Chapter 37

Partnerships and Collaboration

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At a Glance

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Overview

The global recognition of the destructive power and complexity of HIV/AIDS has made it clear that no one organisation can be truly effective in isolation, but must work within many types of collaborative affiliations. The impact of HIV/AIDS, particularly in sub-Saharan Africa, represents an opportunity—indeed a mandate—for hospice and palliative care programs worldwide to collaborate as effectively as possible to reduce suffering and promote wholeness and healing in individuals, families, and communities.

There are collaborative affiliations between neighbouring and national hospice and palliative care programs, as well as among programs in differing or similar stages of development, and across continents. Web-based technologies have made many types of collaboration more feasible with the availability of advanced, immediate, and frequent communication capabilities.

Partnerships and collaborations cover a broad category of associations. Partnerships are not created overnight but evolve over a period of time (El Ansari, 2001). This chapter attempts to organise them into four distinct types and at the same time highlight some of the differences that exist.

We hope that by sharing some lessons learned from our own successful partnership, we can provide guidance and assist emerging and future collaborations as they creatively evolve towards their own desired ends.

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Definition of Terms

While the following key words have a variety of different meanings and connotations, we interpret them here within the context of hospice and palliative care programs.

Collaboration: An ongoing commitment to working together to achieve a common goal in a non-competitive manner by sharing expertise, resources, and coordination opportunities. Later in the chapter we describe integrated community-based home care as an example of collaboration between a hospice program and the formal health care sector.

Twinning: A friendship linkage between two similar organisations, which may in time develop into a partnership. There are many twinning relationships between African and international hospices, particularly in the United States and Britain, most of which fall into this category.

Partnership: A formal and committed long-term working relationship between organisations that share a common vision. An example is the affiliation between the Community Hospice in the United States and South Coast Hospice in South Africa.

Joint Venture: Two different/complementary organisations that work together on a time-limited project, such as a research tender or a hospice participating in an umbrella proposal that includes a component on palliative care.

Of these affiliations, twinning friendships are the least formal and joint ventures the most formal, with a wide spectrum of collaborations and partnerships that fall in between. All share a unique potential to achieve positive outcomes for the organisations and individuals involved. The rest of this chapter will focus on partnerships and collaborations, primarily emphasising partnerships.

Collaborative relationships may be based on:

- Humanitarian and fraternal interest in making a difference
- Opportunity for effective advocacy and access to funding
- Shared education, training, and research interests
- Long-term commitments to work together on joint projects and ventures

Collaborative affiliations have proliferated during the last five years. They have produced refreshing, empowering, and intangible results as well as practical and material outcomes of considerable significance. The intangible results include valued relationships, and genuine support, mutually beneficial short- and long-term professional working relationships and lifelong personal friendships that are emotionally and spiritually uplifting. Though not measurable, the solidarity and encouragement felt from a ‘twin’ or ‘partner’, linked by a sense of human connectedness, is very satisfying and real. Tangible outcomes include resource development, operational research, joint education and training, shared advocacy and public policy development, technical assistance, and the donation of funds.

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Rationale for Partnering and Collaborating

The mandate for all types of intra- and international partnerships and collaborations is rooted in two contemporary realities:

- The under-development and under-resourcing of hospice and palliative care services globally, particularly in developing countries
- The status of the HIV/AIDS pandemic as the worst health hazard ever to afflict the human race, and its disproportionate and severe impact on the African continent

The Kaiser Family Foundation estimates that a total for 2005 of US $10.7 billion is needed to address HIV/AIDS, growing to $14.9 billion by 2007. Total funding during 2003 was only $4.2 billion, and in 2004, 'funding is less than estimated need and the enormity of the epidemic will continue to present funding challenges'. (KFF, 2004).

All avenues of supplementing existing financial and non-financial approaches of combating HIV/AIDS are needed. Partnerships and collaborations are an important complementary strategy for responding to the pandemic. They can and should be seen as adjuncts of the existing major public and private initiatives. They stand to make a significant contribution to the war on HIV/AIDS and should be encouraged, supported, and maximised wherever possible.

We can gauge the value of a collaboration by the extent to which it assists in enabling hospice and palliative care programs to:

- Come into being
- Achieve and stabilise operational infrastructure
- Find an effective role among the care-providing network
- Expand to meet the societal need

Four distinctive characteristics of HIV/AIDS in Africa make the potential impact of partnerships and collaborations uniquely relevant at this time:

1. The significant impact on African women
2. The burgeoning number of orphans
3. The interdependence of co-morbidities of poverty, underdevelopment, hunger, and unemployment
4. The severe resource limitations of hospice and palliative care programs in the context of severely under-funded public health delivery systems

Partnerships and collaborations focus on specific needs and objectives, and are clearly aligned with the incentives for building relationships stated in the introduction. The sense of solidarity that emerges from a collaboration is another compelling reason for collaborations and partnerships. Ongoing support, constant renewal and re-dedication and the persistence of hope and faith are all vital components of this solidarity.

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Elements of a Partnership

Individual and Organizational Requirements

Not all individuals and organisations are good candidates for partnerships and collaborations. A threshold of readiness must be in place before attempting to engage in a meaningful, fair, and co-equal relationship. This is important because the partnership relationship is based on the trust that each party is a viable organisation worthy of partnering, with leadership in place that can relate to professional colleagues professionally and with respect. A mature level of organisational development is essential.

Self-assessment and assessment of the potential partner should include due diligence on the following eight indicators or prerequisites for partnering:

Structured governance: An effective board of directors must be in place for an organisation or institution that is legally structured. The entity should be duly licensed under the appropriate laws of the country in which it operates. Corporate documents (e.g., by-laws, constitution) spell out the nature of the governance function and its continuity over time.

Mission statement: An appropriate mission statement that clearly articulates the organisation's purpose and vision must have been adopted by the governing body and embraced by the leadership of the organisation.

Performance track record: There must be sufficient organisational history and experience to document performance in carrying out the organisation's mission in a responsible manner over time, with indications that long-term viability can be assumed. This track record includes experience in working with other organisations in non-competitive, collaborative ways.

Operational and strategic goals: The organisation must be able to articulate its operational and strategic goals in a manner that invites collegial participation and structured ways of working together to achieve like goals.

Leadership accountability: Leadership within the board of directors and senior management must be able to identify and champion organisational initiatives such as partnering and be held accountable for carrying through on the work plans that emerge from such initiatives.

Long-term commitment: The organisation must be willing and able to enter into a partnership and accept the responsibilities and privileges that are inherent therein. In time, this commitment is expressed throughout the entire organisation and becomes part of the organisational culture, starting with governance approval. A formal agreement (memorandum of understanding) may be entered into by a duly authorised executive.

Financial accountability: Accounting systems must be in place to adequately and appropriately handle grants or contributions that may be received. Financial records also must be audited.

Straightforward communication: The leaders of the organisation must practise honest, forthright patterns of communication that promote trust in a partnering relationship. This includes:

- Disclosing any conflicts of interest that might arise
- Welcoming feedback, including criticism, in an open and constructive manner
- Being willing to give honest feedback, in an open constructive way
- Being timely and responsible in followthrough on work plans
- Problem-solving collaboratively when challenges and bumps in the road arise
- Respecting the needs and wishes of the partner
- Being supportive at all times

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The Partnership Process

As in the case of newlyweds, it is likely for the partnership process to get off on a high note of mutual excitement and promise. It is also likely that the honeymoon will come to an end as the novelty wears off. This is when some liaisons fizzle out and others mature into something of lasting and intrinsic value. In a similar vein, a good partnership does not just happen but needs to be worked at.

Whilst the nature of the organisations and individuals involved will dictate the specifics, the following are initial key requirements:

- Establish a firm foundation by both partners openly sharing their organisational history, problems and disappointments as well as achievements.
- Brainstorm together on options and possibilities before deciding on the modus operandi and anticipated outcomes of the partnership.
- Be prepared to take one step at a time and evaluate the process as it develops.
- Ensure board of directors commitment and, if possible, identify a board champion who is committed to the partnership.
- Clarify roles, procedures, and responsibility as far as it is possible.
- Promote ongoing communication that:
  - ensures that both partners are kept up-to-date with developments in each other's programs and that opportunities and challenges are addressed
  - is open and honest and includes confrontation and conflict resolution
  - promotes mutual trust that is built on absolute loyalty
  - allows for the creative and collaborative planning of partnership work projects

Monitoring and Evaluation

Partnerships require a considerable investment in terms of time and material resources. This is why it is important for partners to monitor progress and evaluate effectiveness in terms of their individual and specific partnership objectives. Objectives will vary according to a wide variety of shared needs and resources. Box 37.1 features a checklist, borrowed from one developed to measure a Canadian school/business partnership, which seems eminently relevant to palliative care.

Box 37.1:

Successful Partnership Checklist

- ❑ Do both partners benefit?
- ❑ Do both partners share a common vision of where the partnership will lead?
- ❑ Have both parties openly discussed and agreed to the partnership principles?
- ❑ Do the two partners trust each other? Is each side willing to communicate openly?
- ❑ Has the partnership focussed on short-term goals while still being willing to commit to a long-term association?
- ❑ Are the board chairman and the CEO aware and supportive of the partnership?
- ❑ Are both partners fairly represented on the planning committee?
- ❑ Does the partnership address real or perceived problems within the relevant organisations?
- ❑ Does each partner respect the other's 'turf' and believe in non-interference?
- ❑ Are mechanisms in place to handle problems in the partnership?
- ❑ Is there regular evaluation of the partnership, and is it shared?
- ❑ Are both sides willing to adapt the partnership as conditions warrant?
- ❑ Are there mechanisms to share information about each other?
- ❑ Are there opportunities available to allow people to 'grow'?
- ❑ Have procedures been developed to share positive results of the partnership with the community?
- ❑ Is there fun built into the partnership?

Source: Asche, 1989.

A Case Study

Community Hospice, Inc., a large American hospice program based in the State of New York, and South Coast Hospice, which serves a large rural area in southern KwaZulu-Natal, South Africa, became partners in 1999. During the partnership's first five years it progressed through the following stages:

Initial Phase

Characterised by a sense of discovery, mutual wonder, and appreciation of each other's generosity and achievements. Bonding occurred spontaneously along with the recognition that, despite some very real differences in terms of resources and organisational structure, we shared the same philosophy and spoke the same 'hospice language'. Communication was easy and naturally affirming, and visits were filled with excitement and exploration at both the professional and personal level. Delegates from both hospices found the visits to be a great learning experience. These visits also raised the consciousness of HIV/AIDS as a truly global phenomenon, which evoked a zealous response in the American contingent.

Intermediate Phase

Visits occurred both ways and became more focussed on work and meeting learning needs. A shared vision and coordinating body that was co-equal among the partners was formed. Workshops that were facilitated by experienced American psychosocial-spiritual professionals to nurture their overburdened African partners were especially valued. Sharing occurred at a deeper level and as the level of trust increased so did the ability to question, challenge and sometimes disagree. Whilst temporarily less comfortable than the initial praise-filled euphoria, confrontation regarding the evaluation of a work visit was a turning point and the start of real learning and maturation. Along with the perceived threat of a breakdown in relationship came the recognition of how greatly it was valued. In addition to defining objectives, a strategic planning workshop catapulted the partnership into the next, results-oriented phase.

Consolidation

Communication is now predominantly characterised by mutual commitment and real respect and confirmation of the worth and value of the people involved in the partnership. Both partners have creatively engineered opportunities to facilitate the realisation of the partnership objectives; catalyse the meeting of identified learning needs, such as paediatric palliative care; and provide resources. The partnership now answers 'yes' to each of the questions on the checklist. The partnership is permeating the cultures of both organisations to the extent that it is included in plans for succession. There is a constant spiral of growth and renewal linked to our ability to develop, achieve and shift our vision according to need (Nchabeleng, 2000).

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Benefits of Partnering and Collaborating

Collaborations and partnerships offer enormous benefits and synergies. These cumulative benefits are still actively evolving in the field. Some of them are listed here, but a real sense of them can be gleaned from the partnership described in the case study.

Collaborations strengthen service delivery capacity in a defined service area (rural, urban, regional, national, continental). The ICHC (Integrated Community-based Home Care) model of care, developed in the rural KwaZulu Province of South Africa, is an example of a provider collaboration. All types of providers coordinate care so there is a continuum of care to meet an overwhelming community need.

In the face of the challenges of HIV/AIDS in sub-Saharan Africa, perhaps community collaborations are the *only* effective way to provide care. The synergistic relationships that develop result in a care delivery system that is superior to any that could be activated using stand-alone individual providers. In this vision of collaboration, hospitals, clinics, hospice, and palliative care programs (community, public, private, and faith-based) all collaborate through a planning and coordination model most applicable to the local community being served.

Partnerships transcend geography, as illustrated in the case study presented above. Such partnerships have the potential for incredibly rich outcomes, some very tangible and some more intangible.

Tangible Outcomes

Practical, specific outcomes result from joint work projects established by partnerships on an ongoing basis. These projects may include:

- Grants and fund-raising
- Strategic planning
- Organisational development
- Research
- Children's programming
- Web site development
- Development of service components such as social work or bereavement, education, and training
- All forms of technical assistance/sharing between the partners
- Care-for-the-caregiver programs
- Supportive cross visitation exchanges, and more

Intangible Outcomes

The very special relationship that grows between partners, both the individuals involved and the organisations as a whole, is an energising, supportive, rewarding blessing that enriches all involved. As it matures it brings:

- A strong sense of solidarity in supporting a common cause
- A bonding that yields familiarity and sustaining, deep friendships
- An emotional and spiritual support that engenders hope

Another major intangible outcome is an expanded global awareness of our interconnectedness in the hospice and palliative care movement worldwide, and a genuine respect for the partner in that context. For many partners in developed countries, the partnership is a firsthand opportunity to break through long-held stereotypes and have an opportunity to make a difference in a part of the world previously

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detached from any possible involvement. This opportunity is a genuine gift richly cherished by many 'Northern' partners. Likewise, many hospice and palliative care programs in developing countries can realise much-needed support, encouragement, and hope through a liaison with a program in a developed country.

Both parties benefit from a realisation of their equality, even though resources may differ vastly between the partners. More than equality, each partner learns significant lessons from the other. For example, many American hospices deeply admire the national standards of palliative care and the training and certification procedures in place for nurses and physicians in South Africa.

There really is no limit to the practical applications that can be developed given the partners' commitment of time and resources.

Public Policy and Collaboration With Governments

Public policy development resulting from joint networking and advocacy is an important outcome of collaborations and partnerships, particularly within national government contexts. It is one that deserves much more focus on the African continent as all sub-Saharan countries struggle with similar challenges related to and concurrent with HIV/AIDS.

The services offered by non-governmental organizations (NGOs) often are supplementary and complementary to services provided by government (public) funds. Because an NGO may not be able to extend its services to an entire country, it is useful to work with government to include a palliative care budget item within the relevant ministry (see Chapter 35: Role of Government). Specific areas of funding include training, sponsorship of training for ministry staff in palliative care, continuing medical education (CME) and workshops, and assistance with logistics, especially transport and running expenses. Government also can support and help scale-up palliative care services by seconding health personnel to NGOs.

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The Way Forward

There is a bright future for partnerships and collaborations. Although working together effectively has inherent organisational and interpersonal challenges, the gravity of the mission necessitates both regional and national/ international coordination.

Regional Collaborations

Coordinating Services to Achieve Meaningful Outcomes, Including Extending Hospice and Palliative Care to as Many Persons In Need as Possible

In resource-challenged settings, regional and community collaborations are simply essential. In each nation and state, there are unique critical drivers to support collaborative relationships and we encourage all hospice and palliative care providers to participate in those critical drivers.

It should be noted that such community collaboration should be as broad as possible, including all organisations in the health care continuum (e.g., traditional healers, community leaders, national and state health officials, faith-based groups, NGOs). A community profile is the first step towards mutual collaborative efforts.

National and International Partnerships

Focussed on Specific Work Projects to Build Capacity and Enhance Success in Providing Hospice and Palliative Care Services

Working partnerships complement individual organisational service provision and community collaborations. They have the potential to yield significant tangible and intangible outcomes in hospice and palliative care. They will be explored more aggressively and used more effectively as the HIV/AIDS pandemic continues to peak.

Other future applications of working partnerships may include:

Expanding the partnership base to include individuals and organisations beyond the initial partner. For example, a northern hospice program might recruit churches, schools, and businesses in its local area to financially support its partner African hospice.

Focused grants may be made jointly by international partners, leveraging the prospects for successful attraction of grant funds wherever possible.

Operational research that will be critical as care delivery models in sub-Saharan Africa go to scale in the coming years. Partnerships may yield important research and technical assistance capabilities that could be mobilised efficiently to support such research.

Education and training. With limited resources consumed by care and treatment, African hospice and palliative care programs are strapped for ongoing education and training funds, programs and back-filling staff. Job retention, care for the caregiver, career ladders, and credentialing/ certification are all part of this overarching concern. Working partnerships present multiple creative opportunities to jointly address this issue.

Securing A Partner

African hospice and palliative care programs interested in securing a partner should consider these steps:

- Conduct an assessment of internal readiness using the criteria set forth in this chapter.
- Establish an organisational awareness and pathway towards entering into a partnership, including with the governance body and senior management.
- Reach out to national and international bodies in hospice and palliative care to:
  - Identify networking opportunities at national and international conferences where potential partners might be identified.
  - Seek formal assistance from national hospice and palliative care associations for contact information or invitations for partnership.

It can also be helpful to look into organisations and conferences that promote partnerships:

- The United States National Hospice and Palliative Care Organization http://www.nhpco.org
- The African Palliative Care Association email at: info@apca.co.ug.
- The Canadian Hospice Palliative Care Association http://www.chpca.net
- UK Hospice Forum http://www.hospiceinformation.info
- Hospice Palliative Care Association of South Africa http://www.hospicepalliativecaresa.co.za

To establish a twining relationship that might evolve into a working partnership, contact the Foundation for Hospices in Sub-Saharan Africa http://www.fhssa.org or Help the Hospices http://www.helpthehospices.org.uk.

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References

Asche, JA. 1989. *Handbook for Principals and Teachers: A Collaborative Approach to Effective Involvement of Business/Community Volunteers at the School Site*. Alexandria, VA, US: National Association of Partners in Education.

El Ansari W, Phillips CJ. 2001. Community development for a changing world? Innovative joint working in healthcare: a South African partnership model. *International Journal of Public-Private Partnerships*. 3:269–275.

The Henry J. Kaiser Family Foundation. January 2004. Global Funding for HIV/AIDS in Resource-Poor Settings. HIV/AIDS Policy Fact Sheet. Menlo Park CA, U.S.: The Henry J. Kaiser Family Foundation. Available at: http://www.kff.org. Accessed 6/05.

Nchabeleng L. 2000. Developmental Partnerships: Holding the tensions: the balancing act of partnerships. Ideas for a Change, Part 7b. Durban, South Africa: Olive Organisation, Development and Training.