

Partnering Process Handbook: Good Practices

A national stop TB partnership is an inclusive platform where partners from state and non-state sectors come together to develop and implement a shared action plans to tackle for tuberculosis (TB) care and control. The partnering approach builds on the skills and competences of all partners, increases efficiency by avoiding duplication of efforts and waste of resources and uses partners' reach to improve access to TB services.

If your organization is interested in initiating a national stop TB partnership, you might want to consider following the suggested partnering process. This partnering process is a dynamic process based on three continuously evolving components: partnership **exploration**, **building** and **maintenance**. The Stop TB Partnership Secretariat can provide technical support for your partnering process.

The purpose of this guide is to use real world examples from existing national partnerships to illustrate how a partnering process can bring value-added to a national partnership. This guide includes good practices collected from national partnerships as well as tools, presentations and concept papers from the Stop TB Partnership Secretariat.

The main elements of a partnering process are:

- 1) Conducting an initial workshop to confirm the shared vision of all partners and to map resources (financial, technical, human, networks, etc.) that will be contributed by each partner based on its core competencies and geographic reach;
- 2) Arriving at ONE national TB control plan where each partner is clear of its roles and responsibilities based on its identified strengths and opportunities;
- 3) Jointly mobilizing resources and implement a coherent national TB plan.

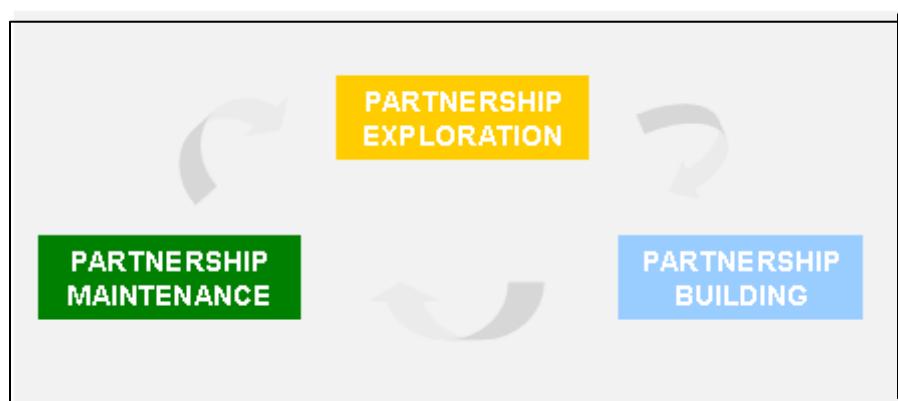


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Partnership to Stop TB

Developed by the Stop TB Partnership Secretariat with the contribution of focal points
of national stop TB partnerships through the good practices/lessons learned template
collected between March–August 2011.

Partnership Exploration

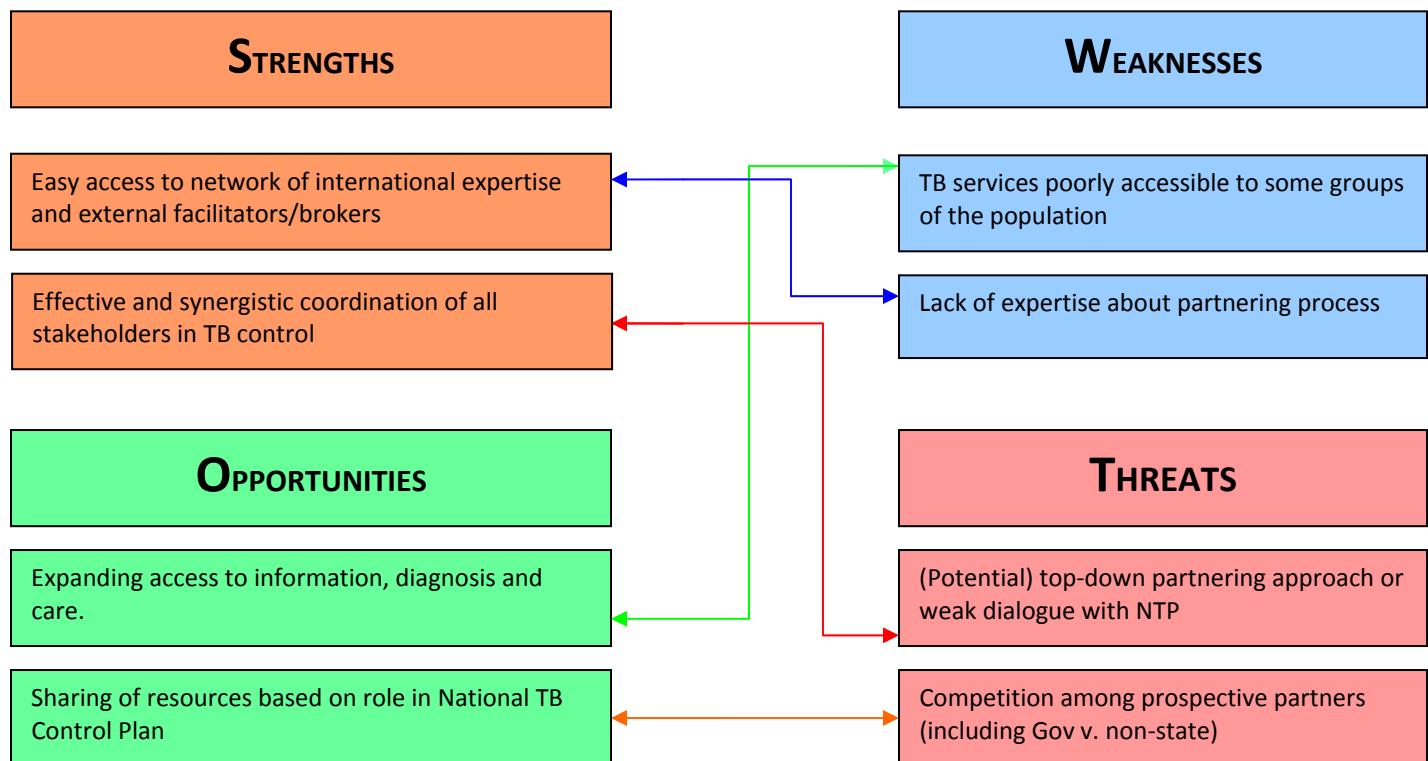
Establishing a shared vision means meeting with potential partners before signing a partnering agreement and discussing missions, goals, expectations and contributions. Here are some questions you could use to establish the value-added of your partnership:

1. Are all those who deliver TB-related services already collaborating with the NTP?
2. Can this collaboration/support be enhanced in order to provide increased access?
3. Can the NTP boost collaboration with these organizations that are influential on health-related Knowledge, Attitudes and Practices of the population?
4. Are all these different roles/responsibilities/contributions reflected in the joint plan?

One of the best tools to use when trying to establish a shared vision with partners is to conduct a SWOT analysis which will highlight not only the gaps that a partnership together will solve, but also the strengths that the national partnership can offer to potential partners. A SWOT analysis can be used to initiate dialog with potential partners and to explore synergies and complementarities with partners.

This excerpt from Swaziland Stop TB Partnership's SWOT analysis shows how this tool can be used successfully. At the exploratory workshop, this was done in a participatory way after all partners had discussed a common goal and vision for partnership.

Swaziland's SWOT Analysis



Exploring new partnerships involves creative thinking rooted in the local context, but the first place to look for partnerships is everyone who is already working on TB care and control or health issues in general. In each country, the relevant partners may change, please take a look at the Stop TB identification tool for more ideas of partners:

NEW PARTNERS (With whom are we going to achieve our goals?)	SUGGESTIONS (Examples of existing possibilities where relevant + new capacity and pooling expertise and resources)
Poverty alleviation partners Community development partners Social and religious services Other health programmes (HIV, Expanded Programme on Immunization, essential drugs)	<ul style="list-style-type: none"> • Commitment of lay community representatives in partnership activities • Secondment of individuals from participating agencies to provide the day-to-day running of partnership activities • DOTS continuing education for key health workers • Professional strategy for national communication and dissemination services
Academia, medical schools, social researchers Epidemiological and demographic experts Experts for clinical trials and pilot studies, laboratory experts	<ul style="list-style-type: none"> • Research and implementation work hand in hand: research can reveal new tools and approaches that benefit the implementation. Conversely, practice can raise important and relevant research questions • Capitalizing on visits of technical experts to contribute to capacity-building for the partnership • Participation in operational and activity research is a capacity-building process for front-line workers
Private financial auditor agencies PR/advertising /marketing Corporate management	<ul style="list-style-type: none"> • Expansion and alignment of fragmented financing across budget lines, settings, providers, managers, and administrations • Incentives for cost-effective advocacy and prevention strategies • Promote certain kinds of expenditure of public funds on TB partnerships
Religious organizations and civic groups Tribal/cultural agencies Community-based credit unions Women's groups Sports and social clubs Parent/teacher associations	<ul style="list-style-type: none"> • Quality information for adherence to DOTS • Self-monitoring support, self-management skills • Quality interaction with sensitivity for patient-specific issues • Joint educational and skill-building workshops • Effective strategies for case-finding and holding • Promoting social coherence, positive peer pressure and sharing in learning about health issues
Patient organizations Market associations Political organizations Labour unions	<ul style="list-style-type: none"> • Constructive interaction between communities and providers on an equal basis (jointly searching for solutions to felt needs) • Integrating community resources into the fight against TB • Community commitment in the politics of policy-making
Prisons, police, military, industrial, and university health services	<ul style="list-style-type: none"> • DOTS services expand as they are included in other governmental and parastatal special clinics
District health management teams Provincial health management Patient organizations	<ul style="list-style-type: none"> • DOTS is a priority element in the district health plan, including the allocation of local resources • DOTS tools and expertise for general health workers and volunteers • Continuing education includes TB and DOTS • Effective collaborations with clients/patients
Private practitioners Medical associations Non-profit health care providers Corporate/industrial sectors	<ul style="list-style-type: none"> • Inter-professional and intersectoral links and relationships with a range of professional organizations, businesses • Strong advocacy skills and political connections • Adapting values in order to accept new goals

Source: WHO, 2003

http://stoptb.org/assets/documents/countries/partnerships/power_of_partnerships.pdf

Identifying potential partners is the second key step in the partnering process and is sometimes done hastily without expanding to non-traditional partners. Pakistan's Stop TB Partnership had great success in its planning phase and identified two non-traditional partners who were approached with a concrete ask that identified the benefits of partnering.

Stop TB Partnership Pakistan (STP) Outreaching Non-traditional Partners

1) Why these actors were thought as potential relevant partners for Stop TB Pakistan?

Youth is one of the most important target audiences and McDonalds is one of the outlets where they can be easily approached. The Traffic Police (ITP) can help STP with awareness-raising because they have direct interaction with general population.

2) What did the STP proposed and offered to these partners?

McDonalds:

We requested:

- a. Branding of McDonalds Outlet in Islamabad
- b. McDonalds staff to wear NTP badges during WTD campaign
- c. Provision of 20 free meals to the winners of the lucky draw

We offered them:

- a. Coverage on TV and print media for McDonald's
- b. McDonalds Publicity at NTPs, STPs and international websites and in NTP's newsletter
- c. Provision of coupons and banners on TB with NTPs, STPs and McDonalds Logos
- d. Shield during WTD National Symposium as an acknowledgement of their contribution

ITP:

We requested:

- a. Badges to be worn by their staff and volunteers to disseminate leaflets on TB
- b. Make announcements on float which will move all around the city
- c. Arranging an orientation session for their staff

We offered them:

- a. Coverage on electronic and print media
- b. Publicity of ITP as STPs partner in press releases, websites and newsletters
- c. Shield during WTD National Symposium as an acknowledgment of their contribution
- d. Arranging free chest camps in their offices (this was requested by them)

3) What have been the major outputs of this collaboration?

- a. Thousands of people got information on TB by reading their lucky draw coupons
- b. ITP officials were sensitized about TB and the role that they can play in fighting it
- c. ITP requested to arrange chest camps in their offices
- d. McDonalds and ITP agreed to long-term partnerships in NTP/STP activities

4) What has the STP planned for the future thanks to this collaboration?

- a. Nomination of their representatives in Stop TB Partnership Pakistan
- b. Screening of TB song as a permanent feature at all McDonalds Outlets
- c. Free chest camps at ITPs offices and Airing of TB Song at ITPs official radio station
- d. Permanent IEC material and awareness for McDonalds Staff

Mapping of resources is extremely important because it allows for the partnership to reflect on which services are provided where by who. A resource map allows partners to increase efficiency, decrease overlap and strategize for the future. The mapping of resources is also important for donors to see where their money would go and how many more people the partnership could reach if they receive donor support.

The Nigeria Stop TB Partnership mapped their partners by region so it would be easier to see where the gaps are and seek new partnerships with partners who can reach communities in gap areas. The Partnership's willingness to admit deficiencies and work towards finding partners to fill these gaps is a key to success.

Service	Service/Task	North West	North East	North Central	South West	South East	South South
HIGH QUALITY DOTS	Identify TB suspects	1. HDAI Kano 2. DRC Kaduna 3. MF Katsina 4. CSI Kebbi 5. MDC Gusau	1. NCDF Yobe 2. NMA Jalingo	1. AA Kontagora 2. OF Nasarawa Eggon 3. HAF Ilorin 4. CfDC Abuja 5. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. PLAN Ibadan	1. CTF Awka 2. DDN Abakaliki 3. SLSG Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. TGN Obowu 7. LPF Enugu	1. AFHO Asaba 2. PDF Calabar 3. BDI Bayelsa 4. PLCGI Akwa Ibom
	Collect sputum samples	GAP	GAP	1. OF Nasarawa Eggon	GAP	1. SLSG Enugu 2. SOPAT Enugu	1. PDF Calabar
	Do smear microscopy	GAP	GAP	1. OF Nasarawa Eggon	GAP	GAP	GAP
	Do HIV test	1. DRC Kaduna 2. CSI Kebbi 3. MDC Gusau	1. NMA Jalingo	1. AA Kontagora 2. DHC Abuja 3. OF Nasarawa Eggon 4. HAF Ilorin 5. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. PLAN Ibadan	1. SLSG Enugu 2. LPF Enugu	1. PDF Calabar
	Diagnose TB (and HIV)	GAP	GAP	1. OF Nasarawa Eggon	GAP	GAP	GAP
	Treat TB	GAP	GAP	1. OF Nasarawa Eggon	GAP	1. LPF Enugu	GAP
ACSM	Conduct advocacy	1. HDAI Kano 2. DRC Kaduna 3. MF Katsina 4. CSI Kebbi 5. MDC Gusau	1. GEEED Damaturu 2. NCDF Yobe 3. NMA Jalingo	1. AA Kontagora 2. DHC Abuja 3. OF Nasarawa Eggon 4. CEPAT Lokoja 5. HAF Ilorin 6. CfDC Abuja 7. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. K&TRC Akure 3. JAAIDS Lagos 4. PLAH IJOKO-LEMODE 5. PLAN Ibadan	1. CTF Awka 2. DDN Abakaliki 3. SLSG Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. TGN Obowu 7. TEEPAC Awka 8. LFP Enugu	1. AFHO Asaba 2. PDF Calabar 3. BDI Bayelsa 4. PLCGI Akwa Ibom
	Train health staff on IPC and counselling skills	CSI Kebbi	GAP	1. DHC Abuja 2. CEPAT Lokoja 3. HAF Ilorin	1. FOCHRID Ado Ekiti 2. K&TRC Akure 3. JAAIDS Lagos	1. CTF Awka 2. DDN Abakaliki 3. SLSG Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. LPF Enugu	1. PDF Calabar
	Train treatment supporters and volunteers	1. HDAI Kano 2. CSI Kebbi	1. GEEED Damaturu 2. NCDF Yobe	1. AA Kontagora 2. DHC Abuja 3. CEPAT Lokoja 4. HAF Ilorin 5. CfDC Abuja 6. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. K&TRC Akure 3. JAAIDS Lagos 4. PLAH IJOKO-LEMODE 5. PLAN Ibadan	1. CTF Awka 2. DDN Abakaliki 3. SLSG Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. TGN Obowu 7. LPF Enugu	1. AFHO Asaba 2. PDF Calabar 3. PLCGI Akwa Ibom

For more examples on Partnership Exploration, please visit our website:
<http://www.stoptb.org/countries/partnerships/exploration.asp>

Partnership Building

Preparing a shared national plan requires the partnership to have a strong relationship with the national government and the Department of Health in order to participate in national planning on TB issues. A great example of this public-private collaboration comes from the Philippines, where the Philippines Coalition against Tuberculosis (PhilCAT) worked closely with the government in joint planning. The Department of Health (DOH) in the Philippines, with the help of PhilCAT organized meetings to develop a national plan on TB care and control. This plan was formalized with the Common and Unified Policy (C.U.P) in Executive Order No. 187, signed by the President of the Philippines. With the input of the PhilCAT, the C.U.P. was strengthened by the new ideas from the NGO and corporate perspectives and allowed for a more comprehensive national plan that really includes all actors that can contribute to TB care and control.

Partnering agreements are essential in a partnership because they create a stronger sense of duty on behalf of the partners and establish in writing the common goals and shared vision of the partnership.

There are many ways to formalize partners' commitment, ranging from:

- A Letter of Commitment (LOC) was used as by India's Partnership for Tuberculosis Care and Control (PTCC):
http://stoptb.org/assets/documents/countries/partnerships/letter_of_commitment_india.pdf

This excerpt from the PTCC Letter of Commitment is a great example of how this agreement can be used successfully because it commits partners to the shared vision:

4. Commitment made by the Partner:

The Partner is joining out of its own volition, that it shares the vision, mission and objectives of the Partnership, commits to contribute to the Partnership to the best of its potential and abilities, respect the core values of the Partnership including mutual trust and respect, and appreciates the need to work jointly to multiply the impact

- A partnering agreement that uses the SWOT analysis to clearly state roles and responsibilities:
http://stoptb.org/assets/documents/countries/partnerships/agreement_swaziland.pdf
- A constitution Uganda: (Uganda example can be found at our website:
http://stoptb.org/assets/documents/countries/partnerships/constitution_Aug_11.pdf)

For more information on partnership building, please visit our website:

<http://www.stoptb.org/countries/partnerships/building.asp>

Partnership Maintenance

Resource mobilization can take the classic form of fundraising but can also be enhanced by utilizing the tools that a national partnership can offer. Partnerships can lead to greater resource mobilization than classic fundraising when it involves:

- i) **Collecting in-kind or cash donations** from partners (please remember that resources can also be in the form of human capital, technical support, expertise, network access).

Media partners in Pakistan provided public service announcements, documentaries, talk shows and interviews on TB-related issues and provided technical assistance in events management and communications with sponsors.

The Stop TB Partnership in Swaziland works with NGOs and the private sector to improve the quality of TB care to increase access to TB services. The far reach in the community brought by community-based organizations allows the partnership to bring more services to where people are.

- ii) **Creating a local strategy** for resource mobilization based on joint planning among partners;

Every year, fund-raising campaigns are organized during the Muslim holy month of Ramadan by Stop TB Partnership Afghanistan. Individuals or organizations give cash and in-kind donations. One year \$11,000 in zakaat (mandatory charity in Islam) and sadaqa (donations) were raised.

Since 2009, Egypt, Islamic Republic of Iran, Jordan, Pakistan and Sudan have all hosted successful Ramadan campaigns and they continue to collaborate regionally through the Eastern Mediterranean Partnership.

- iii) **Preparing joint proposals** to submit to Global Health Initiatives (ex. Global Fund, TB Reach, bilateral donors) with resources to be divided among partners based on resource mapping.

In Swaziland, India, Uganda and Ghana, national partnerships provided a platform for partners to develop their Global Fund proposals and implement grants.

For more information about how to include your partnership in a Global Fund Proposal: <http://www.stoptb.org/countries/partnerships/rm.asp>

Monitoring and evaluation is essential to national partnerships because it allows them to track their work and identify gaps and bottlenecks to progress. Additionally, partnerships are able to show their proven benefits for resource mobilization. Partnerships can monitor both the partnering process (goals, strategy, structure, roles, communication and learning) and the partners' activities (output indicators, outcome indications and impact indicators). As a starting point, collection of good practices and lessons learnt is a valuable tool for evaluating the partnering process.

Lessons learnt from the Eastern Mediterranean Partnership to Stop TB:

- Partnerships are essential to expand responsibility beyond the NTP to the society;
- A strong national partnership is the answer to fill gaps in TB care and control;
- Resource mobilization should not be the only objective of partnerships;
- To start partnerships, political will and commitment - not money - is needed;
- Big opportunities exist in form of civil society organizations (NGOs, groups, Rotary Clubs, youth associations, unions, etc.);
- Celebrities can help us bring TB issues to the media and the national agenda

Based on its M&E work and reports from its partners, the Eastern Mediterranean Partnership was able to declare that the Partnership mobilized 1.8 million people to march in support of TB patients.

Afghanistan	1,200,000	Oman	1200
Bahrain	100	Pakistan	530,000
Djibouti	12,000	Palestine	N/A
Egypt	7,000	Qatar	5,000
Iran	25,000	S.Arabia	30,000
Iraq	700	Somalia	20,000
Jordan	900	Sudan	10,000
Kuwait	300	Syria	10,000
Lebanon	N/A	Tunisia	4,000
Libya	1,000	UAE	200
Morocco	5,000	Yemen	3600



Total Eastern Mediterranean Region: 1,800,000

For more information on partnership maintenance, please visit our website:
<http://www.stoptb.org/countries/partnerships/maintenance.asp>