Guidelines to operationalize a model to facilitate male involvement in the reproductive health context by the registered nurses

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Abstract

The purpose of this article is to describe the guidelines for operationalising a model to facilitate male partner involvement in RH. Guidelines were developed for the implementation of the model to facilitate male partner involvement in RH through the management of a partnership environment. These guidelines may be implemented in those health facilities that provide RH services, namely, clinics, health centres and hospitals. The nurses, in collaboration with significant stakeholders from the community, representatives from the line ministries and NGOs, will be able to facilitate male partner involvement in RH.

These guidelines and strategies were derived from the conceptual framework which was generated by means of deductive reasoning and analysis. The guidelines and strategies at each level are aimed at facilitating male partner involvement in RH through the management of the partnership environment by enabling male partners to become actively involved and participate and to eliminate those factors that impede the full participation of male partners in the RH context. The chapter will focus on these guidelines which are expressed in terms of the aims and strategies of each of the four phases in facilitating male partner involvement in RH.

Keywords: *Guidelines; Operationalize; Model; Facilitate; Male Involvement; Reproductive Health; Registered Nurses.*

1. Introduction

Namibia is one of the African countries that have been affected by the challenges which have arisen as a result of the cultural and socioeconomic influences that have given rise to gender roles that hinder male-partner involvement in reproductive health. The process of involving males within the context of reproductive health is possible only in an environment in which a platform has been created which encourages both partners to participate in reproductive health and, also, an environment in which this process has the support and guidance of the health workers who are, indeed, the custodians and advocates within the reproductive health context in Namibia. The current health framework in which reproductive health is provided lacks any focus on the inclusion of male partners in this respect (PANOS/NRCS/SAfAIDS, 2003).

Reproductive health, per se is not a new issue in the Namibian health sector, but it would appear that both past and present approaches have been, and still are, inaccessible and inequitable in terms of either reaching, or catering for the needs of all the stakeholders, especially men. This is also the case in terms of government policies worldwide in respect of which woman and children are the primary targets of health policies, resource distribution and health programmes. Male partners perceive these exclusive policies as major contributory and de-motivating factors in respect of participation within the system (Bureau of Reproductive Health, 2002). In order to overcome these problems, the WHO (1999) has suggested that governments and institutions come up with models of reproductive health that could serve as platforms in terms of which male partners could be involved. In terms of these repro-

ductive health models nurses could play an important role in the implementation of the models by using various strategies, approaches and guidelines. Such an approach could motivate and involve male partners in respect of the utilisation of the available facilities and resources of the reproductive health services in the same way as women. Both the agent (nurses) and the recipient (male and female partners, nurses as both agent, recipient, and influential, significant individuals from the community) should be motivated to take part in such a process.

The Ministry of Health and Social Services (2001) has identified two important male partner roles in assisting female partners that are necessary in terms of the implementation of an effective reproductive health system. These roles include an advisory role in which men take the lead in providing information related to reproductive health, and a supportive role in respect of family planning in which male partners support their female counterparts in terms of suitable methods of contraception.

Although male partners in Namibia are now being targeted by both the Ministry of Health and Social Services and nongovernmental organisations (NGOs) in order to gain their cooperation in the reproductive health matters, this will take time. It would appear that male partners are still not actively involved in the reproductive health concerns of their families in Namibia. This stems from the fact that these health systems do not make provision for, neither do they recognise – if they do recognised, they underestimate – the active role that male partners could play in the reproductive health of their partners. As result, male partners feel excluded.

In general, the Namibian press does increase public awareness of the high incidence of maternal and child ill health, distorted part-

nership relationships, inequitable gender roles, unwanted pregnancies, neglected children and a diversity of other social problems related to the reproductive health context and the researcher is of the opinion that these problems may be addressed only if male partners are actively involved in the reproductive health context. Accordingly, nurses should play a vital role in encouraging and facilitating the participation of male partners within the reproductive health context.

In Namibia, mothers and children are the main target population in respect of the available reproductive health systems such as antenatal care (ANC) and postnatal care (PNC). In general, males do not accompany their female partner neither do they participate fully in the antenatal and postnatal care of their partners. It is not clear how male-partners perceive, and what they expect, from these ante and post-natal care departments (Ministry of Health and Social Services, 1994).

South Africa is one of the African countries with a fast growing population, and is also affected by the abovementioned reproductive health challenges. Several studies have revealed the need on the part of males to participate actively in the reproductive health of their partners and this is possible should the males be motivated to do so. Schmidt and Nice (2002) have identified gender imbalance, violence towards women and male chauvinism as the main problems which play an important role in sexuality and reproductive health. These problems emanate from the social and cultural construction of society, which, in turn, breeds violence. For example, a woman is raped every 26 seconds in South Africa (Pretorius, 2002). Such happenings may contribute to the spread of HIV and AIDS, which is the major problem in RH services. Most of the research conducted in South Africa on reproductive health indicates that rape is about dominance, aggression and the control by male partners of their female partners. In view of the fact that 240 per 100 000 women in South Africa are raped, Jackson (2002) also supports the above notion. This high incidence of rape has contributed to the increasing level of HIV and AIDS in South Africa. However, the South African government is using the reproductive health programmes as one of its strategies with which to combat the reproductive health problems and diseases. Accordingly, this dynamic change is possible only if the reproductive health system operates in the mode of a partnership, whereby both the male and female partners are able to participate in this reproductive health system as partners and not as individuals.

It is not possible for reproductive health to take place in a vacuum or in isolation. Consequently, the researcher is of the opinion that there should be in place a model with clear processes that enable nurses to guide or assist male partners to participate fully and actively in reproductive health. Nevertheless, it would appear that the existing health system does not promote this process adequately. Therefore, the main aim of this study is to develop a model in terms of which it would be possible for the male partners to fulfil their roles in this regard. This model could be used at management level in planning, organising, implementing and evaluating the activities taking place within the context of reproductive health. The model could also be used to facilitate the involvement of the male partner in reproductive health.

2. Guidelines for the facilitation of male partner involvement in RH

Guidelines were developed for the implementation of the model for facilitating male partner involvement in RH through the management of a partnership environment. The guidelines are written in the form of a series of phases from 1 to 5. The guidelines for each phase consist of the aim and activities relevant to that phase. These phases include the following:

- Phase 1: Situational analysis
- Phase 2: Establishment of the partnership
- Phase 3: Management process
- Phase 4 : Maintaining a conducive environment
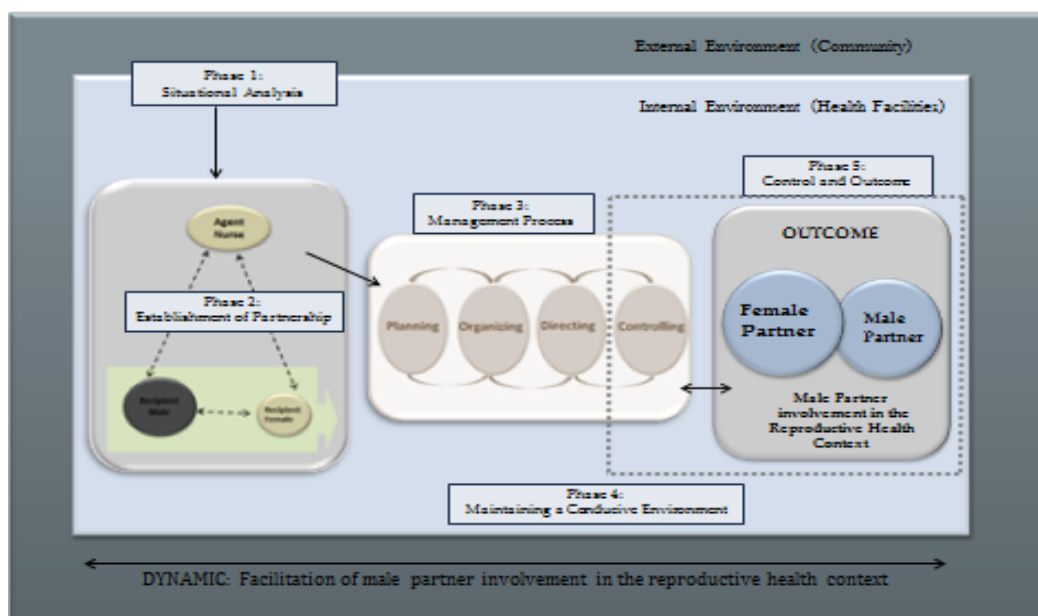- Phase 5 : Control and outcome

Fig. 1: Illustrate the Phases of the Model to Facilitate Male Involvement in the Reproductive Health.

2.1. Guidelines for phase 1: situational analysis

The aim and activities for situational analysis may be described as follows:

2.1.1. The aim

The aim of this guideline is to provide the registered nurse (agent) with assistance on the way in which to conduct a situational analysis of both the external environment (community) and the internal environment (health facilities) in order to identify factors that affect the facilitation of male partner involvement in RH.

2.1.2. Activities for the phase of situational analysis

Situational analysis refers to the process of exploring the capabilities of the healthcare services in order to identify unfulfilled client needs. The needs of the client must be understood in terms of the capabilities and the environment in which client is functioning (Muller et al., 2006). The strategies for situational analysis in this study focus on the external environment (community) and the internal environment (health facilities). These strategies may be described as follows:

a) Activities for the situational analysis phase for the external environment

In this study the external environment refers to the community. This external environment – the community – represents the male partners, the female partners, and significant stakeholders as well as factors which influence male partner involvement in RH. The following activities may be used to analyse the external environment:

- The senior registered nurse, in collaboration and in partnership with nurses and significant stakeholders in the community, are responsible for conducting the situational analysis.
- The following research methods should be employed: formulation of the problem statement and the aim and objectives of the study, designation of the population and the sample, sampling, data collection, data analysis and validation of the trustworthiness of the study.
- The stakeholders in the external environment to be analysed include male partners, female partners and other significant stakeholders such as youth leaders, church leaders, politicians and traditional leaders in the community who exert an influence on male partner involvement in RH. The following aspects need to be analysed namely,
- Perceptions about male partner involvement in RH
- Interpersonal relationships (practices) including aspects such as attitudes, communication, respect, secrecy, confidentiality, trust, responsibilities, and support mechanism
- Personal attributes such as fear, shyness and embarrassment
- Networking/partnerships between stakeholders in RH facilities
- Influences/pressure of social and cultural norms and standards on the male partner and other stakeholders.
- Accessibility to the health facilities that provide reproductive health services:
- Distances and the transport system available for the male and female partners who wish to visit the RH facilities
- Costs involved in the RH services and treatments
- Time spent at the RH facilities.
- Sociocultural barriers to be analysed include
- Polygamous practices
- Myths about male involvement in RH
- Gender issues and practices
- Alcohol abuse by male partners
- Migratory labour practices
- Household duties of the stakeholders.

b) Activities for the situational analysis phase for the internal environment

In this study the internal environment refers to those health facilities that provide RH services. This internal environment comprises the male partners, female partners and nurses within the health facilities and also those factors that influence male partner involvement in RH. The following strategies may be used to analyse the internal environment:

- The senior registered nurse, in collaboration with other stakeholders, is responsible for conducting the situational analysis.
- The environment to be evaluated comprises the health facilities that provide RH services, for example clinics, heath centres and hospitals.
- The factors in respect of the stakeholders (male partners, female partners and nurses) to be analysed include:

- Perceptions of the nurses in respect of male partner involvement in RH
- Interpersonal relationships including aspects such as attitudes, communication, respect, secrecy, confidentiality, trust, responsibilities, and support mechanisms
- Management principles and structures to facilitate male partner involvement in RH
- Availability of policies and legislation on male partner involvement in RH
- The nature and structure of the building used for the RH services
- Availability of human and material resources with which to deliver RH services
- Nurses knowledge and skills in terms of RH and, specifically, in respect of the facilitation of male partner involvement in RH.

2.2. Guidelines for phase 2: establishment of a partnership

The aim, objectives and strategies for the development of a partnership may be described as follows:

2.2.1. The aim

The aim of this guideline is provide the registered nurse (agent) with assistance on ways in which to strengthen the interpersonal relationship (partnership) between the male partners, the female partner and the nurses in both the external environment (community) and the internal environment (health facilities) in order to facilitate male partner involvement in RH services. This aim may be realized through a shared vision, networking, mutual cooperation, collaboration, communication, motivation, shared responsibility and joint decision making.

2.2.2. Activities for the establishment of the partnership

The strategies for the establishment of a partnership to facilitate male partner involvement in RH through shared vision, networking, cooperation, collaboration, shared responsibility, joint decision making and motivation include the following:

a) Activities in respect of shared vision:

In terms of this study the vision is a written statement relating to the future intent, aspiration, uniqueness and identity of the programme in respect of male partner involvement in RH. In this study it is essential that all the partners share the vision of male partner involvement in RH. Activities for developing a shared vision may be described as follows:

- The vision should be specific, measurable, achievable, realistic and time-bound.
- The vision should be formulated by the registered nurses in collaboration with other stakeholders and it should be clear in its mission.
- The stakeholders should work together to identify possible obstacles in the way of reaching goals and devise strategies to overcome these obstacles.
- There should be a mechanism in place with which to evaluate the vision.
- The vision should be acceptable to all stakeholders.

b) Activities in respect of networking:

Networking is a process that includes developing and using contacts for information, advice and support (Barker & Gaut, 1996). Activities in respect of networking include the following:

- The registered nurse should facilitate the networking process. The stakeholders in the community (youth leaders, political leaders, traditional leaders and church leaders) and the stakeholders in the health facilities environment (nurses, medical doctors, social workers and psychologists) should be identified for the purpose of networking.

- Intersectoral collaboration between government ministries and NGOs other organisations should be identified and encouraged during networking.
- Networking should be made known to the stakeholders. Networking should aim at both gathering and providing the information across workgroups.
- During the process of networking decision making and the handling of conflict within or between groups should be handled accordingly.
- During networking exchanges the sharing of ideas and information should be encouraged.
- Networking should aim at offering support and direction to the stakeholders. It should also encourage the sharing of expertise and services.
- Stronger political, religious and cultural influences within the community should be encouraged in order to facilitate male partner involvement in RH.

c)   Activities in respect of cooperation:

Cooperation refers to the state of doing something together or of working towards a shared aim, while the concept "mutual" describes the feeling that two or more people have for each other or actions that affect two or more people equally (Oxford Dictionary, 2000). In this study it is expected that the male and female partners should work together to promote the involvement of the male partner in RH. Activities in respect of cooperation include the following:

d)   Activities in respect of collaboration:

Collaboration refers to interactive mechanisms that inquire into and reflect on approaches in developing collective thought and coordinated actions. Through the collaboration in this study different perspectives were examined, new ideas and possibilities explored and common knowledge derived from the integration and synthesis of those ideas that were relevant to the facilitation of male partner involvement in RH (Senge, 1993; Bohm, 1996). Activities in respect of collaboration include the following:

- The agent should facilitate this process of collaboration.
- The views and conclusions of the stakeholders in respect of the direction and future of collaboration should constitute a shared vision.
- There should be a clear platform on which the partners may come together to share ideas.
- The stakeholders should all be involved in all the activities from planning, organising, implementation and evaluation.
- All the activities should be appropriate.
- The participation and involvement of the stakeholders in the RH decision-making process should be supported by sufficient resources (human, material, financial and time) so as to produce positive outcomes for the stakeholders involved.
- The following principles should be employed during the collaboration of the stakeholders in RH issues such as:
- Respect for, and affirmation of, the diversity and the breadth of the partners' knowledge – an understanding that people may make varied and important contributions to help shape the decisions that affect their lives. Equitable access as a commitment to ensure equal opportunities for all stakeholders to participate and to be involved in RH.
- Inclusiveness as a commitment to the development of participation and involvement strategies for all stakeholders, especially those stakeholders who are needed or who play a vital role in RH services.
- Responsiveness as a commitment to listening to and taking action in relation to the views, concerns and experiences of the stakeholders in RH. Integrity as a commitment to open, transparent and accountable participation and involvement in practices that enhance trust and confidence.
- It is recommended that accurate and comprehensive records be maintained of the stakeholders' participation and involvement initiatives, including planning, implementation, and evaluation.

- The privacy and confidentiality of all stakeholders should be maintained during the collaboration process.
- The participation and involvement of stakeholders in the RH plan should include:
- A description of the purpose of the stakeholders' participation and involvement in the RH
- Details about the scope of decisions to be made
- An outline of the extent and nature of stakeholder influence in subsequent decision making in respect of RH
- Details of the way in which stakeholders will be provided with feedback and also of the way in which the initiative will be evaluated and reported upon (Government of Western Australia, 2008).

e)   Activities regarding respect and trust relationships:

Trust must be earned and carefully nurtured over time. It takes patience, consistency, dependability and unending attention over a relatively long period (Booyens, 2004). It is not sufficient that the registered nurse be trusted or that the male partner be trusted by the female partner. The registered nurse, the male partner and the female partner all need to trust and respect one another. The greater this mutual trust and respect the more efficient will be the facilitation process. On the other hand, it is also essential that the degree of trust in the registered nurse be the greater trust because this will make it easier to facilitate the changes needed to motivate the male partner to move in the right direction and to be committed to this endeavour. The activities for building trust and respect include the following:

- In order to gain trust and respect the registered nurse must exhibit knowledge and skills in both the theory of RH as well as in practice. This will help the registered nurse to be of assistance to the partners when they present their problems in respect of RH issues.
- During interaction with the male and female partners it is essential that the registered nurse be able to understand and to describe the nature of their problem(s) from a social, psychological and economic perspective. At the same time the registered nurse must be able to help the male and female partner in holistically, as this will enable the nurse to create a positive, trusting and respectful relationship between them. The registered nurse should be able to admit his/her mistakes and weaknesses as this will also enable the partners to acknowledge their own problems. It is in this way that trust is built.
- It is vital that the registered nurse spend time with the partners and be visible by being involved, listening, interpreting their body language, showing sympathy and responding to their problems.
- When communicating with the partners the registered nurses will establish a trust relationship by being honest, open and respectful about both their problems and about their attendance at the RH facilities. Any information which is in the interests of the partner(s) must not be withheld, while, on the other hand, personal, secret and confidential information is not to be divulged (Barker, 1990).
- In order to establish trust and respect in the partnership relationship it is essential that the registered nurse plan all actions carefully and anticipate the implications of any action taken.
- The registered nurse, in building a trusting and respectful relationship, must treat the partners with respect, courtesy, care and concern (Barker, 1990). He/she must be consistent at all times in his/her interactions with the partners and ensure that any promises made are kept. According to (Booyens,1998), for a registered nurse to be trusted the he/she needs to be mature, wise, autonomous, competent, goal directed, empathetic and have a solid sense of ethics

f)   Activities for sharing responsibilities

Responsibility refers to the duty of taking care of something (Oxford Dictionary, 2000). In this study the sharing of responsibilities means that both the male partners and the female partners should

share the responsibilities in terms of all activities related to RH issues. These activities include the following:

- The agent as coordinator will plan ongoing workgroups with all the stakeholders; for example in this study this means that all the stakeholders from the community and health facilities environments must be involved in ongoing workgroups in order to ensure their active involvement in both the planning and in working towards consensus.
- The coordinator will formulate the guidelines for the programme to be followed by the workgroups and set a date for initiating and implementing the programme.
- During this stage of sharing responsibility the strengths, weakness, opportunities and threats related to the programme will be determined from the results of situational analysis of the external and internal environment of both the community and the RH facilities.

g) Activities for joint decision making

Decision making constitutes an integral part of the problem-solving process that might arise during the facilitation of male partner involvement in RH. The effectiveness of this facilitation process may be measured by the quality of the decisions that the partners make jointly (joint decision making). It is essential for the smooth running of the facilitation process that the decisions made be appropriate and rational (Booyens, 2004). The following activities may be implemented in order to promote joint decision making:

- Selling. The senior registered nurse should sell the ideas or decision/solution to the stakeholders (male and female partner) who are to make the decision.
- Testing. The facilitator should present the ideas and decision to the partners for debate. This debate should then be followed by feedback.
- Consultation. The senior registered nurse should ask for the opinions and inputs of other stakeholders in respect of these decision/ideas.
- Consensus decision making. The stakeholders should be allowed sufficient time to debate and to reach agreement on the actions to be planned and implemented.
- Negotiation. There should be a platform to which individual stakeholders deliberately come together in order to reach a jointly acceptable agreement.
- It is essential that both the registered nurse and the partners be able to recognise the problem because failure to identify the problem correctly could lead to either faulty decision making or else no solutions. The definition of the problem should be neither too general nor too specific because both of these would effectively restrict the number of alternative solutions possible. During this process of joint decision making it will be incumbent on the stakeholders to gather the relevant information before making any decisions. They will also be expected to develop and to evaluate alternative solutions by identifying both the advantages and the disadvantage of the steps that they choose in making a decision. Lastly, the stakeholders need to select the appropriate solution and implement it.

h) Activities for communication

Communication refers to a process involving the transmission of information/messages from the sender(s) (agent) to the receiver(s) (recipient) in such a way that the information/messages are received in an acceptable manner (Daniels et al., 1997). Effective communication promotes the sharing of information and effective decision making, which may in turn be relevant to the stakeholders during the development of strategies to promote male partner involvement in RH (Clark & Maas, 1998). Activities for communication include:

- The communication process should be a two-way process in terms of which all the stakeholders actively participate and are involved in the discussions until consensus is reached.

- An effective communication process should involve the comprehensible and productive exchange of information, thoughts, ideas and emotions.
- The content should be clear, simple and open in order to facilitate the mutual understanding and interpretation of the message.
- During the communication process any disturbance should be controlled and managed effectively.
- The sharing of ideas should be encouraged during the communication process.
- The use of common language facilitates continuous, inter-personal dialogue, shared meaning, understanding, interpretation and an accurate analysis of the information communicated.
- The communication process should be relevant, comprehensive and timely.
- It is essential that the facilitator communicate the quality of caring to both the male and female partners during their visits to the health facilities, for example the nurses need to demonstrate warmth, caring and non-judgmental behaviour and understanding of the culture, problems, values and the attitudes of the partners.
- The basic or positive attitudes include congruence – an ability on the part of the nurses to be aware of the way in which the partner experience interacts with the partner participants as well as the ability to communicate this awareness to the partners themselves; acceptance – the avoidance of making any judgements, either covert or overt, in respect of the participants; and empathy (not sympathy) which, in this study, refers to the facilitators' capacity to perceive the nature of the frames of reference of the participants accurately.
- Good communication is essential in order to facilitate the learning environment and to strengthen the communication between partners so as to enhance the participation and involvement of the partners;
- During the communication process the agent should consult families and other stakeholders in order to identify resources, facilitate access to these resources and promote the needs of the partners in the RH context.
- During the communication process the registered nurse should avoid interruptions, and preconceptions, as well as bias and argumentativeness.
- During the communication process it is essential that the registered nurse is sensitised to the culture of the partners. Cultural sensitisation includes cultural sensitivity – the ability to recognise cultural factors that may affect the effective involvement of the male partners in RH; cultural relativism – the ability to view beliefs and behaviours in the context of the culture in which they originated and to find ways in which to deal with these beliefs and behaviours; cultural accommodation – the ability to accommodate the client's culture as well as the ability to modify health care delivery in the light of cultural factors and culture brokering – mediation between individuals or groups from different cultures. It must be borne in mind that there is no culture that is superior to any other culture (cultural ethnocentrism).

i) Activities for motivation

The concept of motivation is used to describe both the extrinsic conditions that stimulate certain behaviours and the intrinsic responses that make human beings what they are. The intrinsic is described in terms of needs, wants and drives (Oxford Dictionary, 2000). As indicated in chapter 3, the male partner may be demotivated to participate in the RH context as a result of both external and internal influences. The following activities may serve the purpose of meeting the needs, wants and drives in terms of male partner involvement in RH:

- The needs for the male partner to be involved in RH should be clearly indicated.

- Drive motive. Deficiencies or problem identified should be made known by the stakeholders and directions or actions established to diminish these deficiencies.
- Incentive motive in order to alleviate a need and reduce a drive and, in this way, establish an incentive will tend to restore physiological or psychological imbalances.
- Manipulation motives. The male partners should also have manipulative motives in order to maneuver the culture, beliefs and norms that are impeding male partner involvement in RH. It must, however, be borne in mind that, despite the fact that culture is not easy to change, motives may make this possible.
- Activity motive. The male partner should take into account that active involvement in activities pertaining to RH, for example attending RH facilities, with their partners, will be of benefit to both themselves and their partners because they will come to understand both their problems and their needs in totality. They will also come to a deeper understanding of their own families and of the community at large. This will, in turn, enhance their knowledge and skills in respect of RH issues, and enable them to manage and to solve the problems affecting their health and their families.
- Achievement motive. The male partners should believe that their involvement will make a difference, for example those male partners who attend the RH facilities should believe, firstly, that their attendance will be of benefit to their own health and to that of their families;
- Power motives. Male partners should believe that their involvement in RH will influence people to change their attitudes and behaviours, for example change the negative attitudes of males towards RH issues.
- Affiliation motive. The male partners should believe that their involvement in RH will be regarded with admiration by most members of the community, and lead to their being accepted by both the community and the family. The community, in turn, should gain the impression from this involvement that the men are being friendly and cooperative. In addition, their involvement in RH should help the male partners maintain harmonious relationships and avoid conflicts within the family and within the community.
- Security motive. The male partners should feel secure in their involvement in RH and they should know that their problems will be kept confidential and that their needs will be catered for in a holistic manner. In other words the male partners should feel protected in the certainty that the nurses who are caring for them will not divulge their problems. They should also know that they are able to afford the service being provided, and that the RH programme and services could protect them against the illnesses and disabilities that could occur as result of reproductive diseases and complications.
- Status motive. It is essential that the male partners' active involvement in RH be recognised and acknowledged, for example, they could be given a token of their involvement in the form of either being given precedence and not having to wait or else being introduced during the health education programme which the nurses conduct at the commencement of their duties .

2.3. Guidelines for phase 3: management process

The objective of these guidelines is to empower registered nurses in terms of ways in which in to manage the partnership environment in order to facilitate male partner involvement in RH through planning, organising, leading, and control/evaluation.

2.3.1. The aim

The aim of these guidelines is to advise the registered nurse (agent) on ways in which to manage the partnership environment (external and internal) through planning, organising, leading and control (discussed in phase 4) in order to facilitate male partner involvement in RH

2.3.2. Activities for the management process

The management process consists of four phases. The activities in respect of each phase may be described as follows:
   a) Activities for planning
The planning phase comprises the following activities: goal setting and the development of action plans, implementation strategies and evaluation strategies in order to assess the realisation of the outcomes.

- During the planning stage it is essential that the registered nurse take into account the fact that the activities planned should be achievable, quantifiable and time bound.
- The financial implications and human resources available must also be considered during this phase.
   b) Activities for goal setting
In goal setting the vision, mission and value statement for male involvement in RH should be clearly formulated.

- The vision, mission, and value statement should provide the framework for the resolution of any conflicts which might arise between the stakeholders, as interpersonal relationships (negative attitudes and poor communication) play a vital role in RH.
- The vision, mission and value statement should give direction to the male and female partners in terms of possible future happenings, for example, involvement RH.
- The vision should aim at highlighting those activities that could lead the stakeholders to attaining the envisioned goal and avoid wasting time on actions which are not relevant. The vision provides a framework of reference for decision-making because the stakeholders have been made aware of the direction in which the programme is going.
- The mission statement should indicate the core business-related service delivery to concretize the vision of the programme.
- The value statement reflects the beliefs, principles and moral statements that must guide the behaviour of the stakeholders during the facilitation process. This value statement should indicate both the intent and the quality of the programme, the male and female partner and the output orientation.
   c) Activities for the development of action plans
- The registered nurse has to identify the key performance areas which will be based on the needs identified in the situational analysis.
- The objective for each identified KPA and the activities or actions required in terms of each KPA must be set in partnership with the other stakeholders.
- The registered nurse must assign accountability as well as the subsequent duties, tasks and responsibilities of the male and female partners. This includes the due dates for the attainment of each objective. Therefore, each action plan must be executed in accordance with these due dates.
   d) Activities for the development of implementing strategies
In terms of the KPAs indicated in the action plans the registered nurse must plan who, how, when and with what he/she is intending to implement the KPAs.

- The registered nurse must devise the policies and guidelines for the execution of the tasks needed to facilitate male partner involvement in RH. These guidelines and policies could include situational analysis, the development of the partnership, the management process, the maintaining of a conducive environment and control and outcome.
- It is essential that the strategies – policies and guidelines to facilitate male partner involvement in RH – be implemented in collaboration with the researcher who has played a major role in developing both the model itself and strategies for the model.

- Goals must be set by the registered nurses in collaboration with other stakeholders.
- The goal setting should indicate both the goal of the programme (male partner involvement in the RH context) as well as the goals of each stakeholder (male partners, female partners, nurses, significant and influential people from the community).
- The goal of the stakeholders should be set in collaboration with the senior registered nurse.
- The goal programme should indicate the outcomes, the way in to achieve these outcomes, and how it will contribute to the realisation of the programme.
- During the setting of the goal the senior registered nurse and the other stakeholders should work together to identify any possible obstacles in the way of attaining the goals and devise strategies to overcome these obstacles.
- There should be a mechanism to evaluate the goal against the agreed-on performances standards. This evaluation should serve as a measure of the stakeholders' performances.
- The goals should specific, measurable, achievable, realistic and time-bound.
- Goals should be formulated in the affirmative.
- The goals should be in a sequence in terms of the timeframe (short, medium and long term).
- The participatory process of consultation should ensure that the goals are acceptable.

e)   Activities for organising

The organising phase comprises the following steps: design structure, assigning of responsibility, and the establishing of the command structure and the coordination mechanism, all of which should be performed by the registered nurse in collaboration with other significant stakeholders.

f)   Activities for designing the structure

The designing of the structure refers to the logical grouping of the KPAs, the way in which the activities will be performed and by whom these activities should be performed. These activities should all be clearly articulated (Muller et al., 2006).

- The registered nurse would have identified the needs and problems during the situational analysis.
- The key performance areas need to be identified in order to solve these problems and meet these needs.
- The stakeholders in the RH context need to be identified and defined, for example the male partners, female partners and registered nurses. This also involves identifying and defining the roles and responsibilities of each stakeholder.
- The division of tasks and the assigning of responsibilities need to be done in order to determine who will do what and when it will be done.
- Rules and regulation need to be formulated in order to guide the stakeholders on the way in which they are to fulfil their tasks and carry out their responsibilities. These rules and regulations may take the form of procedure manuals which, for example, may prescribe the communication process between the stakeholders and ways in which to manage deviant behaviours.
- The stakeholders must be provided with a clear statement of what is expected in terms of appropriate behavior.

g)   Activities for assigning responsibility and authority

The structure of the design will be followed by the assigning of the responsibilities and the authority pertaining to each activity. This will include the establishment of the organisational relationship between nurse and both the male and female partners, for example, from whom and where to obtain information (directive/instruction), to whom partners report and to whom and for what they are responsible

- The assigning of responsibilities should be carried out by the registered nurses in consultation with the other stakeholders.

- It is essential that the responsibilities and authority pertaining to each stakeholder be clearly defined in order to avoid conflict.
- Education and training in respect of their roles is vital if the stakeholders are to understand their responsibilities clearly.
- These responsibilities need to be reviewed and monitored in order to identify a possible problems and needs of male partner and female partner and find the appropriate way to manage such problems and needs.

h)   Activities for establishing the command structure

The establishing of the command structure refers to the establishment of a reporting line in case any problems or needs are identified or manifest between the male partners, female partners and the nurses.

- Establishing the command structure entails determining who will report to whom (chain of command), and from whom the male and female partner should receive the order (unit of command).
- The responsibility for performing activities based on the KPA identified (requisite authority) needs to be assigned, and it also needs to be determined whose authority the male and female partner may need in order to obtain and to utilise the available resources needed to accomplish a specific task.
- The registered nurse who delegates the responsibility for performing a specific task to a male and female partner should bear in mind that the act of delegating does not mean that the registered nurse is absolved from being held ultimately responsible for the successful completion of the task (continuing responsibility).

i)   Activities in respect of the coordination mechanism

The coordination mechanism refers to the process of linking and integrating those activities which were indicated in designing the structure, assigning responsibility and authority, and establishing the command structure into a single, integrated unit in order to facilitate the realisation (goal and outcome) of male partner involvement in RH (Muller et al., 2006). In view of the complex and dynamic process of involving the male partners in RH it is essential that a meeting be organised between the different categories of nurses and significant stakeholders in the community in order to discuss the way in which to manage the partnership environment in order to facilitate male partner involvement in RH.

- A formal coordination structure (committee) within the reproductive health facilities must be established.
- The committee should have the following: the purpose and objective of the committee, the composition of the committee; roles and functions within the committee; the scope of authority of the committee including the power of the committee to make the decision; meeting procedures and reporting mechanisms.
- The role of the committee is to identify the key performances area and the way in which they intend to manage the programme.

j)   Activities for leading

The activities of conflict management, time management, decision making and the management of change and for leadership, which form part of the facilitation process of male partner involvement in RH, will be discussed below:

k)   Activities for conflict management

Conflict may be defined as a situation in which two or more parties became aware of the facts that what each party wants is incompatible with the wishes of the other part (Hein & Nicholson, 1990). Conflict may be seen as part of the process of testing and assessing oneself and may be perceived as positive in the sense that it allows one the opportunity to make full use of one's reasoning capacity. It may also provide the opportunity to bring about change and avoid stagnation (Cavanagh, 1990). Conflict may benefit group behaviour as cohesiveness is often enhanced during periods of conflict (Cavanagh, 1990). Accordingly, conflict should not always be perceived as negative, but it must be borne in mind that, wherever people interact with each other, the potential for conflict exists (Hein & Nicholson, 1990).

- There should be clear rules, policies and guidelines in the RH facilities and these should be made known to every stakeholder.
- There must be appreciation of the efforts of the stakeholders and the registered nurse be genuine when approach male and female partner. The partners must feel that they are of some worth in terms of the facility where they obtain the RH services.
- There should be a conducive environment in which the stakeholders feel free to be innovative. This will, in turn, encourage the stakeholders to make suggestions. Such a situation promotes creative thinking which leads to better solutions for problems.
- It is essential that the registered nurse recognise the input of the stakeholders.
- The registered nurse should be able to identify the values of others. This will help create open relationships with an expectation of success.
- The registered nurse should be quick to identify the traits of responsibility and trustworthiness in others, which will, in turn, produce warm, open responses.
- The registered nurse should behave assertively especially in situations which he/she regards as being of high priority.
- The registered nurse should provide constructive feedback about behaviour rather than about personal traits.
- Conflict prevention. The facilitators must be able to monitor and to intervene to stabilise a potentially violent conflict before it occurs by initiating activities that address the root causes of the conflict as well as the trigger of the dispute. A mechanism needs to be put in place that detects early warning signs and records specific indicators that may help to predict impending violence.
- Peacekeeping. The registered nurse should have the ability to act diplomatically in order to transform violent behaviour into non-violent dialogue. This should take the form of negotiation and consultation.
- Peace building. The registered nurse should have the ability to introduce a new third party to assist in the transition from violent conflict to stable peace.
- Forcing. The registered nurse needs to use formal authority or the power vested in him/her to satisfy male and female partner concern.
- Compromise. The registered nurse needs to have the ability to attempt to resolve a conflict by identifying a solution that may be partially satisfactory for both parties but not completely satisfactory for either.
- Collaboration. The registered nurse needs to promote teamwork and cooperation in order to satisfy the needs of both partners.

l) Activities for decision making and problem solving

Both decision making and problem solving comprise an integral part of management. In this regard all the stakeholders need to understand the process: The following activities for decision making and problem –solving are as follow:

- Selling. The registered nurse should sell the ideas or decision/solution to the stakeholders so that the decision is actually taken.
- Testing. The registered nurse should present the ideas and decisions to his/her subordinates for them to debate and then to provide feedback.
- Consultation. The registered nurse should ask for opinions and inputs from other stakeholders about the decisions or ideas to be implemented.
- Consensus decision making. It is essential that the stakeholders be given sufficient time to debate and to agree on the decisions or ideas which are to be implemented after planning.
- Negotiation. There should be a platform on which individual stakeholders come together intentionally in order to reach a mutually acceptable agreement.

m) Activities for time management

Time management refers to the effective and efficient use of the time. It includes the effective planning and scheduling of the work to ensure that the most important work is completed and that sufficient time is left to deal with any unexpected emergencies and crises that may occur during the facilitation process. Booyens (1998) suggests the following important principles for the effective use of time:

- The registered nurse and other stakeholders should plan and organise more effectively the activities of facilitating male partner to involve in the RH – this includes planning and scheduling activities in order to accomplish the goals set and should be carried out within a specific time frame.
- The registered nurse should concentrate on a few critical tasks or problems which will produce sound results.
- The registered nurse should eliminate trivial activities.
- The registered nurse should delegate responsibility and authority as far as possible.
- The registered nurse should think before taking action and endeavour to solve problems scientifically.
- The registered nurse should use time wisely. As a coordinator it is essential that the facilitator be aware of what his/her goal in life is. It also important to draw up a list of personal and career goals.
- The registered nurse should identify the way in which he/she spends his/her time and ascertain the amount of time spent on unproductive or minimally productive activities.
- The registered nurse must keep a time log in which he/she enters his/her activities.
- The registered nurse should analyse this time log to determine the way in which his/her time is being utilised.
- The registered nurse should avoid time wasting and interruptions by controlling the amount of time spent on the telephone. In this regard a secretary should be trained to manage and handle telephone calls.

n) Activities for the management of change

It is expected that the facilitators should have a vision in terms of which to plan, manage, implement and evaluate change. In the dynamic health facilities environment within which the nurse (agent) operates it is important that the nurse develop skills that will enable him/her to deal with change effectively. In the process of involving the male partner in RH, resistance to change might be encountered. This resistance to change may arise from misconceptions, habits; fear that privacy will not be respected, economic considerations, fear of the unknown, lack of awareness, misunderstandings and inaccurate beliefs (Hayns, 1992; Booyens, 2004):

- Facilitators are expected to have a vision in place for planning, managing and implementing change.
- In the dynamic health facilities environment in which the nurse (agent) operates, it is essential that the nurse develop skills that will enable him/her to deal with change effectively (Rahman Bin Idris & Eldridge, 1998).
- Education and communication. It is important to use and to provide accurate information that allows people to understand the reasons for the proposed change. Communication will help dispel fear of unknown. The implementation of a training programme to increase the stakeholders' awareness of the problem(s) to be overcome by the change process will aid in overcoming resistance.
- Participation and involvement. Stakeholders who will be affected by the change should be called upon to help design the change process. This could help reduce any resistance on their part to the proposed change. Involvement and participation is important in situations in which commitment is essential for the successful implementation of the change.
- Facilitation and support. Stakeholders often tend to fear the unknown and, thus, facilitation and emotional support is necessary in order to help the stakeholders to accept the change.

- Negotiation and agreement. During the change process some stakeholders may lose interest and decide not to participate in any activities pertaining to RH. Negotiation and agreement are useful tools in overcoming resistance.
- Manipulation and co-opting. These methods need to be utilised in the correct way, otherwise they could lead to problems later when the partners may feel that they have been manipulated into accepting the changes.
- Explicit and implicit coercion. The facilitator may use either explicit or implicit coercion when other methods of overcoming resistance have failed or where speed is essential, for example, in the RH facilities female partners who are not accompanied by their male partner at antenatal the clinics will not be treated.
- Establish trust. A trust relationship between agent and recipient makes it much easier to implement changes than in situations in which one party does not trust the other.
- Plan the changes in stages: The following stages may be put in place during the change process:
- Step1. Define the goal of the programme.
- Step2. Decide who will lead the programme.
- Step3. Obtain the commitment of the stakeholders.
- Step4. Build the change process incrementally by stating the specific objectives to be attained.
- Step5. Emphasise the main goal to be achieved.
- Step6. Provide continuous support.
- Step7. Teach stakeholders new ways in which to define and solve problems.
- Step8. Communicate the change process (Bolton, Aydin, Popolow & Ramseyer, 1992).

2.4. Guidelines for phase 4: maintaining a conducive environment

The aim and activities for each guideline for maintaining a conducive environment are discussed below:

2.4.1. The aim

The aim of these guidelines is to empower registered nurses in terms of ways in which to maintain a conducive environment. Such an environment is characterised by safety, interest, commitment, motivation, patience, support, respect, adequate resources and networking. These activities may be described as follows:

2.4.2. Activities for maintaining a conducive environment

The activities in terms of the attributes of a conducive environment may be described as follows:

a) Activities to promote safety

The word "safe" means to be protected from any danger or harm (Hornby, 2000). Health facilities encompass several physical and psychological factors that may influence or affect a life partner's decision of whether or not to become involved in RH. In this study safety is expressed in terms of privacy and the confidentiality of information and treatment. The following strategies for promoting safety may be implemented in order to establish a positive environment in terms of male partner involvement in RH:

- It is essential that the registered nurse identify any factors that threaten the safety of the partners in the RH facilities. In this study, such factors refer to a lack of privacy and lack confidentiality.
- The vision, mission and value statement of RH facilities should indicate clearly the way in which safety will be ensured.
- Teaching material, such as pamphlets and posters, should be used to remind male partners of the ways in which safety in terms of their health is managed and maintained.
- The male partner should be informed about what happens in the RH facilities and allowed to explore these facilities.

- During the visit or consultation the male partner should be treated either as an individual or as a partner. The registered nurse must ensure that any private information is kept confidential.

b) Activities for creating an interesting environment

The word "interesting" may refer to any attribute that attracts attention because it is special, exciting or unusual (Hornby, 2000). The RH environment should attract the attention of partners in terms of the availability of adequate resources, safety, privacy and recognition of their presence.

- The environment should promote and strengthen networking by fostering the active participation and involvement of stakeholders such as youth leaders, political leaders, traditional leaders and church leaders. This will play a vital role in the facilitation of male partner involvement in RH.
- The environment should promote cooperation between the stakeholders in realising their common aim. This is possible only if agents and recipients understand their respective roles in the RH context.
- Collaboration as an interactive mechanism should be promoted in the RH facilities by the fostering of collective thought and coordinated action. Through collaboration different perspective are examined, new ideas and possibilities are explored and common knowledge derived from the integration and synthesis of these ideas.
- The environment should promote interactive communication in terms of which the sharing of information, shared decision making, and positive attitudes are promoted by congruence, acceptance and empathy.
- The environment should promote the sharing of responsibility by encouraging the partners both to provide and to share information about their roles and the responsibilities in the RH context. The environment should be such that it enhances the partners' knowledge and skills in terms of RH and also in terms of their roles in promoting the active participation of males in the RH services.
- The environment should promote joint decision making in terms of which male partners and nurses make decisions together and, thus, avoid conflict.
- The environment should promote trust and respect as the foundation of male partner involvement in RH. This encompasses trust and respect for one's own and for the dignity, values, ideas, thoughts and feeling of others which, in turn, enhances human interaction and social transformation. The agent needs to use leadership skills in establishing a trusting and respectful relationship. Trust must be earned and carefully nurtured over time if the male partners are to build such a relationship (interpersonal relationship). In addition, such a relationship needs patience, consistence, dependability and unending attention over a relatively long period of time.
- The environment should promote confidentiality and, thus, foster and maintain high standards of professionalism. This confidentiality refers to information given to the clients in respect of their diseases or problems regarding their RH.

c) Activities for creating a committed environment

The word "commitment" refers to a promise to support or to do something (Hornby, 2000). In this study the RH facilities and institutions should be committed to providing quality services in order to facilitate male partner involvement in RH. Such a commitment includes

- The availability of staff who are knowledgeable about RH issues and who are willing to serve in the facilitation of male partners to involve in the RH..
- The necessary information being furnished to the partner in the form of training and education.
- Treatment should be available in case male partner need help.
- The proper management of time by keeping time logs. This would help avoid the wasting of time. In addition, appoint-

ments should be respected and activities organised more effectively; this includes planning and scheduling.

   d)   Activities for creating a motivational environment

Motivation is the concept used to describe both the extrinsic conditions that stimulate certain behaviours and the intrinsic responses that make human beings the way they are. The intrinsic is described in terms of needs, wants and drives (Oxford Dictionary, 2000). In this phase motivation is expressed in terms of recognition, praise and reward.

- Recognition, praise and reward are regarded as status motives in terms of which male partners, who are actively involved in RH, need to be granted for example recognition and acknowledgement by give a token of appreciation to male partner in the form of being given precedence and not having to wait to be treated or being introduced during the health education conducted by the nurses at the commencement of their duties.

   e)   Activities for support and respect

The term "support" may be defined as the act of helping or encouraging by saying or showing that you are in agreement with another person, while respect may be defined as a feeling of admiration for something because of its good qualities (Hornby, 2000).

- It is essential that the registered nurse be able to spend time with the partners and that his/her involvement renders the registered nurse visible. This visibility also arises from listening, and interpreting body language as well as being sympathetic and responding to problems.
- When communicating with the partners the registered nurse will establish relationships of trust by being honest, and open and respectful of the partners' problems and their presence. Information which is in the interests of the partners must not be withheld, while personal secrets and confidential information, in turn, must not be divulged (Barker, 1990).
- In order to build such relationships it is essential that registered nurse treat the partners with respect, courtesy, care, and concern (Barker, 1990).
- In building such relationship the registered nurse must be consistent in all his/her actions and behaviour and keep any promises that may have been made. In order to be trusted a leader needs to be mature, wise, autonomous, competent, goal directed, empathetic and have a solid sense of ethics (Booyens, 1998).

   f)   Activities for adequate resources

A resource may be defined as something that may be used to help realise an aim. Resources may be human, physical and material (Hornby, 2000; Muller et al., 2006). In this study the strategies adopted for the maintaining of adequate resources (human, material and physical) include planning, organising, leading and control. The strategies for each step were discussed in detail in phase three.

   g)   Activities for maintaining networking for a conducive environment

Networking is a process that includes the developing and use of contacts for information, advice and support. Networking is self-generating and self-organising. It is also the way in which human beings and material are created to connect together in order to achieve goals, joint ventures in programmes or services. The aim of networking is gather and information across workgroups, to encourage the exchange and sharing of ideas, to offer support, and to foster and share expertise and services (Barker & Gaut, 1996). The activities for networking have been discussed in phase 2.

2.5. Guidelines for phase 5: control and outcome

The aim and activities for control and outcome are described as follows:

2.5.1. The aim

The aim of this guideline is to control and evaluate those activities which are aimed at effectively facilitating male partner involvement in the RH context. During this phase the registered nurse will evaluate the actual performance against planned performance by using planning, organising, leading and control.

2.5.2. Activities for control and outcome

After planning, organising and leading, the registered nurses have to implement control as a step in the management process in order to ascertain whether all the activities which were suggested in the three prior steps have been implemented in accordance with the strategic intent and the subsequent strategies and plans. Thus, the aim of the control aspect of phase 4 is to ensure that the goals and the outcomes as suggested have been accomplished. Muller et al. (2006) suggest the following four steps of control to guide the registered nurse during the process: setting standards, measuring actual performance, evaluating deviations, rectifying deviations and feedback

   a)   Activities for setting standards

A standard is a written description or statement detailing the expected level of performance with reference to structure, process and outcome. A standard also describes the desired and achievable level of performance against which actual performance is measured (Muller et al., 2006). The strategies for setting standards include the following:

- A standard should be in written format indicating the level of performance with reference to the structure (the support systems – human, financial and physical – required for the delivery of health services), the process (the way in which specific actions should be performed and applied to what the stakeholders themselves do), and the outcome which is related to those objectives which were realised and addressed.
- The standard should be set by the registered nurse in collaboration with the stakeholders.
- In this study standards may refer to the situational analysis standard, developing partnership standard, management standard and control and outcome standard.
- Standards should be relevant, realistic, attainable and measurable. Thus, standards are a function of the goals that are formulated during the planning phase.
- Standards should clearly define the activities identified in the programme.
- Criteria and indicators should be formulated in order to determine whether the standard which was set has been met. The criteria should deliver concrete proof that a standard has, indeed, been met. The indicators refer to measurable norms or the outcome statement, for example, the indicators for the RH facilities may be the number of partners attending these facilities, the number of male partners who bring their female partners to the RH facilities, the number of woman who come alone to the RH facilities and the number of cases treated in these facilities.

   b)   Activities for measuring actual performance

During the facilitation of male partner involvement in RH from phase 1 to phase 3 it is incumbent on the registered nurse to measures the outcome of this process of facilitation of male partner involvement in the RH The aim of measuring performance is to identify any deviations and problem areas that might affect the process of involving male partners in RH. The strategies for measuring the standards include the following:

- The registered nurse should measure the actual performance of the stakeholders in the RH.
- The criteria need to be set so as to indicate what should be evaluated by whom and when this evaluation should be carried out.
- The registered nurse needs to collect; correlate and present the performances standards in order to identify any dispari-

ties between the performance standard and the actual performances based on the identification of activities in each phase.

- It is expected that the registered nurse will collect valid, quantifiable and absolutely reliable data.
- The measuring of the actual performances should be based on the outcome standard.
- Each standard indicated in "setting the standard" will determine the type of information to be collected as well as the way in which this information should be collected.
- In terms of RH the standard should not be compromised.

c) Activities for evaluation deviations

The aim of this step is to determine the performance gap between the performance standard and the actual performance:

- The registered nurse, as agent, in the facilitation of male partner involvement in RH should ensure that the deviations/disparities are trustworthy (reflect the truth). Non-compliance should be determined and evaluated with reference to its impact.
- Contributory factors should be investigated in order to guide the nature and scope of any corrective/remedial action which may be required. It should be determined whether the extent of the deviations requires or justifies further investigation.

d) Activities for rectifying deviations

The aim of this step is to determine the need for collective or remedial action and to ensure that deviations do not reoccur:

- The rectification of any deviations should be done in accordance with the problem which was identified.
- Consultation and counselling are imperative in this regard in order to arrive at the appropriate solution.
- One of the most important measures comprises sufficient feedback to the partners from either the registered nurse or the enrolled nurse.

e) Activities for feedback

The individual providing feedback should

- Be specific, avoid generalisations and base the feedback on observable behaviour. It is imperative to provide sufficient information to indicate to the stakeholders those areas which need to be improved.
- Be descriptive when stating views and not be evaluative or emotionally manipulative
- Be consciously non-judgmental – offer personal views but not act as an authority. The individual should offer personal feelings rather than value-laden statements.
- Not compare, but rather treat each person's problem separately because comparison undermines intrinsic motivation
- Be diligent and check whether responses are an accurate reflection of what is intended
- Be direct. In other words it is important not to wrap the message up in circumlocution, fancy words or abstract language.
- Be positive. In other words state what is appreciated and genuinely feel and not focus on anything which evokes negative reactions.
- Be aware of their own emotional state before providing feedback.

- General information in respect of feedback
- Feedback should be aimed at improving productivity and outcomes.
- Feedback should be planned in a such way that the registered nurses should be able identify the key areas in terms of what feedback is required, for example, the registered nurse must take into account the details of the issue that must be conveyed. This might include deficiencies, successes, problems or acknowledgements.
- It is essential that the recipients (partners) be able to understand the situation fully and also that they understand exactly what is expected of them after feedback. However, in or-

der to accomplish the latter, there must be mutual respect between the stakeholders.

3. Conclusion

This chapter focused on the guidelines to facilitate male partner involvement in RH. These guidelines were discussed in terms of the aims of the activities for each guideline and include guidelines for the implementation of the model for facilitating male partner involvement in RH through the management of a partnership environment. The guidelines were written in the format of a series of phases from 1 to 5. The guidelines for each phase consisted of the aim and activities. The five phases included phase 1: situational analysis; phase 2: the establishment of the partnership; phase 3: the management process; phase 4: the maintaining of a conducive environment; and phase 5: control and outcome.

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