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The Participation Forum*

May 16, 1996

Topic: Where Can a Broad Consultative Process Lead in a Global Program?

Redesign of the Global Bureau's HIV-AIDS strategic objective has involved participation on a global scale of missions, international PVOs, HIV-AIDS advocacy groups, host-country governments and nongovernmental organizations, technical giants in the field of AIDS, and representatives of ultimate "customer" representatives. Jacob Gayle, Chief of the HIV-AIDS Division of the Global Bureau's Center for Population, Health and Nutrition (G/PHN); Holly Fluty, manager of the participation process for the HIV-AIDS strategic objectives; and Messaye Girma, participation consultant with Team Technologies and Health Technical Services, were the presenters in the 19th session of the Participation Forum. They outlined the main features of their participatory approach and offered answers to such questions as who should be involved, how the benefits of participation can be assessed, what stakeholder commitment means, and what resources are required for promoting global-scale participation. Their approach cut new ground but also drew on years of experience with participation in many old USAID projects. Nils Daulaire, DAA of the Bureau for Policy and Program Coordination (PPC), kicked off the session.—Diane La Voy, Senior Policy Advisor for Participatory Development

Global Participation for Global Impact

Nils Daulaire

Few development challenges are more pressing or more all-encompassing than the HIV-AIDS epidemic. Twenty million are infected today, and an expected 40 million will be infected by the end of the century. Projections run as high as 100 million infected by the second decade of the 21st century. The epidemic has gotten through just about every net we have put out for it. We don't have a good technical fix on it. It's a disease which impacts as much on the social network and social fabric of countries in the developing world as it does on individuals. Because of its complexity, both its viral complexity and its social complexity, it has posed development challenges that go beyond anything we at USAID have seen before.

The program which will be described today is trying to work on a global level to achieve a lowering of the trajectory of increased cases. We hope to be able to measure impacts which

*The Participation Forum is a series of monthly noontime meetings for USAID personnel to explore how to put into practice the Administrator's mandate to "build opportunities for participation into the development processes in which we are involved" ("Statement of Principles on Participatory Development," November 16, 1993). Guest speakers from in and outside of USAID describe their experiences and enter into a general discussion of the theme of the session. A summary of the meeting is disseminated within USAID by E-mail, and readers are encouraged to engage in an E-mail dialogue. E-mail should be directed to Diane La Voy, using either the USAID directory or INTERNET, as DLAVOY@USAID.GOV. Printed copies of the Forum summaries will be distributed to participants and attendees from outside of USAID and others interested in participatory development. The Office of Health and Nutrition's Environmental Health Project (EHP) arranges logistics, maintains the mailing list, and prepares the Forum summaries.

will have enormous meaning for the lives of millions of people.

With HIV-AIDS, more than with many other health issues, we have to go well beyond simple medical models. We have to examine the network of social relationships and find out why people behave in certain ways and what can effect behavior change. That cannot be done by making a decision at the top level for a global program and applying it worldwide.

An effective program will be built on an understanding of its customers. This is doubly challenging because many of these customers don't know they are customers right now. Most of the 80 million people or so who will become infected in the next 20 to 40 years haven't the slightest idea that they're at risk. So we have to build our customer base.

Developing a global HIV-AIDS effort differs from many other participatory processes by the very fact that the program is trying to have global impact. For instance, it's relatively easy to define who to reach out to, who to draw into the process, in a child survival program, where the principal customers are known and where activities take place at a country level. But the global HIV-AIDS effort deals with 20-30 countries, thousands of direct collaborators, and millions of potential beneficiaries.

Listening for Meaning and Understanding the Context *Jacob Gayle*

Before I begin I would like to tell you a little story about Bobby Joe and his horse, Wrangler. Bobby Joe and Wrangler were crossing Roosevelt Bridge, when a reckless driver hit Wrangler and knocked both Wrangler and Bobby Joe off the bridge. They somehow made it to the shore with the help of the police. Later, Bobby Joe took the driver to court, asking for a big award in compensation for his injuries. During the hearing, the judge stated that the police on the scene had heard Bobby Joe say, “I'm doing just fine, thank you very much.” “Were you fine or were you not?” asked the judge. Finally he let Bobby Joe tell his story. Bobby Joe explained that after the accident the horse eventually washed ashore. A policeman came by and said, “This horse is definitely in major pain. I will take him out of his misery.” With that he pulled out a gun and shot the horse dead. Then he turned to Bobby Joe and said, “And how are you?” Obviously, Bobby Joe said, “I'm doing just fine, thank you very much.”

The moral to that story is twofold. Number one, we have to listen for meaning. And number two, we have to understand the context of what people are saying. These are also two of the lessons we have learned through our consultative process to design a global HIV-AIDS program: listening for meaning and understanding the context of those involved.

A Culture of Inclusion

Working in the area of HIV, we have inherited a culture and an expectation of inclusion in discussions, in deliberation, in the direction of programming efforts, and in the evaluation of the activities. This culture was born very early in the epidemic out of what many people might consider guerrilla warfare. Our offices were taken over by organizations like Act Up. That and other experiences taught me how important it is to bring all concerned people to the table for HIV planning.

To that end, we, as the U.S. government, not only took a leadership role in convening 41 other countries, but also committed ourselves at the December 1994 Paris AIDS Summit Declaration to be as participatory as possible in our activities and interventions and in planning and evaluating them. In the spirit of what I call the HIV culture, we felt that the participation of all involved was vital.

Messaye Girma and Holly Fluty will describe the joys and sorrows, pains and agonies, thoughts and second thoughts that were involved in trying to understand who our customers, stakeholders, and partners are and how we include them in and obtain their commitment to a global effort.

Philosophy of the Design for Participation*

Messaye Girma

The premise of the participation strategy was that stakeholder commitment and technical quality lead to the high performance of a portfolio--in this case, the HIV-AIDS portfolio. The vision for our strategy was for stakeholders not just to come to agreement, but to become committed. Our approach can be summed up in one sentence: People support what they help create. Our participation strategy was to transcend consultation and create meaningful involvement.

Features of the Participatory Process

Whose commitment do we want? To identify stakeholders, we used a service triangle, with suppliers, customers, and "critical affectors" of a product or service at the three corners. Critical affectors include partners and those that can influence, both positively and negatively, the relationship between suppliers and customers.

In our case,

- the **development objective** was drawn from the mission statement of the PHN Center: the provision of quality field support, global leadership and research services;
- the **beneficiaries** (or "customers") are USAID missions and bureaus; host country national HIV-AIDS control program managers, and PVOs/NGOs working in HIV-AIDS;
- the **provider** of the services is the HIV-AIDS Division of the PHN Center; and
- the division's **partners** are multilateral and bilateral donor agencies working in HIV-AIDS, and, within USAID, PPC.

The participation process we wanted has four requirements: it must (1) generate commitment rather than agreement; (2) minimize risk by allowing periodic evaluation, correction, or improvement; (3) be transferrable for use by customers and partners for their own strategic planning; and (4) build on already existing experience and best practices within USAID.

According to organizational behavior and social psychology theory, six major factors engender commitment:

- a commonly valued objective;
- collaboration
- stakeholder representation
- shared decision-making ("empowerment")
- a quality product; and
- feedback to and from stakeholders on process outcomes

When we designed the roadmap for our participation strategy, we incorporated all of those factors in a logical sequence.

Phases of the Participatory Process

The participation strategy was to be implemented in three phases.

The first phase—"Visioning"—was intended to describe the set of necessary and sufficient objectives in HIV-AIDS and produce a stakeholder-created Universal Framework of Objectives (UFO) for HIV-AIDS. This UFO was created by the collaborative effort of hundreds of stakeholders (representing the service triangle described above) at a series of town meetings and workshops in Beijing, Chiang Mai, Jerusalem, Kampala, Santiago and Washington. The creation of the UFO was a landmark achievement in that it reconciled previously competing perspectives such as biomedical versus behavioral approaches.

The second phase—"Focusing"—was intended to identify which of the UFO objectives should be pursued by G/PHN. In two workshops, stakeholder representatives selected a subset of objectives that G/PHN should include in its strategic objectives through the analyses of USAID's comparative advantage and the application of multivoting strategies.

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* Messaye Girma's account was updated during preparation of this forum summary.

The third phase—"Planning"—was intended to decide how best to achieve the objectives selected in the previous phase. A core team of major institutional stakeholders and USAID refined the results framework and created the results packages that would constitute the PHN's HIV-AIDS portfolio.

The Outcomes of the Approach

Stakeholder Commitment. There is no question that the participation process achieved customer and partner commitment to G/PHN's strategic plan for HIV-AIDS. The main elements of the plan were presented at:

- USAID Health Officers' meeting in Nairobi
- National Council for International Health in Washington; and
- XI International Conference on HIV-AIDS in Vancouver.

In each case, the stakeholders were able to identify their contributions to the design of the strategy; they evidenced a sense of co-ownership over the plan and reported their commitment to its success. In Vancouver, both the strategy and the participatory process by which it had been designed received a standing ovation from the assembled international stakeholders and experts in HIV-AIDS. There was evident a "crescendo of commitments" by increasingly specific groups of stakeholders to increasingly specific outcomes throughout the implementation of the participatory process: to the UFO in phase 1; to G/PHN's share of that UFO in phase 2; and finally, to G/PHN's strategic plan in phase 3.

Demand-responsive Design. The strategic objective plan is very responsive to the demands of G/PHN's customers. Every major theme that arose through the participation process was incorporated as a result, or as a cross-cutting theme, in the strategic objective plan. All results or cross-cutting themes have performance indicators associated with them, thereby assuring the accountability of PHN for their achievement.

High Technical Quality. Several features of the design of G/PHN's strategic objective plan for HIV-AIDS made it a quality product.

- The strategic objective plan, or results framework, describes **a holistic strategy** that is specific, measurable, achievable, results-oriented, and time-bound. Further, G/PHN has made a commitment to treating this results framework as a single strategy through improved programmatic coordination between itself and its customers and partners, and improved technical (horizontal) coordination between its implementing agencies.
- The strategic objective itself acknowledges the **pivotal role of field-level partners** in translating G/PHN's services into greater and more sustainable impacts on the epidemic. HIV-AIDS is a development issue as well as a public health issue, and effective responses will include the provision of basic care services for the infected and affected, the protection of the rights and dignity of especially vulnerable communities, and the empowerment of local actors so that they may be better able to respond to a pandemic that is here to stay.
- The chosen results represent those **programmatic choices** that maximize both the impact on the epidemic, and PHN's comparative advantages in HIV-AIDS.
- HIV-AIDS is here to stay, and **sustainability** is therefore emphasized as a result. Sustainability will be achieved to the extent that organizations working in other areas broaden their portfolios to include HIV and AIDS work; commercial firms provide information and services to their workers; and NGOs dedicated to HIV-AIDS are able to broaden their funding base and deepen their management skills. PHN, by virtue of USAID's experience and relationships with U.S. PVOs, the private sector, and the international networks of NGOs working in HIV and AIDS, is well-placed to take a leadership position.

Will G/PHN's HIV-AIDS portfolio be characterized by an expanded and more coordinated response to HIV-AIDS as a consequence of this participatory approach? It is too soon to tell. However, if the outcome-level achievements described above are supplemented by a participatory, flexible, and responsive management system during implementation, it is not unreasonable to expect that joint programming of the sort described above, mission buy-ins to the HIV-AIDS strategic objective, and aggressive donor coordination will increase over current levels.

Best Practices and Remaining Questions

Holly Fluty

This huge effort has been built on best practices. Much of our approach to developing and implementing the participatory process wasn't necessarily brand new, although it may have been applied in a new way or revamped. When I think about what has been learned through the agricultural extension experience in community networks; the distance learning from the education sector; capacity building from the PVC Child Survival Grants Program; community mobilization from the environmental sector; social marketing, which USAID pioneered; policy and advocacy tools; as well as the huge issue of empowerment of women, we certainly can apply those lessons and not necessarily reinvent them.

Nevertheless, we did use some innovative techniques which I think are worth mentioning. In particular, in the Washington town meeting in phase 1 of our process, we used the "open space" technology in which a workshop agenda is determined by the participants rather than by the organizers or facilitator. As a result, a wealth of topics that we had not considered appeared as foci for discussion, such as the role of kinship systems in prevention and care interventions. This was new for me. Not setting an agenda was rather risk-taking and difficult to explain. The common question was, "Well, what are you going to find out?" We knew the type of information we were going to find, but not exactly what the information was going to be.

Listening and Asking for Feedback

It was very interesting to listen to what other people were saying but sometimes difficult to respect the information. Active listening and respecting the information are a lot more difficult than one might think. However, we gained increasing respect for stakeholder input because the technical "giants in the field," as we called them, confirmed many of the themes that stakeholders were voicing. A skill that we had to develop was that of active listening.

While the participation plan was still being drawn up, I showed it to a fellow friend in the agency. Her comment was, "It's too top-heavy. It's still too Washington-based. You're still in the driver's seat, you're still trying to get the information." While I obviously thought that we had produced a beautiful product, I realized I had to listen. As a result, to actively involve the missions, we developed a tool kit for them using the open-space technique. It was presented as an opportunity to learn a new technique and as a way of eliciting information about what we were doing as well as about what the missions were doing.

Another aspect of listening is asking for feedback. I sent an E-mail out to all of the PHN missions about this Participation Forum and asked for comments. I only received one, and it was negative: Washington does not provide feedback on the results of the planning activities. I hate to admit it but this comment is right. We have relayed information on what we are doing and how we are doing it but have not been systematic about providing feedback on what happened and why. It's a lesson about participation. Don't ask people for information unless you get back to them on how you use that information. We all believe in this principle, but documenting outcomes takes a huge amount of time, and we haven't been as systematic about it as we should have been. At

6:30 in the evening, when I really don't want to put in an eleventh hour, it's tough to go that extra mile.

Working on a High Performance Team in a Learning Organization

I have lived the thrill of being on a high-performance team: a team with esprit de corps, with a common purpose. The team is made up of specialists in different fields but all are committed to a common goal. Team members aren't always trying to push their own agenda but are working together cooperatively. Once USAID staff have a taste of that, they always want it for everybody else and continually seek new opportunities for high-performance teamwork.

It's no small task to achieve real cooperation in this agency. If there are six USAID people in a room, there are seven opinions. USAID people are strong, committed, and passionate, but when they are able to set their own opinions aside and get to the seventh opinion—the team opinion—it helps make up for the difficulties of working in an agency that is being scaled down.

We made mistakes as we were implementing the participation strategy, but always made the effort to learn from them and to do things better the next time. We, as a team, acted, learned, achieved, and had fun.

Open Questions

Some major questions are still unanswered.

Number one concerns information: who needs to know what, when, and how much? The culture of USAID is that everybody wants to know everything. Deciding who needs to know what and when affects empowerment, teamwork, and results orientation. There are no guidelines to rely on here.

I have learned that it is difficult to put aside my biases and my “filters” and to accept information provided by others as valid and worthy of inclusion. It is easy to talk about or to conceptualize, but difficult to do.

Another problem is how to incorporate your “product line” into people's lives when they may be interested in a completely different product line. USAID may be promoting a water system, but the community may be interested in jobs or roads, not water. We have been dealing with this dilemma as an agency forever and ever.

I have a real concern about the amount of time participatory planning takes. I can't get it all done. We are spending a huge amount of time in meetings. From a professional as well as a personal perspective, I have a real question on the return on the investment in participation. Has this process been worth it? Has it been worth my coming home and taking a deep breath and realizing that my to-do list is the same list that I left the house with, only it has more things on it? I don't know. It has certainly been worth it from a lot of different perspectives, but in terms of time and money, I'm not sure and won't know for three to four years.

Discussion Session

Feedback to Critical Partners

Carol Rice: Participation is arduous. It takes a long, long time to achieve. We are all convinced that it does result in better programming and more opportunities for people. But it's a hard road getting there, and the time it takes is enormous.

Feedback is critical. You have to cast a wide net and know when to reel it in. The important thing is feedback to those critical partners who put forth ideas and wondered why their ideas were not included.

Jacob Gayle: We have to grapple with the fact that we have turned to the world, literally, and asked for their comments. When we take our strategic objective framework to the Global International Conference in Vancouver, some will say, “I spoke loudly, I spoke clearly, but I don't see myself on the universal objectives

tree." We have to explain that in the process of participation, we may have heard and understood an idea quite well, but it was not reflected on the tree for some valid reason. Explaining that is the hard part.

Striving for a Multidisciplinary Approach

Fran Carr: The lengthy and comprehensive process that you've gone through in developing your plan raises a couple of issues. The first is the question of a multidisciplinary approach. No matter what the topic, we have to make sure that we make the best use of the different systems and experiences of the Agency. How did you choose the members of the team, and do they reflect a range of disciplines, to give the team, the benefit of shared experience?
Jacob Gayle: In the design of both the core team and the extended and virtual teams, we took into account not only the multidisciplinary and multisectoral needs as reflected in the discussions worldwide, but also the multidisciplinary needs in designing and implementation mechanisms. Hence, we felt it was very important to have the Office of the General Counsel, the Office of Procurement, and other administrative and management bodies of the Agency as part of that team. In the beginning, we made presentations bureau by bureau, office by office, to explain what we were doing and to enlist involvement. We were able to get people from various specialties on our extended team and our virtual teams.
Elise Stork: I'm curious as to why there is no representative on the core team from the Bureau for Asia and the Near East, given current and projected seroprevalence in Asia.
Jacob Gayle: This is definitely a concern. Very soon, given the per-year increase in the epidemic, the annual incidence of infection in Asia will surpass that of Africa. For that, and many other reasons, of course, we turn not only to the Bureau for Asia and the Near East, but to all four regional bureaus for information and ideas and include bureau representatives on the core team. For very specific reasons, it was difficult for ANE to commit to core-team involvement. But we're involved with that bureau: they are helping us and hopefully we are helping them develop their strategic objectives.
Holly Fluty: This issue is difficult to resolve. There are only 24 hours in the day, and while I think many of us would like to sit on lots of teams and go to lots of meetings, we still have a job to do. It's just a reality. It hurts not to have an ANE representative on the core team, but it comes down to what can you do, where are your priorities.
Fran Carr: I know it takes a lot of time. Yet the multidisciplinary approach or lessons learned in what others have been doing is so critical in the long run. The question is whether or not you end up with a missing link. How can we share the lessons, be they research or some other types of programs in other areas, so that they are more available for people? There ought to be a proactive mechanism that will facilitate this process. It isn't just a matter of more information coming in on your E-mail. There has to be a better way.
Jacob Gayle: The Internet will be helpful in incorporating multidisciplinary lessons learned into what we're doing. We should get our information onto the Web site very soon. People need to see the universal tree that we keep referring to so that they can understand that this goes well past traditional definitions of health and really recognizes the multidisciplinary nature of our agency. If people can see the full picture, that might help them to identify what they can help us with. There is no way that we can have the kind of impact upon HIV that we want to have by thinking that our job is solely treating STDs, providing condoms, and trying to get people to change their sexual behavior. Life is a little bit more complicated than that.

This agency has great resources and should be able to fill in those other gaps. We've just got to know how to liaise better.

In the meantime, we've also got our E-mail address where people can speak back to us and let us know what it is they have to offer and to help. We are not shutting doors on anybody. We need all the help we can get.

Participation of NGOs

Elise Stork: The WHO Global Program on AIDS (GPA) elevated the role of indigenous organizations and HIV-AIDS service organizations in the national planning process. These organizations clearly fill a void that is sometimes left by government inaction, and they have clear roots in the affected community. PVO partners are working to help build up the capacity of indigenous groups. How do you see your ongoing participation with these three partners: the GPA, indigenous organizations, and PVOs?

Jacob Gayle: Because USAID is world leader in HIV prevention in developing countries, not only in terms of the bilateral activities but also in multilateral collaboration, our portfolio is split between the two, and we always have to look at what we are doing in both.

You mentioned the GPA, but since it closed the end of last year, I think you are referring to the joint United Nations AIDS program. Sally Shelton, the head of USAID's Global Bureau, is the chair of the board of that organization. Last summer, we were requested and seconded to Geneva to write their strategic plan. So that's one way we're collaborating.

In the Paris Summit on AIDS, the declaration that we signed committed us very strongly to working with indigenous organizations. The history of USAID activities in-country, especially those supported by field missions, has stressed collaboration with indigenous NGOs and community-based organizations. This is the only way that we're able to reach the so-called hard-to-reach population in a behavioral epidemic such as this in which we are dealing with dispossessed or almost invisible people. Even in the development and design phase, we've had people coming in from indigenous organizations to work with us.

Carryover from Design to Implementation

Anna Quandt: In a previous lifetime, I worked as a sociologist in an engineering firm. I was responsible for designing participation programs. During the design period, I could get a high level of commitment by getting the engineers involved in what I was doing and bringing them to meetings and introducing them to the actual villagers who were going to use the irrigation system. The problem was that then our design team went away, and it was very hard to see any carryover from what happened during the design team to the implementation team.

I tell this story because one of the concerns I've had about the Global Project on AIDS is that a number of years ago you put it all together into one big project. I don't know what your plans are for the future. But having managers on board who have learned everything that you've just been through and who are committed to it, should make implementation more effective. Are you going to have to go through the same level of investment when you start up a project? Have we put too much of this investment at the front load and not enough later on?

Jacob Gayle: If I can speak candidly, we are confronted by the staffing issue. Not only is it difficult to carry on the participation process while we are still managing our ongoing portfolio, but, also, in actuality, most of this work has fallen on one division, the HIV-AIDS Division within the PHN Center. This division went from thirteen people on the full-time staff to about nine in a twelve-month period. In the next two months there will be two or three more leaving. Given reductions in force and freezes on hiring and bringing people in, we're dwindling away at the very time that we need more people. That makes it difficult to know who the future managers will be. I agree with you, however, that all of our planning can go for naught if the future managers and leaders do not invest in it at this point.

Holly Fluty: I certainly don't have any answers on the issue of inheriting a contract or a cooperative agreement or a program that was designed by somebody else. When I inherit something, I don't inherit a lot of the philosophy and the background and the critical thinking that went into it. Our hope is to document the whys and the why-nots and explain the way in which decisions were made.

Monitoring and Evaluation

Ann Sweetser: Are you setting up a way of evaluating this process?
Jacob Gayle: We are incorporating monitoring and evaluation into almost every phase of what we do in the future. To that end, we're going to focus a full day on monitoring and evaluation in one of the technical input meetings discussed earlier.

Communications from the E-mail Bag

Regional Health Network in East and Southern Africa

Dick Sturgis: Where can a broad consultive process lead? No one knows!!

Sometimes when reading about USAID's renewed emphasis on the consultive process, it is easy to come away from the reading thinking that through a new ethereal development mechanism, all of the stakeholders, partners, would-be partners, and customers end up collectively concluding that SO1 and intermediate objectives 1, 2, and 3 represent "the way we should go." Tis not so! Has never been! Never will be!

At REDSO/ESA we have been building the Regional Health network over three years of step by step, insight by insight, recognition of the obvious, hard work, and the continual development of relationships. At present, the major players include the health ministries of 16 countries, a regional secretariat that represents 14 of those countries, two universities, a host of local NGOs, the active involvement of 10 USAID missions, approximately 12 Global projects, at least that many Global Bureau COTRs, the Africa Bureau (approximately 5 key players and one key project), and we are in the process of recruiting and incorporating major donors into the Network. Is it even remotely imaginable that one ministry, two COTRs, and the NGOs could conduct an easy (smooth and simple) consultive exercise among themselves and come up with SO1 and its IRS? Not a chance.

We believe the steps we have stumbled into and evolved are essential:

1) It is important to know where you want to go in the beginning. The broad consultive process does not discover the goal or objectives, but the pathways for getting there. The sooner that all players know the general ball game and the field on which they will have to play, the better. There are parameters. On one occasion I shared General Colin Powell's humorous comment with key personnel in a ministry of health. One time when asked why US forces did not invade Bosnia, Powell replied, "We don't do mountains, we do deserts." USAID does maternal and child health, reproductive health, and HIV/AIDS. It does not do emergency medical care, i.e., ambulances and emergency wards, as was being requested by the ministry.

2) The consultive process is continuous, and this means—like it or not, with many partners—there will be changes, useful and important changes. For example, the Network has added the focus area on adolescent reproductive health and quality of care. However, post-abortion care, as obvious in hindsight as it is, did not come to the forefront until regional partners demonstrated the importance of this focus for the health of women and children and the costs to regional health systems.

3) Relationships based on trust are essential. They allow the process to move, hurdles to be removed or leaped, shared resources to be marshaled, and collaborative implementation to take place.

We have found that the concept is not the problem and the design is not the key; the potential for impact lies in the implementation. Relationships built in the process of "making it work," i.e., in implementation, provide the glue that binds the continuing consultive and collaborative process.