. She asked the groups to discuss the first set of questions and gave them 15 minutes to work through them. She then asked everyone to come back together and each of the groups shared some of their findings. Next, she set up a flipchart and asked the group to brainstorm about the ways they thought they

should work together as a group. Once they all felt happy with the results, she turned to a fresh sheet of paper and began to work through the second set of questions. She worked through these questions with the group and wrote the decisions on the flipchart. She promised to document these decisions in a final document and make a copy for each organisation to take back after the meeting.





TOOL
14

RACI CHART¹¹

A tool that can be used to define relationships, roles and responsibilities is a RACI Chart. RACI stands for “Responsible”, “Accountable”, “Consulted” and “Informed”.

Time estimated:
1 hour

Participants:
Attendees at the PIW

Materials required:
Flipchart and/or whiteboard, and marker pens. See Tool 14 in Annex for blank RACI chart.

HOW TO USE THIS TOOL

Work together as a group to fill out the RACI template for your partnership (example below).

R

Who is responsible?

The individual who actually completes the task or actions. Responsibility can be shared.

A

Who is accountable?

The individual who is ultimately responsible. Includes yes or no authority and veto power.

C

Who is consulted?

The individual or groups to be consulted prior to a final decision or action.

I

Who is informed?

The individual or groups who need to be informed after a decision or action is taken.

| | <i>Hope Clinic sister-in-charge</i> | <i>CDI Executive Director</i> | <i>CDI Programme Manager (Patience)</i> | <i>Community health workers</i> |
|-----------------------|---|-----------------------------------|---|-------------------------------------|
| Decision-making | Accountable (A) | Responsible (R) | Consulted (C) | Informed (I) |
| Scheduling meetings | Accountable (A) | Accountable (A) | Responsible (R) | Informed (I) |
| Day-to-day activities | Informed (I) | Consulted (C) | Accountable (A) | Responsible (R) |



KEY MESSAGE

While differences in organisations and people can be a source of frustration, it is these very differences that create the strength of the partnership. Instead of trying to eliminate difference, consider how you can use it to create value.

6

DEVELOP AND SIGN A WRITTEN AGREEMENT

To conclude your PIW, you want to make sure that you have all of the necessary information to draft a formal agreement for your partnership. This information can then be put into an MOU, which can be drafted after the workshop is over.

WHAT IS AN MOU?

An MOU is a non-binding agreement between two or more parties, signed to show mutual agreement to work together. The MOU does not have to be a long or complicated document; the most important thing is that intentions are set out clearly, with defined timeframes and responsibilities.

WHY SIGN AN MOU?

Despite the lack of legal enforceability, putting down your intentions on paper is an important step in the process of partnership. This allows both partners to consider the implications of the partnership, and to make a written agreement to move forward with activities together. It also allows you to put down in writing any specifics about how you will work together, including the decisions you have made about your relationship, roles and responsibilities.

WHO SHOULD BE THE SIGNING PARTIES IN THE MOU?

Based on the experiences of C³, it is important to determine who will be the acting organisations in the partnership, and ensure that these organisations are the parties in the MOU as well as any other key role players such as the district health office.

GG No challenge [has been] faced because the two partners have clearly defined roles in their signed MOU for the purpose of implementation of the project.”

- Bobie Health Centre & Hope and Peace for Humanity, Uganda (C³)

The CDI Executive Director facilitated the conversation about RACI, since there were a number of questions about how the two partners would divide up roles and responsibilities for the partnership. Patience drew the RACI chart on the flipchart paper and then took notes

on the template so that she could share the grid with the group after the meeting concluded. Once the roles and responsibilities had been agreed, they could then be written up into the MOU.





PARTNERSHIP AGREEMENT QUESTIONS¹²

The following worksheet can guide the final session of the PIW. If you can answer all of the questions on this worksheet, you will have everything that you need to formalise your partnership with an MOU.

HOW TO USE THIS TOOL

Work through each of the questions in the larger group. Most of the questions will have been answered in the previous exercises. This worksheet gives you an opportunity to put everything down in writing so that it is in one place.

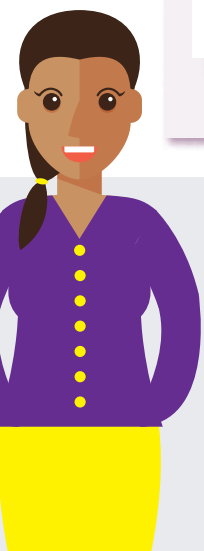
PARTNERSHIP AGREEMENT QUESTIONS

1. **Parties involved:** Who are the parties involved in the partnership?
2. **Shared interests of the partnership:** What is the partnership supposed to achieve? Consider the potential contribution of the partnership to each organisation's interests.
3. **Key priority area:** What key priority area will you be working on together?
4. **Partnership type:** What type of partnership is being proposed?
5. **Roles and responsibilities:** What roles and responsibilities does each party have in the partnership? How can agreed changes in roles be incorporated into the agreement? What rights and obligations does each party have?
6. **Duration:** Over what period will the initial partnership agreement run? Is there a possibility for renewal? Is there a maximum time period being considered for the partnership?
7. **Signatures:** Who will need to sign the MOU from each organisation?

Time estimated:
1 hour

Participants:
Attendees at the PIW

Materials required:
Flipchart and/or whiteboard, and marker pens. See Tool 15 in Annex for suggested questions for this exercise which you can photocopy for your team.



The Hope Clinic sister-in-charge facilitated the conversation using the partnership agreement questions. As the teams from both the clinic and the CBO discussed each question, Patience took notes on the flipchart, making sure that everyone in the room could read and understand the decisions that were being made. After the PIW, Patience took the decisions and inserted them into the MOU template and sent the draft to the CDI Executive Director, who

reviewed this and made edits to the draft. The Executive Director then sent the draft to the sister-in-charge, who consulted with the head of the clinic. The head of the clinic was satisfied with the document, and signed two original copies. The CDI Executive Director received the two copies, signed them, and sent one original back to the clinic to finalise the agreement.



SAMPLE MOU¹³

HOW TO USE THIS TOOL

The MOU should be drafted by one of the organisations in the days after the workshop (within the first two weeks following the workshop), and then reviewed and edited by the partner organisation. Once both the clinic and CBO are happy with the agreement, two copies of the MOU should be signed by both parties, and a final copy should be given to each organisation.

Time estimated:
2 hours

Participants:
Attendees at the PIW

Materials required:
Flipchart and/or whiteboard, and marker pens. See Tool 16 in Annex for a sample MOU template.

MEMORANDUM OF UNDERSTANDING

Between **Hope Clinic** and **Community Development Impact**

This Memorandum of Understanding (MOU) sets forth the terms and understanding between Hope Clinic and Community Development Impact to collaborate on projects related to reducing loss to follow-up of pregnant women enrolled in PMTCT.

Shared interests

Loss to follow-up is a significant issue affecting our community. Currently, 40% of patients enrolled in PMTCT do not return for care. This results in lack of treatment for women living with HIV, increased risk of transmission to infants, and ultimately, higher rates of mortality, in particular, infant mortality, in the community.

Key priority area

This MOU will result in a reduction of loss to follow-up among pregnant women living with HIV enrolled in PMTCT in the Hope Clinic catchment area.

Partnership type

The parties of this MOU will work together to engage in joint activities to improve the key priority area listed above.

Roles and responsibilities

| | Hope Clinic sister-in-charge | CDI Executive Director | Patience, Partnership Manager | Community health workers |
|------------------------------|------------------------------|------------------------|-------------------------------|--------------------------|
| Decision-making | Accountable (A) | Responsible (R) | Consulted (C) | Informed (I) |
| Scheduling meetings | Accountable (A) | Accountable (A) | Responsible (R) | Informed (I) |
| Day-to-day activities | Informed (I) | Consulted (C) | Accountable (A) | Responsible (R) |

Funding

This MOU is not a commitment of funds by either party for the pursuit of these activities.

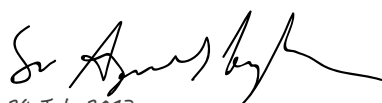
Duration

This MOU is at-will and may be modified by mutual consent of authorised officials from Hope Clinic and Community Development Impact. This MOU shall become effective upon signature by the authorised officials from Community Development Impact and will remain in effect until modified or terminated by either one of the partners. In the absence of mutual agreement by the authorised officials from Hope Clinic and Community Development Impact this MOU shall end on 28 February 2019.

Contact information

Partner name: Hope Clinic
Partner representative: Sister Agnes Nyamwanga
Position: Sister-in-charge
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 24 July 2017
 Sister Agnes Nyamwanga, Hope Clinic


 24 July 2017
 Godfrey Mawanga

C³ LESSON FROM C³

Ensure that the MOU is signed by the head of the clinic or hospital, as well as the Director of the CBO. It is important that these individuals are aware and supportive of the relationship, and that they manage the performance of the partnership as it moves forward.



TIPS & TRICKS

? My partner and I have different expectations for the partnership

What do I do? Often, as a partnership progresses, partner organisations develop different expectations of each other. This can happen because of personnel changes, or simply because the partnership is evolving.

- **TIP:** It is always important to get these expectations out in the open, rather than maintaining unspoken assumptions. It can be very helpful to have an external facilitator assist in a workshop or meeting where partners come together to realign their expectations for the partnership going forward.

? The people keep changing at our partner organisation. How do we keep the partnership going?

Losing key people in a partnership is often a critical challenge. One way of ensuring that team member changes do not derail the partnership is to ensure that multiple people in each organisation are involved in the development of the partnership from the beginning.

- **TIP:** Consider how you are documenting the activities and progress of the partnership. By keeping good records of partnership activities, you can more easily transition between team members. Maintain a minute-taking book or keep minutes of your meetings that keep a record of feedback and reporting back on actions taken, key decisions made and key actions that are planned for when and by whom.

? The key driver for the partnership does not have the time to devote to the partnership. How can we keep the partnership going?

- **TIP:** Often in partnerships, high-level personnel are put in the “R” (Responsible) roles for a partnership. These senior persons are often very time-constrained, and may not have the capacity to be responsible for all of the activities of a partnership. It may make sense for high-level persons to rather be put in the “A” (Accountable) role, and for others to take on the responsibility for day-to-day activities of the partnership. In this way, the partnership benefits from the senior person being involved in the partnership, but can move forward with activities without delay.
- **TIP:** Integrate the clinic-CBO collaboration into team performance management plans and annual operating plans of both the clinic and CBO. Get buy in and accountability from senior management, but get those involved in the day-to-day implementation involved in planning and ongoing coordination.

GG The main difficulty come when the staff is changed at the hospital. With the arrival of the new team, we always have to re-establish new bases and new relationships and new trainings.”

- C³ participant from Cameroon



WRAPPING UP

Congratulations for completing Step 2.

By now, you have:

- ✓ **Conducted a PIW** with your partner
- ✓ **Identified shared interests and expectations** with your partner
- ✓ **Agreed on a key priority area** that you will work on together
- ✓ **Established which type of partnership** you will pursue
- ✓ **Defined relationships, roles and responsibilities** that will constitute the ways you will work together moving forward
- ✓ **Developed and signed a written agreement** (usually an MOU) that will formalise your partnership moving forward

You are ready to move on to plan and resource your partnership activities which are detailed in the next chapter.



FOR FURTHER READING

- Barefoot Collective. The Barefoot Guide to Working with Organisations and Social Change. 2009. http://www.barefootguide.org/uploads/1/1/1/6/111664/barefoot_guide_16.pdf
- Squire, Catherine. Partnerships and Capacity Building: A Guide for Small and Diaspora NGOS. The Peer Learning Programme for Small and Diaspora Organisations. 2012. https://www.intrac.org/wpcms/wp-content/uploads/2016/09/Partnership-and-Capacity-Building_A-Guide-for-Small-and-Diaspora-NGOs-1.pdf
- WWF. The Partnership Toolbox. 2009. http://assets.wwf.org.uk/downloads/wwf_partnershiptoolboxartweb.pdf

STEP 3: PLAN AND RESOURCE

HOW TO JOINTLY PLAN AND COLLECTIVELY RESOURCE THE PROJECT

OUTCOMES FOR THIS CHAPTER

By the end of this chapter, you will understand how to plan your first joint project with your partner, as well as identify resources to sustain the project. As part of this chapter, you will learn how to identify the aim for this project, define what success looks like for the project, and articulate the activities and deliverables to make the aim a reality. You will also learn how to develop a workplan and budget, in addition to securing the resources that you will need to get your project off the ground.

WHY?

Once you have formalised and initiated your partnership, the next step is to create a plan and identify the resources you will need to sustain your first project together. Planning can be a very satisfying process; with your partner, you will start to see your shared objectives take shape into a set of actionable activities that you will be able to work on together.

An important distinction to make at the outset is the difference between a partnership and a project. As we discussed in Step 2, a partnership is two or more organisations working together to achieve shared objectives. Projects, on the other hand, are a time-bound set of activities that help to achieve these objectives. Importantly, projects have a start and a finish.

It is through projects that you will begin to see the value of your partnership. Throughout Step 3, we will be referring to projects: specifically, the first project that you will be working on through your partnership. We hope that this first project will be the first of many that you will embark on together!



KEY MESSAGE

Planning and resourcing is the process of creating a “project roadmap” for your project. Through the planning and resourcing process, you are working together to visualise how the project will progress from start to finish. Planning and resourcing go together! A solid plan will allow you to identify and secure the resources that you need for your project.



SUMMARY OF ACTIVITIES FOR THIS STEP

Determine the project aim

What will be the aim of the first project that we will work on together as a partnership?



Based on your key priority area, you will now identify a project aim that your first project will set out to achieve. By defining this aim very clearly, you will be able to define the activities and outputs that your partnership will carry out in order to achieve the aim.

Define activities and outputs

What will be the key activities and outputs that we will work on together in this project?



Once you know what you are aiming to achieve, you will need to determine with your partner the activities and outputs to get you there.

Identify what success looks like

*How will we know if our project is successful?
How will we measure the success of our work together?*



An important part of planning is deciding what success looks like for your project. We will discuss how to develop your baseline – the current situation – and then how to develop indicators—the metrics that will show your progress.

Develop a workplan

What will the milestones and timeline for the project be? Who from each organisation will be responsible for these activities?



Once you have defined the activities and deliverables for your project, you will be able to create a detailed workplan. This workplan will become the key planning document for implementing your project.

Secure resources

How will we secure the resources that we need to begin and sustain our project? How will we leverage the resources that already exist in our partnership and community?



Finally, using your workplan, you will be able to determine your resource needs. Many of these resources will already be available to you by looking creatively at your partnership and your community!

NOTE: Each of the exercises and worksheets in this step should be jointly completed with your partner, and will take about two hours to complete. Depending on time and schedules, you may want to do all of the exercises and worksheets as part of a one-day workshop. Alternatively, each of the exercises and worksheets can be done in separate joint meetings over the course of a few weeks. Please note that Tools 17, 18, 19 and 30 use the same worksheet to build upon each step with detailed explanations. At the end of the process, you will have defined a “roadmap” similar to the one shown here.

KEY PRIORITY AREA

A description of the problem that a project seeks to solve

PROJECT AIM

The intended aim or impact over the life of a project

RESOURCES

People, time, materials, funds dedicated to or consumed by a project

ACTIVITIES

The actions a project takes to achieve desired results

OUTPUTS

The tangible, direct products of project activities

Fig.13: Project roadmap to success

1

DETERMINE THE PROJECT AIM

Based on the key priority area of your partnership, you now need to set the aim of the project. By setting your project aim, you are defining what your project will set out to achieve.

SMART AIMS¹⁴

How do you select an aim that is achievable for your project? One of the ways to ensure that your aim is achievable is to make sure that it is SMART.

S

SPECIFIC

Be very specific about what you want to achieve with your project. Consider **WHAT** you want to happen with your project.

M

MEASURABLE

Make sure that you can measure the progress of your project. How will you know that your project is achieving the aim?

A

ACHIEVEABLE

Ensure that the aim is achievable! You want to be realistic in what you are setting out to do in your project.

R

RELEVANT

Consider whether your project aim is relevant to your primary stakeholders, and the patients and community that you serve.

T

TIME-BOUND

Finally, make sure that your aim has a start and an end point. How long do you expect it will take for you to achieve the aim?

Fig.14: How to develop a SMART project aim

C³ LESSON FROM C³

Similar to the key priority area, we strongly suggest that your partnership set just **ONE** aim for the project. By selecting a single aim, you will have a strong focus, and avoid being pulled in multiple directions.



PROJECT PLANNING WORKSHEET (PROJECT AIM EXERCISE)

The worksheet below is the first part of a project planning exercise, which allows you to define your project aim in relation to your partnership key priority area.

HOW TO USE THIS TOOL

Using the SMART principles on the previous page, work with your partner to fill out the planning worksheet.

NOTE: The full worksheet includes the activities described in Tools 17, 18, 19 and 30, each building on the previous tool.

PROJECT PLANNING WORKSHEET

Partnership name: *What is the name of your partnership?*

BE CONNECTED

Key priority area: *What is the key priority area of your partnership?*

The rate of LTFU of pregnant women enrolled in PMTCT in the Hope Clinic catchment area is 40%

Project aim: *What is the expected long-term impact of your project on your key priority area?*

Our project will reduce by 50% the number of pregnant women enrolled in the Hope Clinic catchment area in PMTCT in who are lost to follow-up within the next 12 months

Beneficiaries: *Who are the main beneficiaries of your project?*

Our project will focus on 100 pregnant women living with HIV in the Hope Clinic catchment area

| | | | | |
|-------------|-----------------------|-----------------------------------|---------------------|---------------------------------|
| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
|-------------|-----------------------|-----------------------------------|---------------------|---------------------------------|

| | | | | |
|-------------|-----------------------|-----------------------------------|---------------------|---------------------------------|
| Activity 2: | Activity Indicator 2: | Activity Indicator 2 Data Source: | Output Indicator 2: | Output Indicator 2 Data Source: |
|-------------|-----------------------|-----------------------------------|---------------------|---------------------------------|

| | | | | |
|-------------|-----------------------|-----------------------------------|---------------------|---------------------------------|
| Activity 3: | Activity Indicator 3: | Activity Indicator 3 Data Source: | Output Indicator 3: | Output Indicator 3 Data Source: |
|-------------|-----------------------|-----------------------------------|---------------------|---------------------------------|

Time estimated:

Two hours (you will want to do this in conjunction with the activities & outputs exercise described next)

Participants:

“Accountable” and “Responsible” members of the partnership

Materials required:

See Tool 17 in Annex for the project aim exercise project planning worksheet.

Patience was excited to launch the first project in collaboration with Hope Clinic. She hosted a 2-hour meeting with the Hope Clinic sister-in-charge and the CDI Executive Director to fill out the project planning worksheet for their project. Together, they determined

the SMART aim of the project, thinking about their key priority area and beneficiaries to do so. Patience filled out the worksheet and made a copy of the completed worksheet for Hope Clinic.



2 DEFINE ACTIVITIES AND OUTPUTS

Once you have developed your project aim, it is time to define the activities and outputs that you and your partner will accomplish during the project.

DEFINING ACTIVITIES

To define the activities for your project, it is easiest to work backward from your project aim, and think about the key milestones that you will need to reach in order to achieve that aim.

Remember that you should be reasonably sure that the activities you are going to undertake will lead to the desired aim. If you are unsure about what activities will be most useful for your project, you can take this opportunity to identify guidance or expertise in this particular area. Consider the evidence behind each of the activities – is the activity something that has generated positive results before, either in your country or elsewhere? Also, consider the activities in the context of your community: do you and your partner feel reasonably certain that these activities will contribute to your project aim?

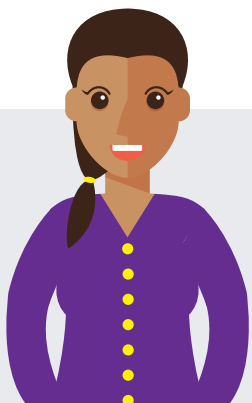
Here are some tips for establishing activities:

- **Activities should be actionable** – you should be able to describe exactly how you are going to undertake that particular action. If you can't describe the action, it is likely that it will not be well fulfilled.
- **Activities should be assignable to one responsible partner** – if the activity cannot be assigned, you need to break it down into smaller activities.
- **Write your activities with an action verb (“Develop”, “Conduct”, “Organise”) at the beginning of the sentence** – this will make the activity clearer to you and your partner, as well as anybody else who is reading your plan.

Here are some examples of activities from the C³ programme:

| C ³ partnership | Activities |
|--|--|
| “Malukula PMTCT Male Involvement Project”: Malukula Health Centre & SEED Malawi, Malawi (C ³) | Conduct community sensitisation campaigns on male involvement in PMTCT Identify Community Male Champions to advocate on PMTCT Organise football matches with local teams aimed at disseminating information on male involvement in PMTCT |
| “RHODE (Reducing Home Deliveries) Project”: Birchenough Bridge Hospital & Rujeko Home Based Care Programme, Zimbabwe (C ³) | Conduct training for TBAs and Care Groups on increasing institutional deliveries Conduct advocacy meetings with community leaders |
| “Keep me Healthy Project”: Migosi Sub Community Hospital & Kisumu Youth Olympic Centre, Kenya (C ³) | Generate a list of defaulting patients Develop a referral tool |

Fig.15:
Examples of activities from the C³ programme



After determining the aim of the project, Patience and the CBI and Hope Clinic staff then used the worksheet to define the activities that they would work on together to reach their aim.



PROJECT PLANNING WORKSHEET (PROJECT ACTIVITY EXERCISE)

The worksheet below builds upon the previous exercise, adding to your project planning worksheet and allowing you to map your planned activities against your key priority area and project aim.

HOW TO USE THIS TOOL

Work with your partner to fill out the worksheet below, using the blank version in the Annex as a template.

NOTE: The full worksheet includes the activities described in Tools 17, 18, 19 and 30, each building on the previous tool.

Time estimated:
2 hours (may be held in conjunction with the project aim exercise described before)

Participants:
“Accountable” and “Responsible” members of the partnership

Materials required:
See Tool 18 in Annex for the project activity exercise project planning worksheet.

PROJECT PLANNING WORKSHEET

Partnership name: *What is the name of your partnership?*
BE CONNECTED

Key priority area: *What is the key priority area of your partnership?*
The rate of LTFU of pregnant women enrolled in PMTCT in the Hope Clinic catchment area is 40%

Project aim: *What is the expected long-term impact of your project on your key priority area?*
Our project will reduce by 50% the number of pregnant women enrolled in the Hope Clinic catchment area in PMTCT in who are lost to follow-up within the next 12 months

Beneficiaries: *Who are the main beneficiaries of your project?*
Our project will focus on 100 pregnant women living with HIV in the Hope Clinic catchment area

| | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
|---|-----------------------|--------------------------------------|---------------------|------------------------------------|
| Activity 1: <i>Conduct community education session with HIV testing offered</i> | | | | |
| Activity 2: <i>Identify all pregnant women enrolled in PMTCT who are LTFU</i> | | | | |
| Activity 3: <i>Trace all pregnant women enrolled in PMTCT who are LTFU</i> | | | | |

3

IDENTIFY WHAT SUCCESS LOOKS LIKE

Once you have identified your project aim, activities and outputs it is important to determine what success will look like for the project.

WHAT DO WE MEAN BY SUCCESS?

To work out what success means for your project, it will help you to work backwards. Consider *what will be different* for your patients and community once your project is running successfully.

WORKING WITH BASELINE DATA

In order to know what is changing, you first need to know the way things are right now. This requires that you collect some data prior to your project's start, so that you know the baseline ("how things were before") information to make your comparison.

CDI and Hope Clinic are interested in measuring the rate of LTFU for women enrolled in PMTCT over a 12-month period. This indicator is actually made up of several pieces of data, and to determine whether through their project they are being successful in reducing LTFU, they first needed to define what the PMTCT end point is in Hope Clinic AND how the clinic defines LTFU.

To determine the baseline percentage of women who are LTFU over 12 months, Patience and the team needed to identify:

- **Timeframe:** What timeframe would they use to use to start the baseline? (This is typically 12 months but depends on the project aim, resources, data availability and community situation).
- **Pregnant women registered for (and should have completed PMTCT) during the past 12 month period:** How many women were registered for and should have completed PMTCT during the past 12 months according to Hope Clinic's PMTCT end point?
- **Pregnant women who have not returned:** How many pregnant women did not complete PMTCT within the 12-month period according to Hope Clinic's LTFU definition?

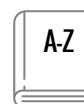
$$\begin{array}{l} \text{Number of} \\ \text{pregnant women} \\ \text{who have not} \\ \text{returned to care} \\ \text{(LTFU) during the} \\ \text{specified} \\ \text{timeframe} \end{array} \div \begin{array}{l} \text{Total number of} \\ \text{pregnant women} \\ \text{registered in} \\ \text{PMTCT during} \\ \text{specified} \\ \text{timeframe} \end{array} \times 100 = \begin{array}{l} \% \text{ pregnant} \\ \text{women LTFU} \\ \text{during specified} \\ \text{timeframe} \end{array}$$

Once they determined the baseline, they could collect the same data at any time for the project going forward. A comparison of the baseline data with the data at quarterly intervals and at the end of the 12-month period will be one of the most important success indicators for the project.



DEFINING SUCCESS INDICATORS

Success indicators are things to keep track of in order to know if your project is achieving its aim. Success indicators can tell us things like:



- Have we used our resources well?
- Have we performed the activities that we planned to?
- Are we making progress toward our project aim?
- Is change happening?

Indicators are commonly divided into the following categories: activity indicators, output indicators, outcome indicators and impact indicators.

- **Activity indicators** are used to measure things that are happening as part of a project, such as training, coordination or awareness-raising through events
- **Output indicators** are used to measure short-term results because of project activities, such as the number of health providers successfully trained in the PMTCT treatment and care cascade
- **Outcome indicators** are used to measure medium-term results from the project such as an increase or decrease in patient retention in care or an increase or decrease in exclusive breastfeeding
- **Impact indicators** are used to measure the contribution of the project toward an even longer-term ultimate goal that is beyond the lifespan of the specific project being implemented, such as an increase or decrease in infant mortality rates

Here are some tips for defining indicators:

- You can have one or multiple indicators per activity. However, you should only choose a limited number of indicators for your project. It is helpful to limit the things that you will measure so that you can focus your efforts in a few areas only.
- Indicators must be tangible - they should be something that can be counted and reported upon.
- Indicators should also be meaningful - make sure that the indicators are an essential part of achieving your project aim.

| X Bad indicator | ? What's the problem? | ✓ Better indicator |
|--|---|--|
| Input | | |
| HCT counsellors hired | It is not clear how many counsellors will have been hired | # of HCT counsellors hired |
| Activity | | |
| Relationship-building activities between partners increased by 30% | It is not clear what specific relationship-building activities you are measuring and there should not be a target specified within an activity statement | # of clinic-CBO monthly meetings |
| Increased trainings | This does not describe who will be trained nor the focus of the training | # of PMTCT trainings for CHW convened by the facility AND/OR # of CHW trained on PMTCT at the facility |
| Output | | |
| Strengthened capacity of the health facility to offer PMTCT services | It is not clear what "capacity" is being targeted, or what the measure of "strengthened" will be | # of health providers trained in PMTCT service delivery |
| Outcome | | |
| Improved PMTCT service delivery | It is not clear how this "improvement" will be measured. Also, the indicator should not include the direction of the target (i.e. "improved" or "worsened") | Level of client satisfaction with PMTCT services delivery |
| Increased retention in PMTCT services | The indicator should not include the direction of the target (i.e. "increased" or "decreased") | # and % of clients retained in PMTCT services |
| Impact | | |
| Decreased infant mortality | The indicator should not include the direction of the target (i.e. "increased" or "decreased") | % infant mortality rate |

Fig.16: Examples of good and bad success indicators



Patience prepared diligently for the next meeting of the project team, gathering data that would allow them to review baseline figures together. She also put together a proposed list of indicators that she thought would be useful for the project. In a meeting

hosted by the CDI Executive Director, and attended by the Hope Clinic sister-in-charge, she presented the output and outcome indicators that she had developed. With a few changes, they had now completed their project planning worksheet.



PROJECT PLANNING WORKSHEET (BASELINE AND SUCCESS INDICATORS EXERCISE)

Time estimated:
1-2 hours (may be held in conjunction with the project aim and activities exercises described before)

Participants:
“Accountable” and “Responsible” members of the partnership

Materials required:
See Tool 19 in Annex for the baseline and success indicators project planning worksheet.

The worksheet below builds upon the previous exercise, adding to your project planning worksheet and allowing you to map your success indicators against your planned activities, outputs, key priority area and project aim.

HOW TO USE THIS TOOL

Work with your partner to fill out the worksheet below.

NOTE: The full worksheet includes the activities described in Tools 17, 18, 19 and 30, each building on the previous tool.

PROJECT PLANNING WORKSHEET

Partnership name: What is the name of your partnership?

BE CONNECTED

Key priority area: What is the key priority area of your partnership?

The rate of LTFU of pregnant women enrolled in PMTCT in the Hope Clinic catchment area is 40%

Project aim: What is the expected long-term impact of your project on your key priority area?

Our project will reduce by 50% (from 40% to 20%) the number of pregnant women enrolled in the Hope Clinic catchment area in PMTCT in who are lost to follow-up within the next 12 months

Beneficiaries: Who are the main beneficiaries of your project?

Our project will focus on 100 pregnant women living with HIV in the Hope Clinic catchment area

| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
|--|---|-----------------------------------|---|---------------------------------|
| Conduct community education session with HIV testing offered | Number of community education sessions conducted | | <ul style="list-style-type: none"> Number of pregnant women who attended a community education session Number of pregnant women tested Number and % of pregnant women identified as HIV positive (% is a sub-set of the total number who tested) | |
| Identify all pregnant women enrolled in PMTCT who are LTFU | LTFU register completed on a regular basis | | Number of pregnant women in PMTCT who have been identified as LTFU | |
| Trace all pregnant women enrolled in PMTCT who are LTFU | <ul style="list-style-type: none"> Contact details identified of pregnant women who enrolled in PMTCT and have been LTFU Number of pregnant women contacted | | Number and % of pregnant women successfully reached | |

PROJECT PLANNING WORKSHEET (CONTINUED)

| | | | | |
|---|---|--|---|--|
| Activity 4: Conduct home visits to all pregnant women enrolled in PMTCT who are LTFU who can be traced | Activity Indicator 4: <i>Number of home visits conducted</i> | Activity Indicator 4 Data Source: | Output Indicator 4: <i>Number and % of pregnant women successfully reached through home visits</i> | Output Indicator 4 Data Source: |
| Activity 5: Send appointment reminders to pregnant women prior to their next check-up date | Activity Indicator 5: <ul style="list-style-type: none"> • <i>Reminder system created</i> • <i>Appointment reminders sent to all pregnant women prior to their next check-up date</i> | Activity Indicator 5 Data Source: | Output Indicators: <i>Number and % of pregnant women successfully reached through reminder system</i> | Output Indicator 5 Data Source: |
| Outcome Indicators: <ul style="list-style-type: none"> • <i>Number and % of pregnant women LTFU identified</i> • <i>Number and % of pregnant women re-enrolled in PMTCT</i> | | | Outcome Indicator Data Source: | |
| Impact Indicators: <i>Number of HIV-infected infants in the Hope Clinic catchment area</i> | | | Impact Indicator Data Source: | |

4 DEVELOP A WORKPLAN

While your project planning worksheet may seem very close to a final plan, there are two final elements that are essential to your planning process. These are the workplan and anticipated resources for your project.

BUILDING YOUR WORKPLAN

A workplan is a detailed schedule of events for your project. It breaks down the activities that you developed in the previous section into concrete actions that will occur at each stage of the project. Creating a workplan can be quite detailed, so you may want to assign the task to one or two people to create a draft prior to a larger group meeting.



GANTT CHART

One of the tools used by project planners is a GANTT chart. (It is called a GANTT chart because it was designed by an engineer named Henry Gantt in the 1910s.) One of the benefits of a GANTT chart is that you can see how some actions and activities will overlap with others over the course of a project.

HOW TO USE THIS TOOL

You can either assign the GANTT chart to one or two members of your project team and then review the draft chart as a team, or you can fill out the chart together in a joint planning session.

Time estimated:
2-3 hours

Participants:
“Responsible” (and possibly “Informed”) members of the partnership

Materials required:
See Tool 20 in Annex for the GANTT chart template.

| Activity | Actions | Responsible Person | January | | | | February | | | | March | | | | | |
|--------------------------|----------------------------------|------------------------|-----------------------------------|---|--------------|---|--------------|---|--------------|--------------|-------|----|----|----|--|--|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
| Project Management | Reporting | Patience | [Yellow bar spanning all 12 days] | | | | | | | | | | | | | |
| PIW | Organise workshop | Patience | [Yellow bar] | | | | | | | | | | | | | |
| Select key priority area | Liaise with partners | CDI Executive Director | | | [Yellow bar] | | | | | | | | | | | |
| Activity 1 | Find venue for community meeting | CHWs | | | | | [Yellow bar] | | | | | | | | | |
| Activity 2 | Review registers | Clinic staff | | | | | | | [Yellow bar] | | | | | | | |
| Activity 3 | Contact women LTFU | Clinic staff | | | | | | | | [Yellow bar] | | | | | | |

Patience sat together with the community health workers and a few clinic staff members to develop their GANTT chart. They identified all of the actions that they would need to undertake in order to carry out the three activities in their project planning worksheet. Once they had figured out all of the things that they

would need to do, they decided who would be responsible for each activity and when it would occur on their timeline. Patience filled out the template from the toolkit and then met with the CDI Executive Director and the Hope Clinic sister-in-charge to review it together and get their approval.



5 IDENTIFY AND SECURE RESOURCES

As you are creating your workplan, you will likely begin to have a good idea of what resources you will require to accomplish the activities and tasks. By creating a detailed list of resources, you will be able to anticipate what your project will need in advance. You will also be able to effectively communicate these needs to your partner and stakeholders.

IDENTIFY RESOURCES AVAILABLE IN YOUR COLLABORATION

While your first instinct may be to start seeking resources from outside of your partnership, your first step should be to identify resources that already exist within it. It is very likely that you already have **most** of the resources that you need to embark on your project within your existing organisations.

IDENTIFY RESOURCES AVAILABLE IN YOUR COMMUNITY

It is also very likely that your community has resources that you may be able to access at very little cost to your project. When communities are willing to contribute resources to a project, this is often a strong sign that the project is considered valuable and worthwhile. Mobilising community resources also has the additional benefit of creating important awareness-raising and momentum for your project at the outset.

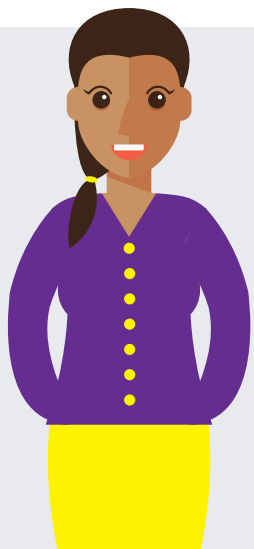


KEY MESSAGE

Resourcing your project is an ongoing process. It is important to be creative and consider ways to identify resources that you already have within your partnership and in your community. You will be surprised at how many of the resources you need are already available within your and your partners' organisations!

GG We have identified some smart ways of funding our activities. We extended our collaboration to secondary and tertiary health facilities and that has resulted in some key services for our clients at no cost to us. We have also identified a related programme area of the CBO and have used this programme to serve children and adolescents assessing services from the clinic. By extending our collaboration to other clinics, we have been able to merge the resources available. Finally, we are engaging philanthropist in the community and they are taking care of some components of our activities cost.”

- Referral PHC Ozubulu & Victorian Clarion Foundation, Nigeria (C³)



Patience scheduled a meeting with the CDI Executive Director and the Hope Clinic sister-in-charge to discuss the resources that they would need for the partnership project. She had already brainstormed with other members of staff to consider what would be required. The resources that she needed for the project

included: 1 x clinic PMTCT counsellor; 2 x community health workers; and transport and airtime costs associated with home visits. During her meeting, the CDI Executive Director offered to reassign two CHWs from a project that was winding down.



IDENTIFYING RESOURCES QUESTIONNAIRE

HOW TO USE THIS TOOL

Work with your partner to brainstorm the categories of resources that you will need for your project. This list is just an illustration – your list will be unique to your project. Once you have brainstormed with your project team about the resources that you will need, you will then want to identify what is already available to you and your partner through your collaboration.

CATEGORIES OF RESOURCES THAT YOU MAY NEED:

Now that you know what resources you need to pursue your partnership project, you can identify whether or not these resources are already available in your partnership, or in your community.

Time estimated:
2-3 hours

Participants:
“Accountable” members of the partnership team

Materials required:
See Tool 21 in Annex for suggested questions for this exercise which you can photocopy for your team.



Team members

- Salaries and/or stipends
- Transport stipends



Travel and meetings

- Venue hire
- Catering
- Travel costs



Clinical supplies

- Test kits
- Medicines



Public communications

- Flyers
- Radio advertisements
- Newspaper advertisements



Printing and Stationery

- Meetings and materials
- Communication materials



Equipment and information technology

- Airtime
- Internet

The sister-in-charge offered to dedicate 2 hours per week from one of her PMTCT counsellors and also mentioned that she could supplement the transport budget with some of the health extension worker travel funds that she had in her budget. She also offered to

put Patience in touch with a local shop selling airtime to see if there was the possibility of getting airtime donated to the project. Patience was thrilled: her project was nearly fully funded and her future project team had been identified.

QUESTIONS TO IDENTIFY EXISTING PARTNERSHIP RESOURCES:

- **Team members:** Can existing staff members be reassigned to work on the project for a period of time?
- **Transport:** Can transport resources be shared between the clinic and CBO in the partnership?
- **Travel and meetings:** Can trainings and events be added to existing meetings to share resources? For example, if the clinic already hosts support groups, can additional information sharing be added to the existing meeting agenda?
- **Equipment and IT:** Do team members already have the equipment that they need, or can equipment be repurposed or shared?
- **Clinical supplies:** Does the clinic have resources that can be used for the project?
- **Printing and stationery:** Can existing printing facilities and stationery be used for the project? How can you minimise the needs?

QUESTIONS TO IDENTIFY EXISTING COMMUNITY RESOURCES:

- **Venues:** Is there a place in your community where you can meet for free, or for a reduced fee? Often, community halls, churches and schools will be willing to allow their facilities to be used in non-working hours.
- **Catering:** Is there a restaurant or food distributor in the area who would be willing to donate food and/or beverages for lunches and tea breaks, for free or at a reduced price? Would community members be willing to contribute refreshments?
- **Equipment and IT:** Are there local businesses, such as mobile phone operators and IT businesses, who would be willing to contribute equipment and/or IT services for free, or a reduced cost? Local businesses may be interested in contributing these goods and services, particularly if you offer to put their name and logo as a “sponsor” on your project materials.
- **Public communication:** Is a local radio station, newspaper or newsletter willing to give you free advertising space to publicise your events? Can you utilise free notice boards in your community spaces to display notices?
- **Stationery and supplies:** Is there a local business that is willing to donate and/or sponsor the supplies that you need for your event or training?



PROJECT BUDGET TEMPLATE

HOW TO USE THIS TOOL

Work with your partner to fill out the template below in order to build your budget. Remember, your line items may be different from the example below. Insert line items that make sense and are unique to your project.

Time estimated:
2-3 hours

Participants:
“Accountable” members of the partnership team

Materials required:
See Tool 21 in Annex for suggested questions for this exercise which you can photocopy for your team.

| Activity | Item | Units | # of Units | Unit Cost | Total Cost |
|--------------|------------------------------|-------|------------|-----------|------------|
| Activity 1: | Staff | | | | |
| | Programme Manager | | | | |
| | Trainers | | | | |
| | Community Health Workers | | | | |
| | Travel and Meetings | | | | |
| | Venue hire | | | | |
| | Catering | | | | |
| | Travel stipends | | | | |
| | Equipment and IT | | | | |
| | Airtime | | | | |
| | Internet access | | | | |
| | Public Communication | | | | |
| | Flyers, advertisements, etc | | | | |
| | Stationery and Supplies | | | | |
| | Training materials | | | | |
| | Communication materials | | | | |
| | SUBTOTAL | | | | |
| Activity 2: | Staff | | | | |
| | Programme Manager | | | | |
| | Trainers | | | | |
| | Community Health Workers | | | | |
| | Travel and Meetings | | | | |
| | Venue hire | | | | |
| | Catering | | | | |
| | Travel stipends | | | | |
| | Equipment and IT | | | | |
| | Airtime | | | | |
| | Internet access | | | | |
| | Public Communication | | | | |
| | Flyers, advertisements, etc. | | | | |
| | Stationery and Supplies | | | | |
| | Training materials | | | | |
| | Communication materials | | | | |
| | SUBTOTAL | | | | |
| TOTAL | | | | | |

SECURING OUTSIDE FUNDING

If your partnership has been operating well and you are considering outside sources of funding, you may want to prepare yourself to secure grant funding. The topic of fundraising and resource mobilisation is far too big for the scope of this toolkit. However, here we give a few of the ways that you can pursue outside resources that you need for your project.

GRANT FUNDING

Once you have mobilised community resources, you can start to look for outside donations to contribute to the project. The most traditional way to raise funding for your partnership is to identify foundations, government agencies or businesses who provide grants and funding for the type of work that you are doing. Often, these project grants will require substantial time and effort to submit an application, and then provide reporting back to the grantor to show how the funds have been spent.

Important aspects of grant funding include:

- ✓ **Start with your local structures:** Work in partnership with district or local coordinating structures. This can secure buy-in and recommendation from local authorities for your plan and request and can provide avenues into securing local government funding and/or integration into district health and development planning.
- ✓ **Networking:** While many grants involve an official “call for proposals,” it is usually difficult to know about these in advance. Often, you will learn about these funding opportunities through people who are aware of the opportunity. Take the time to establish close working relationships with associations, agencies and governmental and non-governmental institutions in your local area.
- ✓ **Be ready:** Grant proposals will require detailed information about your organisation, the partnership, and your project workplan and budget. Make sure that all of this information is up-to-date and ready to be included in a grant proposal, or to send to a donor upon request.
- ✓ **Map the donor landscape:** Spend time with your partner making a list of the potential donors for your project. Consider the following types of potential donors: businesses, local offices for international NGOs, communities of faith (churches, mosques), embassies or consulates, and local or regional government.
- ✓ **Do your homework:** Research these potential donors and identify those who provide funding for the type of work that your project is doing. Make sure that you understand the grant-making guidelines, timelines and requirements prior to making a request.

Patience and her team decided to brainstorm their connections in the community and how they could go about getting external support for their project. Within the project team, project members agreed on who would go out to which community connections to ask about sponsorship and funding.

Patience spoke to the local school which her son attends went to discuss using the school buildings as a venue at the weekends or in the holidays when a venue for an event might be needed. The sister-in-charge spoke to the local bus company about providing free transport for particular events.

- ✓ **Reach out:** Once you have a list of potential donors and understand their grant-making guidelines, make contact with the prospective donors and learn about specific calls for proposal and grant timelines. Once you are aware of specific opportunities, identify an individual or put together a proposal team to carry through on submitting a proposal for potential funding.
- ✓ **Keep trying:** Fundraising is a learning process. Often, you will need to make several attempts before finding the right donor fit for your proposal. If a request is unsuccessful, ask for feedback on what could be improved for your next proposal. Remember that a “no” is an opportunity to learn for the next proposal or donor request.

INDIVIDUAL DONATIONS

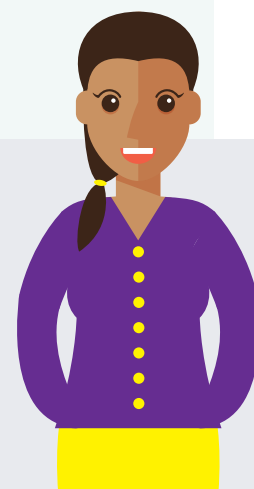
Another source of funding could come from individuals in your community, country or even globally who are passionate about the work that you are doing in your project. This type of fundraising can be very time-intensive, and is often made up of many small donations. However, individual donations are beneficial because they are often “unrestricted”, meaning that you can use these donations to plug gaps in your budget that communities and grant-makers may be unable or reluctant to fund.

Ideas for reaching out to individuals include:

- **Brochure and annual report:** Creating a simple brochure or annual report will allow you to communicate with potential donors by showing what your project is doing, and including ways to donate.
- **Social media:** By setting up a Facebook page, Twitter account or WhatsApp group for your project, you can stay in touch with individuals who may be interested in following and donating to your project.
- **Hosting meetings:** Reach out to local vendors for sponsorship for events and meetings. This can be through donating food, space, entertainment and volunteer support.
- **Online giving sites:** Online giving platforms, such as Global Giving (www.globalgiving.org) and Just Give (www.justgive.org) allow you to create a profile of your project and access funding from people around the world.

The Executive Director spoke to one of the local restaurants where her sister worked about possible free catering for events for the project. Another project team member knew of people at the cell phone provider company and managed

to secure certain amounts of free data and airtime for the project. As a result, the budget for the project was reduced by securing resources from others in the community.





TIPS & TRICKS

? We have made a plan, but so many things keep changing! What do we do? One of the important aspects of planning is to know that every plan will encounter difficulties along the way. As the saying goes, “the only thing that is constant is change.”

- **TIP:** No matter how well you plan and resource your project, you will encounter uncertainties and unpredictable events along the way. Planning is an ongoing process! Ensure that your plan includes time for reflection and redirection, so that you can accommodate uncertainties along the way.

? We started out with a very broad priority area, and now we are finding it difficult to focus our efforts. It is entirely natural to be ambitious when you are developing your initial plan with your partner! However, don't let an overly ambitious plan prevent you from achieving results.

- **TIP:** It is important to raise the issue with your partner, and you will likely need to hold a meeting again to revisit the key priority area for your project.
- **TIP:** Take a careful look at your key priority area and ask yourself whether it can be broken down into a smaller priority. Start small and build from there!

? We keep losing key team members, and our workplan and budget are now completely off-track. What can we do to get back on course? Remember that a workplan is a roadmap, but there are many things that will happen along the way which may make you need to change route.

- **TIP:** One of the best ways to adjust your plan is to add “adjustment periods” into your workplan. Essentially, you are planning to plan again! Make time in your workplan to meet with your partner and have frank and honest conversations about whether the plan is working and where and how to adjust it.



WRAPPING UP

Congratulations for completing Step 3.

By now, you have:

- ✓ **Determined the project aim** for your first project together
- ✓ **Defined activities** to help you achieve your project aim
- ✓ **Identified what success looks** like for the project by defining indicators
- ✓ **Developed a workplan** and made a GANTT chart with actions and timelines
- ✓ **Identified and secured necessary project resources**, with creative ways of using existing and community resources

You are ready to move on to collaborate and implement your project which are detailed in the next chapter.



FOR FURTHER READING

- Coyote Communications. Basic Tips for Fund-raising for Small NGOs/Civil Society in Developing Countries (2015)
- Geyer, Yvette. Project Management: Handbook Series for Community Based Organisations. (2005) http://www.eawag.ch/fileadmin/Domain1/Abteilungen/sandec/schwerpunkte/sesp/CLUES/Toolbox/t29/D29_1_Geyer_2005.pdf
- New Field Foundation & UAF-Africa. Funding Resources for Community-Based Groups in Africa, <https://namati.org/wp-content/uploads/2012/07/Funding-resources-Brochure-UAF-Africa.pdf>
- Funds for NGOs, <https://www.fundsforngos.org/>

STEP 4: COLLABORATE AND IMPLEMENT

HOW TO WORK TOGETHER AND KEEP RELATIONSHIPS PROGRESSING

OUTCOMES FOR THIS CHAPTER

By the end of this chapter, you will be able to embark upon the implementation of your first project, motivating and managing the team which will be carrying out the activities that you have identified in your workplan. This first project sets the tone for the working relationship with your partner – by focusing on the relationship with your partner while you are implementing your first project, you will develop a sustainable way of working together for future collaborative projects.

WHY?

Now that you have created your workplan and identified the resources that your project requires, you are ready to enter the phase of implementation and maintenance. During Step 4, you will begin to carry out the activities that you identified in the previous chapter, as well as maintain and improve the relationship that you have begun to build with your partner.

Implementation and relationship-building are primarily about managing and motivating your team. A large part of “getting things done” is ensuring that everyone on the team is motivated and in sync with the work of each other. In a nutshell, implementation is making sure that “people do the right thing with the right resources at the right time.” However, ensuring that your team is on track is not just about making sure that people are in the right place and hoping that they complete their activities on time. Implementation and partnership-building are also about ensuring that your team has the right skills and capacity to perform their work effectively, and keeping them motivated and inspired to do their work in the best way possible.



KEY MESSAGE

Implementation and relationship-building are about people. As you move through this step, consider the different talents, skills and needs of your team. The primary role of your key driver at this point is ensuring that the team is motivated and in possession of the skills and resources that they need to do their jobs effectively.



SUMMARY OF ACTIVITIES FOR THIS STEP

Conduct a project kick-off meeting

How will we get the project off to a good start?



Implementation often starts with a “project kick-off meeting,” a term which is borrowed from the sports field, where a team begins the game by getting the ball moving. In the project kick-off meeting, you will bring partnership staff – referred to throughout the toolkit as “the team” – together so that they can begin the process of carrying out the project plan.

Motivate and retain team members

What will we do to motivate and retain team members for our project?



Once you have “kicked off” the project, you will need to maintain the motivation that team members require to keep the project going. When teams come together for the first time, there is a natural set of circumstances wherein conflicts may arise. Project leadership, effective team-building and a sound communication plan are essential to keeping the project on track.

Build skills and capacity

What kind of skills and capacity will our team members need to be successful in their roles?



As the project progresses, you will often discover that team members need skills-building and capacity development to be able to perform at their peak potential. Therefore, one of the essential pieces of project management is making time available for training and upskilling the members of your team.

Learn from your mistakes

How will we build a “culture of learning,” where we learn from our mistakes, and use them to improve the project?



At the same time, we have learned in previous chapters that not everything can be planned in advance. There will always be surprises and conflicts. Therefore, implementation is also about learning from mistakes and ensuring that project and partnership plans can adapt to changing circumstances.

Maintain the relationship with your partner

How will we build and maintain a good relationship with our partner?



Throughout the project, your relationship with your partner is essential to ensuring that the project is successful. In fact, the development of your partnership is just as important as the outcomes of the project itself. Therefore, in the final part of this chapter, we will discuss how to invest time and energy into building and maintaining your partnership, creating channels for communication and conflict resolution along the way.

1 CONDUCT A PROJECT KICK-OFF MEETING

The project kick-off meeting is a chance to get everyone who will be involved in the project together to ensure that the entire team is familiar with the workplan, timelines and roles that they will play.

It is likely that some of the team members who will be critical for making the project happen have not yet been significantly involved in the planning process. The project kick-off meeting is the chance to make sure that everyone is ready to start the project.

KEY STEPS TO PREPARE FOR YOUR PROJECT KICK-OFF MEETING:

Identify all attendees for the meeting

Review your RACI chart from Tool 14 in Step 2 to ensure that you have invited everyone from your team. You will want to include:

- Key driver(s)
- Relevant project or programme managers
- Key stakeholders
- Team members
- Volunteers

Make copies of the essential project documents for attendees

- Project planning worksheet (Tool 17, 18, 19 and 30)
- GANTT Chart (Tool 20)

Ensure smooth logistics for the meeting

- Send out the agenda, materials and logistical information well in advance of the meeting (at least one to two weeks prior)
- Secure a venue that will allow everyone to focus on the project
- Arrange transport and any necessary accommodation if possible

Develop an agenda that covers all of the essential information and tools for the project

- Use the template in Tool 22 to begin the agenda planning for your meeting
- The meeting does not have to be long! A half-day or one-day session should be enough time to cover all of the project details
- Do make time for socialising, such as a lunch or dinner following the meeting—this meeting is also the start of building the relationships between partners and amongst team members

Identify ways to build enthusiasm and shared vision for the project

- Prepare an opening session that introduces the vision and aim of the project
- Consider a motivational speaker or respected community leader who can join your kick-off meeting and speak about the importance of the project

KEY MESSAGE

The project kick-off meeting is not for planning; it is about getting the ball rolling! Significant preparation must be undertaken in order to ensure that the kick-off meeting marks the start of the project. All of the planning should take place **prior to** the project kick-off meeting.

Fig.17: Key steps to prepare for your project kick-off meeting


**TOOL
23**

SAMPLE PROJECT KICK-OFF MEETING AGENDA

HOW TO USE THIS TOOL

Work with your partner to brainstorm the agenda items required for the project kick-off meeting. The below sample meeting agenda is just an illustration. The agenda items will help inform the content of the meeting whilst allowing the space for team members to contribute to the discussion. The purpose of holding this meeting with your team is to get their buy in and provide a sense of context and urgency for the next steps. By agreeing an agenda for the meeting with your team, it can help crystallise their focus and provide a helpful context for any pre-work that is required.

PROJECT KICK-OFF MEETING AGENDA

Project name: _____
Partners: _____
Meeting date: _____
Meeting time: _____
Meeting location: _____

1. **Introductions:** brief introductions from the participants of the meeting, including their job title and role on the project
2. **Project overview:** a general overview of the project
3. **History of the partnership and project:** why is this partnership and project needed?
4. **Key priority area, project aim and success indicators**
5. **Supporters and funders of the project**
6. **Project timeline:** high-level project plan
7. **Activities and outputs**
8. **Workplan (GANTT chart)**
9. **Project team roles and responsibilities:** distribute and discuss a list of project team members, their contact information, and roles/responsibilities. Don't forget to introduce the project manager if there is one
10. **Next steps:** specific instruction about what is happening next, including what each person is expected to do
11. **Q&A**
12. **Gratitude:** express thanks for the team members and the roles that they are about to assume

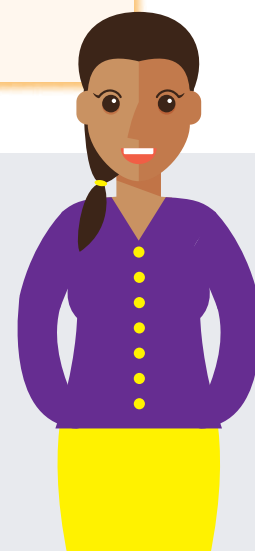
Time estimated:
2-3 hours

Participants:
All current and future staff members who will be involved in the project, as well as key members of the partnership

Materials required:
See Tool 23 in Annex for a sample project kick-off meeting agenda.

Patience scheduled her project kick-off meeting for two weeks prior to the official launch date for the project. She knew that she would need to spend significant time planning for the meeting! First, she contacted the Hope Clinic sister-in-charge to make sure that her diary was open for the date and time, then she asked her to invite the PMTCT counsellor from the clinic to attend the meeting.

Similarly, she checked in with the CDI Executive Director to ensure that she could attend the meeting, and asked her to extend invites to the three CHWs who would be joining the team. Finally, she gathered all of the important documents that they would need for the meeting and made copies so that everyone would have the background information needed to hit the ground running!



2 MOTIVATE AND RETAIN TEAM MEMBERS

Your team members are the most valuable resource for conducting your project. As you work together as a team, you will also be setting the tone for the partnership going forward. Ultimately, it is the decisions and actions that they take on a daily basis which will determine the success of your project and partnership.

Motivation is the reason that we do the things that we do – it is what drives us. It is very likely that your team members are already significantly motivated by the vision and aim of your project. However, there are also important aspects of how the project is managed that can affect your team members' motivations to fulfil their roles efficiently and effectively.



To maintain a motivated team, we will look at three components of managing your project:

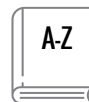
1. POSITIVE LEADERSHIP

2. EFFECTIVE TEAM-BUILDING

3. SOUND COMMUNICATION

POSITIVE LEADERSHIP

Leadership is a set of skills, just like any other managerial function. One definition of positive leadership is: "... the ability to identify what has to be done and then to select the people who are best able to tackle it. Leadership is also about leading the team to best deliver on the project aims, adapting the project as necessary and generating enthusiasm."⁵ An important part of keeping your project going is ensuring that you have the right driver who is leading the project.



One of the most important aspects of leadership is setting the tone for the rest of the team. Team members can easily pick up on the attitude of the key driver, and this will affect their interest and ability in doing their jobs well. The key driver should constantly be working to build their relationships with team members for the project, recognising the needs of the team, and setting a strong path forward for the project overall.

Characteristics that a project driver should exhibit are:¹⁵



If you find that the key driver is struggling in their role as a leader, it might make sense to identify a coach or mentor that can assist with their leadership skills-building and development.

Fig.18: Examples of key characteristics of a project driver

EFFECTIVE TEAMWORK¹⁶

Collaboration means building a team to take on a plan that extends beyond your everyday workplace, its tasks and familiar staff. As in any workplace, collaboration will require even more attention on building a team, as you will not be together very often, you may report to different structures and work for entirely different organisations but need to still work as a team.

Often, we underestimate the effort and time that is needed for a team to begin to function effectively. Teams often go through recognisable stages which involve conflict and resolution before they begin to perform at their highest level.

While these stages are normal and expected, there are actions that an effective driver can take during the process to make sure that the team is able to reach its peak effectiveness sooner rather than later.

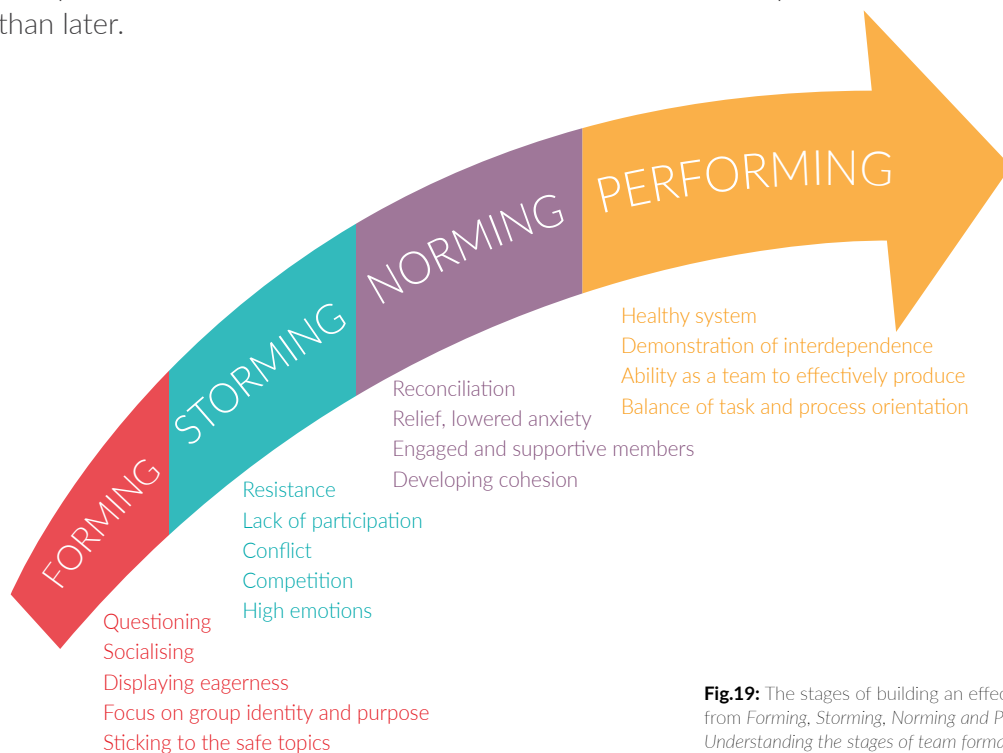


Fig.19: The stages of building an effective team. Adapted from *Forming, Storming, Norming and Performing: Understanding the stages of team formation*. [MindTools](#)¹⁷

Suggested activities to build effective teams:¹⁸

- **Forming:** Use this time to establish the objectives of the project, and make sure that each team member is clear on what they are supposed to be doing.
- **Storming:** Establish processes and structures; build trust and good relationships with team members; resolve conflicts quickly; remain positive; and point out the different working styles of team members, and how various styles are beneficial to the team.
- **Norming:** Step back and let your team work together; and arrange a team-building event to build relationships further.
- **Performing:** Delegate activities and let team members take responsibility for their work.
- **Adjourning:** When the team has accomplished their project aims, it is time to celebrate and provide recognition for the work achieved!

SOUND COMMUNICATION

Communication is critical to keeping the team on track and committed to project activities. When team members are in communication about their accomplishments and challenges, a project is able to move along smoothly and efficiently.

Recommended communications resources:

- WhatsApp group for the entire team
- Email group for the entire team
- Mobile data stipends for team members where possible
- Ongoing internet access and/or 3G data for the key driver and team members
- Laptop or desktop computer for the key driver

Once you have established your communications resources, you can build a plan to keep in contact throughout the duration of the project. Often, when we try to balance a project with other day-to-day tasks, communication can fall behind. The key driver should be responsible for ensuring that all team members are following the workplan.

LESSON FROM C³

Clinics and CBOs often have unique challenges that make communication especially difficult. While face-to-face meetings are ideal, they can be expensive in terms of transport costs and time invested. To the extent possible, clinic and CBO partnerships should aim to use IT resources to maintain strong communication links during the project. While challenging, significant time and energy should be invested at the outset of the project to try to secure the resources listed to the left.



PROJECT COMMUNICATIONS PLAN

HOW TO USE THIS TOOL

At your first project team meeting, use the template below to determine how you will communicate with each other throughout the project. The communication methods that work well will likely endure far beyond the initial project, and become a “new normal” for your partnership in the future.

Consider the following communications methods:

- **Face-to-face meetings** – how often will we meet in person to review the progress of our project and partnership? What type of information will we share in our meetings?
- **Email** – Do team members have easy access to email? If so, for what types of information will we use email?
- **Whatsapp** – Should we set up a Whatsapp group? For what types of information will we use Whatsapp?
- **Skype conference calls** - Do team members have access to Skype? Can we use Skype to communicate?

Time estimated:
1-2 hours

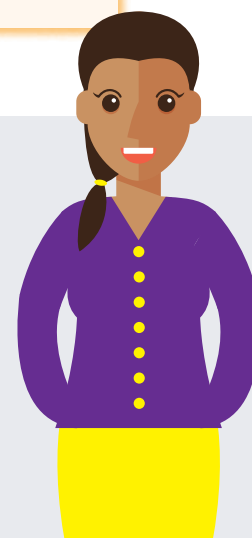
Participants:
Project team members

Materials required:
See Tool 24 in Annex for the project communications plan template.

| | | | | |
|----------------------|---------------------------------|------------------------------|----------------|---------------------------|
| CHWs | Number of women traced | Email | Weekly | CHWs and sister-in-charge |
| Team members | Project meeting minutes | Email | Monthly | Programme Manager |
| Mothers in community | Information on next ANC meeting | WhatsApp group | Ongoing | Clinic staff team member |
| Team members | Project planning updates | Face to face meetings | Monthly | Programme Manager |
| Wider community | Fundraising meeting | Formal face to face meetings | Every 6 months | Executive Director |
| Team members | Ongoing simple communication | WhatsApp group | Ongoing | Designated team member |

Patience and her new team had a meeting to discuss how they would communicate throughout the project. They decided to set up a WhatsApp group for frequent communication about daily activities. They determined that email would only be used for formal communications, since

several of the team members only had access to email every so often. Finally, they set a monthly meeting in their calendar for the first Wednesday of every month, where they would review their project plan and progress against their activities and outputs.



3 BUILD SKILLS AND CAPACITY

It is very likely that members of the team will need new skills and capabilities in order to carry out their project roles. It is important to acknowledge that building the skills and capacity of your team is not a departure from the work of your project – rather, these activities are *integral* to the project itself.



What do we mean by Definition training and Definition capacity-building? Throughout this section, we refer to “training” as activities intended to build specific skills that team members need to be able to do their jobs. By contrast, “capacity-building” is the overall support that is given to team members and even organisations generally so that they can grow in their positions, develop their careers and take on more advanced roles and functions in the future.

Training and capacity-building are both critical elements of team and organisational development, because they will allow you to succeed in your project, as well as grow organisationally to be able to take on more complex projects in the future.

KEY MESSAGE

Team members are often committed to a project with the anticipation that they will learn new skills and advance their careers. By building the skills and capacity of your project team, you will also contribute to their motivation to do their work effectively, increasing you and your partner’s organisational capabilities beyond the project itself.

“Provide two day training for six health extension workers on effective and continuous referral linkage systems.”

- Karola Medium Clinic & Walta Mothers and Children Healthcare Organisation, Ethiopia (C³)

“Refresher trainings for health promoters and volunteers on identification of pregnant mothers and referral to clinic for ANC booking.”

- Waterfalls Clinic & Chiedza Child Care Center, Zimbabwe (C³)

“Development of individual plans with certified HTC counsellors on schedules and targets.”

- Chikowa Health Centre & SRGDA, Malawi (C³)

KEY MESSAGE

Activities are often labelled as “training and capacity-building” to satisfy funder and stakeholder requirements, rather than to truly achieve the skills development needed by the team. The key to truly building skills and capacity is to identify the individual and group needs of the team, and then source training and mentorship opportunities that meets these needs.

Fig.20: Examples of training and capacity-building activities from C³

TYPES OF TRAINING AND CAPACITY-BUILDING

Ideally, training and capacity-building for your partnership should include activities that (1) build skills and capacity for programme-related issues, such as understanding the PMTCT and paediatric HIV cascade, and (2) develop skills and capacity for project-related issues, such as project management, IT, fundraising and monitoring & evaluation (M&E).

Training and capacity-building activities can be tailored to the organisational level or the individual level. For example, if you find that all of your volunteers require specific PMTCT knowledge, you may want to organise a workshop that all volunteers will attend to increase their knowledge in this area. Alternatively, if you discover that just one or two team members are struggling with computer skills, you may want to identify a skilled person who can assist with computer training for these employees.

Examples of training activities

- Short courses designed to build specific programmatic knowledge or skills, such as HIV basics, PMTCT and psychosocial support
- Courses focused on clerical or managerial skills, such as computer skills, project management, communication and leadership
- Online trainings, such as Massive Open Online Courses (MOOCs) and the C³ online course

Examples of capacity-building activities

- Monthly individual and partnership conference calls to discuss project progress as well as staff training needs and responsibilities
- Site visits combined with coaching and mentorship
- Distribution of relevant materials, tools and guidelines based on identified needs
- Link to country and international support partners for training
- Link to local or regional training and skills-building opportunities
- Regular email or WhatsApp contact and trouble-shooting
- Participation in local or regional meetings to generate learning about the issue at hand in your community/region
- Technical assistance, such as identification of project-specific consultants or support e.g. IT support and training, project management training




**TOOL
25**

TRAINING AND CAPACITY-BUILDING ASSESSMENT WORKSHEET¹⁹

The template below can be used to assess your project team.

HOW TO USE THIS TOOL

Use this template to annually or bi-annually assess the skill sets of each of your team members. This template should be used in conjunction with Tool 26 to develop a plan for training and capacity-building for your team and individual team members.

Use the following ratings to fill out the form: 3 = Exceeds expectations; 2 = Meets expectations; 1 = Requires training and/or capacity-building

Frequency:
Annually or bi-annually

Participants:
Project team members should, together with their direct supervisor, assess their training and capacity-building needs.

Materials required:
See Tool 25 in Annex for the training and capacity-building assessment worksheet.

| Organisational skills & competencies | Patience (Key Driver) | Adia (PMTCT Counsellor) | Rukiya (CHW) | Kojo (CHW) |
|--|--------------------------|----------------------------|-----------------|---------------|
| | Rating 1-3 | Rating 1-3 | Rating 1-3 | Rating 1-3 |
| PROGRAMMATIC SKILLS | | | | |
| <i>HIV basics, treatment and care</i> | 3 | 3 | 2 | 3 |
| <i>PMTCT and MNCH</i> | 3 | 3 | 2 | 3 |
| <i>Psycho-social support skills</i> | 3 | 2 | 3 | 1 |
| <i>Community outreach and referrals</i> | 2 | 1 | 3 | 1 |
| MANAGEMENT SKILLS | | | | |
| <i>Leadership/ governance</i> | 3 | N/A | N/A | N/A |
| <i>Financial planning and management</i> | 2 | N/A | N/A | N/A |
| <i>Project planning</i> | 3 | N/A | N/A | N/A |
| <i>Fundraising and development</i> | 1 | N/A | N/A | N/A |
| <i>M&E</i> | 1 | N/A | N/A | N/A |
| <i>Human resource management</i> | 2 | N/A | N/A | N/A |



CDI's Executive Director and the Hope Clinic sister-in-charge decided to meet halfway through the duration of the project to assess the skills of the project team. The Executive Director consulted with Patience prior to the meeting, and gained a better understanding of where the team members' skills could be improved. Once they had a good understanding of where

the team members required additional upskilling, they filled out the training and capacity-building assessment template. The Executive Director then met with Patience to review and agree on her own needs


**TOOL
26**

TRAINING AND CAPACITY-BUILDING PLAN

HOW TO USE THIS TOOL

Once you have identified the specific development needs of each of your team members, you should put in place a plan to ensure that these development needs are addressed.

4.

Frequency:

Annually or bi-annually

Participants:

Project team members should, together with their direct supervisor, plan to address their training and capacity-building needs.

Materials required:

See Tool 26 in Annex for the training and capacity-building plan template.

| Training needs | | | | | |
|-------------------------|---|--|---|------------------------------|---------------------|
| Team member | Training needs identified | Current trainings in progress | Trainings to register for this year | Estimated days out of office | Estimated cost |
| Patience | Fundraising | None | M&E training | 3 | Subsidised by donor |
| Adia | M&E PSS and community outreach and referrals | Attending a PSS training | Community outreach and referrals training | To bring in-house for 1 day | Volunteer trainer |
| Rukiya | HIV basics | None | HIV basics | 5 | US\$200 |
| Kojo | PMTCT/MNCH Community outreach and referrals | Attending a PSS training | Community outreach and referrals training | To bring in-house for 1 day | Volunteer trainer |
| TOTALS: | N/A | 2 | 4 | 10 days | US\$200 |
| Capacity-building needs | | | | | |
| Team member | Capacity-building needs identified | Capacity-building activities in progress | Capacity-building activities to begin this year | Estimated frequency | Estimated cost |
| Patience | Leadership development | None | Coach from business community | 2 days per month | |
| Adia | Basic computer skills | None | Voluntary mentor | 1 day per month | |
| Rukiya | Basic computer skills | None | Voluntary mentor | 1 day per month | |
| Kojo | Basic computer skills | None | Voluntary mentor | 1 day per month | |
| TOTALS: | N/A | 0 | 4 | 5 | US\$0 |

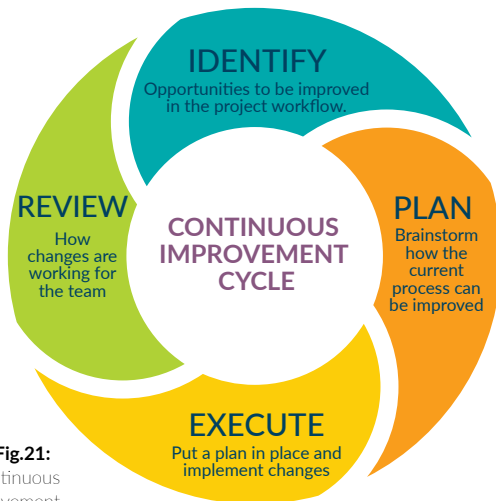
The Executive Director then asked Patience to fill out the training and capacity-building plan for the entire team, based on the training and capacity assessment worksheets.

4 LEARN FROM YOUR MISTAKES

Every plan will encounter difficulties along the way. One of the most important aspects of keeping a project moving forward is identifying how your team and partnership will respond to these uncertainties. Specifically, how will you respond to mistakes and failures, so that you learn from them, rather than repeat them?

C³ LESSON FROM C³

In C³, we call our mistakes “famous failures”! We decided early on that we needed to celebrate failure since, very often, failure is what is needed in order to ultimately succeed.



While we often say “learn from your mistakes,” what does this mean practically? The first step to learning from failure is to make sure that mistakes are identified and recognised. This is easier said than done. As human beings, we are inclined to “cover up” our mistakes rather than bring them out into the open. This is often because we associate failure with blame, and we are worried that if we accept blame we will lose our reputation, funding for a project, or even our job!

Fig.21: Continuous improvement cycle for learning and improvement. Adapted from *What is Continuous Improvement?* [Leankit](#)¹⁹

To create a “culture of learning”, project drivers must work to *destigmatise failure* – this means that team members must believe that mistakes will not lead to blame and loss. Rather, mistakes and failure should be an opportunity for learning and improvement.

Ways to destigmatise failure for teams:

- Emphasise to team members that projects and partnerships are complex; outcomes are very difficult to predict and mistakes will happen
- Provide assurance that mistakes are inevitable and will not be punished – in fact, failures will be welcomed as a sign that the team is learning
- Provide a way for mistakes to be reported without attribution – for example, comment box or messaging service where team members can identify failures anonymously
- Ensure that drivers model the behaviour; drivers should admit their own failures and mistakes, and explain what they have learned from them

By destigmatising failures, teams and partnerships become primed for learning from their mistakes. However, recognising mistakes is only the first step. Once a mistake has happened, the team needs to learn from that failure and move forward. The key to learning from mistakes is to “dig” to the root of the problem in order to institute new practices and procedures that will allow team members to avoid the mistake in the future.



“FAMOUS FAILURES” MEETING


One way to ensure that teams learn from mistakes is to institute a “famous failures” meeting. This meeting can be held on a quarterly or bi-annual basis and helps us understand what is not working and what is going wrong.

- **Step 1: Identify mistakes:** Ask team members to submit mistakes – anonymously, if this will help. Schedule a meeting and send out the list of mistakes or what is not working ahead of time.
- **Step 2: Dig for root causes:** For each mistake, ask the following questions: Why did this mistake happen? What were the root causes of this mistake? Has anyone else seen this mistake happen before? Gather the experiences in the room.
- **Step 3: Brainstorm solutions:** Ask team members to provide ideas for solutions to help avoid the mistake in future. Use the following as a guide:
 - » Is the mistake **process-driven**? Is there a new step or set of steps that can be taken in order to avoid the mistake?
 - » Is the mistake **communication-driven**? Is there a way to communicate better so that the mistake will be avoided?
 - » Is the mistake **leadership-driven**? Is there a way that leadership can help to avoid the problem in future?
 - » Is the mistake **skills-driven**? Do team members need additional skills in order to avoid making the mistake in future?
 - » Is the mistake **resource-driven**? Are additional or different resources needed in order to avoid the mistake in future?
- **Step 4: Put a plan in place:** Select the solution that the team thinks will address the failure, and identify the person(s) responsible for putting the solution into action. Make a timeline for meeting back with the team to ensure that the plan is working.

Time estimated:
2-3 hours

Participants:
Representatives from both partner organisations

Materials required:
See Tool 27 in Annex for suggested questions for this exercise which you can photocopy for your team.

 One of the lessons that we learned was on the use of English data collection tools. At one review meeting, the volunteers indicated they preferred the tools in [their local language] and the issue was resolved. It was a lesson learned for both the CBO and the clinic.”

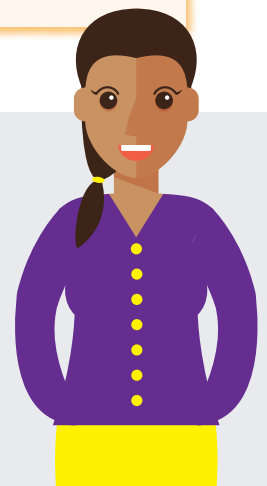
– Donald Tobaiwa, Maboleni Clinic & Jointed Hands Welfare Organisation, Zimbabwe (C³)

KEY MESSAGE

Remember, nobody should place blame on team members or drivers for the mistake! Each mistake should be looked at objectively, without any person or persons associated with the failure.

Patience hosts a “famous failures” meeting every three months with her team. It is a highlight for them! They enjoy sharing many of the mistakes and frustrations that they have encountered on the project, and considering ways they can improve. Recently, Patience shared a problem that she was having - she had missed

the last two district planning meetings because they conflicted with the monthly team planning meeting. As a group, they decided to reschedule their monthly planning meetings for the first Thursday of every month, since they all agreed that the district planning meeting was critical for Patience to attend.



5 MAINTAIN THE RELATIONSHIP WITH YOUR PARTNER

Throughout this chapter, we have been looking at ways of keeping the implementation of your project on track. One of the important elements of delivering on your project is ensuring that your partnership itself is also growing and improving over time.

In order to develop your partnership, it is useful to evaluate how your partnership is progressing on a regular basis.



**TOOL
28**

PARTNERSHIP RELATIONSHIP CHECKLIST²¹

HOW TO USE THE TOOL

You can use this checklist as an outline for discussions on the how your collaboration is working. Each partner should fill out the checklist separately, and then compare answers to see if there are differences in perceptions.

| Check one answer for each numbered item | | YES | NO | N/A OR DON'T KNOW |
|---|---|-----|----|-------------------|
| 1 | Increased trust among partners? | X | | |
| 2 | Improved coordination among partners? | X | | |
| 3 | Reduced duplication of effort or service? | | X | |
| 4 | Improved conflict resolution among partners? | X | | |
| 5 | A better understanding of partner's roles? | X | | |
| 6 | Improved ability to identify and address barriers to working together? | X | | |
| 7 | A better understanding of what partners need from their participation? | X | | |
| 8 | Increased involvement of partners in the partnership? | X | | |
| 9 | Increased collaboration and spin-off projects? | | X | |
| 10 | Increased likelihood of partnership sustainability when project-specific funding ends? | X | | |
| 11 | A level playing field among partners to interact as equals within partnership? | | | X |
| 12 | An evolution from "what can the partnership do for us" to "what can we do together"? | X | | |
| 13 | An increased ability to leverage resources from other sources (e.g. space, expertise, new partners, volunteers or funds)? | X | | |

Time estimated:
1 hour

Participants:
Representatives from both partner organisations

Materials required:
See Tool 28 in Annex for the partnership relationship checklist template.



Patience gave the partnership worksheet to the project team and asked them to fill it out confidentially. She collected the responses and tallied them up. She noticed that many of the team members had checked "No" for questions #3 and #9. She took this information to her upcoming meeting with the CDI Executive Director and the Hope Clinic Executive Director. Together, they discussed how they

could ensure that there was not duplication in efforts between partners. They also brainstormed about how they could increase collaboration for future projects. The worksheet responses allowed them to have a very constructive and productive conversation about how their partnership was progressing. Patience then took these ideas for working more collaboratively back to the project team.

THE 6 R'S

As you look for ways to improve your relationship with your partner, consider the six “R”s²²:

- ⇒ **RECOGNITION.** Partners want to be recognised for their leadership and activities.
 - **TIP:** You can recognise contributions by highlighting and praising partners at meetings, public events and even everyday communications about the project.
- ⇒ **RESPECT.** Everyone wants respect. By joining in community activities, we seek the respect of our peers.
 - **TIP:** Respect the experience of your partner. Take time to understand their point of view and challenges.
- ⇒ **ROLE.** We all like to feel needed. We want to belong to a group in which our unique contribution is appreciated.
 - **TIP:** CBO leaders and members may have experienced being in group, but not knowing their role. Create roles with real power and substance.
- ⇒ **RELATIONSHIP.** Organisations are networks of relationships. Organisations draw us into a wider context of community relationships that encourage accountability, mutual support and responsibility.
 - **TIP:** Provide real opportunities for networking with other institutions and leaders.
- ⇒ **REWARD.** Partnerships succeed when the rewards of partnering outweigh the costs. To sustain each partner’s role in your project, try to identify their interests and find out what rewards appeal to them.
 - **TIP:** Schedule social time and interaction into the agenda of the partnership so families can participate. Make sure there is an ongoing way to share resources and information.
- ⇒ **RESULTS.** Nothing works like results! A partnership that cannot deliver “the goods” will not continue to attract support and resources. If your partnership is formed in response to community needs, results will be welcomed and enhance your partnership’s credibility. Build in visible, short-term successes for your work.
 - **TIP:** To many grassroots leaders and residents, visible projects and activities that directly affect conditions and issues in their communities are the results they want in return for their participation.



TOOL
29

THE SIX "R'S" OF RELATIONSHIP BUILDING WORKSHEET²³

HOW TO USE THE TOOL

At your next project team meeting, break into small groups and work through the questions outlined in the worksheet.

1. RECOGNITION

What do we do now?

What could we do?

2. RESPECT

What do we do now?

What could we do?

3. ROLE

What do we do now?

What could we do?

4. RELATIONSHIP

What do we do now?

What could we do?

5. REWARD

What do we do now?

What could we do?

6. RESULTS

What do we do now?

What could we do?

Time estimated:

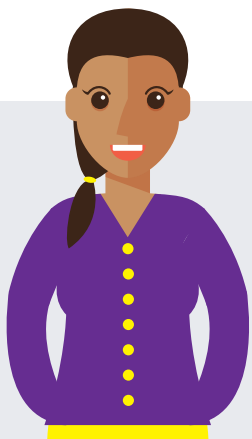
2 hours

Participants:

Project team members

Materials required:

See Tool 29 in Annex for the relationship building worksheet.



Patience gave the 6 R's relationship building worksheet to the project team at their monthly meeting. She asked them to sit in small groups and work through the

answers together. She was surprised at how many interesting and creative suggestions were made by the team!



TIPS & TRICKS

? We find it difficult to understand our partner's terminology and jargon. They use medical terms that we don't understand. How can we communicate effectively?

This is a frequent issue between CBOs and clinics. Often, organisations use jargon and technical terms that are unique to their sector.

- **TIP:** Explain to your partner organisation that you are having trouble understanding the terms that they are using – agree together that you will each try to use clear and jargon-free language.
- **TIP:** Make it a rule in meetings and communications that there is no such thing as a silly question, particularly when asking what a word or term means! When people are encouraged to use simple language, often everyone is rewarded by clearer thinking.

? Our partnership is struggling to communicate about the project, due to lack of internet access and expensive mobile networks. What can we do?

Often, computers and internet access are not readily available and electricity shortages can impact the ability to use technology when it is available.

- **TIP:** Brainstorm solutions with your partner. Can you use a group messaging platform such as WhatsApp to communicate? What communication technologies are used most often by your community members, and how can you utilise these technologies for your project?

? Our partnership is working well, but we often do the same tasks, resulting in overwork and duplication. What should we do?

Often, during the partnership initiation process, you are not yet familiar with your partner organisation's skills and areas of expertise. Therefore, it may be difficult to clarify your roles accurately at the early stage.

- **TIP:** It may be helpful to go back to Step 2 and review your roles and responsibilities for the partnership again at this point. You can use the lessons you have learned in the implementation phase to re-establish and clarify roles so that they are best suited to each organisation.

? We don't feel confident in our partner's ability to deliver on the partnership objectives. How can we move forward? In the course of a partnership, as with any relationship, one partner may lose faith in the other's ability to deliver.

- **TIP:** Ask some deeper questions: Does the partner have what they need to perform their partnership responsibilities? Is the partner struggling with resource or capacity issues? What external resources can we provide together to ensure that the partner is able to meet the partnership expectations? Once these questions are answered, a frank conversation with the partner to share your concerns is an important step in making sure that the partnership can move forward effectively. Communication is key!

? Our partnership struggles to maintain energy. What should we do? It is difficult to keep going when so many other activities seem to be a higher priority.

- **TIP:** Make meetings fun and motivational, turn meetings into a routine (for example, the last Friday of the month) that is then associated with partnership and sharing – for example, a monthly tea and cake or “bring and share”, or hosting the meeting in a non-traditional space can help liven up the work day and help maintain interest in meeting attendance and investing time into working together.
- **TIP:** Talk about the importance of maintaining energy as part of your meetings. Introduce fun activities and opportunities for members to demonstrate their passion, hope, faith and community spirit in collective action. It is also very important to celebrate the excellent work you are doing together and find ways to mark the successes of your collaboration.



WRAPPING UP

Congratulations for completing Step 4.

By now, you have:

- ✓ **Conducted a project kick-off meeting** and launched your project together
- ✓ **Understood how to motivate and retain** your team members
- ✓ **Assessed the skills and capacity** of your team members, and made a plan to improve areas of weakness
- ✓ **Begun to learn from your mistakes**, identifying strategies for improvement
- ✓ **Continued to build and maintain** the relationship between you and your partner

You are ready to move on to document, review and monitor, which are detailed in the next chapter.



FOR FURTHER READING

- Brownson, Carol and Shetty, Gowri. Tools for Building Clinic-Community Partnerships to Support Chronic Disease Control and Prevention (2008). http://www.diabetesinitiative.org/documents/Tools_combined_FINAL5108.pdf
- Community Tool Box <http://ctb.ku.edu/en/creating-and-maintaining-partnerships>
- Coursera. Working as a Community Healthcare Worker. Online Course. <http://www.educate24.co.za/e24/courses/working-as-a-community-healthcare-worker/15>
- Harvard Business Review. Strategies for Learning from Failure (2011) <https://hbr.org/2011/04/strategies-for-learning-from-failure>
- PATA. Children, Adolescents and HIV: A Simple Toolkit for Community Health Workers and Peer Supporters (2015)
- Keep the Best, Change the Rest, Participatory tools for working with communities on gender and sexuality (2007) http://pdf.usaid.gov/pdf_docs/Pnadj846.pdf

STEP 5: DOCUMENT, REVIEW AND MONITOR

HOW TO RECORD AND MONITOR THE WORK YOU ARE DOING TOGETHER

OUTCOMES FOR THIS CHAPTER

By the end of this chapter, you will be able to identify the data that you will need to gather in order to measure the progress of your project. You will also be able to put a monitoring plan in place for your project, and use the information that you collect to help your project team to communicate effectively with stakeholders, while learning and growing from the project as it moves forward.

WHY?

While you are implementing and maintaining your partnership and your project, it is important that you document your work, review your successes and challenges, and assess how your project is progressing. During Step 5, we will discuss the important work of recording and monitoring the work that you are doing.

The activities that we are going to discuss in this chapter are often referred to as “MEL”, which refers to “monitoring, evaluation and learning.” While this might sound very technical, the purpose is actually simple. Ultimately, you want to use information from your project to work out if you are making a positive difference for your patients and community, and if there are changes or improvements that you can make so that your work is even more effective.

Recording and monitoring your work serves two purposes: accountability and learning. “Accountability” involves collecting information and reporting on your project so that your stakeholders and funders know if your project is having a positive impact, while “learning” involves using this same information to ensure that you gain a deeper understanding from what you are doing, and continue to improve your work in the future.



KEY MESSAGE

Information is a powerful tool for your project and partnership. Without a sound plan to collect and use data, it is difficult to know if your project is working successfully. By including data recording and monitoring into your project activities, you will create a strong foundation for your project team, partnership and relationship with stakeholders and funders.



SUMMARY OF ACTIVITIES FOR THIS STEP

Develop an MEL plan
How will we collect and check the information that is being measured by our project?



In order to know if your project is on track, you can use the MEL cycle on the next page to help you create a plan for keeping track of your project. This plan does not have to be complicated – in fact, the easier it is to develop, the more likely you will be to use it!

Record: Identify and use your data sources
What data will we collect and use for our project?



We will discuss how to decide what data you will need to collect and how to use it in order to verify the success indicators that we identified in Step 3.

Monitor: Get your team involved
How will our team members be involved in the recording and monitoring process?



Your team members are an integral part of monitoring the progress of the project. Your MEL plan will be far more effective when team members see the value of the process.

Report: Communicate your progress to stakeholders
How will we report on the project to our stakeholders, including funders?



We will also look at how to use your data to communicate with your stakeholders, and help your team members to do their jobs better and learn and grow within the partnership. When you and your partner are secure that your project is progressing, it will give you a strong sense of confidence to continue your work.

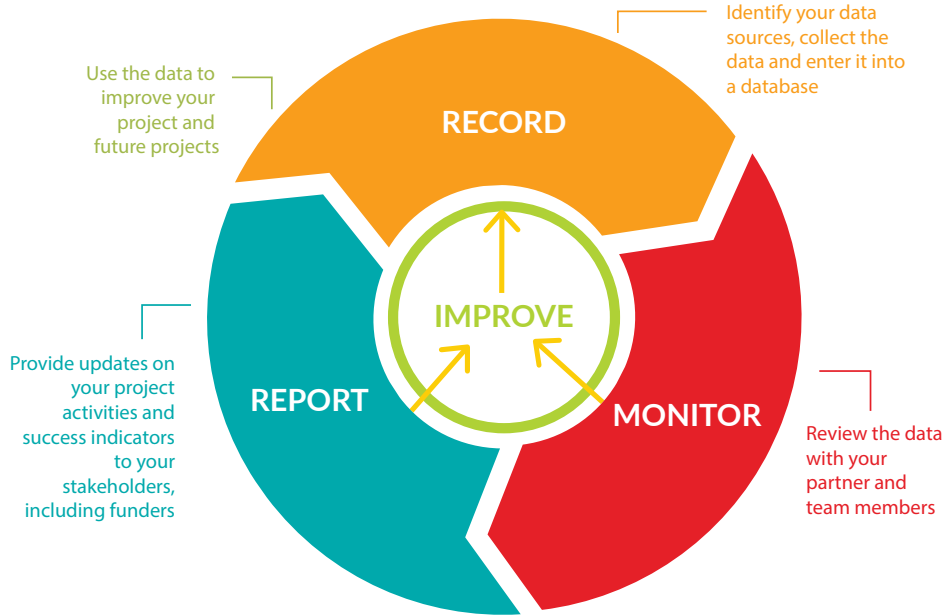
Improve: Learn from the process
How will we ensure that we continue to learn from our project?



While the process of recording and monitoring your project may seem daunting, it can actually be a very motivating part of your partnership! Using the information that is coming out of your data collection process, and learning how to improve, will be a very integral part of the process of building your partnership and your team.

1 DEVELOP AN MEL PLAN

To get started, let's review the process of monitoring, evaluating and learning. Your plan will be a cycle consisting of four key activities:



C³ LESSON FROM C³

Often, this step can be made more difficult than it needs to be! You are looking to create a plan to collect information that will help you to determine whether your project is on track or not. The easier you can make this process, the more likely that it will be implemented.

Fig.22: Monitoring, evaluation and learning cycle

2

RECORD: IDENTIFY AND USE YOUR DATA SOURCES

In Step 3, you defined your success indicators. In this activity, you will need to determine what data you will use to verify that these success indicators are heading in the right direction.

First, consider what sources of data are easily available to you or your partner. It is always easier to work with data that is already being routinely collected than to create a new process. If you are not yet collecting the data that you need to verify your success indicators, brainstorm ways that you can collect this data with your partner.

CREATING DATA SOURCES



Fig.23: Examples of data sources to measure success indicators

If there is not a source for your data already, you may need to create a tool to collect it, such as:

- Checklist
- Form
- Survey
- Questionnaire

ENTER THE DATA INTO A DATABASE

Once you have developed your collection tools, you should set up a “database” where you keep the data that you collect. The type of database that you choose to use is entirely based on what will be most useful to you and your team.

Your database can be a:

- Notebook
- Printed logbook
- Computer spreadsheet
- Cloud-based spreadsheet (e.g. Google Sheets)

In several ways, computer or cloud-based spreadsheets are the ideal databases for you to use if you are able. They are often the easiest to monitor and can be “backed up” (saved in more than one place) so that the data is less likely to be lost. However, the most important thing for you to consider in choosing the type of database to use is practicality. Consider what each will cost, who will be using it to enter and monitor data, and if this person has the skills needed. Depending on your content, you may also need to think about electricity outages and internet access costs.


KEY MESSAGE

The data that you collect can be either **quantitative** or **qualitative**. You may need to collect both types of information. Quantitative data is information that can be measured objectively: it usually involves identifying a quantity of something, such as number of volunteers, number of trainings or number of patients. It isn't related to anyone's opinion, but often their behaviour. Qualitative data, on the other hand, is information that cannot be measured objectively. Instead, it is subjective and based on a person's experience. For example, when we ask a male partner to explain why he attended an antenatal visit, we will be collecting a qualitative piece of data.



PROJECT PLANNING WORKSHEET (IDENTIFYING DATA SOURCES ACTIVITY)

Now it is time to add the data sources to your planning document. The template below can help you and your partner to ensure that everyone is in agreement about the sources that you will use to collect the information to verify your success indicators.

HOW TO USE THIS TOOL

Using the suggestions for data sources on the previous page, work with your partner to fill out the worksheet below.

NOTE: The full worksheet includes the activities described in Tools 17, 18, 19 and 30, each building on the previous tool.

Time estimated:
1-2 hours

Participants:
“Accountable” and
“Responsible”
members of the
partnership

Materials required:
See Tool 30 in Annex
for the identifying data
sources project
planning worksheet.

| | | | | |
|---|---|---|---|--|
| Partnership name: <i>What is the name of your partnership?</i> | | | | |
| BE CONNECTED | | | | |
| Key priority area: <i>What is the key priority area of your partnership?</i> | | | | |
| <i>The rate of LTFU of pregnant women enrolled in PMTCT in the Hope Clinic catchment area is 40%</i> | | | | |
| Project aim: <i>What is the expected long-term impact of your project on your key priority area?</i> | | | | |
| <i>Our project will reduce by 50% (from 40% to 20%) the number of pregnant women enrolled in the Hope Clinic catchment area in PMTCT in who are lost to follow-up within the next 12 months</i> | | | | |
| Beneficiaries: <i>Who are the main beneficiaries of your project?</i> | | | | |
| <i>Our project will focus on 100 pregnant women living with HIV in the Hope Clinic catchment area</i> | | | | |
| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
| <i>Conduct community education session with HIV testing offered</i> | <i>Number of community education sessions conducted</i> | <i>Community education session register</i> | <ul style="list-style-type: none"> • Number of pregnant women who attended a community education session • Number of pregnant women tested • Number and % of pregnant women identified as HIV positive (% is a sub-set of the total number who tested) | <ul style="list-style-type: none"> • <i>Community education session register</i> • <i>HIV testing register</i> |

| | | | | |
|---|---|--|---|---|
| <p>Activity 2:</p> <p>Identify all pregnant women enrolled in PMTCT who are LTFU</p> | <p>Activity Indicator 2:</p> <p>LTFU register completed on a regular basis</p> | <p>Activity Indicator 2 Data Source:</p> <ul style="list-style-type: none"> • LTFU register • Health information database | <p>Output Indicator 2:</p> <p>Number of pregnant women in PMTCT who have been identified as LTFU</p> | <p>Output Indicator 2 Data Source:</p> <ul style="list-style-type: none"> • LTFU register • Health information database |
| <p>Activity 3:</p> <p>Trace all pregnant women enrolled in PMTCT who are LTFU</p> | <p>Activity Indicator 3:</p> <ul style="list-style-type: none"> • Contact details identified of pregnant women who enrolled in PMTCT and have been LTFU • Number of pregnant women contacted | <p>Activity Indicator 3 Data Source:</p> <ul style="list-style-type: none"> • LTFU register • Health information database | <p>Output Indicator 3:</p> <p>Number and % of pregnant women successfully reached</p> | <p>Output Indicator 3 Data Source:</p> <ul style="list-style-type: none"> • LTFU register • Health information database |
| <p>Activity 4:</p> <p>Conduct home visits to all pregnant women enrolled in PMTCT who are LTFU who can be traced</p> | <p>Activity Indicator 4:</p> <p>Number of home visits conducted</p> | <p>Activity Indicator 4 Data Source:</p> <p>Home visit register</p> | <p>Output Indicator 4:</p> <p>Number and % of pregnant women successfully reached through home visits</p> | <p>Output Indicator 4 Data Source:</p> <p>Home visit register</p> |
| <p>Activity 5:</p> <p>Send appointment reminders to pregnant women prior to their next check-up date</p> | <p>Activity Indicator 5:</p> <ul style="list-style-type: none"> • Reminder system created • Appointment reminders sent to all pregnant women prior to their next check-up date | <p>Activity Indicator 5 Data Source:</p> <p>Reminder system register and/or database</p> | <p>Output Indicators:</p> <p>Number and % of pregnant women successfully reached through reminder system</p> | <p>Output Indicator 5 Data Source:</p> <p>Reminder system register and/or database</p> |
| <p>Outcome Indicators:</p> <ul style="list-style-type: none"> • Number and % of pregnant women LTFU identified • Number and % of pregnant women re-enrolled in PMTCT | | | | <p>Outcome Indicator Data Source:</p> <ul style="list-style-type: none"> • LTFU register • Health information database • Client records |
| <p>Impact Indicators:</p> <p>Number of HIV-infected infants in the Hope Clinic catchment area</p> | | | | <p>Impact Indicator Data Source:</p> <ul style="list-style-type: none"> • Health information database • Client records |

3 MONITOR BY GETTING YOUR TEAM INVOLVED

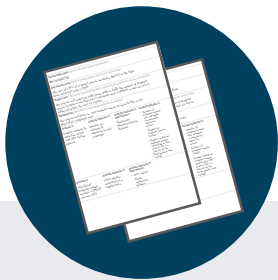
Monitoring your success indicators simply means reviewing them on a regular basis. It helps to include monitoring in alongside other activities you are doing for your project. For example, if you have a monthly or bi-monthly meeting with your partner to discuss your project, incorporate monitoring into the meeting agenda.

A vital aspect of monitoring your project is making sure that your team is actively involved in each step of the process. Why is this important?

1. When team members are actually using data, they are **more likely to keep detailed records and follow procedures** to collect information. It is natural that people will be motivated by seeing the fruits of their efforts!
2. When team members are involved in data monitoring, they are more likely to make **small improvements** in their daily work. Monitoring and measuring create powerful feedback loops that allow team members to incrementally improve.

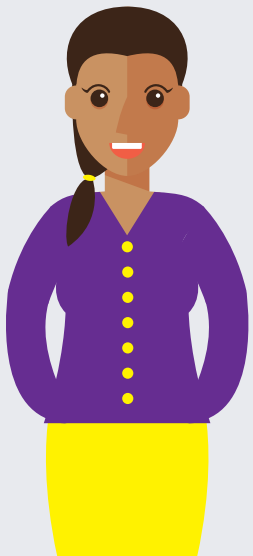
KEY MESSAGE

It may seem surprising, but recording and monitoring is highly motivating. Think about the things that you monitor in your own life – your bank balance, your child’s school marks, even the number of hours that you sleep each night! These markers are a way for you to figure out if you are “on track” with the things that are most important to you.



Patience was a bit nervous about identifying data sources for her project. She wasn’t sure if the team was going to be able to gather all of the information that they needed to make sure the success indicators for the project were on track. She sat down with her team and several copies of the project planning template. They reviewed the success indicators for the project and brainstormed about ways to verify the indicators. Adia, the PMTCT counsellor from the clinic, suggested that she could access the attendance registers and the clinic database to identify the women who had not returned to care. She would check in with the sister-in-charge to ensure that they were meeting

all of the privacy concerns about data access. Rukiya and Kojo, the CHWs, agreed that they would be able to keep a logbook when they performed their home visits, and Patience set up a time with them to develop what would be included in the logbook. Finally, Patience decided to ask the CDI Executive Director if someone from the team could help her to create a simple spreadsheet to track the women who were being visited. Adia agreed to help with a monthly review of the database to see who had returned from the visits. At their monthly meetings, they all agreed that they would review the database together to see if their project was bringing women back into care.



4

REPORT: COMMUNICATE YOUR PROGRESS TO STAKEHOLDERS

Once you have a monitoring system in place, you can now create reports that can be used both internally and externally. Reports can be both qualitative and quantitative. It is important to create reports regularly – not just when funders request them – so that you can continuously see how your project is performing.



KEY MESSAGE

In order to ensure that the reporting template is completed on a regular basis, make sure that the task is assigned to someone and that there is a regular due date for its completion and review by the key driver.

TOOL
31PROGRESS REPORT TEMPLATE
- ACTIVITY REPORTING

HOW TO USE THIS TOOL

Complete the following table for each project activity (see example below). Describe your progress for each activity. Choose a status for each activity (Achieved, In progress, or Not started).

Time estimated:

4 hours

Participants:

“Accountable” and “Responsible” members of the partnership

Materials:

See Tool 31 in Annex for the activity reporting template.

Activity 2: Identify all pregnant women enrolled in PMTCT who are LTFU

| Status | In progress |
|---|---|
| Progress | We have identified a portion of the pregnant women enrolled in PMTCT but LTFU since three months prior to the start of the project. |
| What's working? | Adia is able to access the data from the attendance registers and generate a report that shows us the names of all women who have not returned. |
| What's not working? | Attendance registers are missing from one week in the first month because of an electricity outage. |
| Did you or did you not reach your target and why? | We were able to identify most of the pregnant women enrolled in PMTCT but LTFU since three months prior to the start of the project. However, we did not quite make our target this month because of the attendance registers missing from the first week of the month. |



PROGRESS REPORTING TEMPLATE: SUCCESS INDICATOR REPORTING

HOW TO USE THIS TOOL

Complete the following table with the latest results for your success indicators.

NOTE: This table is an example working from the sample activities in Tools 17, 18 and 19. The prevalence rates and figures are merely illustrative, and are by no means meant to indicate expectations.

Time estimated:
4 hours

Participants:
“Accountable” and
“Responsible” members
of the partnership

Materials required:
See Tool 32 in Annex for the
success indicator reporting
template.

| Activity 1 | Activity indicator 1 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
|--|--|----------|--------------------------------------|---------------------------|---------------------------|-------------------------|--|
| Conducted community education session with HIV testing offered | Number of community education sessions conducted | Planned | 4 per month | 6 per month | 8 per month | 12 per month | |
| | | Achieved | | 5 per month | 7 per month | | |
| | | Source | Community education session register | | | | |
| | | | | | | | |
| Output 1.1 | Output indicator 1.1 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Increased number of pregnant women who attended the community education session | Number of pregnant women who attended the community education session | Planned | 50 per month | 70 per month | 90 per month | 100 per month | |
| | | Achieved | | 65 per month | 85 per month | | |
| | | Source | Community education session register | | | | |
| | | | | | | | |
| Output 1.2 | Output Indicator 1.2 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Increased number of pregnant women tested who attended the community education session | Number of pregnant women tested who attended the community education session | Planned | 30 per month | 40 per month | 60 per month | 70 per month | |
| | | Achieved | | 35 per month | 50 per month | | |
| | | Source | HIV testing register | | | | |
| | | | | | | | |

| Output 1.3 | Output Indicator 1.3 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) |
|--|--|--|--------------|------------------------|------------------------|----------------------|
| Decreased number and % of pregnant women identified as HIV positive who attended the community education session | Number and % of pregnant women identified as HIV-positive who attended the community education session | Planned | 20 per month | 30 per month | 50 per month | 60 per month |
| | | Achieved | | 25 per month | 40 per month | |
| | | Source HIV testing register | | | | |
| Outcome | Outcome Indicator | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) |
| Decrease in LTFU of pregnant women in PMTCT programme | Number and % of pregnant women who are LTFU | Planned | 100 (40%) | 80 (32%) | 60 (24%) | 50 (20%) |
| | | Achieved | | 85 (34%) | 70 (28%) | |
| | | Source LTFU register and health information database | | | | |
| Impact | Impact Indicator | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) |
| Decrease in number of HIV-infected infants in Hope Clinic catchment area | Number of HIV-infected infants in Hope Clinic catchment area | Planned | 50 (40%) | 40 (32%) | 30 (24%) | 25 (20%) |
| | | Achieved | | 43 (34.4%) | 35 (28%) | |
| | | Source Health information database and client records | | | | |

5 LEARN FROM THE PROCESS

While recording and monitoring are most often associated with reporting to stakeholders and funders, it is just as important that the information is used for your team to learn and improve the work you are doing with patients and communities. This is also a good opportunity to give feedback to the community on how the project is progressing.

One of the ways that you can learn from your project's data is to host an "action learning event." Action learning events are "a simple and powerful way for individuals to learn from each other. They are a popular method in the field of action learning. Action learning is a process which involves working on real challenges, using the knowledge and skills of a small group of people combined with skilled questioning, to produce fresh ideas and reinterpret familiar concepts."²⁴

KEY MESSAGE

The information you are gathering is one of the most important assets of your project. Not only is the information valuable to promote the work of your project, it is also an essential learning tool for your team.



TOOL
33

ACTION LEARNING EVENT AGENDA²⁵

In the agenda below, we describe how to use data from your project to promote learning in a series of action learning events.

HOW TO USE THE TOOL

The key driver should prepare the progress report to share with the group. Ideally send out the data report three to five days in advance so that participants have a chance to review it prior to the event.

Frequency:

Every 4-6 weeks

Time estimated:

4 hours

Participants:

Full team

Materials:

Flipchart and/or whiteboard; marker pens. See Tool 33 in Annex for a sample action learning event agenda.

ACTION LEARNING EVENT AGENDA

Project name: _____
Partners: _____
Meeting date: _____
Meeting time: _____
Meeting location: _____

1. **Introduction (15 minutes).** If this is the first action learning event, the key driver can start by introducing the process. If this is a follow-up meeting, start with a review of the learnings from last time.
2. **Review the most recent progress report together (10 minutes).** Identify what has changed from the previous meeting. List these changes on a flipchart or whiteboard. **Questions about changes in the data (10-15 minutes for each change).** For each change in the data, open it up to the group to ask questions. Initially there might be five minutes of clarification to make sure the group has understood the issue. Use the list of questions on the next page to really delve into each change in the data. Ensure that the conversation is recorded by someone in the group. Record any actions that will be taken based on the conversation.
Repeat with each change in the data.
3. **Review learning (15 minutes).** Finally, review what you have learned and what actions have been agreed upon. Things that went well should be noted and celebrated. The group should suggest ideas to improve the process for next time.

QUESTIONS TO ASK DURING THE ACTION LEARNING EVENT:

Clarification

- What happened?
- How do you see it?
- What makes you say that?
- What else can explain the situation?
- Could you say more about how you felt?
- Who will be affected if you are successful?
- Who might help you?
- What obstacles do you envisage?

Probing

- What is the difference between the current situation and the way you would like it to be?
- Can you explain?
- Who else matters to this process?
- Can you give an example?
- Who are “they”?
- How do you feel?
- What assumptions are you making?
- Is that assumption stopping you?

Action

- If all decisions rested on you, what would you do?
- What are your options for action now?
- What other possibilities exist?
- Where could you get more information about this?
- Who else might have an interest in this?
- What are you going to do for yourself before the next meeting?



TIPS & TRICKS

? Data collection is proving very time-consuming for our team. We are not able to deliver the reports in the timeframe required by our monitoring plan. How can we ensure that we are monitoring our project correctly?

When a process is not working, or when it is taking too much time to implement, it usually means one of two things: either the process is too difficult, or your team does not see the value in the process.

- **TIP:** If the process is too difficult, your best way forward is to regroup and simplify – you can always add more complexity later on. In the case of monitoring and reporting, it is very likely that you have chosen too many indicators, or that the data sources are not delivering the data that you require. Meet with your team and determine how to simplify the process so that it can work better.
- **TIP:** If your team does not see the value of the process, then it won't matter how simple the process is: they will still struggle because they won't believe it is a good use of their time. It is really important that your team members understand how monitoring is valuable to their own daily work. Make sure that they see the progress reports and that these reports are used to improve the daily activities of your team. Don't fall into the trap of saying that reporting is "for the funders". Your team should believe that the reports are helpful for their own work!

? The data that we are gathering for our project is inconsistent. How do we know that the data we are using is really telling us the true progress of our project? This is an important question! The truth is, your reporting is only as good as your data. It is critical that your data is coming from a reliable source.

- **TIP:** If you are worried about the reliability of your data, consider if there are other indicators that you can use which rely on data from other sources. An indicator which is reliable will allow you to double-check the trends that your current data is telling you. If the new indicator is consistent with the original indicator, then you will have more confidence in the data overall.
- **TIP:** It is important to know what you are comparing your data with, and therefore it is critical that at the start of your project, a proper baseline of the situation is undertaken before your project begins, as you will need this as EVIDENCE to demonstrate any change that has been achieved.



WRAPPING UP

Congratulations for completing Step 5.

By now, you have:

- ✓ **Developed an MEL plan** for the project
- ✓ **Identified and begun to use your data sources** to record what is happening in the project
- ✓ **Monitored the project** and involved your team in the process
- ✓ **Reported on your progress** to stakeholders
- ✓ **Learned from the process** and put in place a process of continuous learning for the future

You are ready to move on to begin messaging for broader impact which is detailed in the next chapter.



FOR FURTHER READING

- Better Evaluation. www.betterevaluation.org
- Lennie, J., Tacchi, J., Koirala, B., Wilmore, M., Skuse, A. (2011) Equal Access Participatory Monitoring and Evaluation Toolkit. http://www.betterevaluation.org/en/toolkits/equal_access_participatory_monitoring
- Tools4Dev. How to Create a Monitoring and Evaluation System: Step by Step Guide. <http://www.tools4dev.org/resources/how-to-create-an-monitoring-and-evaluation-system/>
- INTRAC. Action Learning Sets: A Guide for Small and Diaspora NGOs. (2016) <https://www.intrac.org/resources/action-learning-sets-guide-small-diaspora-ngos/action-learning-sets-an-intrac-guide-2/>

STEP 6: MESSAGING FOR BROADER IMPACT

HOW TO COORDINATE AND SUSTAIN THE PARTNERSHIP WITHIN A LOCAL HEALTH RESPONSE

OUTCOMES FOR THIS CHAPTER:

By the end of this chapter, you will be able to view the impact of your partnership and project through a broader lens, enabling you to see your collaboration in the context of the local health response. Drawing on these lessons, you can deepen your collaboration, undertake new projects together and expand this methodology into your community. This has the potential to offer a more collaborative approach to community or district planning overall, which will ultimately sustain the work that you are doing with your partner.

WHY?

At this point, you have reached an important juncture in your collaborative work. By following the steps in the C³ toolkit, you have now identified your partner, formalised and initiated your partnership, planned and resourced your first project, launched the implementation of your project, and begun the process of documenting, reviewing and monitoring your project. Throughout this process, your partnership and capacity for collaboration has grown and evolved.

In Step 6, we investigate the broader impact that your collaboration can have on your community and local health system. We will also discuss how to advocate for policies and resources to increase collaboration in your local health system, identify champions in your community, and communicate the value of clinic-community collaboration as a central methodology to various community decision-makers, including stakeholders and funders.

Why is it important to see the “bigger picture”? You may wonder whether this is relevant, and whether you should focus your efforts more specifically on carrying out the project that you have been implementing together. While it is crucially important that you continue to successfully implement your project, the ability to see the bigger picture of your work will ultimately allow you to identify ways to sustain the activities of your project for the long-term and ensure that you can embark on new projects into the future.



CBO and clinic partnerships have an important impact on local public health systems and communities. The work that you are doing with your partner is part of a bigger picture that is changing how health services are provided to members of your community.

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

SUMMARY OF ACTIVITIES FOR THIS STEP

Identify the broader impact of your partnership

What is the impact that our work is having and what value does it provide our community beyond undertaking one joint project?

1

Viewing the broader system in which you are operating allows you to consider ways that your project can be further integrated into the local health system. Specifically, you are seeking changes in policies and resources that will allow your collaboration to become a more recognised way of working in your local health system.

Explore the integration and sustainability of your partnership

How does integration and sustainability of collaborative work strengthen the local response?

2

Integration is important for two reasons: (1) by sharing resources across multiple projects, clinic and CBO activities become more effective and efficient; and (2) integration gives a greater chance that the activities of your partnership will be sustained far into the future.

Advocate for policies and resources

How can our partnership advocate for the policies and resources that will support and ensure long-term sustainability for collaborative partnerships, including our own?

3

We will discuss ways to advocate for these policies and resources, so that decisions will be made that will benefit your partnership and the broader potential for collaboration.

Recruit community champions

How will we identify the champions who will support our partnership?

4

We will discuss how to identify and recruit community champions – such as local politicians, community figures and influential business leaders – who can champion your partnership and assist you in identifying ways to sustain and build on the work that you are doing.

Communicate the broader vision

How will we communicate this broader vision and methodology of clinic-community collaboration to key decision-makers, including stakeholders and funders?

5

Finally, we will discuss how to communicate this broader vision and methodology of clinic-community collaboration to important stakeholders, including funders, who will be able to pave the way for your current project, as well as future projects that your partnership may want to initiate.

1

IDENTIFY THE BROADER IMPACT OF YOUR PARTNERSHIP

When you are busy implementing a project, it is easy to become very focused on the project activities. However, your partnership is operating in a local public health system and community environment that has many moving parts. Therefore, it is very likely that your project is having a broader impact than the project aim that you have defined. This broader impact is important to understand as you begin to think about how to integrate and sustain your project in the long-term.

EXAMPLES OF BROADER IMPACT

Your project and partnership are likely having a broader impact in two critical areas: the local public health system and the community. As you discuss with your partner, consider the ways that your project and partnership work *beyond the scope of your project aim*:

| Local public health system | Community |
|---|---|
| Collaborative capacity: Clinics and CBOs across the health system learning how to work together to improve health outcomes | |
| Human resources <ul style="list-style-type: none"> Expanding the workforce by recruiting and training new healthcare providers Task-shifting from traditional health-care providers to include CHWs | Employment and skills development <ul style="list-style-type: none"> Training and skills-building for those previously unemployed and/or under-skilled with livelihood opportunities increased Employment and engagement in service delivery |
| Clinic service delivery <ul style="list-style-type: none"> Demand and uptake of services increases Uptake of services beyond PMTCT Increased access to EID and paediatric ART Increased clinic delivery rates Increased retention in care | Education and awareness <ul style="list-style-type: none"> Increased awareness and acceptance of clinic services Increased awareness and acceptance of HIV treatment and prevention |
| Health outcomes <ul style="list-style-type: none"> Improved maternal and child health Improved sexual and reproductive health Improved nutrition for children, mothers and families Viral suppression | Empowerment and cultural norms <ul style="list-style-type: none"> Changing perspectives about sexual and reproductive health Changing perspectives about male involvement in maternal health Decreased stigma in the community Improved engagement and collaboration between traditional and clinical practice |

C³ LESSON FROM C³

As the implementation of your project begins to reach a steady state – approximately six to 12 months into your partnership – it is a good idea to add an agenda item to your regular meetings to discuss the broader impact of your project. Set aside 15-30 minutes for each meeting to discuss these longer-term issues so that they can become a regular part of the conversation with your partner.

Fig.24: Examples of the broader impact of your partnership



BROADER IMPACT AND VISIONING DIAGRAMMING²⁶

One of the exercises that you can do with your partner is “impact and vision diagramming”, which allows you to see what impacts your project is having in the broader public health system and community, as well as what you envision for the future.

HOW TO USE THIS TOOL

1. Break into groups of three to four people each. Ensure that each group has a diversity of organisations, roles and experience levels. On a sheet of flipchart paper or a whiteboard, ask each group should draw a visual representation of the clinic and community. Discuss and draw the impacts that your project is having on each of the areas of the clinic and community. Be specific about the changes that you see are happening in the clinic and community. (30 minutes)
2. Next, still in small groups, draw the broader impacts that you would *like* to see your project having on the community. Be specific about what you think your project could do in order to have these impacts. (30 minutes)
3. Reconvene the larger group. Have each group present their impact and visioning diagram. After the presentations, discuss the outcomes: What did you learn? What was surprising and unexpected? What are the implications for the local health system and community? (30 minutes)
4. Elect a person from the group to draw a diagram that represents the best impacts and vision from the small groups. Discuss together what you would like to include and exclude from the final group drawing. (30 minutes)

Frequency:

Every 6-12 months

Time estimated:

2-3 hours

Participants:

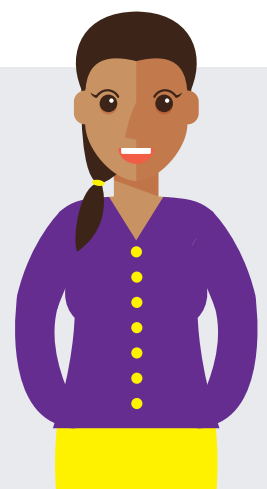
Entire team: you may want to include stakeholders

Materials:

Flipchart and/or whiteboard; marker pens. See Tool 34 in Annex which outlines instructions for this exercise which you can photocopy for your team.

The CDI and Hope Clinic team was very excited about the progress they were making with their partnership. The CDI Executive Director and the Hope Clinic sister-in-charge had begun to speak to others at their district planning meetings about the power of their partnership. It occurred to Patience that perhaps their collaboration was having broader impacts on the community, and possibly even influencing other clinics

and CBOs to work more closely together. She decided to assemble the team to brainstorm about the broader impacts that their work was having on the community. Together, the team drew a visual that allowed them to see their bigger impact.



2 EXPLORE THE INTEGRATION AND SUSTAINABILITY OF YOUR PARTNERSHIP

Once you have begun to understand the broader impacts that your partnership is having on the local public health system and community, it is time to consider how your collaboration can become part of the larger health response. By looking through a broader lens, you can see that your partnership is one of many collaborative possibilities across the local health system. It is exciting to consider that your collaboration can have influence on how the local health system operates more generally.

Let's first look at the definitions of these two critical, yet often over-used, terms:



Integration: The word “integration” means bringing things together that were once separate. Importantly, integration has many different parts: it allows clients and patients to access services more easily, and it also ensures that we are using resources (such as team members, technology and physical locations) as efficiently as possible. Integration does not necessarily require additional funds but is about how we work collaboratively together, and differently, so that we are able to maximise the resources we have on hand, and capitalise on our collective efforts in a coordinated manner to secure better health outcomes.

Sustainability: The word “sustainability” means that a partnership or project is able to exist far into the future, ideally until the project aim or partnership goals have been achieved. Sustainability in this context refers to the idea that collaboration becomes a key way of working between clinics and CBOs across the local health system.

Examples of what “integration” could look like for your partnership and other clinic-CBO partnerships in your local area:

- Community health workers currently employed by the CBO are fully integrated into clinic operations.
- Community health workers or counsellors from the CBO are absorbed into and employed by the health system, providing a career path with salaries and benefits.
- Data collected by your partnership, as well as other clinic-CBO pairs, is integrated into the health information and data collection system, so that this information is accessible and can be used for programme and budgetary decision-making.

Examples of what “sustainability” could look like in your local health system:

- Clinic-CBO pairs have strong support by local health authorities, and are encouraged as an integral part of the local health response.
- Collaboration is measured and integrated into the performance reviews of health clinic administrators and staff.
- Collaboration is part of the success metrics by which CBOs are measured.
- The budgeting process for your local health system includes budget line items for collaborative activities—either performed by your partnership or other organisations.

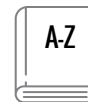
3

ADVOCATE FOR POLICIES AND RESOURCES

While several public health guidelines are supportive of community health, it is unfortunately often the case that relatively few policies and resources are dedicated to clinic-CBO collaboration. While it can seem daunting to consider changing this reality, it is helpful to take a long-term view! In this section, we will discuss specific strategies that you and your partner can use to influence how these policies and resources are developed and distributed.

First, let's explore what policies and resources are:

“Policies” are principles of government. Policies can be set at the national, regional or local level. When governments debate policies, they are exploring the different options for approaching a problem or issue. When a policy is established, it paves the way for the distribution of resources and the establishment of practices.



“Resources” in the context of government are the funds, people, and political will that are devoted to specific activities and programmes. While we often focus on the funding part of resources, it is just as important that we secure the time and energy of politicians and civil servants in pursuit of our aims.



Strategies to influence policies and resources are called “advocacy.” Advocacy is any activity that ensures that all voices – including patients and clients – are heard when decisions are being made about policies and resources. Advocacy may seem complex, so it helps to consider the various activities that make up advocacy work. In fact, it is very likely that you or your partner are already engaging in some forms of advocacy.



Advocacy activities can include²⁷:

- Analysing legislation and policies
- Writing position papers, briefing notes and fact sheets to influence decision-makers
- Face-to-face meetings with key decision-makers
- Presentations and appearances at public forums to make the case for policy and budget decisions
- Drama or storytelling which influences public opinion
- Media exposure, such as press releases and radio interviews, which influence public opinion
- Working from the inside, such as having a team member seconded to government who can provide technical assistance for policy development



1. Collect data and facts

The first step in advocacy is collecting data and facts that will support the changes that you want to see in the policy realm. One of your jobs as an advocate is to collect the relevant information and present it in a way that is easily digestible by the decision-makers. When policy makers have data and facts on-hand, they are more likely to support your desired policy positions and resource allocations.



2. Crunch the numbers

It is important to inform yourself about the budget and procedures that are undertaken to develop public health budgets in your community. Don't be scared to ask the hard questions! As an informed citizen, it is your right to know how public funds are being spent.



3. Identify opportunities

Once you have the facts and numbers, you can begin to identify the opportunities that are most relevant and urgent. There may be important policies – such as a community health policy, or a budget review – that are coming up for decisions. Identify the most urgent and put your focus on a few “quick wins” so that you can gain momentum. Also look for long-term policies and budget needs that are important for your project and partnership: through sustained effort, these long-term decisions can have the biggest impact.



4. Organise your community

One of the most powerful ways to influence policies and resources is to mobilise a large number of people who are affected in support of your cause. Your partnership is in a unique position since you are able to represent two important groups of people: the public health system (the clinic) and the community (CBO). By mobilising your team, patients, clients and community members around a certain issue, you can have a major impact!



5. Convene like-minded organisations

If you find that there are other organisations who are interested in similar policies and resources, you may decide to convene these organisations into a coalition. A coalition is a group of like-minded organisations who come together for a specific purpose. The advantages of coalitions are that you have strength in greater numbers and diversity of views. However, coalitions are also difficult to manage – make sure that you consider the pros and the cons of working with coalitions prior to bringing one together.



6. Campaign

Advocacy activities are often organised around specific “campaigns.” A campaign generally targets a specific timeframe in which official decisions will be made about a policy or distribution of resources. For example, if a municipal budget is being passed in six months' time, a group of community organisations may work together to initiate a campaign to ensure that funds are allocated for certain programmes. Campaigning represents a sustained effort to communicate and put pressure on public officials to accept and promote your point of view. We will discuss these activities in detail in the section about communication.



POLICIES AND RESOURCES ASSESSMENT & MATRIX²⁸

HOW TO USE THIS TOOL

Use the matrix below with your partner to map out the policies and resource decisions that are impacting collaboration in your community. Examples have been included to give you an idea of what types of policies and resource decisions may be part of your advocacy plan. Plot them on the matrix based on two different assessments: “Impact” and “Level of change”.

Time estimated:
2-3 hours

Participants:
Entire team; you may want to also include stakeholders

Materials:
Flipchart and/or whiteboard; marker pens. See Tool 35 in Annex for the policies and resources matrix template.



“Impact” refers to the importance that the policy has on the work of your project and partnership: High means that the policy will have a significant effect on your work, whereas Low means that the policy will not have a significant effect.

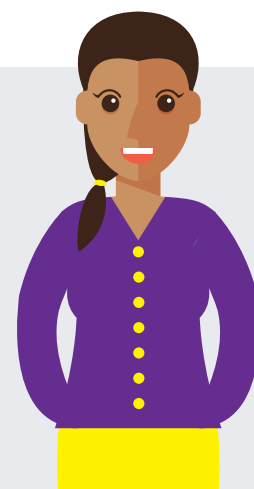


“Level of change” refers to the level of effort that will be required to make the change in the policy or budget allocation. If the level is Easy, it means that you will not have to extend too much effort for the change to be made. If the level is Hard, this means that the change will be quite difficult to enact.

| LEVEL OF CHANGE \ IMPACT | EASY | MEDIUM | HARD |
|--------------------------|--|---|--|
| HIGH | | Increased funding for clinic-CBO collaborative work | Comprehensive Clinic-CBO Collaboration Policy |
| MEDIUM | Collaboration included in the upcoming Community Health Policy | Integration of collaboration metrics into national health reporting | Integration of collaboration metrics into clinic performance reporting |
| LOW | | | |

The CDI’s Executive Director and the Hope Clinic sister-in-charge had a lunch meeting where they discussed the potential for collaboration across the local health system. On a piece of paper, they mapped out the policies and resources that they thought would have an impact on increasing collaboration across the district. They brought

these thoughts back to Patience and asked her to host a meeting with some external stakeholders to brainstorm the idea further. In this meeting, they used the Policies and Resources Assessment Matrix to plot the potential policies and resources. This matrix gave them a good idea for which policies and resources to focus on first.



4

RECRUIT COMMUNITY CHAMPIONS

Another way to influence the way decisions are made is to recruit champions who will support the work that you are doing at the local level. Once you have determined what policies and resource decisions you would like to influence, you can then identify the champions who will help you in changing policies at the political and community levels. While recruiting champions should be part of your advocacy strategy, it is also about the broader development of your partnership and vision.

A “community champion” is anyone – a public official, a community leader, a concerned citizen, a healthcare or human service provider, a volunteer – who works hard and well to start and/or support an initiative or intervention, to bring a program or idea to reality, or to otherwise improve the quality of life of a particular group or of the community as a whole.²⁹ A champion is someone who will assist your partnership in taking your project and future work to the next level, helping you to reach the broader vision that you have developed.



Who are the types of people that could serve as champions for your work? It is important to identify those people who have influence on the policies and resources that you are hoping to secure for your project. These people may include:

- Community leaders and elders
- Public officials with a concern for public and community health
- Business leaders with an interest in community development
- Religious or education leaders with influence in the community
- Local celebrities and personalities

TYPES OF CHAMPIONS

Often, when we talk about champions, it is helpful to think about the **3 D's**: Doers, Donors and Door Openers:

Doers are those champions who will roll up their sleeves and put their skills to use for your partnership. They may be accountants, lawyers, or marketing professionals ready to assist you with specific tasks that your partnership is currently lacking. They may also be business professionals who are willing to donate the time and energy of their employees for the benefit of your partnership.

Donors are champions who are willing to invest in your partnership, either with cash donations or in-kind donations. These champions are willing to not make just “once off” donations, but are committed to making long-term, frequent donations to sustain your work.

Door Openers are the champions who are willing to make introductions and influence decision-makers in government and stakeholder groups. These champions are very impactful when you are trying to advocate for a policy or budget resource for your project or partnership.

Identifying and approaching potential champions

Spend time with your partner brainstorming about the members of your community who might serve as influential champions for your partnership. When brainstorming, don't worry about who you may or may not know or have access to – sometimes you will be surprised by who knows whom!

Once you have identified the champions who would be influential for your work, consider how you might approach them to support the partnership. Think about the ways that these champions may want to get involved:

- **Situational:** You may want to recruit certain champions to serve a role for a specific purpose for a short period of time, such as: attending an event or awareness-raising session; or voting for a particular policy or budget measure.
- **Ongoing:** You may want to recruit other champions to serve a role for an ongoing period of time, for example: serving on your board of trustees or advisory board; or acting as a “patron”.



COMMUNITY CHAMPIONS TARGET WORKSHEET³⁰

HOW TO USE THIS TOOL

Use the worksheet below to identify potential champions and their types and roles. Then, assign the task of contacting champions, and decide on a timeframe within which you will make contact.

It is useful to refer to this worksheet at all of your planning meetings going forward, so that you can keep track of the champions whom you are contacting. You always want to make sure that only one person is assigned to a potential champion, since you don't want the potential champion to be approached by multiple team members with different messages.

Time estimated:

2-3 hours

Participants:

Key driver and “Accountable” team members

Materials:

Flipchart and/or whiteboard; marker pens. See Tool 36 in Annex for the community champions target worksheet.

| Potential Champion | Champion type (Doer, Donor, Door Opener) | What role do we envision for the champion? (Trustee, Advisor, Patron, etc.) | Who will contact the potential champion? | By when? |
|--|--|---|--|---|
| Deputy Director, Provincial Department of Health | Door Opener | Advisor | Hope Clinic sister-in-charge | Within one week [specific date to be given] |
| Director of local car manufacturing plant | Donor | Patron | Executive Director of CDI | At next community general meeting next week |
| Head of Accounting at local legal firm | Doer | Advisor | Patience | Within the next two weeks [specific date to be given] |



Together with the CDI Executive Director and the Hope Clinic sister-in-charge, Patience made a list of the community champions that they thought would help them influence the policies and resources that they had identified.

5 COMMUNICATE THE BROADER VISION

Once you have mapped out your integration and sustainability strategy, as well as identified the advocacy objectives for your partnership, you can now begin to put together a plan for how to communicate this broader vision to both your community and stakeholders, including funders. You can think of your communication as a series of building blocks.

WHY COMMUNICATE?

Effective communications can: help to us achieve our overall organisational objectives; help us engage effectively with stakeholders (e.g. staff, local leaders, donors, community groups, patients, healthcare providers, and other social services); demonstrate the success of our work; and ensure people understand what we do and change behaviour and perceptions where necessary.

» Communication Objectives

Your communication objectives lay the foundation for your communication plan. They are what you want to happen based on your broader vision. Many of these objectives are included in your integration and sustainability strategy. Review your strategy with your partner and use Tool 31 to define your communication objectives together. Be very specific about the changes that you want to see based on your communication plan.

Objectives may include:

- Public awareness of project objectives and vision
- Policies that support your project and partnership
- Budget line items reserved for project sustainability
- Donor funding for your project

Make sure that your communication objectives are SMART (see Step 3). You want to be able to specifically target the individuals that will be able to make these objectives a reality, and you also want to know if you are making progress toward your objectives over time.



Fig.25: Building blocks of communication

➤ Target Audiences

Once you have defined your objectives, you can now identify the target audience(s) for each. You can have multiple audiences for each objective, and these audiences can be *direct* or *indirect*:

- **Direct audiences:** When you target direct audiences, you are communicating with the *decision-makers directly*, working to influence the decisions that they make that will impact your project and partnership.
- **Indirect audiences:** When you target indirect audiences, you are communicating with audiences who *can influence the decision-makers*, inspiring them to take action that will cause the direct audience to make the decisions that will impact your project and partnership.

➤ Key Messages

After you have identified your target audiences, it is time to do some important research to understand and identify the key messages that will resonate with these audiences. Remember, these key messages are not necessarily the messages that are inspiring to you and your partner. Rather, you are trying to identify the key messages that will “speak” to your key audiences. Consider what capture their attention and influence their actions. Also pay attention to whether the audience is interested in factual or emotional messages: some audiences are influenced by facts and figures, while others may be influenced by stories of success. Also, consider whether your messages should be inspiring and uplifting, or uncomfortable and thought-provoking. Often, it is important to use both angles to get your message across. Ultimately, you want the message to speak to your audience, while creating the opportunity for the audience to take action that will progress your broader vision.

➤ Channels and Frequency

Finally, once you have identified your objectives, audiences and messages, it is time to plan the specific channels that you will use to deliver those messages to your audiences. Consider the channels that will have the best delivery to your audiences. Ask yourself: what does this audience read? What do they watch? How are they influenced to take action and make decisions?

Specific channels can include:

- Printed materials, such as fact sheets, brochures and reports
- Letters, emails and phone calls to influential decision-makers
- Websites or blog posts to which you can direct your audiences
- Print media, such as national and community newspapers
- Social media, such as Facebook, Twitter, and Instagram
- Radio and television interviews

Many of these communication channels are free or low cost to use, and they can have a significant impact on your target audience. As you begin to use these channels, make sure to note which channels are working and which are not. When you have an opportunity, ask your audiences if the messages are reaching them. You can ask questions such as: How did you find out about our partnership or project? Did you hear our radio interview the other day? Have you taken a chance to read our fact sheet? If you notice that certain materials are not reaching your intended audience, use multiple channels to reach an audience, for example, cutting out a newspaper article that profiles your partnership and sending it to a government official with a covering letter.

Finally, consider the frequency with which you will use each of the channels that you have identified. Consider how you will get your message across to your audiences across multiple channels, multiple times.



Did you know that audiences have to see a message an average of 7 times before the message will stick? Marketers use this “Rule of 7” to get their messages across for advertising; you can use this rule for your own communications efforts.



Messages should have five characteristics to make a lasting impression³¹:

- **Appeal:** The message should be interesting, entertaining or emotional.
- **Clarity:** The message should be simple, with a clear action point.
- **Direct:** The message should be explicit – the audience should not have to work too hard to identify it.
- **Stickiness:** The message should have something memorable that “sticks” in the brain.
- **Credibility:** The message should be believable.
- **Transparency:** The message should be honest.



COMMUNICATION PLAN TEMPLATE

HOW TO USE THIS TOOL

With your partner, you can use the template below to develop your partnership communication plan.

| Communications objectives | Target audiences | Key messages | Channels and frequency |
|---|---|---|---|
| Include clinic-CBO collaboration as a key part of the upcoming draft district community health policy | <ul style="list-style-type: none"> District health policy-making body District health authority | <ul style="list-style-type: none"> Clinic-CBO collaboration contributes to better health outcomes, give specific examples related to our collaboration Clinic-CBO collaboration is a more efficient use of resources, provide cost savings estimate | <ul style="list-style-type: none"> Case study showing the effects of the Hope Clinic-CDI collaboration Letter writing campaign by clients to district health office |

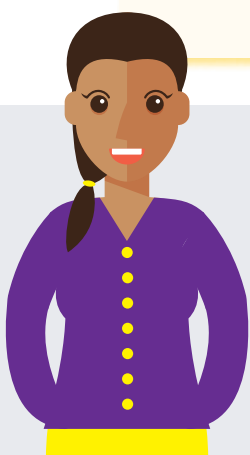
Time estimated:
2-3 hours

Participants:
Key driver and “Accountable” team members

Materials:
Flipchart and/or whiteboard; marker pens. See Tool 37 in Annex for the communications plan template

GG Our achievements and challenges have been communicated in sub-county and community meetings, as well as health working group meetings and district events, including providing feedback sessions to the community groups. We have also had opportunities to bring clients and community groups to participate in international commemoration events to share their testimonies, and disseminate messages through music, dance, drama. Hope and Peace for Humanity continues to work and coordinate its activities with local government at district and community levels.”

- Bobbi Health Centre III & Hope & Peace for Humanity, Uganda (C³)



The CDI Executive Director and Hope Clinic sister-in-charge felt confident that with the correct communications and advocacy strategy, they could begin to influence the policy for community health in the district. They wanted collaboration to be included as a key part of the policy. With Patience’s help, they developed key messages for each of the key

audiences that they had identified. They also mapped out the channels and frequency for each of the key messages. The two partners were energetic about the potential to campaign for greater collaboration across their local health district!



TIPS & TRICKS

? **We are having an important, positive impact on the health of people in our community. However, decision-makers in the health system and other government departments do not seem to know about our work. How can we change this?** Too often, good work goes unnoticed by those in high positions, often because they are focused on other policies and issues that they feel are more pressing and urgent.

- **TIP:** One of the important ways that you can promote the work of your project is to identify the key priorities of decision-makers, and then position the elements of your project to address these priorities. This does not mean that you are changing your project; it simply means that you are looking at your project in a different way.

? **Local budgets and hiring processes are not transparent in our community.** Too often, projects and staffing are selected for reasons other than impact. It is very frustrating when resources are allocated in ways that seem unfair or unjust. However, as a partnership, you have more power than you may realise to change these unjust practices.

- **TIP:** Your partnership likely represents hundreds if not thousands of patients, clients, employees, volunteers and community members. This is your “constituency”, and there is tremendous strength in these large numbers. The first thing that you can do is identify when decisions are being made, and bring these decisions to the attention of your constituency.
- **TIP:** Look for official and unofficial ways to influence decision-making. For example, you may want to organise a letter writing campaign, where members of your constituency are invited to write letters to policy makers and government officials in support of certain decisions.
- **TIP:** Get involved in local or district-level coordination structures or planning processes so that you and your partner organisation can begin to have influence on where and how resources should be spent and what the priority areas would be in developing a local HIV/AIDS response. It is at this local and district level that one can motivate and lead in the methodology and practice of collaboration for improved coordination. It is this that will ultimately have improved benefits on the delivery of services and the related health outcomes for children and families affected by HIV.



WRAPPING UP

Congratulations for completing Step 6.

By now, you have:

- ✓ **Identified the broader impact** of your partnership and projects
- ✓ **Created a plan for integration and sustainability** of your project
- ✓ **Identified advocacy opportunities** for your project
- ✓ **Recruited community champions**
- ✓ **Developed a plan to communicate** this broader vision

You have now completed all of the steps. We hope that these steps have been helpful for you as you have begun your work with your partner.

You have begun the complex and crucial work of creating enduring partnerships between clinics and communities. We hope that you will use this toolkit as a guide, while also sharing your learnings along the way.

We wish you a productive partnership!

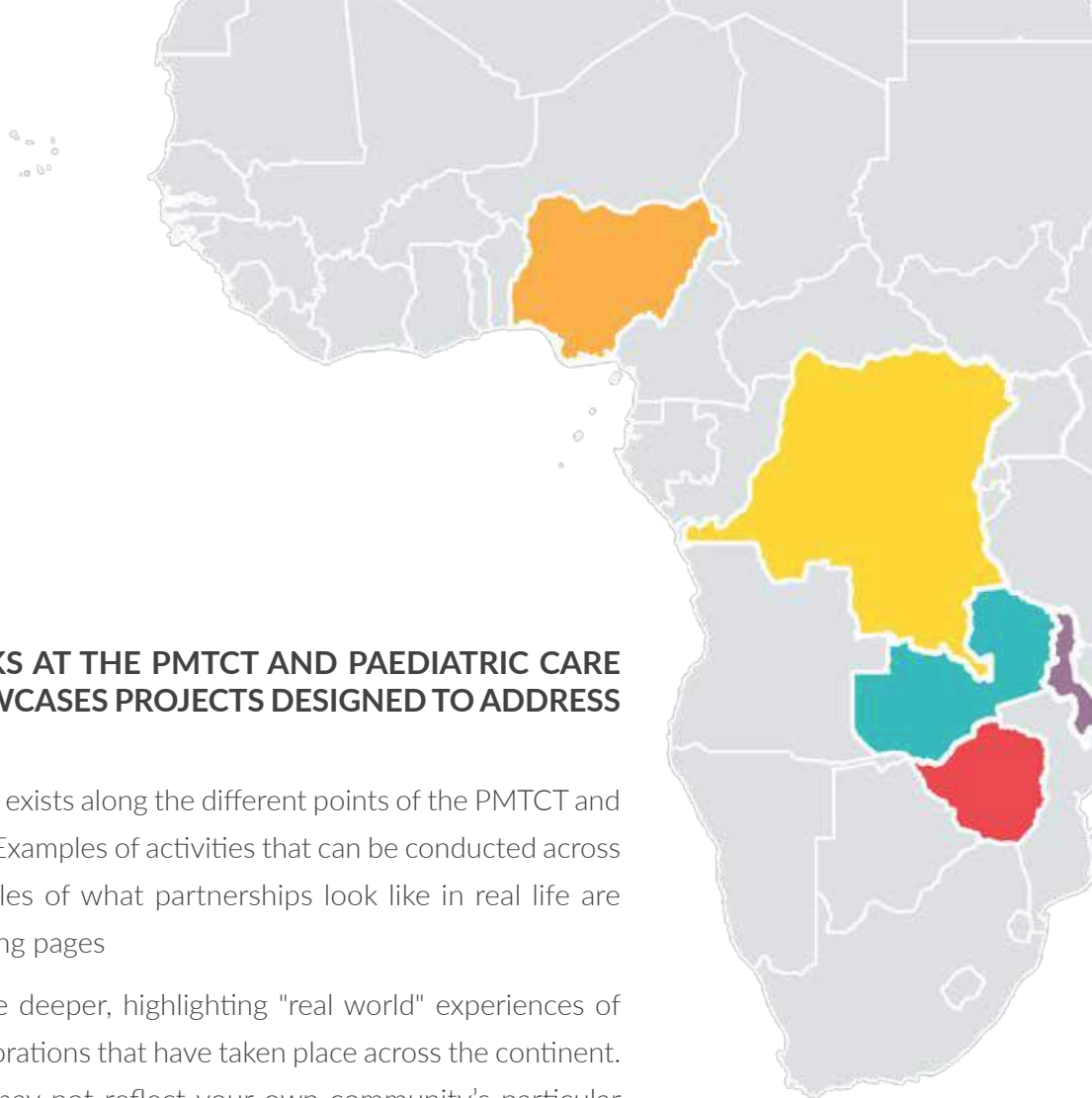


FOR FURTHER READING

- Center for Community Health and Development, University of Kansas. (2017) Community Toolbox: Advocating for Change. <http://ctb.ku.edu/en/advocating-change>
- Center for Community Health and Development, University of Kansas. (2017) Community Toolbox: Planning for Sustainability. <http://ctb.ku.edu/en/table-of-contents/sustain/long-term-sustainability>
- Peers for Progress. (2013) Community Health Worker Advocacy Toolkit: Changing Public Health Policy to Promote Sustainability http://peersforprogress.org/wp-content/uploads/2013/12/20131206_wg6_chw_advocacy_toolkit.pdf
- Zulu, J., Kinsman, J., Michelo, C., Hurtig, A. (2014) BMC Public Health. Integrating national community-based health worker programmes into health systems: a systematic review identifying lessons learned from low-and middle-income countries. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-987>

SECTION C:

COLLABORATION IN ACTION



THIS SECTION LOOKS AT THE PMTCT AND PAEDIATRIC CARE CASCADE AND SHOWCASES PROJECTS DESIGNED TO ADDRESS LEAKAGE POINTS.

Clinic-CBO collaboration exists along the different points of the PMTCT and paediatric care cascade. Examples of activities that can be conducted across the cascade and examples of what partnerships look like in real life are illustrated on the following pages

Six “spotlights” then dive deeper, highlighting “real world” experiences of recent clinic-CBO collaborations that have taken place across the continent. While these examples may not reflect your own community’s particular challenges or the activities you will choose to carry out in partnership, they serve as illustrations of clinic-CBO collaboration in action. We hope they will stimulate and encourage you as you set out to create your own projects.

1. MOBILISATION OF PREGNANT WOMEN FOR COMMUNITY OUTREACH [DRC]

2. ENHANCING MALE INVOLVEMENT IN PMTCT [MALAWI]

3. COMMUNITY HEALTH FACILITY REFERRAL & LINKAGES STRENGTHENING [NIGERIA]

4. IMPROVING RETENTION OF MOTHER-BABY PAIRS [UGANDA]

5. BEYOND ANC HORIZONS [ZAMBIA]

6. MABOLENI ACCELERATED INSTITUTIONAL DELIVERY ENCOURAGEMENT INITIATIVE [ZIMBABWE]

Lastly, three C³ partner case studies demonstrate the lessons learned to date from the C³ project.

PMTCT & PAEDIATRIC CARE CASCADE

Clinic-CBO collaboration exists along the PMTCT and paediatric HIV treatment and care cascade. Some activities are specific to certain points in the cascade, whereas others are cross-cutting. Below, we give examples of activities that can be conducted. We also provide stories from C³ from eight of the countries where C³ projects have occurred or are ongoing. These partnership show what collaborations look like in real life, always learning, improving and evolving!

PMTCT

Present for ANC



Pregnant women do not present or present late for ANC



In Ethiopia, the WAKA Partnership Project **held community awareness sessions for women's development groups on the importance of ANC enrollment.**

"We did a house-to-house visit and were able to reach 500 people who were counselled on how to undertake HCT, FP, ANC and PMTCT."

HIV counseling and testing OR self-testing



Pregnant women are not offered testing or refusing testing



In Malawi, the Mobilising Demand for Services Partnership **recruited and trained additional HTC counsellors to increase uptake.**

"The counsellors presented reports and mentors were able to identify challenges/gaps and provide specific technical advice."

Initiate PMTCT



HIV-infected pregnant women are not given test results or fear disclosure to spouse or family and choose not to access care



In the DRC, the Partnership for PMTCT **held awareness raising and advocacy meetings with refugee and military camp leaders to improve PMTCT enrollment.**

"We developed and printed awareness raising materials for 11 churches aimed at reaching 300 women in the community."

Hospital delivery



HIV-infected pregnant women are LTFU or give birth unattended at home



In Zimbabwe, the Maboleni Accelerated Institutional Delivery Encouragement Initiative (MAIDEI) **held training for traditional birth attendants to increase the number of facility-based deliveries.**

"There was buy-in from the community leaders and the trained PMTCT Champions. This resulted in early bookings and increased institutional deliveries."

LEAKAGE POINTS

EXAMPLE ACTIVITIES THAT ADDRESS THE CASCADE LEAKAGE POINTS

Early infant diagnosis OR paediatric/ adolescent case finding



Link to care



Initiate treatment



Adherence, retention and viral suppression



New mothers do not return with HIV-exposed infants for testing or mother-baby pairs separate

Infants, children and adolescents in high-prevalence settings and/ or with high HIV risk are not routinely tested, or caregivers or adolescents refuse testing

HIV-diagnosed infants, children and adolescents do not start treatment

HIV-diagnosed infants, children and adolescents do not remain in care, adherent or suppressed



In Kenya, the Keep Me Healthy Partnership conducted household mapping for pregnant women living with HIV, providing on-site follow-up to reduce LTFU.

“The use of LTFU registers and physical tracing has reduced the number of mothers lost-to-follow-up since they are contacted as soon as they miss their appointment.”



In Nigeria, the Strengthening Collaboration between WEWE and General Hospital Okigwe Partnership held mother support groups.

“The project gave us new ideas for different activities for children and adolescents, and how to keep them engaged.”



In Zambia, the Ipusukilo Children Care Project mobilised neighbourhood health committees to increase HIV case finding and treatment initiation.

“The information disseminated has generated demand for infant and adolescent counselling and testing services, early treatment and care.”



In Uganda, the Stay Connected Project undertook home visits to link patient LTFU back into care.

“Clients who had dropped out of HIV treatment have returned to treatment, and HIV counselling and testing services are now available to our clients closer to their homes.”

PROJECT NAME:

MOBILISATION OF PREGNANT WOMEN FOR COMMUNITY OUTREACH

Country: Democratic Republic of Congo (DRC)

Clinic Partner: Hopital General De Reference De Bunyakiri (Bunyakiri Clinic)

CBO Partner: Solidarity for Integrated Community Action in Congo (SACI-CONGO)

BACKGROUND

DRC has a very high rate of mother-to-child HIV transmission (MTCT) of HIV at nearly 30%.¹ This is exacerbated by the low enrolment of women into antenatal care, and low HIV screening rates of pregnant women. Many pregnant women living with HIV are therefore not identified, and are at high risk of transmitting HIV to their babies.

To increase the percentage of pregnant women who have access to PMTCT from 53% to 65% in the Bunyakiri Health Zone, Bunyakiri Clinic collaborated with SACI-CONGO to link households and clinics through engaging community volunteers over a period of one year.

Although Bunyakiri Clinic and SACI-CONGO have been working in partnership for seven years, both partners decided to formalise their partnership through a partnership initiation workshop. This in turn, has strongly contributed to increased collaboration between the clinic and CBO, allowing them to improve PMTCT and paediatric services. In particular, the partnership initiation workshop formalised their work together on raising awareness of PMTCT through improved community volunteer and clinic staff collaboration.

ACTIVITIES

1. Training of mentor mothers on PMTCT and awareness raising techniques
2. Identification of pregnant women in the community who have been LTFU
3. Home visits to educate pregnant women on PMTCT at the household level
4. Referral and linkage of pregnant women to health facilities for PMTCT services
5. Voluntary counselling and testing for identified pregnant women
6. Education of the community on HIV/AIDS, PMTCT and child protection at clinic antenatal meetings



1 <http://www.pedaids.org/countries/democratic-republic-of-the-congo>

CHALLENGES AND SUCCESSES

Both Bunyakiri Clinic and SACI-CONGO have maintained clear roles during their partnership. While SACI-CONGO mobilised the community for testing, the clinic conducted the testing and counselling. Through community outreach, the community outreach workers conducted awareness-raising visits for pregnant women's education on PMTCT at the household level. This led to pregnant women being identified and referred to the clinic using a newly established referral system.

Following the formalisation of the partnership, both partners have been able to conduct regular meetings together to enable the identification,

referrals and testing to be successfully coordinated. Together, the clinic and CBO have been able to monitor the data generated by the project and take corrective action where improvements can be made.

SIX-MONTH PROJECT OUTPUTS

- 9 Mentor Mothers identified and trained on awareness raising techniques
- 72 home visit circuits conducted by Mentor Mothers
- 139 pregnant women LTFU were returned to care
- 54 follow-up visits conducted to those enrolled in care

INTERVIEW WITH GEORGES BASILWANGO (GB), HOPITAL GENERAL DE REFERENCE DE BUNYAKIRI & PEPE KYAMBIKWA (PK), SACI-CONGO

Tell us a little about your partnership (GB):

Bunyakiri Clinic and SACI-CONGO have been working in partnership for about seven years. Specifically, we have been working together to mobilise pregnant women for community support and the care of people living with HIV. The formalisation of the partnership was most helpful because it allowed us to meet with different staff members. The exchange of experiences between participants allowed us to really improve our collaboration and our performance. Since then, we have formalised our partnership through a signed agreement which has helped us to plan and define the activities between the hospital and the CBO.

How have you monitored the project? (GB)

The monitoring of the project is carried out through monthly reporting by both the CBO and the Clinic, as well as data gathered from the registers. With this regular reporting, we have been able to send monthly reports to the partners, and we are able to monitor data, track the progress of the project and plan together.

How have you communicated with stakeholders and funders? (PK)

Our partnership has communicated our project successes to external stakeholders, such as community groups, government and funders through participation in local forums, local radio broadcasting, and advocacy sessions to local authorities.

How has your collaboration evolved over time? (PK)

Our collaboration has evolved and expanded over time. We have now expanded our partnership to include the distribution of condoms in the community, in close partnership with Bunyakiri Clinic, and we have been having joint monitoring sessions about HIV services every three months. We consider our partnership to be a great collaboration between community and health institutions, and we are able to provide better linkages between community and health as a result of our partnership.

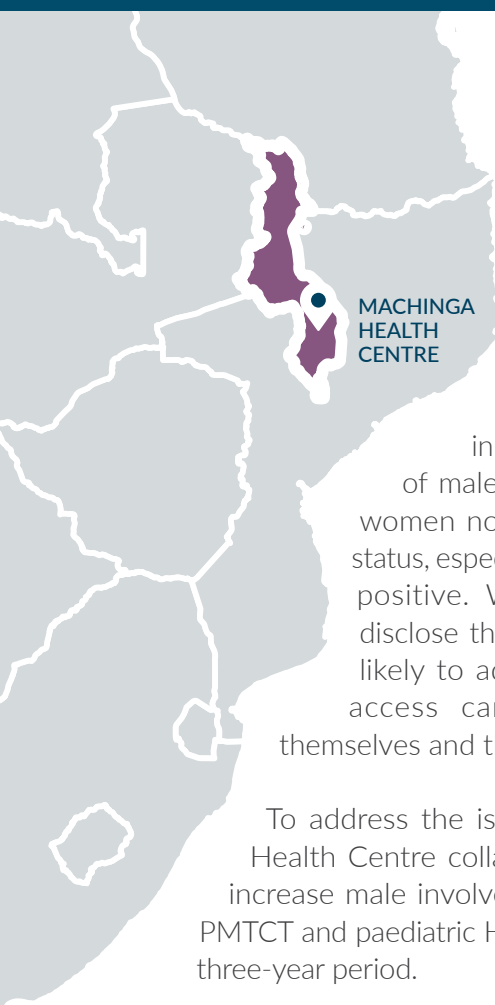
PROJECT NAME:

ENHANCING MALE INVOLVEMENT IN PMTCT

Country: Malawi

Clinic Partner: Machinga Health Centre

CBO Partner: Youth Impact Malawi (YIM)



BACKGROUND

Less than 2% of men in the Machinga District of Malawi accompany their partners to access ANC services, and very few are involved in PMTCT activities. Lack of male involvement leads to women not disclosing their HIV status, especially when testing HIV-positive. Women who do not disclose their HIV status are less likely to adhere to PMTCT and access care, thereby putting themselves and their infants at risk.

To address the issue above, Machinga Health Centre collaborated with YIM to increase male involvement in PMTCT and paediatric HIV care by 50% over a three-year period.

Machinga Health Centre and YIM have been working in collaboration since 2014. However, the partnership initiation workshop that they held was helpful in strengthening the relationship. Their partnership was formalised with an MOU signed between YIM and the District Health Office, which helped the partners to communicate and sustain their relationship.

To support the partnership, the partners engaged in monthly meetings to review progress on joint

programmes, and met quarterly to review data collected from trained volunteers. This allowed the clinic and YIM to collectively monitor those LTFU and work together to bring patients back into care.

ACTIVITIES

Activities for the project have included:

1. Advocacy meetings on male involvement in PMTCT targeting local and religious leaders
2. Focus group discussions targeting men and women of child-bearing age
3. Community dialogues on the importance of involvement of men in PMTCT
4. Identification and orientation of male mentors to influence fellow men to take part in PMTCT and paediatric HIV care
5. Meetings with District AIDS Officers to share project progress

CHALLENGES AND SUCCESSES

Engaging and getting the buy-in of local leaders has been critical. In Machinga, local leaders are influential in communities and their support has a significant impact on the activities of the community. In the case of the joint male involvement project, local chiefs were brought into the project, and suggested that by-laws be created to ensure that male partners escort pregnant women to initial ANC visits. The resulting involvement of men in ANC visits has been dramatic.

Community members and local leaders were also actively engaged to identify men who would be successful in motivating others in issues pertaining to PMTCT. These male motivators were trained to be well acquainted with PMTCT and paediatric HIV care, so that they can easily reach out to men in their respective communities and encourage involvement in ANC and PMTCT.

12-MONTH PROJECT OUTPUTS

- 2500 community members sensitised to the importance of male involvement in ANC and PMTCT
- 2 advocacy meetings on male involvement conducted with local and religious leaders
- 10 focus group meetings on the formulation of local by-laws held in targeted villages
- 4 community dialogues held to communicate the importance of male involvement in PMTCT
- 10 male mentors selected and oriented to disseminate messages about PMTCT to other men
- 80% of ANC attendees have registered as couples since the start of the project

INTERVIEW WITH ROBERT PHIRI MACHINGA HEALTH CENTRE

Tell us a little about your partnership and project.

We have been working together for five years now. We have an MOU with each other, and this has helped us to communicate, understand each other, and learn to depend upon one another. Since the formalisation of our partnership, we have been working on a project to increase male involvement in PMTCT and paediatric HIV care and improve PMTCT uptake and outcomes. As a result of our project, we have changed the mindsets of men in the community, as they now know that health-related issues and PMTCT are the responsibility of both men and women.

What has improved in your working relationship?

We have worked together through meetings by discussing how to implement the projects, formulate indicators, and active participation in the implementation through documentation and reporting. We have learned that collaborating can ease the workload among us, and as a result, it is making it easy to implement a project, share experiences and improve in documentation and reporting.

What is next for your partnership?

Our relationship has been working well and we have embarked on a new project since 2016. The project is "Peer Led Services", and we are using available resources to run the project. Peer Led Services has increased the number of adolescents and young people retained in ART care, which has increased the suppression of viral load, and maintained positive living among adolescents and youth.

PROJECT NAME:

COMMUNITY HEALTH FACILITY REFERRAL & LINKAGES STRENGTHENING

Country: Nigeria

Clinic Partner: Ozubulu Referral Primary Health Clinic

CBO Partner: Victorian Clarion Foundation (VICLAF)

BACKGROUND

Nigeria has the highest number of new HIV infections among children in the world, 90% of which are caused by mother-to-child transmission.¹ Only 63% of Nigerian women receive ANC², and just 13% of pregnant women are tested for HIV.³ ANC initiation and retention in care is a crucial step towards increasing access to PMTCT services.

To improve health facility and community linkage, implement a strong referral system and better enable the effective delivery of PMTCT services, Ozubulu Referral Primary Health Clinic worked with VICLAF to reach 500 pregnant women over a period of one year.

The partnership between Ozubulu Referral Primary Health Clinic and VICLAF started in 2011 as an operational partnership where the health facility provided clinical services and the CBO provided non-clinical services to identified pregnant women. The operational partnership was transformed into a structured collaboration between Ozubulu Clinic and VICLAF through a formal partnership initiation workshop.

Since then, the clinic and CBO have worked together to identify gaps in providing quality services to children, adolescents and women. The partners held joint monthly planning meetings which have facilitated the coordination of activities and ongoing reviews of these activities.

ACTIVITIES

Activities for the project have included:

1. Mobile outreaches for HTC and ANC, targeting high traffic areas such as markets, village squares and women's groups meetings
2. Community education on HIV services and referrals, building on existing community events
3. Development of a community referral directory
4. Introduction of a two-way referral, linkage and follow-up system
5. Community education sessions and facility support groups

CHALLENGES AND SUCCESSSES

Ozubulu Clinic and VICLAF benefited by starting their partnership small and then growing their activities together over time. Now, the partnership has added other facilities into their network, expanding the collaboration to secondary and tertiary facilities.

As the partnership has grown, Ozubulu Clinic and VICLAF have introduced recording and reporting forms in line with Nigeria's national management information system (MIS) which includes both paper-based and electronic-based data collection. This data has allowed the project to communicate their successes to donors and partners. The partners have also introduced facility interactive days where they share knowledge, experiences and challenges.

1 <https://naca.gov.ng/fact-sheet-prevention-mother-child-transmission-pmtct-2016/>

2 <https://data.worldbank.org/indicator/SH.STA.ANVC.ZS?locations=AS-NG>

3 https://www.unicef.org/aids/files/Nigeria_PMTCTFactsheet_2010.pdf



SIX-MONTH PROJECT OUTPUTS

- 404 women of reproductive age reached, introduced and educated about ANC and HCT
- 117 HIV-positive pregnant women referred to clinic for services and initiated into PMTCT
- 15 adolescents enrolled in care
- 16 infants and exposed babies enrolled in care

INTERVIEW WITH LOVAET ONYENDILEFU EXECUTIVE SECRETARY, VICLAF

WHAT HAS IMPROVED BECAUSE OF YOUR PARTNERSHIP?

Working together has increased the scope of work of both partners; we are able to reach higher numbers for clinical and non-clinical services. We have also reached more people with HCT and HIV education working together than working separately.

HOW HAS YOUR PARTNERSHIP GROWN OVER TIME?

When we started, we didn't have enough experience and knowledge to know what can work well. As we continued to develop and formalise our partnership, we got to understand that we do not have to start big to succeed. Therefore, we started from where we are and who we are, and then worked our way up. We were driven by the challenges of making our programme successful, and have increasingly seen the value of working with others and enlarging our collaboration.

TELL US ABOUT HOW YOU HAVE ENLARGED THE COLLABORATION TO INCLUDE OTHER PARTNERS.

Our key success story is that we have successfully enlarged our initial partnership from one CBO-Clinic partnership to several CBOs and Clinics using the same partnership initiation model. We have brought in other nearby clinics, a secondary & tertiary health facility, allowing us to plan better, and build upon our collective strengths. We were able to pull strengths of the enlarged collaboration together to overcome the identified weaknesses of our team. The secondary and tertiary health facilities are now providing children and adolescents with ART while we enrol the children and adolescents from these facilities into our OVC Program to benefit from our non-clinical services.

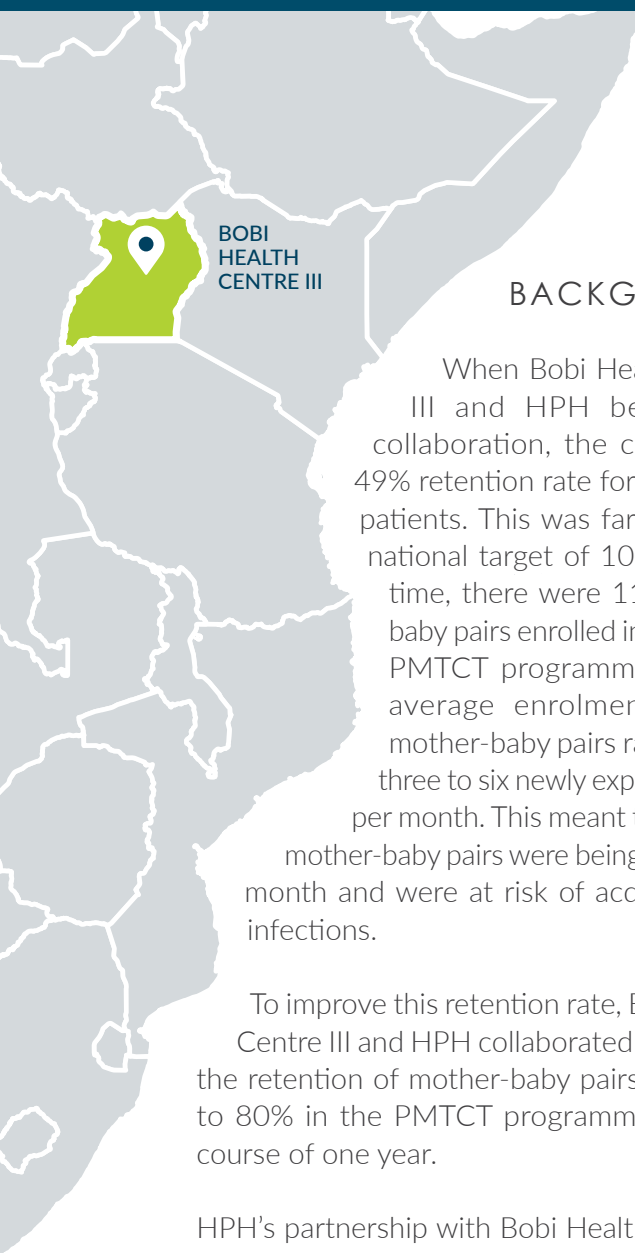
PROJECT NAME:

IMPROVING RETENTION OF MOTHER-BABY PAIRS

Country: Uganda

Clinic Partner: Bobi Health Centre III

CBO Partner: Hope and Peace for Humanity (HPH)



BACKGROUND

When Bobi Health Centre III and HPH began their collaboration, the clinic had a 49% retention rate for its PMTCT patients. This was far below the national target of 100%. At this time, there were 115 mother-baby pairs enrolled in the clinic's PMTCT programme, and the average enrolment of new mother-baby pairs ranged from three to six newly exposed babies per month. This meant that 51% of mother-baby pairs were being LTFU each month and were at risk of acquiring new infections.

To improve this retention rate, Bobi Health Centre III and HPH collaborated to increase the retention of mother-baby pairs from 49% to 80% in the PMTCT programme over the course of one year.

HPH's partnership with Bobi Health Centre III started out informally in 2014. During this time, HPH provided counselling and referred clients to the facility for medical treatment and services as well as conducted follow-up visits to clients.

At the recommendation of the Gulu District Health Office, Bobi Health Centre III and HPH signed an MOU to be able to work together more formally and effectively.

Following the signing of the MOU, the clinic and CBO took forward a joint community needs assessment that later evolved into a facility data desk review to assess the LTFU of mother-baby pairs in the area. This assessment confirmed the need for the joint project. Following this, clear roles and responsibilities were set out for both parties, enabling each partner to understand their contribution to the project. Through consultative meetings, joint assessments, and joint planning and monitoring activities, the partnership has progressed with mutual transparency and respect.

ACTIVITIES

1. Identification and training of HCT counsellors and mentor mothers and fathers
2. Community awareness sessions on PMTCT
3. Mapping and verification of mother-baby pairs at the facility
4. Follow-up phone calls and home visits to identified mother-baby pairs
5. Joint clinic-CBO community and male dialogue meetings and family support group meetings

CHALLENGES AND SUCCESSES

In 2016, Bobi Health Clinic III and HPH took forward follow-up home visits which reached out to 10 clients. The results of this exercise prompted the clinic and CBO to redesign their approach, putting the community at the centre of decision making on issues affecting them. Bobi Health Clinic III and HPH also created close links with caregivers to provide updates on the wellbeing of their clients through the use of phone messages and community volunteers.

Joint planning and the sharing of resources enabled the partnership to achieve results through their activities. Together, the team has improved their project documentation, and the quality of the data has thus improved. Overall,

there has been an increase in the team spirit and commitment on the part of the team, and a strengthened working relationship with partners, the district office, community grassroots local leaders and clients.

SIX-MONTH PROJECT OUTPUTS

- 20 HCT counsellors, 5 Mentor Mothers and 5 Mentor Fathers identified and trained in PMTCT
- 132 mother-baby pairs identified and followed-up by staff
- 117 mother-baby pairs retained in care
- 10 family support group meetings
- 11 male dialogue sessions
- 10 community dialogue sessions
- 8 joint community outreach sessions

INTERVIEW WITH GODFREY CANWAT EXECUTIVE DIRECTOR, HPH

Tell us about your experience of the partnership

We have had an exciting experience working together on our project. The joint forum meetings and workshops that have benefited both Hope and Peace for Humanity and Bobi Health Centre III staff. The formalisation of our partnership gave us the opportunity to share our experiences as well as learn of good practices from other organizations. We have been able to jointly plan and design innovative programs with Bobi HC III such as improving the Mother-Baby Pair program. The formalisation of our partnership has helped connect us to health and psychosocial experts from different regions and countries, hence broadening our networks in the health scope.

How do you and your partner work together?

We hold meetings with Bobi HC III, work transparently, involve everyone including community, district, health, social workers to participate in meetings and discussions, delegate tasks, and set clear roles and timelines for our work.

How has your collaboration evolved over time?

Our collaboration with the health facility has enabled us to improve our team work and collaboration, share ideas, deepened our knowledge in paediatric care and management, enhanced our skills in response and project management, and deepened our understanding in health and social protection.

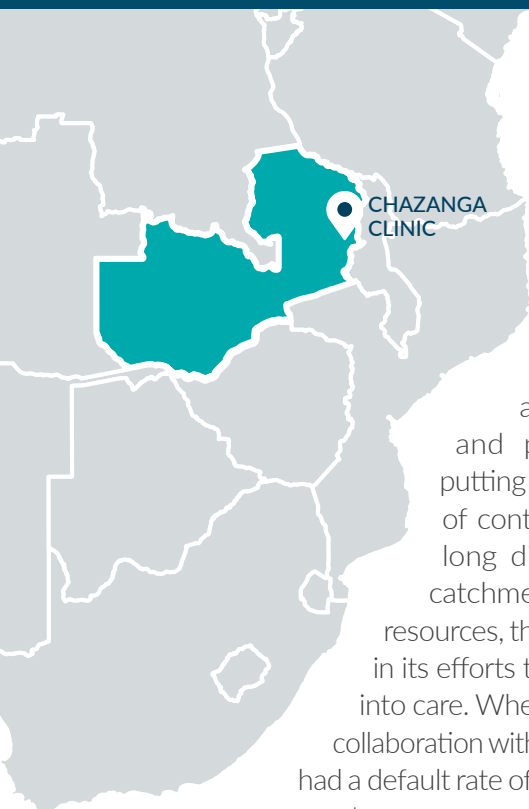
PROJECT NAME:

BEYOND ANC HORIZONS

Country: Zambia

Clinic Partner: Chazanga Clinic

CBO Partner: Kabangwe Creative Initiative Association (KCIA)



BACKGROUND

Chazanga Clinic has experienced the significant challenge of LTFU among HIV positive and pregnant mothers, putting unborn babies at risk of contracting HIV. Due to long distances within the catchment area and limited resources, the clinic has struggled in its efforts to bring women back into care. When the clinic began its collaboration with the CBO, KCIA, they had a default rate of 44% of HIV-positive pregnant women.

To improve client retention in HIV care, Chazanga Clinic collaborated with KCIA to reduce the percentage of pregnant mothers LTFU in ANC from 44% to 21% during a one-year period.

Before formalising and initiating their partnership, Chazanga Clinic and KCIA had been partnering informally and their partnership was largely driven by individuals. Both partners then took the decision to formalise their relationship with an MOU through a partnership initiation workshop. KCIA also signed an MOU with the Lusaka District Health Office, to formalise the relationship at the district level. This enabled the partnership to reach a district planning level, meaning that project activities could continue when individuals moved in and out of organisations.

ACTIVITIES

1. Formation of women's savings groups for HIV-positive pregnant women which meet weekly to motivate financial saving as well as share information about HIV and PMTCT
2. Provision of clinic-based peer supporters who undertake defaulter tracking to identify HIV-positive pregnant women who have been LTFU
3. Motivational awards, such as top-up savings and birth packs, for women who remain in care and participate in the savings groups

CHALLENGES AND SUCCESSES

The combined effort of both the Chazanga Clinic and KCIA staff made it much easier to identify, follow-up and recruit expecting HIV-positive women to the savings groups. Furthermore, the combination of skills and expertise on community savings and HIV information from the combined team members have helped make the savings groups run smoothly and have provided a safe space for expectant mothers. Since most mothers come from distant places, this has affected their ability to consistently attend meetings. For those expectant mothers who stayed in the clubs, the savings incentives and support network created have made a positive difference in their pregnancy and birth.

The Zambian government has strongly encouraged CBOs and clinics to work in partnership with one another. Following on from the success of the Chazanga Clinic-KCIA partnership to date, KCIA is interested in exploring partnerships with clinics in other districts. Learning to collaborate with the Chazanga Clinic has provided KCIA with the potential opportunity to pursue this partnership initiation model elsewhere.

12-MONTH PROJECT OUTPUTS

- 118 HIV-positive pregnant women lost-to-follow-up were traced and 81 returned to care
- 32 mothers enrolled in savings clubs and with the majority remaining active
- Mothers enrolled in savings clubs, who have given birth received top-up savings and birth packs

INTERVIEW WITH EUGENE MUPAKILE EXECUTIVE DIRECTOR, KCIA

What has been one of the highlights of your partnership?

Formalising the partnership has helped us to see beyond our own issues, the importance of our partnership and how we need each other to fill the gaps that we both have in service provision, making sure that we complement one another along the way. One of the highlights has been how we jointly plan and implement projects. Since we do joint planning and bear in mind each other's strengths and weaknesses, each partner is able to fill each other's gaps, be it financial, human and other resources.

How has your partnership changed over time?

Initially, the relationship was individually based which made the partnership face challenges whenever individuals from either side were not available. Upon noticing this, meetings were held between the clinic and KCIA so to create an institutional approach towards the partnership. KCIA has now signed MOUs with the Lusaka District Health Office and Chazanga Clinic. This has improved our levels of commitment in planning, implementation, reporting as well as data sharing.

What is next for KCIA and clinic partnerships?

We expect to continue to work in partnership with Chazanga Clinic, even when there is no funding or resources. We really can't do without each other, we need each other. We have also approached other potential clinic partners to scale up the partnership initiation concept, and we hope to be able to take this concept to other districts.

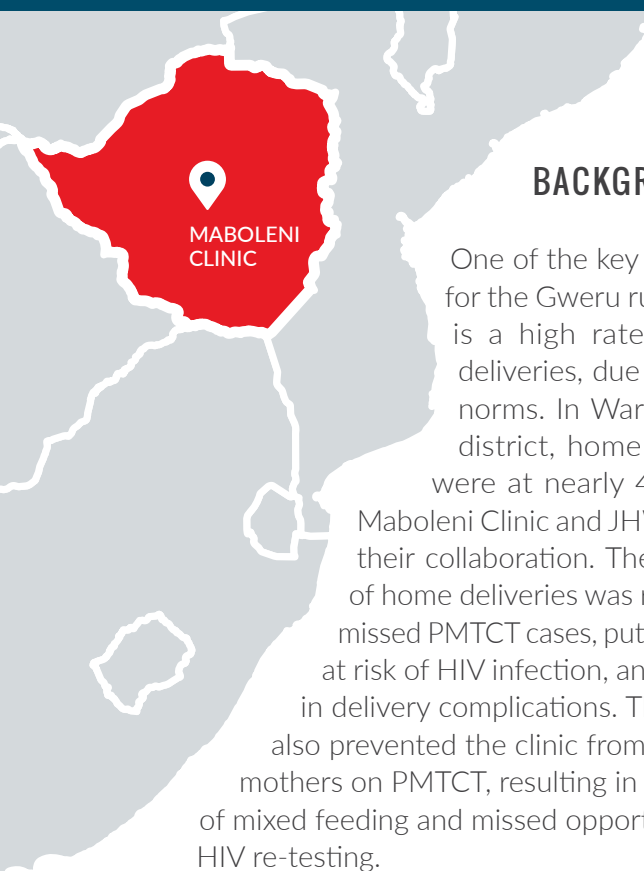
PROJECT NAME:

MABOLENI ACCELERATED INSTITUTIONAL DELIVERY ENCOURAGEMENT INITIATIVE (MAIDEI)

Country: Zimbabwe

Clinic Partner: Maboleni Clinic

CBO Partner: Joined Hands Welfare Organisation (JHWO)



BACKGROUND

One of the key challenges for the Gweru rural district is a high rate of home deliveries, due to cultural norms. In Ward 6 of the district, home deliveries were at nearly 40% when Maboleni Clinic and JHWO began their collaboration. The high rate of home deliveries was resulting in missed PMTCT cases, putting infants at risk of HIV infection, and resulting in delivery complications. These cases also prevented the clinic from educating mothers on PMTCT, resulting in a high rate of mixed feeding and missed opportunities for HIV re-testing.

To reduce the number home deliveries, Maboleni Clinic partnered with JHWO to reduce the number of home deliveries in Ward 6 from 37% to 15% in a nine-month period.

Before formalising and initiating their partnership, the two partners had collaborated informally. However, the formalisation of the partnership brought them closer together, reviving their relationship and giving leaders from both organisations the chance to identify key activities that they could undertake jointly. The partnership also gave the space for both organisations to learn from each other and other organisations through the partnership initiation workshop.

The partnership initiation workshop included the signing of an MOU by both partners which outlined the roles and responsibilities of each partner within the project. As a result of this transparency, the partners have worked together to identify and refer patients to Maboleni Clinic for clinic-based health services and support. Volunteers have also traced patients LTFU, and identified those who would previously have missed their follow-up visits. Volunteers now meet at the clinic on a monthly basis to review routine data on PMTCT together with clinic staff.

ACTIVITIES

Activities for the project have included:

1. Leadership training for community leaders on PMTCT and the importance of institutional deliveries
2. Community sensitisation meetings on PMTCT and the importance of early bookings and institutional deliveries
3. Training of traditional birth attendants, village health workers and community home-based care facilitators on PMTCT, the importance of institutional delivery and referral protocols

CHALLENGES AND SUCCESSSES

In order to build on community resources, the Maboleni Clinic and JHWO took advantage of existing community gatherings to educate on PMTCT through community based volunteers. The partners also worked with community and church

leaders to educate the community on the importance of early bookings and institutional deliveries during community gatherings and church meetings.

The partners developed creative ways to motivate their staff and participants to ensure good attendance at trainings and meetings. For example, the JHWO provided airtime for mobilising volunteers, as well as refreshments and bus fares for participants. The clinic monitored the volunteers regularly through phone calls, and attended to referrals arising from these calls. Both partners took turns in facilitating joint trainings and meetings, so as to take advantage of their knowledge and strengths of the different team members.

One of the key lessons learned from the project was on the preference for local language data collection tools over English data collection tools. By translating the tools to local vernacular, the partnership increased the understanding of data collection tools for the volunteers.

NINE-MONTH PROJECT OUTPUTS

2165 (1847 F, 318 M) sensitised, including:

- Two headmen (M), one ward councillor (M), 46 (M) village heads and 42 (41 M, 1 F) church leaders
- 913 (685 F, 228 M) community members sensitised
- 1131 (F) women of child bearing age sensitised
- 30 (F) Traditional Birth Attendants trained

INTERVIEW WITH DONALD TOBAIWA DIRECTOR, JHWO

How did the partnership initiation workshop help your partnership?

The partnership initiation workshop was an eye-opener for us, as it made us realise the potential in our CBO and clinic partnership. It made both partners realise that we can achieve more when working as a team and when working with community structures.

What has been the impact on your community due to the partnership?

Through the project, the community has knowledge on the dangers of home deliveries and advantages of early bookings and institutional deliveries. This is evidenced by clinic reports that show a reduced number of home deliveries and increased number of institutional deliveries and early bookings. Community participation in the PMTCT program has increased where the volunteers are driving the program at community level.

What is next for your partnership?

JHWO has managed to pilot another program with Maboleni Clinic called Early Childhood Stimulation funded by USAID. The programme is targeting babies born by exposed mothers stimulating them emotionally and physically, while also giving the mothers PMTCT information, feeding and hygiene skills.

C³ PARTNER CASE STUDIES

The C³ Project initiated 36 clinic-community partnerships across nine focus countries, each with multiple partnerships between CBOs and clinics addressing different leakage points in diverse ways. Below are three examples of projects undertaken in the C³ project, with their lessons learned to date.

EngenderHealth Site Walk-Through (SWT) Methodology

EngenderHealth is a leading global women's health organisation committed to working toward a world where sexual and reproductive rights are respected as human rights and women and girls have the freedom to reach their full potential. In nearly 20 countries around the world, EngenderHealth creates lasting change by training health care professionals and partnering with governments and communities to make high-quality family planning and sexual and reproductive health services available today and for all generations to come.

EngenderHealth began including site walk-throughs (SWTs) into its programmes in 2010. In SWTs, the community leaders and champions are invited to the health clinic and given a tour of the facilities. They are asked to discuss what they observe, and their feedback is enlisted in improving the facility.

The main objective of SWTs is to strengthen the linkages between the health facility and the community it serves, and to increase community involvement in addressing health issues and concerns that affect its members. The opportunity to visit the facility and to interact with its staff builds social capital and contributes to positive perceptions of the facility among influential community leaders, motivating them to promote service utilization and serve as champions of change.

The event, hosted by the health facility, usually lasts 6-8 hours, and brings together key representatives of a health facility and their community, engaging them in barrier analysis, priority setting, and joint problem solving. Together, all the participants set priorities and develop an action plan. They make individual or collective commitments to specific tasks and schedule follow-up meetings to monitor the action plan implementation.

This promising approach – rooted in the core human rights principles of participation, empowerment, and accountability – catalyses community participation in health and strengthens the accountability of service providers to communities. In addition, SWTs foster linkages and collaborative partnerships between health providers and community members in addressing barriers to informed choice and service access and in improving the quality and acceptability of services.

For more information, visit <https://www.engenderhealth.org>



Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Project Acclaim

INTERVIEW WITH DEPHIN MPOFU, PROGRAM MANAGER, COMMUNITY LINKAGES

EGPAF is a nonprofit organization dedicated to preventing paediatric HIV infection and eliminating paediatric AIDS through research, advocacy, and prevention, care, and treatment programs. Founded in 1988, EGPAF supports activities in 19 countries around the world. EGPAF's Project ACCLAIM tests innovative ways to overcome barriers that have typically kept women, children, and families from accessing lifesaving HIV services. EGPAF is working with communities in these countries to ensure that more women utilise maternal and child health (MCH) services that allow their children to be born healthy and HIV-free. We spoke with Dephin about the ways that teams from clinics and CBOs can learn from one another and build a strong working relationships over time.

Tell us a little about some of the Clinic-CBO partnerships that you have worked with.

I have worked with clinic-CBO partnerships in KwaZulu Natal, Bloemfontein and North West in South Africa. Through our project, we created a small grants funding that we gave to CBOs to support the work we were doing with them. We also provided capacity-building and assisted them in accessing funding from donors and private companies.

What is noteworthy about Clinic-CBO partnerships?

Through my experiences, I have realised that partnerships are different across the board. I realised that there was no one size fits all, but partnerships need to be given leeway to explore what works for them. This flexibility is a plus. Sometimes contexts differ and this needs to be considered when these partnerships are being made.

What works best for clinic-CBO partnership teams?

Teams work best together when they have a transparent relationship. It is important to have routine meetings to review work and share ideas on how best to achieve set goals. There needs to be mutual respect between partners, and not one

partner dominating the other. This really enables both partners to respect each other.

What are some problems that may arise when teams come together?

Teams need to give equal credit to both partners. Respecting and acknowledging each other, and one organisation not taking credit for all the work, is important. This encourages the partners to work hard because they realise it was for both organisations benefit.

What do communities gain from clinics and CBOs working together?

Communities gain a lot because the partners can go together as a united front. There is no duplication of activities; they can complement each other's activities. This results in communities not growing weary with organisations coming everyday implementing more or less the same activities.

For more information, visit <http://www.pedaids.org/blog/entry/project-acclaim-engaging-communities>.



**ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION**

Aidsfonds Towards an AIDS Free Generation (TAFU) Programme

Aidsfonds (previously STOP AIDS NOW!) is a Dutch organisation playing a pioneering role in focusing the AIDS response on those population groups who are affected the most by the HIV epidemic due to stigma and discrimination. The Towards an AIDS Free Generation in Uganda (TAFU) programme was conceived to mobilise communities and create awareness around paediatric HIV treatment, empower families of affected children, and enhance child-friendly services through support, especially to lower level health facilities. The programme also focuses on galvanising community referral linkage systems.

TAFU has demonstrated that community systems can be strengthened in a real-life setting. Clinics and community-based organisations engaged in the project are contributing to strengthening the lower level of the health system and engaging non-traditional healthcare actors, such as community health workers, village health teams, schools, village savings and loan associations, religious leaders and other community resource persons to trace refer and follow-up children and their care givers and link them to health facilities for paediatric prevention and care services. The community structures play a complementary role to the health facilities and help in retention into care.

Recommendations from the project include:

1. Mapping and appraising community systems is important in guiding decisions on what facets of the community systems to engage and strengthen.
2. It is important that community systems strengthening efforts build on national and district level efforts and include use of existing guidelines, training manuals, as well as training and mentoring of health workers and community health workers.

3. Programme implementers should avoid working with blueprints, but constantly adapt community system strengthening interventions to the context.
4. It is important for governments and development partners to invest in community systems strengthening overall, as opposed to time-bound projects that come and go.

TAFU programme aims to reduce the number of new HIV infections among infants and to increase the number of HIV-positive children on treatment in seven districts in Uganda. The programme started in 2015 in five districts in Uganda: Napak, Moroto, Serere, Mityana and Mubende. Since mid-2017 the programme continued as TAFU2 in Mubende and Mityana and started in Soroti, Ntungamo and Kyenjojo that will run for two more years.

The Uganda implementing organisations of TAFU1 and TAFU2:

- Deliverance Church Uganda – The AIDS Intervention Programme (DCU-TAIP) – only TAFU1
- Pentecostal Assemblies of God – Karamoja Integrated Development Programme (PAG-KIDEP) – only TAFU1
- Health Need Uganda (HNU)
- Community Health Alliance Uganda (CHAU)
- The National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU).
- Appropriate Rural Initiatives for Strategic Empowerment (ARISE) – only TAFU2



For more information, visit <http://www.stopaidsnow.org/TAFU>.



ANNEXES

ANNEX 1: BLANK TOOL TEMPLATES

The following pages contain blank versions of the tools used throughout the toolkit for you to use and adapt for your own project.

| | |
|---------|---|
| TOOL 1 | Community Mapping Exercise |
| TOOL 2 | Community Directory |
| TOOL 3 | Stakeholder Relationship Map |
| TOOL 4 | Stakeholder Analysis Matrix and Grid |
| TOOL 5 | Problem Tree Analysis |
| TOOL 6 | SWOC Analysis |
| TOOL 7 | Sample Partnership Initiation Workshop Agenda |
| TOOL 8 | Meeting Check In/Check out |
| TOOL 9 | Image Exchange Exercise |
| TOOL 10 | Shared Interests and Expectations |
| TOOL 11 | Thematic Presentations and Key Priority Area Exercise |
| TOOL 12 | Questions for Establishing the Type of Partnership |
| TOOL 13 | Questions for Understanding Relationships, Roles and Responsibilities |
| TOOL 14 | RACI Chart |
| TOOL 15 | Partnership Agreement Questions |
| TOOL 16 | Sample MOU |
| TOOL 17 | Project Planning Worksheet (Project Aim Exercise) |
| TOOL 18 | Project Planning Worksheet (Project Activity Exercise) |
| TOOL 19 | Project Planning Worksheet (Baseline and Success Indicators Exercise) |
| TOOL 20 | GANTT Chart |
| TOOL 21 | Identifying Resources Questionnaire |
| TOOL 22 | Project Budget Template |
| TOOL 23 | Sample Project Kick-off Meeting Agenda |
| TOOL 24 | Project Communication Plan |
| TOOL 25 | Project Planning Worksheet (Training and Capacity-building Exercise) |
| TOOL 26 | Training and Capacity-building Plan |
| TOOL 27 | Famous Failures Meeting |
| TOOL 28 | Partnership Relationship Checklist |
| TOOL 29 | The Six "R's" of Relationship Building Worksheet |
| TOOL 30 | Project Planning Worksheet (Identifying Data Sources) |
| TOOL 31 | Progress Report Template (Activity Reporting) |
| TOOL 32 | Progress Report Template (Success Indicator Reporting) |
| TOOL 33 | Action Learning Event Agenda |
| TOOL 34 | Broader Impact and Visioning Diagramming |
| TOOL 36 | Policies and Resources Assessment and Matrix |
| TOOL 36 | Community Champions Target Worksheet |
| TOOL 37 | Communication Plan Template |



COMMUNITY MAPPING EXERCISE

Time estimated: 4 hours (1/2 a day)

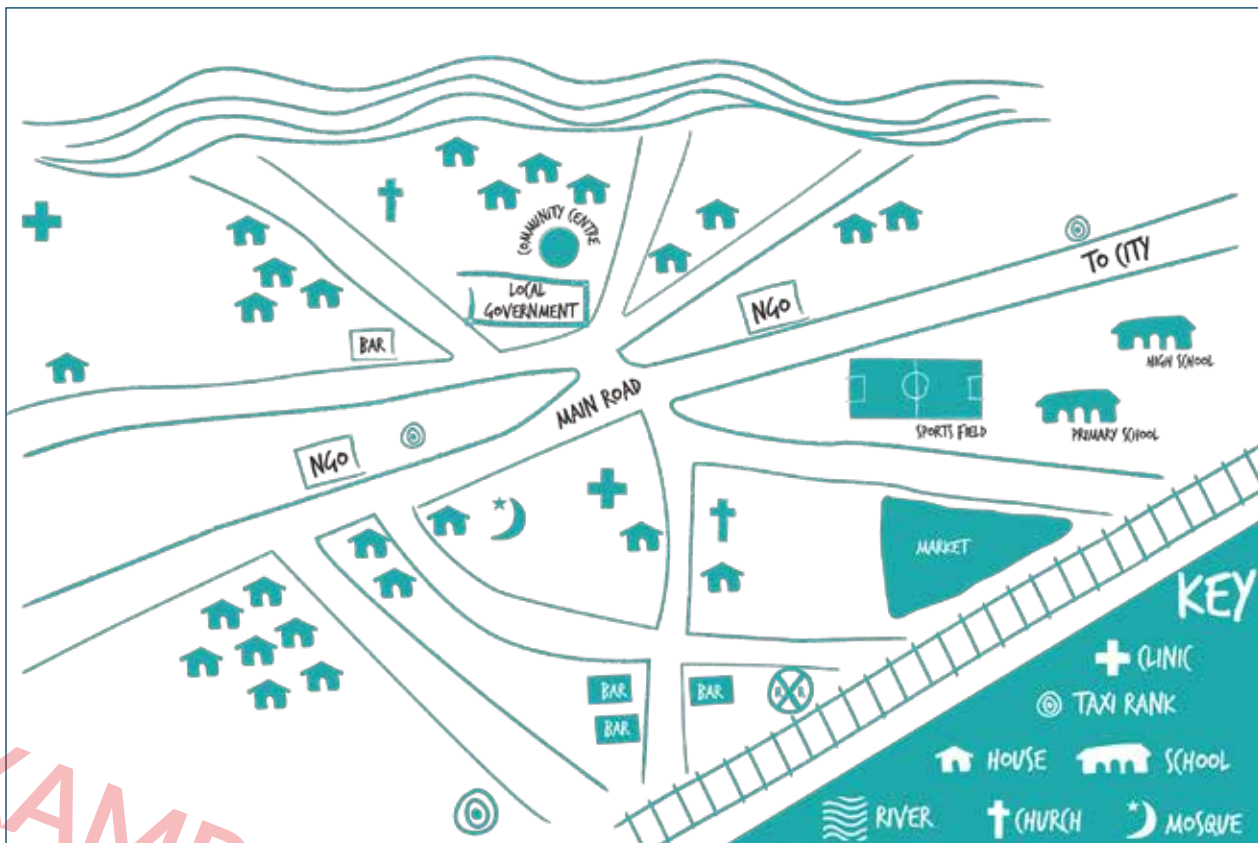
Participants: Key driver, with help from other team members

HOW TO USE THIS TOOL

This exercise is an interactive process that helps you to identify the locations of services and activities in your local area. With this map, you are then able to determine how close or far away stakeholders and services are from your organisation. This will help you:

1. To better understand your local community;
2. To identify stakeholders that are close by who may be easiest to work with; and
3. To identify services that are available for patients.

NOTE: *this map must be representative of your community. You will need to draw the roads and buildings in to represent your own community. Buildings/stakeholders to think about may include clinics, hospitals, school, other CBOs, church, community centres, local government, etc.*



EXAMPLE



COMMUNITY DIRECTORY

Time estimated: 1-2 hours

Participants: Key driver, with help from other team members

You can use the Community Directory to build a comprehensive database of the organisations who are already working in your community.

HOW TO USE THIS TOOL

Fill out the directory with the information that you have gathered from your Community Mapping Exercise. Each stakeholder and service provider should have a line in your directory. Try to be as comprehensive as possible when filling out the directory.

| Name | Type of services provided | Address | Contact person | Telephone number | Website | Email |
|------|---------------------------|---------|----------------|------------------|---------|-------|
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STAKEHOLDER RELATIONSHIP MAP

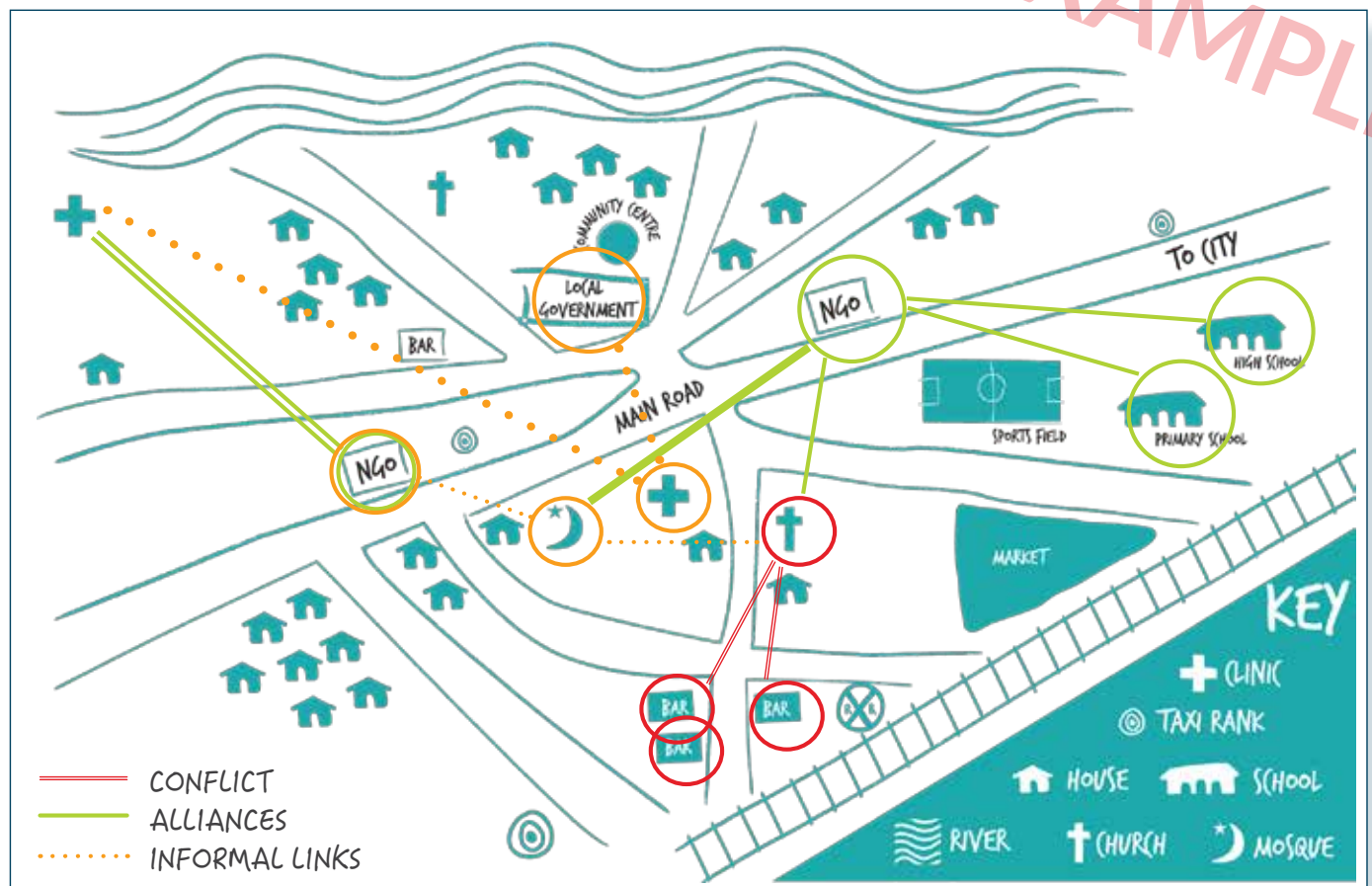
Time estimated: 1-2 hours

Participants: Key driver, with help from other team members

This exercise allows you to visualise how the stakeholders and service providers are working together in your community.

HOW TO USE THIS TOOL

Make a photocopy of your community map (Tool 1). On the photocopy, draw lines between each of the stakeholders and service providers who are working together to show any relationships between them. Use different types of lines to show different types of relationships.





STAKEHOLDER ANALYSIS MATRIX AND GRID

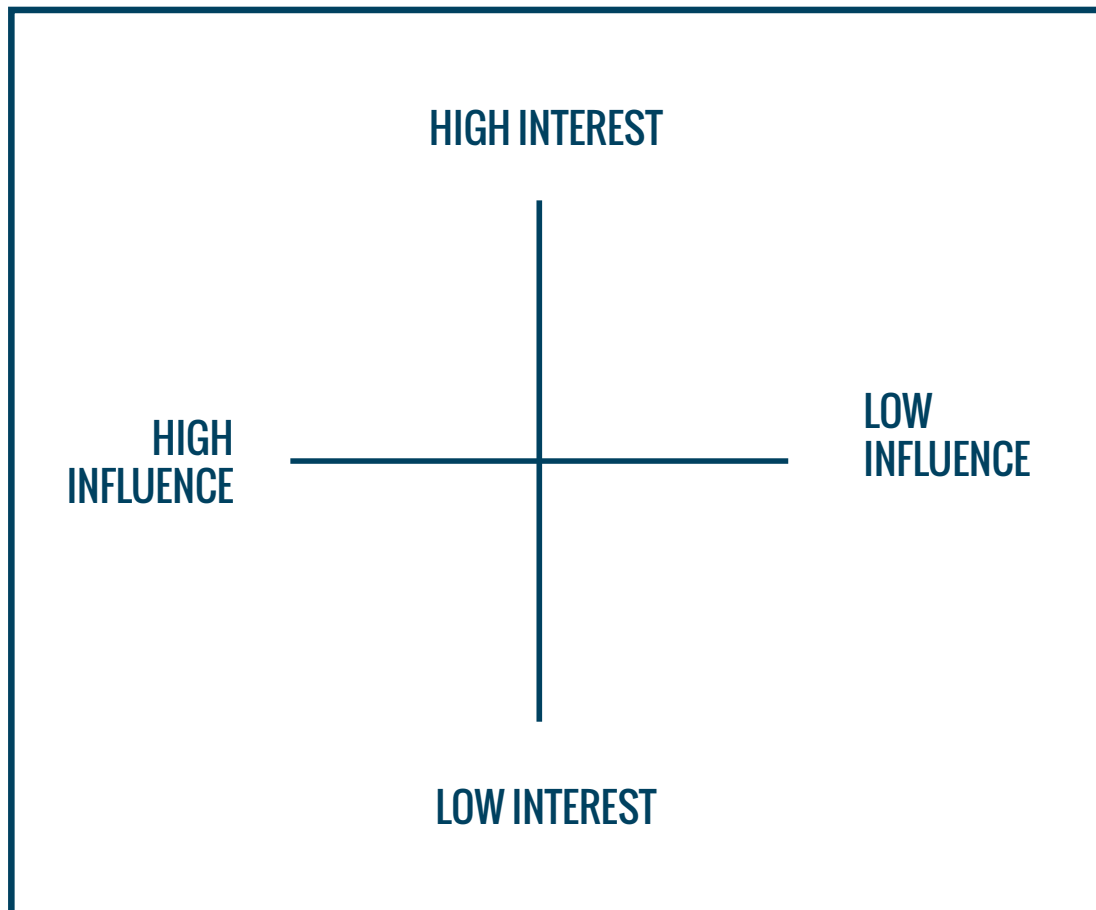
Time estimated: 1-2 hours

Participants: Key driver, with help from other team members

The Stakeholder Analysis Matrix and Grid will help you to identify the stakeholders relevant to your problem and their potential for partnership. This exercise will help you to identify the primary stakeholders in your area of collaboration, i.e. the groups or organisations that are expected to be impacted by or impact your intervention.

HOW TO USE THIS TOOL

Draw the matrix on a flipchart or whiteboard. Plot the stakeholders and service providers from your community map (Tool 1) on the matrix. High Interest = those stakeholders and service providers who have similar interests to your own. High Influence = those stakeholders and service providers who have significance and power in the community. You are trying to identify the stakeholders in the *upper left-hand quadrant* who have similar interests to your organisation, and who have influence in the community



| Stakeholder name | Contact person <i>Phone, email, website, address</i> | Potential impact <i>How much may the project impact them? (Low, Medium, High)</i> | Influence <i>How much influence may they have over the project? (Low, Medium, High)</i> | What is important to the stakeholder? | How could the stakeholder positively contribute to the project? | Strategy for engaging the stakeholder |
|-------------------------|--|---|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |



PROBLEM TREE ANALYSIS

Time estimated: 3 hours (can be done in the same meeting as the SWOC Analysis, Tool 6)

Participants: Key driver, with help from other team members. You may want to invite members of your client groups and/or members from other stakeholder groups to join you for this exercise.

HOW TO USE THIS TOOL

1. **Define the problem:** Using the information you have gathered, think about: Where are you seeing the service gaps in your community? What is the biggest challenge your clients are facing?
2. **Define the problem in numbers:** Try to find information that will help you to quantify the problem you have identified. For example: only 60% of women enrolled in PMTCT bring their children in for testing at 6 weeks. This is your problem statement.
3. **Find the root causes of the problem:** Draw the trunk of a tree on a flipchart or whiteboard and write your problem statement on the trunk. Identify and draw the main causes of this problem along the large roots of the tree. Select one of the causes. Ask yourself or others, 'Why do you think this happens?' Identify and write the secondary causes as small roots coming off the larger roots of the tree. Repeat the process for each of the main causes.
4. **Find the main effects of the problem:** Next, begin to identify the main effects of the problem. Write each effect as a large branch of the tree. Select one of the main effects. Ask yourself or others, 'Why do you think this happens?' and identify the secondary effects. Write the secondary effects as small branches coming off the larger branches of the tree. Repeat the process for the other main effects.





SWOC ANALYSIS

Time estimated: 3 hours (can be done in the same meeting as the Problem Tree Analysis, Tool 5)

Participants: Key driver, with help from other team members. You may want to invite members of your client group and/or members from other stakeholder groups to join you for this exercise.

HOW TO USE THIS TOOL

Draw the grid on a flipchart or whiteboard. Brainstorm answers to the questions below. Try to include as many stakeholder perspectives as possible.

1. **Consider the internal factors that will strengthen your efforts.** What are your strengths? What do you do well? What are you known for?
2. **Think about the internal weaknesses.** These weaknesses will reflect a lack of ability or resources and may be located through examining past failures.
3. **Discuss the external opportunities that are available to you.** What is happening in your community that will help you in your work?
4. **Consider the external challenges that your organisation is facing,** which may reside within your community or even country. These may include policy, economic, educational or socio-cultural issues for example. What future challenges do you face?

S STRENGTHS

WEAKNESSES **W**

O OPPORTUNITIES

CHALLENGES **C**



PARTNERSHIP INITIATION WORKSHOP AGENDA

Time estimated: 1-2 days

Participants: Clinic and CBO staff members who will be involved in the partnership.

In many cases, the activities of initiation and formalisation are jointly conducted in a one- or two-day workshop, where key people from each partner organisation come together to share ideas and consider the terms of partnership.

HOW TO USE THIS TOOL

Use the Sample Partnership Initiation Workshop Agenda and modify it to your own needs.

PARTNERSHIP INITIATION WORKSHOP

AGENDA

| | |
|-------------|---|
| 08:00-08:30 | Arrival & registration |
| 08:30-09:15 | Welcome remarks; Introduction to teams; Meeting check in (See Tool 8) |
| 09:15-09:30 | Background and objectives of collaboration (scene setting for shared issue) |
| 09:30-10:15 | Overview of paediatric HIV prevention, treatment and care in your country |
| 10:15-10:30 | TEA/ SOCIALISING |
| 10:30-11:30 | Workshop 1 – Image Exchange and Shared Objectives (See Tools 9 & 10) |
| 11:30-12:30 | Workshop 2 – Key Priority Area (See Tool 10) |
| 12:30-13:30 | LUNCH |
| 13:30-15:30 | Workshop 3 – Partnership Types, Questions & RACI (See Tool 12, 13 & 14) |
| 15:30-16:30 | Workshop 4 – Partnership Agreement Tool (See Tool 15) |
| 16:30-16:45 | TEA/ SOCIALISING |
| 16:45-17:30 | Closing remarks; Meeting check out (See Tool 8) |

EXAMPLE



MEETING “CHECK IN/CHECK OUT”

Time estimated: 3 minutes per participant

Participants: All meeting attendees

One way to ensure that everyone feels engaged and all voices are heard in the Partnership Initiation Workshop is to use a Meeting “Check In/Check Out” Exercise at the beginning and end of each day.

HOW TO USE THIS TOOL

Use this exercise at the beginning and the end of each day of your Partnership Initiation Workshop.

MEETING “CHECK IN/CHECK OUT”

1. Everyone sits in a circle. Everyone speaks once, and has 1-2 minutes to answer the question.
2. The facilitator poses a “check in” (beginning of the day) and “check out” (end of the day) question. Get creative with your questions.
3. Suggestions for questions :
 - ✓ Check in” questions:
 - » What is one word that best describes your feelings at this moment?
 - » What is one thing you hope to accomplish in this workshop today?
 - ✓ “Check out” questions:
 - » Did the process help us to achieve a goal? If not, what can we do differently next time?
 - » What is one question that I have after today? How will I answer that question?



IMAGE EXCHANGE EXERCISE

Time estimated: 1 hour

Participants: All meeting attendees

This is a useful technique to identify your perceptions and interests, and see how they align with your partner's.

HOW TO USE THIS TOOL

Divide into groups based on organisation. Each group should have a flipchart or whiteboard.

1. On the flipchart or whiteboard, write down 'How we see ourselves', 'How we see our partner' and 'How we think our partner sees us'
2. Sit with your own organisation to complete these lists. Get creative: draw pictures, tell stories and use quotes (20-30 minutes)
3. Finally, sit with your partner, and show what each of you has developed. Discuss any misconceptions and tackle problem areas (20-30 minutes)



SHARED INTERESTS AND EXPECTATIONS

Time estimated: 1-2 hours

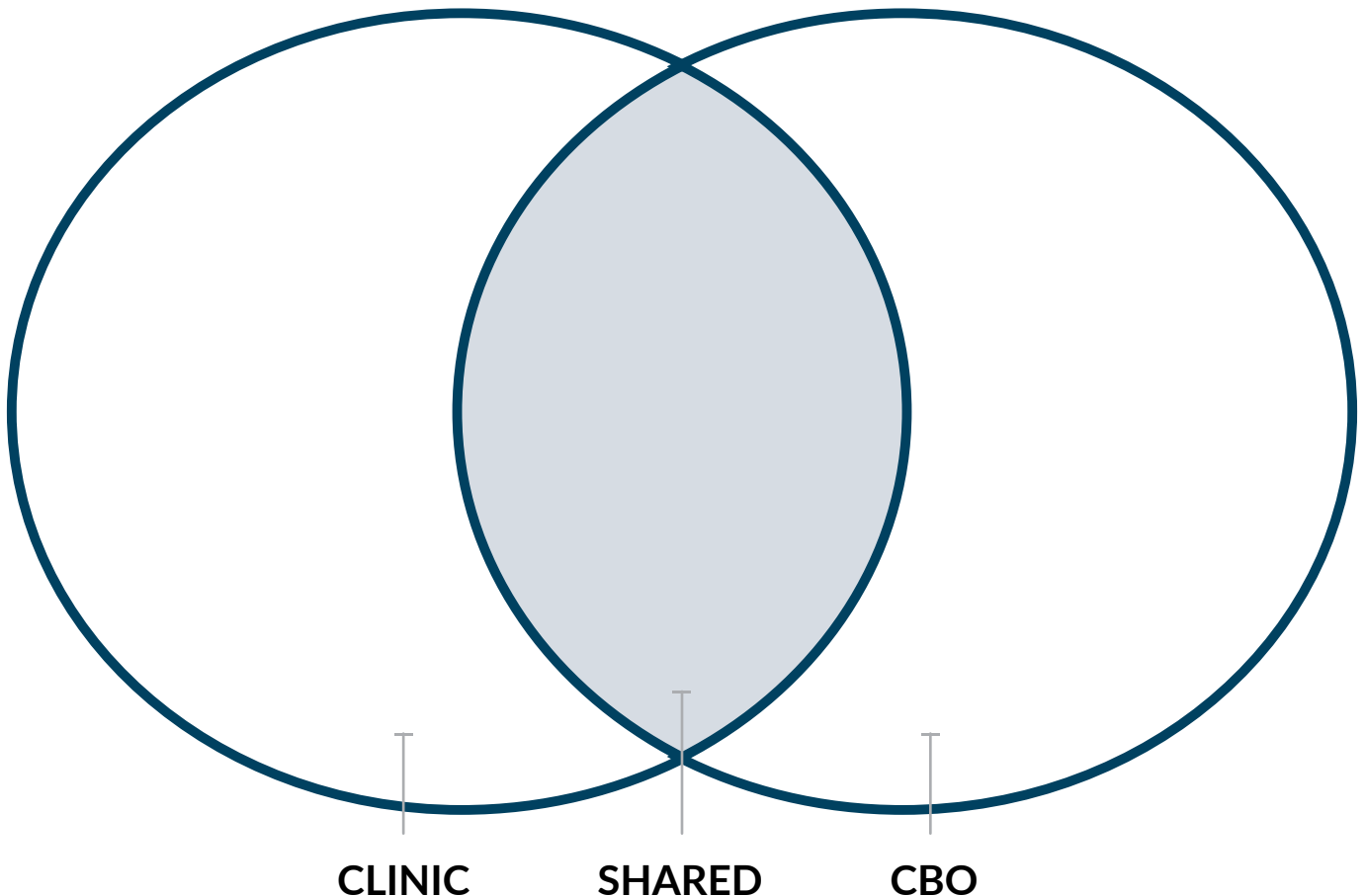
Participants: All meeting attendees

You can use this exercise to identify your interests in and expectations of the partnership. You will then identify which interests and expectations are shared between the two organisations – these are the areas where you will want to focus your joint activities.

HOW TO USE THIS TOOL

Divide into groups based on organisation. Each group should have a flipchart or whiteboard.

1. In your own organisation, use the questions to brainstorm your interests and expectations: Why are we interested in this partnership? What do we expect to gain from this partnership? (30 minutes)
2. Come together as a group and review the two lists to see where your interests and expectations overlap. You can use different colour marker pens or stickers to identify where the interests and expectations are similar. Put the common interests and expectations in the middle column to show where there are shared or similar interests and expectations – this is where you should focus your partnership. (30 minutes)





THEMATIC PRESENTATIONS AND KEY PRIORITY AREA

Time estimated: 2 hours

Participants: All meeting attendees

HOW TO USE THIS TOOL

1. In your organisation, prepare a short presentation on a flipchart or whiteboard which answers the following questions (30-45 minutes):
 - » What are the key challenges that our clients face in accessing PMTCT and staying in care?
 - » What are the key challenges that we face as an organisation in responding to the challenges faced by our clients?
 - » Does the data that we have confirm that these are central problems and challenges?
2. After the time is up, each group should choose a presenter to give the presentation to the entire group and a “record keeper” who will make a list on a flipchart or whiteboard of the key challenges. Circle the key challenges that are the same for both the clinic and CBO, and where you have evidence to support this. (15 minutes)
3. Once the presentations are finished, give each person three small circle stickers (or use a marker). Each person should put their stickers next to the circled challenges that they consider the most pressing (5-10 minutes)
4. As a full group, discuss the results (45 minutes). Consider the following questions:
 - » Which challenge received the most “votes”?
 - » Is this a challenge that your partnership can address in a meaningful way? If not, consider other popular challenges which might be a better fit for the partnership.
 - » Finally, as a group, come to agreement on the challenge which will become your key priority area for your project.



QUESTIONS FOR ESTABLISHING THE TYPE OF PARTNERSHIP

Time estimated: 1 hour

Participants: All meeting attendees

HOW TO USE THIS TOOL

Use the questions below to discuss the type of partnership you would like to pursue.

1. Do our organisations have experience working in collaboration with each other?
2. Do our organisations have experience working in collaboration with other organisations?
3. How much time and energy do we have to devote to the partnership?
4. Does each organisation have people and resources that can be devoted to the partnership?
5. What type of partnership should we embark on together?



QUESTIONS FOR UNDERSTANDING RELATIONSHIPS, ROLES AND RESPONSIBILITIES

Time estimated: 1 hour

Participants: All meeting attendees

By understanding how your organisations work, and then discussing which “ways of working” you will adopt for your partnership, you will start to build a collaborative relationship. However, it will take some time.

HOW TO USE THIS TOOL

1. Use the questions below to discuss the way you would like to work together.
2. Questions for understanding culture and building relationships:
 - How are decisions made in each of the organisations? Is there a formal approval process, or are decisions made more spontaneously?
 - Is the organisation consensual or hierarchical? Does everyone need to agree to move forward, or are decisions made by one or two leaders at the top?
 - How are meetings conducted? Is everyone invited, or are only key people invited to participate?
 - What kind of “jargon” do we use? How can we ensure that we are all speaking the same language, and encouraging a partnership wherein we can feel comfortable asking what terms mean?
 - What “ways of working” will we use for our partnership?
3. Questions for establishing roles:
 - Who will make decisions for the partnership? How will these decisions be made?
 - Who will be the spokesperson for the partnership? Who will liaise with external stakeholders for the partnership, such as the community, government and traditional leadership?
 - If roles will be jointly held by people in both organisations, how will these people work together?
4. Questions for assigning responsibilities:
 - Who will manage the day-to-day activities of the partnership? Who will perform the day-to-day activities of the partnership?
 - Do these people have the skills and time necessary to complete the activities?
 - Who will hold these people accountable for completing the activities?
 - Who will be responsible for ensuring that meetings are held regularly?
 - Who will be responsible for documenting the outcomes of the partnership?



RACI CHART

Time estimated: 1 hour

Participants: All meeting attendees

A tool that can be used to define relationships, roles and responsibilities is a RACI Chart. RACI stands for “Responsible”, “Accountable”, “Consulted” and “Informed”.

HOW TO USE THIS TOOL

Work together in the full group to fill out the RACI template for your partnership. Each individual should have a RACI categorisation for each activity (the activities here are a start).

- **Responsible “R”:** The individual who actually completes the task or actions. Responsibility can be shared.
- **Accountable “A”:** The individual who is ultimately responsible. Includes yes or no authority and veto power.
- **Consulted “C”:** The individual or groups to be consulted prior to a final decision or action.
- **Informed “I”:** The individual or groups to be inform after a decision or action has been taken.

| Activity | Clinic (individuals) | | CBO (individuals) | |
|-----------------------|----------------------|--|-------------------|--|
| Decision-making | | | | |
| Scheduling meetings | | | | |
| Day-to-day activities | | | | |



PARTNERSHIP AGREEMENT QUESTIONS

Time estimated: 1 hour

Participants: All meeting attendees

If you can answer all of the questions on this worksheet, you will have everything that you need to formalise your partnership with an MOU.

HOW TO USE THIS TOOL

Work through each of the questions below.

1. **Parties involved:** Who are the parties involved in the partnership?
2. **Shared interests of the partnership:** What is the partnership supposed to achieve? Consider the potential contribution of the partnership to each organisation's interests.
3. **Key priority area:** What key priority area will you be working on together?
4. **Partnership type:** What type of partnership is being proposed?
5. **Roles and responsibilities:** What roles and responsibilities does each party have in the partnership? How can agreed changes in roles be incorporated into the agreement? What rights and obligations does each party have?
6. **Duration:** Over what period will the initial partnership agreement run? Is there a possibility for renewal? Is there a maximum time period being considered for the partnership?
7. **Signatures:** Who will need to sign the MOU from each organisation?



SAMPLE MOU

Time estimated: 2 hours

Participants: Key driver, as well as people identified as signatories in Tool 15.

HOW TO USE THIS TOOL

The MOU should be drafted by one of the organisations shortly after the Partnership Initiation Workshop, and then reviewed by the partner organisation. Once both the clinic and CBO are happy with the agreement, two copies of the MOU should be signed by both parties, and a final copy should be given to each organisation.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) sets forth the terms and understanding between _____ and _____ to collaborate on _____.

Shared interests

Key priority area

Partnership type

Roles and responsibilities

Funding

| Decision-making | | | | |
|-----------------------|--|--|--|--|
| Scheduling meetings | | | | |
| Day-to-day activities | | | | |

Duration

Partner name:
Partner representative:
Position:
Address:
Telephone:
Fax:
E-mail:

Partner name:
Partner representative:
Position:
Address:
Telephone:
Fax:
E-mail:



PROJECT AIM EXERCISE (USE PROJECT PLANNING WORKSHEET)

Time estimated: 2 hours (you will want to do this at the same time as the Project Activity Exercise and the Baseline and Success Indicators Exercise, Tools 18 and 19)

Participants: “Accountable” and “Responsible” members of the partnership (from Tool 14)

The Planning Worksheet allows you to define your project aim in relation to your partnership key priority area.

HOW TO USE THIS TOOL

Using the SMART principles below, work with your partner to fill out the shaded areas in the worksheet below. The other sections of the worksheet will be completed in Tools 18, 19, and 30 respectively.

SMART Aims

SMART stands for:

- **Specific:** Be specific about what you want to achieve with your project.
- **Measurable:** Make sure that you can measure the progress of your project.
- **Attainable:** Ensure that the aim is achievable!
- **Relevant:** Consider whether your project aim is relevant to the patients and community that you serve.
- **Time-bound:** Make sure that your aim has a start and an end point.

| | | | | |
|---|------------------------------|--|---------------------------------------|--|
| Partnership name: <i>What is the name of your partnership?</i> | | | | |
| Key priority area: <i>What is the key priority area of your partnership?</i> | | | | |
| Project aim: <i>What is the expected long-term impact of your project on your key priority area?</i> | | | | |
| Beneficiaries: <i>Who are the main beneficiaries of your project?</i> | | | | |
| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
| Activity 2: | Activity Indicator 2: | Activity Indicator 2 Data Source: | Output Indicator 2: | Output Indicator 2 Data Source: |
| Activity 3: | Activity Indicator 3: | Activity Indicator 3 Data Source: | Output Indicator 3: | Output Indicator 3 Data Source: |
| Activity 4: | Activity Indicator 4: | Activity Indicator 4 Data Source: | Output Indicator 4: | Output Indicator 4 Data Source: |
| Activity 5: | Activity Indicator 5: | Activity Indicator 5 Data Source: | Output Indicators: | Output Indicator 5 Data Source: |
| Outcome Indicators: | | | Outcome Indicator Data Source: | |
| Impact Indicators: | | | Impact Indicator Data Source: | |



PROJECT ACTIVITY EXERCISE (USE PROJECT PLANNING WORKSHEET)

Time estimated: 2 hours (you will want to do this at the same time as the Project Activity Exercise and the Baseline and Success Indicators Exercise, Tools 17 and 19)

Participants: “Accountable” and “Responsible” members of the partnership (from Tool 14)

The Planning Worksheet allows you to map your planned activities against your key priority area and project aim.

HOW TO USE THIS TOOL

Using the tips below, work with your partner to fill out the shaded areas of the worksheet. (The other sections of the worksheet will be completed in Tools 17, 19, and 30 respectively.) To define the activities for your project, it is easiest to work backward from your project aim, and think about the key milestones that you will need to reach to achieve that aim. Milestones are measurable and observable and serve as marker of your progress.

- **Activities should be actionable:** you should be able to describe exactly how you are going to undertake that particular action.
- **Activities should be assignable to one responsible partner:** if the activity cannot be assigned, you need to break it down into smaller activities.
- **Write your activities with an action verb (“Develop”, “Conduct”, “Organise”) at the beginning of the sentence:** this will make the activity clearer.

| | | | | |
|---|------------------------------|--|---------------------------------------|--|
| Partnership name: <i>What is the name of your partnership?</i> | | | | |
| Key priority area: <i>What is the key priority area of your partnership?</i> | | | | |
| Project aim: <i>What is the expected long-term impact of your project on your key priority area?</i> | | | | |
| Beneficiaries: <i>Who are the main beneficiaries of your project?</i> | | | | |
| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
| Activity 2: | Activity Indicator 2: | Activity Indicator 2 Data Source: | Output Indicator 2: | Output Indicator 2 Data Source: |
| Activity 3: | Activity Indicator 3: | Activity Indicator 3 Data Source: | Output Indicator 3: | Output Indicator 3 Data Source: |
| Activity 4: | Activity Indicator 4: | Activity Indicator 4 Data Source: | Output Indicator 4: | Output Indicator 4 Data Source: |
| Activity 5: | Activity Indicator 5: | Activity Indicator 5 Data Source: | Output Indicators: | Output Indicator 5 Data Source: |
| Outcome Indicators: | | | Outcome Indicator Data Source: | |
| Impact Indicators: | | | Impact Indicator Data Source: | |



BASELINE AND SUCCESS INDICATORS EXERCISE (USE PROJECT PLANNING WORKSHEET)

Time estimated: 2 hours (you will want to do this at the same time as the Project Activity Exercise, Tool 18) and the Baseline and Success Indicators Exercise, Tools 18 and 19)

Participants: “Accountable” and “Responsible” members of the partnership (from Tool 14)

The Planning Worksheet allows you to define your project aim in relation to your partnership key priority area.

HOW TO USE THIS TOOL

Using the categories for success indicators below, work with your partner to fill out the shaded areas of the worksheet. (The other sections of the worksheet will be completed in Tools 17, 18, and 30 respectively.)

Indicators are commonly divided into the following categories: activity indicators, output indicators, outcome indicators and impact indicators.

- **Activity indicators** measure things you are doing as part of a project, such as training, coordination or awareness-raising events
- **Output indicators** measure short-term results of project activities, such as the number of health providers trained
- **Outcome indicators** measure medium-term results of project activities such as an increase or decrease in patient retention in care
- **Impact indicators** measure the longer-term and ultimate goal that is beyond the lifespan of the project, such as an increase or decrease in infant mortality rates

An example of the four types of indicators:

| | | | | |
|--|---|--|--|--|
| Activity 1: Conduct community education session with HIV testing offered | Activity Indicator 1: <i>Number of community education sessions conducted</i> | Activity Indicator 1 Data Source: | Output Indicator 1: <ul style="list-style-type: none"> • <i>Number of pregnant women who attended a community education session</i> • <i>Number of pregnant women tested;</i> • <i>Number and % of pregnant women identified as HIV positive (% is a sub-set of the total number who tested)</i> | Output Indicator 1 Data Source: |
| Outcome Indicators: <ul style="list-style-type: none"> • <i>Number and % of pregnant women LTFU identified;</i> • <i>Number and % of pregnant women re-enrolled in PMTCT.</i> | | Outcome Indicator Data Source: | | |
| Impact Indicators: <i>Number of HIV infected infants in the Hope Clinic catchment area.</i> | | Impact Indicator Data Source: | | |

| | | | | |
|---|------------------------------|--|---------------------------------------|--|
| Partnership name: <i>What is the name of your partnership?</i> | | | | |
| Key priority area: <i>What is the key priority area of your partnership?</i> | | | | |
| Project aim: <i>What is the expected long-term impact of your project on your key priority area?</i> | | | | |
| Beneficiaries: <i>Who are the main beneficiaries of your project?</i> | | | | |
| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
| Activity 2: | Activity Indicator 2: | Activity Indicator 2 Data Source: | Output Indicator 2: | Output Indicator 2 Data Source: |
| Activity 3: | Activity Indicator 3: | Activity Indicator 3 Data Source: | Output Indicator 3: | Output Indicator 3 Data Source: |
| Activity 4: | Activity Indicator 4: | Activity Indicator 4 Data Source: | Output Indicator 4: | Output Indicator 4 Data Source: |
| Activity 5: | Activity Indicator 5: | Activity Indicator 5 Data Source: | Output Indicators: | Output Indicator 5 Data Source: |
| Outcome Indicators: | | | Outcome Indicator Data Source: | |
| Impact Indicators: | | | Impact Indicator Data Source: | |



GANTT CHART

Time estimated: 2-3 hours

Participants: “Responsible” (and possibly “Informed”) members of the partnership (from Tool 14)

One of the tools used by project planners is a GANTT chart. One of the benefits of a GANTT chart is that you can see how some actions and activities will overlap with others over the course of a project.

HOW TO USE THIS TOOL

A workplan is a detailed schedule of actions for your project. It breaks down the activities that you developed in the Project Activity Exercise (Tool 18) into concrete actions that will occur at each stage of the project. You can assign the GANTT chart to one or two members of your project team, or you can fill out the chart together in a joint planning session.

| Activity | Actions | Responsible Person | Month 1 | | | | Month 2 | | | | Month 3 | | | |
|---------------------------|---------|--------------------|---------|---|---|---|---------|---|---|---|---------|----|----|----|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Project Management | | | | | | | | | | | | | | |
| PIW | | | | | | | | | | | | | | |
| Select Key Priority Areas | | | | | | | | | | | | | | |
| Activity 1 | | | | | | | | | | | | | | |
| Activity 2 | | | | | | | | | | | | | | |
| Activity 3 | | | | | | | | | | | | | | |



IDENTIFYING RESOURCES QUESTIONNAIRE

Time estimated: 2-3 hours

Participants: “Accountable” members of the partnership team (from Tool 14)

HOW TO USE THIS TOOL

Work with your partner to brainstorm the resources that you will need for your project. Use the questions below as a starting point for your conversation – your list will be unique to your project.

WHAT RESOURCES DO WE NEED?

QUESTIONS TO IDENTIFY EXISTING PARTNERSHIP RESOURCES:

- **Team Members:** Can existing staff members be reassigned to work on the project for a period of time?
- **Transport:** Can transport resources be shared between the clinic and CBO in the partnership?
- **Travel and Meetings:** Can trainings and events be added to existing meetings, to share resources? For example, if the clinic already hosts support groups, can additional information sharing be added to the existing meeting agenda?
- **Equipment and IT:** Do team members already have the equipment that they need, or can equipment be repurposed or shared?
- **Clinical supplies:** Does the clinic have resources that can be used for the project?
- **Printing and stationery:** Can existing printing facilities and stationery be used for the project? How can we minimise the needs?

QUESTIONS TO IDENTIFY EXISTING COMMUNITY RESOURCES:

- **Venues:** Is there a place in your community where you can meet for free, or for a reduced fee? Often, community halls, churches and schools will be willing to allow their facilities to be used in non-working hours.
- **Catering:** Is there a restaurant or food distributor in the area who would be willing to donate food and/or beverages for lunches and tea breaks, for free or at a reduced price? Would community members be willing to contribute refreshments?
- **Equipment & IT:** Are there local businesses, such as mobile phone operators and IT businesses, who would be willing to contribute equipment and/or IT services for free, or a reduced cost? Local businesses may be interested in contributing these goods and services, particularly if you offer to put their name and logo as a “sponsor” on your project materials.
- **Public communication:** Is a local radio station, newspaper or newsletter willing to give you free advertising space to publicise your events? Can you utilise free notice boards in your community spaces to display notices?
- **Stationery & supplies:** Is there a local business that is willing to donate and/or sponsor the supplies that you need for your event or training?



PROJECT BUDGET TEMPLATE

Time estimated: 2-3 hours

Participants: “Accountable” members of the partnership team (from Tool 14)

HOW TO USE THIS TOOL

Work with your partner to brainstorm the categories of resources that you will need for your project. The word cloud is just an illustration – your list will be unique to your project. Once you have completed your brainstorm, you should identify what is or could be available to you.

| Activity | Item | Units | Quantity | # of Units | Unit Cost | Total Cost |
|--------------|--------------------------|----------|----------|------------|-----------|------------|
| Activity 1: | Staff | | | | | |
| | Programme Manager | month | 12 | 1 | R20,000 | R240,000 |
| | Trainers | | | | | |
| | Community Health Workers | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | SUBTOTAL | | | | |
| Activity 2: | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | SUBTOTAL | | | | |
| TOTAL | | | | | | |



PROJECT KICK-OFF MEETING AGENDA

Time estimated: 2-3 hours

Participants: All current and future staff members who will be involved in the project

HOW TO USE THIS TOOL

Work with your partner to brainstorm the agenda items required for the project kick-off meeting. The template is an illustration of a potential agenda but you should add or remove items as needed. The purpose of the meeting is to get everyone's buy-in and provide a sense of context and urgency for the next steps.

AGENDA

Project name: _____

Partners: _____

Meeting date: _____

Meeting time: _____

Meeting location: _____

1. **Introductions:** brief introductions from the participants of the meeting, including their job title and role on the project
2. **Project overview:** a general overview of the project would include:
3. **History of the partnership and project:** why is this partnership and project needed?
4. **Key priority area, project aim and success indicators**
5. **Supporters and funders of the project**
6. **Project timeline:** high-level project plan
7. **Activities and outputs**
8. **Workplan (GANTT chart) and timeline**
9. **Project team roles & responsibilities:** distribute and discuss a list of project team members, their contact information, and roles/responsibilities. Don't forget to introduce the project manager if there is one.
10. **Next steps:** specific instruction about what is happening next, including what each person is expected to do
11. **Q&A**
12. **Gratitude:** express thanks for the team members and the roles that they are about to assume.

EXAMPLE



TRAINING AND CAPACITY-BUILDING EXERCISE

Time estimated: 1-2 hours

Participants: Project team members, together with their direct supervisors

HOW TO USE THIS TOOL

Use the template annually or bi-annually to assess the skills of each of your team members. This template should be used together with Tool 26 to develop a plan for training and capacity-building for your team.

Use the following ratings to fill out the form: 3 = Exceeds expectations; 2 = Meets expectations; 1 = Requires training and/or capacity-building

| Organisational skills & competencies | | | | |
|--------------------------------------|------------|------------|------------|------------|
| | Rating 1-3 | Rating 1-3 | Rating 1-3 | Rating 1-3 |
| PROGRAMMATIC SKILLS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| MANAGEMENT SKILLS | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |



TRAINING AND CAPACITY-BUILDING PLAN

Time estimated: 1-2 hours

Participants: Project team members, together with their direct supervisors

HOW TO USE THIS TOOL

Once you have identified the specific development needs of each of your team members in Tool 25, put a plan in place to ensure that these development needs are addressed.

| Training needs | | | | | |
|-------------------------|------------------------------------|--|---|------------------------------|----------------|
| Team member | Training needs identified | Current trainings in progress | Trainings to register for this year | Estimated days out of office | Estimated cost |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Capacity-building needs | | | | | |
| Team member | Capacity-building needs identified | Capacity-building activities in progress | Capacity-building activities to begin this year | Estimated frequency | Estimated cost |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS: | | | | | |



FAMOUS FAILURES MEETING

Time estimated: 2-3 hours

Participants: Representatives from both partner organisations

HOW TO USE THIS TOOL

Remember, this meeting is not about blaming people for mistakes! Each mistake should be looked at objectively, without any specific people being associated with the failure.

- **Step 1:** Identify mistakes: Ask team members to submit mistakes (anonymously if needed). Schedule a meeting and send out the list of mistakes/what is not working ahead of time.
- **Step 2:** Dig for root causes: For each mistake, ask the following questions: Why did this mistake happen? What were the root causes of this mistake?
- **Step 3:** Brainstorm solutions: Ask team members to provide ideas for solutions to help avoid the mistake in future. Use the following as a guide:
 - » Is the mistake process-driven? Is there a new step or set of steps that can be taken in order to avoid the mistake?
 - » Is the mistake communication-driven? Is there a way to communicate better so that the mistake will be avoided?
 - » Is the mistake leadership-driven? Is there a way that leadership can help to avoid the problem in future?
 - » Is the mistake skills-driven? Do team members need additional skills in order to avoid making the mistake in future?
 - » Is the mistake resource-driven? Are additional or different resources needed in order to avoid the mistake in future?
- **Step 4:** Put a plan in place: Select the solution that the team thinks will address the failure, and identify the person(s) responsible for putting the solution into action. Make a timeline for meeting back with the team to ensure that the plan is working



PARTNERSHIP RELATIONSHIP CHECKLIST

Time estimated: 1 hour

Participants: Representatives from both partner organisations

Use the checklist as an outline for a discussion on the how your partnership is working.

HOW TO USE THIS TOOL

Each partner should fill out the checklist separately, and then compare answers to see if there are differences in perceptions.

| As a result of working together, is there: | | | | |
|--|---|-----|----|-------------------------|
| (Check one answer for each numbered item) | | YES | NO | N/A OR DON'T KNOW |
| 1 | Increased trust among partners? | | | |
| 2 | Improved coordination among partners? | | | |
| 3 | Reduced duplication of effort or service? | | | |
| 4 | Improved conflict resolution among partners? | | | |
| 5 | A better understanding of partner's roles? | | | |
| 6 | Improved ability to identify and address barriers to working together? | | | |
| 7 | A better understanding of what partners need from their participation? | | | |
| 8 | Increased involvement of partners in the partnership? | | | |
| 9 | Increased collaboration and spin-off projects? | | | |
| 10 | Increased likelihood of partnership sustainability when project specific funding ends? | | | |
| 11 | A level playing field among partners to interact more as equals within partnership? | | | |
| 12 | An evolution from "what can the partnership do for us" to "what can we do together"? | | | |
| 13 | An increased ability to leverage resources from other sources (e.g. space, expertise, new partners, volunteers or funds)? | | | |



THE SIX "R'S" OF RELATIONSHIP-BUILDING WORKSHEET

Time estimated: 2 hours

Participants: Full team

HOW TO USE THIS TOOL

At your next project team meeting, break into small groups and work through the questions in the worksheet.

1. RECOGNITION

What do we do now?

What could we do?

2. RESPECT

What do we do now?

What could we do?

3. ROLE

What do we do now?

What could we do?

4. RELATIONSHIP

What do we do now?

What could we do?

5. REWARD

What do we do now?

What could we do?

6. RESULTS

What do we do now?

What could we do?



IDENTIFYING DATA SOURCES (USE PROJECT PLANNING WORKSHEET)

Time estimated: 1-2 hours

Participants: 'Accountable' and 'Responsible' members of the partnership (from Tool 14)

Now it is time to add the data sources to your Planning Worksheet. The template will help you and your partner to ensure that everyone is in agreement about the sources that you will use to collect the information to verify your success indicators.

HOW TO USE THIS TOOL

Work with your partner to fill out the shaded areas in the worksheet. (The other sections of the worksheet were completed in Tools 17, 18, and 19 respectively.) Example data sources are listed below; you should use your own data sources that are relevant to your project to complete the worksheet.

| | | | | |
|---|---|---|--|---|
| <p>Activity 1:</p> <p>Conduct community education session with HIV testing offered</p> | <p>Activity Indicator 1:</p> <p>Number of community education sessions conducted</p> | <p>Activity Indicator 1 Data Source:</p> <p>Community Education Session Register</p> | <p>Output Indicator 1:</p> <ul style="list-style-type: none"> • Number of pregnant women who attended a community education session • Number of pregnant women tested; • Number and % of pregnant women identified as HIV positive (% is a sub-set of the total number who tested) | <p>Output Indicator 1 Data Source:</p> <ul style="list-style-type: none"> • Community Education Session Register • HIV Testing Register. |
| <p>Outcome Indicators:</p> <ul style="list-style-type: none"> • Number and % of pregnant women LTFU identified; • Number and % of pregnant women re-enrolled in PMTCT. | | | <p>Outcome Indicator Data Source:</p> <ul style="list-style-type: none"> • LTFU register • Health information database • Client records | |
| <p>Impact Indicators:</p> <p>Number of HIV infected infants in the Hope Clinic catchment area.</p> | | | <p>Impact Indicator Data Source:</p> <ul style="list-style-type: none"> • Health information database • Client records | |

| | | | | |
|---|------------------------------|--|---------------------------------------|--|
| Partnership name: <i>What is the name of your partnership?</i> | | | | |
| Key priority area: <i>What is the key priority area of your partnership?</i> | | | | |
| Project aim: <i>What is the expected long-term impact of your project on your key priority area?</i> | | | | |
| Beneficiaries: <i>Who are the main beneficiaries of your project?</i> | | | | |
| Activity 1: | Activity Indicator 1: | Activity Indicator 1 Data Source: | Output Indicator 1: | Output Indicator 1 Data Source: |
| Activity 2: | Activity Indicator 2: | Activity Indicator 2 Data Source: | Output Indicator 2: | Output Indicator 2 Data Source: |
| Activity 3: | Activity Indicator 3: | Activity Indicator 3 Data Source: | Output Indicator 3: | Output Indicator 3 Data Source: |
| Activity 4: | Activity Indicator 4: | Activity Indicator 4 Data Source: | Output Indicator 4: | Output Indicator 4 Data Source: |
| Activity 5: | Activity Indicator 5: | Activity Indicator 5 Data Source: | Output Indicators: | Output Indicator 5 Data Source: |
| Outcome Indicators: | | | Outcome Indicator Data Source: | |
| Impact Indicators: | | | Impact Indicator Data Source: | |



ACTIVITY REPORTING (PROGRESS REPORT TEMPLATE)

Time estimated: 4 hours
Participants: 'Accountable' and 'Responsible' members of the partnership (from Tool 14)

HOW TO USE THIS TOOL

Complete the table for each project activity. Describe your progress for each activity. Choose a status for each activity (achieved, in progress, or not started).

| Activity | |
|-----------------|-------------------|
| Status | Description/Notes |
| Progress | |
| What's working? | |



SUCCESS INDICATOR REPORTING (PROGRESS REPORT TEMPLATE)

Time estimated: 4 hours

Participants: 'Accountable' and 'Responsible' members of the partnership (from Tool 14)

HOW TO USE THIS TOOL

Complete the table with the latest results for your success indicators. You should use your own indicators that are relevant to your project (linking to Tools 17, 18 and 19 in Section 3).

| | | | | | | | |
|-------------------|--|--|-----------------|--------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| EXAMPLE | Activity 1 | Activity indicator 1 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) |
| | Conducted community education session with HIV testing offered | Number of community education sessions conducted | Planned | 4 per month | 6 per month | 8 per month | 12 per month |
| | | | Achieved | | 5 per month | 7 per month | 12 per month |
| | Source | | | Community education session register | | | |
| Output 1.1 | Output indicator 1.1 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Source | | | | | | | |
| Output 1.2 | Outcome Indicator 1.2 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Source | | | | | | | |
| Output 1.3 | Impact Indicator 1.3 | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Source | | | | | | | |
| Outcome | Outcome Indicator | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Source | | | | | | | |
| Impact | Impact Indicator | | Baseline | Milestone 1 (3 months) | Milestone 2 (6 months) | Target (end of proj) | |
| Source | | | | | | | |



ACTION LEARNING EVENT AGENDA

Frequency: Every 4-6 weeks

Time estimated: 4 hours

Participants: Full team

HOW TO USE THIS TOOL

One of the people managing the project should prepare the progress report to share with the group. Ideally send out the data report 3-5 days in advance so that participants have a chance to review it prior to the event.

AGENDA

Project name: _____

Partners: _____

Meeting date: _____

Meeting time: _____

Meeting location: _____

1. **Introduction (15 MINUTES).** If this is the first action learning event, one of the people managing the project can start by introducing the process. If this is a follow-up meeting, start with a review of the learnings from last time. (15 minutes)
2. **Review the most recent progress report together (10 MINUTES).** Identify what has changed from the previous meeting. List these changes on a flipchart or whiteboard. (10 minutes)
3. **Questions about changes in the data (10-15 MINUTES for each change).** For each change in the data, open it up to the group to ask questions. Initially there might be 5 minutes of clarification to make sure the group has understood the issue. Use the list of questions to the right to really delve into each change in the data. Ensure that the conversation is recorded by someone in the group. Record any actions that will be taken based on the conversation. (10-15 minutes for each change). **Repeat with each change in the data.**
4. **Review learning (15 MINUTES).** Finally, review what you have learned and what actions have been agreed upon. Things that went well should be noted and celebrated. The group should suggest ideas to improve the process for next time. (15 minutes)

EXAMPLE



BROADER IMPACT AND VISIONING DIAGRAMMING

Frequency: Every 6-12 months

Time estimated: 2-3 hours

Participants: Entire team; you may want to include stakeholders

One of the exercises that you can do with your partner is Broader Impact and Vision Diagramming, which allows you to see what impacts your project is having in the broader public health system and community, as well as what you envision for the future.

HOW TO USE THIS TOOL

1. Break into groups of 3-4 people each. On a flipchart or whiteboard, ask each group to draw a visual representation of the clinic and community. Discuss and draw the impacts that your project is having on each of the areas of the clinic and community. Be specific (30 minutes)
2. Next, still in small groups, draw the broader impacts that you would like to see your project having on the community. Be specific (30 minutes)
3. Reconvene the larger group. Have each group present their impact and visioning diagram. After the presentations, discuss the outcomes: What did you learn? What are the implications for the local health system and community? (30 minutes)
4. Elect a person from the group to draw a diagram that represents the best impacts and vision from the small groups. Discuss together what you would like to include and exclude from the final group drawing (30 minutes)



POLICIES AND RESOURCES ASSESSMENT AND MATRIX

Time estimated: 2-3 hours

Participants: Full team; you may want to also include stakeholders

HOW TO USE THIS TOOL

Use the matrix with your partner to map out the policies and resource decisions that are impacting collaboration in your community. Plot them on the map based on two different assessments: “Impact” and “Level of change”.

- **“Impact”** refers to the importance that the policy has on the work of your project and partnership: High means that the policy will have a significant effect on your work, whereas Low means that the policy will not have a significant effect.
- **“Level of change”** refers to the level of effort that will be required to make the change in the policy or budget allocation. If the level is Easy, it means that you will not have to extend too much effort for the change to be made. If the level is Hard, this means that the change will be quite difficult to enact.

| LEVEL OF CHANGE \ IMPACT | EASY | MEDIUM | HARD |
|--------------------------|------|--------|------|
| HIGH | | | |
| MEDIUM | | | |
| LOW | | | |



COMMUNITY CHAMPIONS TARGET WORKSHEET

Time estimated: 2-3 hours

Participants: 'Key driver' and 'Accountable' team members

HOW TO USE THIS TOOL

What is a community champion?

"A community champion is anyone – a public official, community leader, concerned citizen, healthcare or human service provider, volunteer – who works hard to start and/or support an initiative or intervention, bring a program or idea to reality, or otherwise improve the quality of life of a particular group or of the community as a whole." A champion is someone who will assist your partnership in taking your project and future work to the next level, helping you to reach the broader vision that you have developed.

These people may include:

- Community leaders and elders
- Public officials with a concern for public and community health
- Business leaders with an interest in community development
- Religious or education leaders with influence in the community
- Local celebrities and personalities

Use the worksheet to spend time with your partner identifying potential champions and their types and roles. Then, assign the tasks of contacting champions and decide on a timeframe within which you will make initial contact.

It is useful to refer to this worksheet at all of your planning meetings going forward, so that you can keep track of the champions who you are contacting. You always want to make sure that only one person is assigned to a potential champion, since you don't want the potential champion to be approached by multiple team members with different messages.

ANNEX 2: REFERENCES



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