

AIDSTAR-Two Project Trip Report – Namibia **February 18-26, 2013**

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5 key words:

Namibia
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Brief Summary of Trip

Ummuro Adano and Teri Brezner traveled to Windhoek, Namibia to review and facilitate progress on the implementation of community-based health information hubs called “Centerships” in the communities of Onderombapa and Rosh Pinah. The purpose of this trip was to review data collection processes in both communities, provide training for CHWs, and provide oversight on operational activities related to the management and activities for the additional year of funding. After assessing the low level of CHW activity in the Onderombapa community due to the departure of the Peace Corps Volunteer and the majority of the community health workers, Mr. Adano and Ms. Brezner held discussions with USAID, CoHeNa (a local Namibian NGO) and the community members in Onderombapa, to expand the SOW with CoHeNa to include their direct involvement in revitalizing the Centership activities in this community. In the Centership in Rosh Pinah, the CHWs were found to be active, and received trainings on Data Collection and Building Effective Partnerships to help facilitate their understanding and commitment to their responsibilities as partners in the Private Public Partnership. In the final meetings with USAID, AIDSTAR-Two agreed to adjust the workplan and budget to include the addition of livelihood components in each Centership community, expanding the role of CoHeNa in Onderombapa and to establish a mentoring trip for a neighboring community in Rosh Pinah to create their own pilot of the project.

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Namibia - Windhoek, Onderombapa, Rosh Pinah
Traveler(s) Name, Role	Teri Brezner - Project Officer, AIDSTAR-Two, Ummuro Adano - Deputy Director, AIDSTAR - Two
Date of travel on Trip	February 18 – February 26, 2013
Purpose of trip	<p>The purpose of this trip was to:</p> <ul style="list-style-type: none"> - Review health information and collection processes in both community and provide guidance and support for improving data collection. - Meet with Community Health Workers and local clinics in both communities to discuss current work and identify additional support needed. - Meet with stakeholders in Rosh Pinah (RoshSkor, Regional MOHSS, Local Clinic, Centership Committee) to review the first month progress on private public partnership initiative to support local Community Health Workers and to identify steps forward. - Meet with SME Compete to discuss results of assessment and determine next steps - Meet with Peace Corps Volunteer to discuss progress thus far and strategize on how to accelerate progress in the community and maintain community morale - Discuss use of available funds if business initiative does not go forward with USAID - Work with partners to develop comprehensive transition plan - Present to National MOHSS on health work force development and its

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	link to Centership activity
Objectives/Activities/Deliverables	<ul style="list-style-type: none"> - Summary report on data collection process in the communities - Transition plan
Background/Context, if appropriate.	<p>Since the last TDY in September 2012, there were several changes in both Centership communities. Shortly after returning to Washington, DC, Erin Kurtz was informed by the local coordinator in Rosh Pinah that the Centership Committee was interested in becoming involved in the PPP. Given that the Centership Committee’s primary role was to facilitate the business plan that did not come to fruition, there was no longer a need for the committee members to be involved given their limited knowledge, experience and interest in the health activities of the Centership. MSH sent a letter to the Centership stating that we would no longer work with the Centership Committee, for the reasons stated above, and that moving forward the current CHWs should select a new Committee from the existing and active group of CHWs. The new committee members were democratically selected and have been functioning in their roles since October 2012.</p> <p>In the Onderombapa community, MSH was communicating with a local Namibian organization, SME Compete, to coordinate a subcontract for an assessment of the Centership business plan. Due to the timing of the process to put the subcontract in place, SME Compete indicated that they will most likely pursue other opportunities and could no longer commit their time to work with MSH. In February 2013, the Peace Corps volunteer in Onderombapa resigned due to personal reasons. Since that time there has been no local coordinator representing MSH in the Onderombapa community. Many of the active CHWs moved to Windhoek or other cities in search for work and only 2 active CHWs remain in Onderombapa.</p> <p>As a result of SME Compete’s unavailability, the limited timeframe for implementation of the business plan (due to the end of AS-Two in August), the resignation of the Peace Corps volunteer, and the limited activity of the CHWs, the business plan would no longer be a feasible option. MSH developed a new plan to discuss with the mission during this TDY. The new plan entailed expanding the SOW of CoHeNa, another local Namibia NGO, to revitalize the CHW program in the Onderombapa community where they already work and create a sustainability plan for the Centership after the end of AIDSTAR-Two.</p>

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

<ul style="list-style-type: none"> - During meeting with Ms. Kaune, Regional Health Director for Omaheke region, she said that the MOHSS would be providing an Outreach Team Coordinator who will provide supervision and oversight to CHWs on a monthly basis. The MOHSS will also request a new Peace Corps volunteer; this person however will not arrive in time to assist with the current Centership project. In the long term, the CHWs could also be absorbed into the new cadre of HEWs that the MOHSS is planning to roll out.
<ul style="list-style-type: none"> - Delivered data collection and Building Effective Partnership training with CHWs in Rosh Pinah. Please see training designs attached for full details of topics covered.

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- Met with all PPP stakeholders in Rosh Pinah to clarify roles and responsibilities in the PPP. Discussed the plan for the PPP with the local coordinator and local clinic nurse. They agreed to send a calendar of the PPP trainings and topics within 2 weeks. Possible training topics include Hygiene, malnutrition and first aid. The nurse will follow up with the regional MoHSS to obtain their signature on the PPP and then forward this back to MSH to obtain USAID's signature to complete the process of finalizing the PPP agreement. All of the partners in Rosh Pinah (Centership committee, local coordinator, local nurse and RoshSkor representation) will establish weekly meetings to discuss the progress of the proof of concept. The meetings will occur on the last Friday of each month.
- Met with local coordinator and clinic nurse in Rosh Pinah to get status on CHW activities. Recent data collection activity has been low due to the holiday season. The Centership would like to initiate a small garden that would provide food to TB patients, and the surplus food would be sold to sustain the costs of the garden. We discussed this with RoshSkor and agreed to partner to provide the resources to start up the garden.
- Finalized processing of early termination of Peace Corps Volunteer with Peace Corps DPT
- Discussed proposal for expanded SOW with Executive Director of CoHeNa, agreed to send a proposal to CoHeNa to initiate a subcontract. We agreed that CoHeNa will recruit and train 15 new CHWs. The CHWs will be absorbed into CoHeNa's structure once AIDSTAR-Two ends. CoHeNa will conduct a 2 day training for the CHWs on collecting data using the MOHSS national registry and will also assist them in starting a small animal livelihood project.
- Developed list of ideas with USAID to use for programming with newly available funds, ideas include livelihood projects in both communities, expanding SOW for CoHeNa, mentoring representatives from a neighboring community in Rosh Pinah on establishing their own Centership, hosting a final results meeting in both communities in August at the end of the project.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Finalize the signing of the PPP (also include signature of USAID)	Jackson Kanjii (local consultant), Sister Karrol (clinic nurse in Rosh Pinah), Teri Brezner	April 15 th
Resubmit revised budget to USAID Namibia to include expanded SOW with CoHeNa and additional activities to program the newly available money	Teri Brezner	April 15 th
Finalize a subcontract with CoHeNa	Teri Brezner	April 15 th
Quote for vegetable garden in Rosh Pinah	Jackson Kandjii	April 9 th

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Mr. Haufiku (National MOHSS)	dhaufiku@mhss.gov.na	MOHSS	Meet for in brief meeting on Monday Feb.18 th 2013
Dr. Shannon Kakungulu, COP	skakungulu@msh.org	MSH Namibia	Attended our in brief meeting with USAID Feb.18 th , 2013
Elzadia Washington-Danaux, Mission Director	P: 61-273-701 E:	USAID Namibia	Meet for in brief meeting on Monday Feb.18 th 2013

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	ewashington@usa id.gov		
Rosalia Indongo TB/HIV advisor	rindongo@usaid. gov	USAID Namibia	Meet for in brief meeting on Monday Feb.18 th 2013 and out briefing on Tuesday Feb. 26
Ida Lamperth - Technical Program Assistant	61-273752	USAID Namibia	Meet for in brief meeting on Monday Feb.18 th 2013 out briefing on Tuesday Feb. 26
Susan Chira - Local clinic nurse, Onderombapa	81-3629285	MOHSS, Onderombapa Clinic	Met on Feb. 20 th to discuss status and activity of CHWs in Onderombapa
Ms. Renee Kaune – Regional Health Director	rekaune@yahoo.c om	Regional MOHSS Omaheke Region	Met for in brief meeting on Thursday February 21, 2013
Dan Rooney - Director of Programming and Training	81-146-3338	Peace Corps	Met on Feb.21 to finalizing processing of former Peace Corps Volunteer, received project files
Jackson Kandjii, local consultant	81 330 0945	MSH	Met on Feb. 22 th to discuss project status. Attended training on Feb. 23 rd for CHWs
Sister Karrol - Local Clinic Nurse, Rosh Pinah	81 305 8682	MOHSS, Rosh Pinah Clinic	Met on Feb. 22 th to discuss project status. Attended training on Feb. 23 rd for CHWs
Stefan Saayman - RoshSkor Manager	81 239 1208	RoshSkor	Met on Feb. 25 th to discuss PPP proof of concept for next 5 months and the role of RoshSkor moving forward.
Eva-Liza Nailenge	81-253-6844, Email: Eva- Liza.Nailenge@r oshskor.com.na	RoshSkor	Met on Feb. 25 th to discuss PPP proof of concept for next 5 months and the role of RoshSkor moving forward
Dr Cordelia Simbisai Zvavamwe PhD - Executive Director	Email: cordelia@iway.na 264 61 237908/9 264 81 280 2516	CoHeNa	Meet on Feb.26 to discuss expanding SOW for CoHeNa to revitalize Centership CHWs in Onderombapa through their existing program

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Training Design for Data Collection and Building Effective Partnerships	Provides outline of training topics on the subject of data collection	eRoom
Summary Report on Data Collection Process	Provides update on status of data collection, challenges and opportunities	eRoom
Transition Plan	Captures agreements with various stakeholders regarding the transition and sustainability of the project post AIDSTAR-Two	eRoom

Annex 1.

Summary Report on Data Collection Process in Centerships

1. Onderombapa Centership:

Upon arriving at the Onderombapa centership we were able to determine that there were only 2 active community health workers. The Peace Corp Volunteer who had acted as the MSH representative and local community coordinator resigned due to personal reasons in early February. At that time the activity of the community health workers had been low. Many CHWs have moved out of the area in search for work.

From October – January, the PCV had only received 2 data reports. One of the reports showed identical information to the data that was collected by the same CHW in the month prior indicating that it was likely copied and most likely unreliable.

It was determined during the meeting with the two active CHWs and Nurse Susan that the Centership data collection activities would cease until a new local partner CoHeNa has agreed to help the project by recruiting new CHWs and providing training on proper data techniques.

Update: Since the trip in February, the contract with CoHeNa has been drafted and is pending final signature from the CoHeNa Executive Director. Activities will commence immediately once the document is signed (week of April 15).

2. Rosh Pinah Centership:

Our visit to Rosh Pinah included a full day training and workshop on the topics of data collection and building effective partnerships. Through the first session on data collection we were able to discuss how the CHWs were collecting and reporting on the monthly community health information they gathered.

It was determined that at the end of each month the community health workers would submit their data to the local coordinator. In the past, the local coordinator had regularly submitted the community health data to the local nurse, but from October – January he had only submitted the data to MSH and not at the local level. We determined through discussions with the local coordinator, the local nurse and the CHWs that during the month of October when the former Centership Committee had resurfaced requesting a role in the development and implementation of the public-private-partnership agreement for the CHWs, RoshSkor, the Ministry of Health, MSH and USAID. Given their lack of involvement in community health activities MSH determined that they would no longer engage with the Centership Committee, and a meeting was held to elect new officers from within the existing group of CHWs. During that time tensions were high and this caused a breakdown in communication and trust between the local nurse (who sought to move forward with the CHW activities) and the CHWs and local coordinator (who were feeling pressured by the former board to not work with the nurse).

Through the second session of the training on building effective partnerships, we were able to address the issues of communication, trust and collaboration by having a transparent and honest discussion. By the end of the training the group collectively agreed that working together,

inspiring trust and communicating frequently was in the best interest of all involved in the PPP and that they would use the principals discussed during the trainings going forward.

The data collection session provided the CHWs with a clear vision for what happens to the data once it has been reported to the clinic, the path it takes to reach the national and international level, and how this data determines the health resources assigned to their community. We provided them with the Four Cs of data collection as a framework to remember how to collect and report health data that is correct, consistent, concordant and complete. Together with the local coordinator and clinic nurse, the CHWs established deadline dates for reporting their data. All data is now due to the local coordinator by the 25th of each month, and the local coordinator will report this data to the local clinic by the 2nd of each month. CHWs have committed to collecting data at least once a week and will also attend group meetings on a weekly basis.

Update: Since the data collection training, the local coordinator has reported that all but one group of CHWs were able to collect and report their data on time to the local clinic.

Annex 2

Transition Plan

1. Onderombapa

After assessing the activity in Onderombapa and holding discussions about the low level of Centership activity, it was determined with USAID that this Centership is not in the position to start up and implement their original business proposal. Owing to the lack of man-power and motivation from the CHWs, and the lack of a representative from MSH on the group to manage the procurement and logistics, it is no longer a feasible option.

MSH will instead establish a sub-contract with the local partner CoHeNa to work with the Onderombapa community. CoHeNa was selected as the local implementing partner due to their track record of developing effective and efficient CHW programs, and their established presence in the Omaheke/Onderombapa regions. The CHWs agreed that working with CoHeNa would improve their work, especially if they were given access to transportation. CoHeNa agreed to work with the remaining CHWs, in addition to recruiting and training up to 15 more. The new cadre of CHWs will be trained in data collection, as well as how to establish, implement and maintain a small animal livelihood project selling ~~chickens??~~ goats. The profit from the sale of goats would go towards the Centership activities.

CoHeNa will reinvigorate this program with the goal of eventually incorporating the new cadre of CHWs into the Community Health Coordinator program. CoHeNa would then assume the responsibilities of training and overseeing the work of the Centership CHWs going forward, beyond the end of AIDSTAR-Two. Such a strategic relationship with CoHeNa, a local entity with a proven track record in this field of work, provides a plausible mechanism for ensuring sustainability of the CHW program in Onderombapa.

2. Rosh Pinah/Tutengeni

At the end of AIDSTAR Two's visit in Rosh Pinah, they had a meeting with the Manager of RoshSkor. In that meeting they discussed the workplan for the proof of concept that represents the initial 6 months of the Public Private Partnership. During the first 6 months the Community Health Workers will receive 2 training of the trainers from the MoHSS (1 per every 3 months) on topics of their choosing. CHWs will then have the opportunity to replicate the trainings with a group of at least 10 community members. For each of these group presentations, the CHWs will be paid a small fixed stipend by MSH (on behalf of USAID). Each local partner listed in the PPP agreed to attend one monthly meeting where they would discuss the results, challenges and success of the program to keep each other informed and to identify issues as far in advance as possible.

At the end of the six month trial period, the CHWs, local nurse and local coordinator will discuss the results of their PPP activities with the RoshSkor Manager. He will bring the results of this meeting (and each of the monthly meetings) back to his Director to ensure that RoshSkor will assume the responsibility of issuing small stipends once AIDSTAR-Two's funding has ended. One possibility for transition that RoshSkor discussed was expanding the SOW of their sanitation workers/toilet cleaners to also include the responsibilities of performing community health work

and presentations. The RoshSkor Manager will explore this option with his Directors. Additional conversations are needed to finalize the transition plan for the Tutengeni CHWs.

TRAINING FOR CENTERSHIP COMMUNITY HEALTH WORKERS: Data Collection and Building Effective Partnerships

Background:

In Spring 2010, the Office of HIV/AIDS and the Health Information System Technical Working Group, in collaboration with the USAID mission in Namibia, began planning a Namibian community-based health initiative entitled “Centerships.” In March 2011, AIDSTAR-Two was asked by USAID to take on the role of managing the activity.

Centerships are community entities defined, owned, and operated by community members. The primary purpose of these organizations is to implement community health projects, particularly health outreach, education and referrals and the collection of community health information through Centership community health workers. These health activities will in turn be funded through a Centership-run business, using skills gained through business planning training provided by AIDSTAR-Two. The centerships activity is supported by many partners. Of particular note is the Namibia Ministry of Health and Social Services, who is playing a substantial role in training the CHWs from both communities, and the Peace Corps, who have provided volunteers to support the project in both locations. The two communities selected are:

1. Rosh Pinah, a mining town located in Southwestern Namibia close to the South Africa border. Rosh Pinah includes the informal settlement of Tutungeni with approximately 14,000 inhabitants. Tutungeni is the particular focus of the Centership project.
2. Onderombapa, a cattle community north of Windhoek, one hour from Gobabis in the East Central area of Namibia, approximately 20 km from the Botswana border.

AIDSTAR-Two will deliver this training as part of the effort to strengthen the HIV response in two communities by supporting the ongoing training and support of the community health workers.

Purpose:

The purpose of this training is to equip community health workers in Rosh Pinah with essential information on:

- purpose and process of collecting accurate data and
- how to establish effective partnerships in their communities

Specifically this training will:

- a. Assess the current level of data collection by the CHWs in Rosh Pinah and the process they currently practice for reporting data
- b. Train community health workers with essential information about the 4Cs of Data Collection
- c. Underscore the important role community health workers play in securing health resources for their community by collecting and submitting their data
- d. Help community health workers understand their existing and potential partners
- e. Identify what factors contribute to strong and weak partnerships

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- f. Establish a clear vision for how to move forward to work effectively and efficiently with all of the partners in the PPP

Setting and Timing:

Community Health workers will be invited by the local AIDSTAR-Two supervisors to participate in this training. This training will take place at the Centership in Rosh Pinah. The estimated time for this training is approximately a full day.

Learning Objectives:

At the end of this training, participants will:

Skills:

- Demonstrate new visioning and teamwork skills
- Identify potential business partners in the community

Knowledge:

- Define the 4Cs of data collection
- Define the 8 factors that contribute to effective partnerships
- Define the role of the centership and community health works

Attitude:

- Display increased trust and cooperation within their group and with the other stakeholders in the Public Private Partnership

Essential Ideas to Convey:

- The importance of accurately collecting and reporting data to the local clinic so that it can inform the regional and national ministries
- Identify the partnerships that each CHW has in their personal and professional life
- Discuss role and responsibilities of CHWs, and identify their partners (existing and potential)

Training Design

Topic & Time	Activities	Materials
Review Course Plan & Expectations 5 minutes	Review the purpose and objectives of training <ul style="list-style-type: none"> • Provide overview of the training outline • Define ground rules • What questions or ideas do you have about data collection? 	<ul style="list-style-type: none"> • Classroom set up in circle of chairs
Session 1: Data Collection		
CHWs and Data collection Part 1	As a group identify the current practice and process of data collection and reporting among the CHWs <ul style="list-style-type: none"> • How do you collect data? • What happens to the data once it is collected • Why are you collecting data as a CHW? • How is the data used? How do you use it? <p>Sister Karrol will provide an overview of the how the community health information flows up to the national ministry of health and how this data is used once it arrives there.</p> <p>Assessment: What happens if the clinic, regional or national ministry doesn't receive the data?</p>	<ul style="list-style-type: none"> • Classroom set up in circle of chairs
CHWs and Data collection Part 2	Discuss the role of a volunteer CHW in addressing community health problems in Tutengeni <ul style="list-style-type: none"> • In small groups, create a list of the responsibilities and purpose of CHWs in Tutengeni • Who do you serve and work with? • How do you work? (What is your catchment area, what are the hours?) How can CHWs use the community health data? <ul style="list-style-type: none"> • Brainstorm ways to make data useful, to apply expertise, to use it to provide a service to others in the community 	<ul style="list-style-type: none"> • Classroom set up in circle of chairs
4Cs of Data Collection	Review the 4Cs of data collection and practice identifying 4Cs are in case studies with Sister Karrol <p><u>Four Cs of Data Collection</u></p> <ul style="list-style-type: none"> ○ Complete (data is representative of entire catchment area) ○ Correct (it is logical and makes sense, eg. You cannot have a pregnant man) ○ Consistent (collected regularly, on time and reported) ○ Concordance (do the findings match what we know to be true) 	<ul style="list-style-type: none"> •
Moving Forward: Data collection and Centerships	Discuss next steps for committing to following and practicing the 4Cs of data collection <ul style="list-style-type: none"> • Share data findings at meetings • Each person plays an important role in serving the community, think of ways you can use the data to help improve the community • Share your expertise, you are knowledgeable as CHWs, share what you know and educate others • Create a data dashboard to review data together and understand what it means 	<ul style="list-style-type: none"> •
Personal Partnerships	Ask each participant to share the following information: <ul style="list-style-type: none"> • Who do you consider partners in your life? (Think about your work, 	

10 minutes	<p>family, community, etc)</p> <ul style="list-style-type: none"> • What partnerships do you see in your community? • What makes your partnership or relationship effective? • Think about some difficult partnerships or relationships in your life, what makes them difficult? 					
Session 2: Establishing Effective Partnerships						
Effective Partnerships 20 minutes	<p>Eight Factors of Effective Partnerships</p> <ul style="list-style-type: none"> • Identify who are our partners • Discuss the 8 essential components of effective partnership <p>How do you know the partnership is working? <i>Setting expectations, goals, and reasonable timeframes early on in the partnership gives both sides of the relationship guideposts for evaluating the partnership. At the outset a memo of understanding should include:</i></p> <ul style="list-style-type: none"> • A description of the goals of the partnership • Measurable targets and deliverables • Clearly established roles, responsibilities, timing, and deadlines 	<ul style="list-style-type: none"> • Flipcart • Markers • 				
Game of trust – Mine Field 15 minutes	<p>Game of Trust</p> <ul style="list-style-type: none"> • Participants are paired: one is blindfolded while the other gives instructions. • The “playing field” has multiple “mines.” • The instructor must verbally guide his/her blindfolded partner across the field without stepping onto any of the mines. 	<ul style="list-style-type: none"> • 				
Vision for the Centership 40 minutes	<p>Understand Centership’s goals, mission <i>Participants divide into equal groups or pairs and discuss what they see as the centership’s goals and mission.</i></p> <ul style="list-style-type: none"> • What is the role of the community health worker? • Share responses in plenary 	<ul style="list-style-type: none"> • Flipchart • Markers 				
Strengths and Weakness	<p>Centerships strengths/weaknesses, In a group fill in a chart of the strengths and weaknesses the Centerships can offer in a business partnership (e.g. networks, membership, influence, standing within the community): what are the benefits of the partnership for both sides?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Business benefits</th> <th style="width: 50%; text-align: left;">Centership benefits</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Improved health of workers • Increased political leverage (improved relationships with community) • Increased worker productivity • Improved community image/reputation </td> <td> <ul style="list-style-type: none"> • Gain management tools and expertise through training • Increase capacity for data collection • Increased revenue </td> </tr> </tbody> </table>	Business benefits	Centership benefits	<ul style="list-style-type: none"> • Improved health of workers • Increased political leverage (improved relationships with community) • Increased worker productivity • Improved community image/reputation 	<ul style="list-style-type: none"> • Gain management tools and expertise through training • Increase capacity for data collection • Increased revenue 	<ul style="list-style-type: none"> •
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<ul style="list-style-type: none"> • Improved health of workers • Increased political leverage (improved relationships with community) • Increased worker productivity • Improved community image/reputation 	<ul style="list-style-type: none"> • Gain management tools and expertise through training • Increase capacity for data collection • Increased revenue 					
Call to Action 10 minutes	<ul style="list-style-type: none"> • Create a goal and action plan of what steps you will take to improve your relationship with the partners we identified 	<ul style="list-style-type: none"> • Action Plan worksheet 				

Building Effective Partnerships

1) Commitment to a Common Mission – Successful organizations rally around a common, clearly-articulated goal and vision. Team members must understand, believe and live it. This must be more than

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just lip service. When people say they are committed, but then take actions or make comments privately that conflict or undermine the mission, it is incredibly damaging.

2) Unselfishness – The power of cooperation is well known to all of us. Two plus two can certainly equal well more than four when true cooperation exists. Of course, the opposite is even more truthful. One self-interested member of a partnership or team will poison the group and generate lingering animosity that will pervade the team and limit success, at best.

3) Complimentary Capabilities – A football team’s offense could not function with two centers trying to hike the ball and also would not work without blocking, running, receiving and quarterback play. A partnership is no different. Do not go into business with someone that has your same capabilities and weaknesses. Partners must seriously consider the individual skills, talents, and limitations of each and then deploy each partner in a disciplined way that ensures all contribute their capabilities to the team. Trying to create a role or accept subpar performance from a partner because you want them as a partner will lead to failure.

4) Ongoing Communication – Open, honest and frequent communication is an absolute requirement for success. Without it, team members can end up in silos, mired in the details of their function, rather than staying focused on contributing to the broader objectives.

5) Acceptance of Differences – Put a few humans together, and you will likely find something in each of them that can annoy another on some level. People have different quirks and habits that need to be accepted and forgiven as long as they do not deter the team from its mission. Effective partners accept human quirks and differences for the better of the organization.

6) Forgiveness – We all make mistakes. If we don’t we are not trying hard enough. We enjoy skiing in my family, and I often say to my kids: “If you are not falling, you are not trying hard enough.” We must forgive our partners and ourselves and create an organizational culture that encourages risk-taking and new ideas by openly forgiving when they don’t work out.

7) Fairness – When people are treated fairly, they remain motivated and will often achieve beyond expectations. The opposite will result in demotivation, animosity, and lack of commitment. The compelling need to ensure that one’s own personal situation is fair will be present in discussions, decisions, and serve a significant distraction to the individual, thereby severely limiting the potential of the partnership.

8) Trust – Business partnerships require trust that is built upon mutual respect, honesty, and demonstrated integrity. Without this, all is lost.

(Source: <http://blog.membersolutions.com/bid/60429/8-Keys-to-Effective-Business-Partnerships-Steve-Pinado>)