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| twinning logo final[1] | PARTNERSHIP WORKPLAN |

recipient partner:

resource partner:

workplan period:

submission date:

*This workplan was jointly developed and has been agreed to by representatives of the partnership institutions:*

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| --- | --- | --- |
|  |  |  |
| *Signature of Representative* |  | *Signature of Representative* |
|  |  |  |
| *Name and Title* |  | *Name and Title* |
|  |  |  |
| *Institution* |  | *Institution* |
|  |  |  |
| *Date* |  | *Date* |

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| *Twinning Center Approval* |  | *Date* |

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| section 1 | description of partnership organizations |

1. Name of Resource Partner Institution:

Institution Description: *Include year established, mission, and areas of expertise brought to the partnership, including expertise in the field of HIV/AIDS*

1. Name of Recipient Partner Institution:

Institution Description: *Include year established, mission, and areas of expertise brought to the partnership, including expertise in the field of HIV/AIDS*

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| Section 2 | description of partnership project |

## 

### **Problem Statement:** *What problem is the partnership trying to solve?*

### **Partnership Goal:** *In one sentence, broadly describe what the partnership is trying to achieve*

C. “SMART” Partnership Objectives Checklist (max. 3-4 objectives) *Ensure that all objectives are specific, measureable, attainable, relevant and time-bound.*

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| Objectives | Specific | Measurable | Attainable | Relevant | Time-Bound |
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D. Potential Challenges to Partnership Activities

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| Challenge | Can it be addressed, and if so, how? | Timeframe or Deadline  (if applicable) | Person(s) Responsible  (if applicable) |
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E. Potential Resources

*Please list potential resources that partners can leverage to implement, monitor and evaluate activities. For example, recipient partners may be able to offer free or low-cost meeting spaces for exchanges, while resource partners may be able to contribute in-kind donations of books and equipment. Both partners could list potential collaborating organizations with which they have existing relationships, and the names of technical experts within each institution who may be able and willing to assist the partnership.*

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| Resource | Contribution to Workplan | Person(s) Responsible |
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| section 3 | implementation plan |

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| Objective 1 | |  | | | | | | |
| Expected Short-Term and Intermediate Outcomes | |  | | | | | | |
| Activities | | | October 2015 – September 2016 | | | | Output Indicator (if applicable) | Person(s) Responsible for Activity |
| Oct-Dec | Jan-March | April-June | July-Sep |
| 1.1 |  | |  |  |  |  |  |  |
| 1.2 |  | |  |  |  |  |  |  |
| 1.3 |  | |  |  |  |  |  |  |

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| Objective 2 | |  | | | | | | |
| Expected Short-Term and Intermediate Outcomes | |  | | | | | | |
| Activities | | | October 2015 – September 2016 | | | | Output Indicator (if applicable) | Person(s) Responsible for Activity |
| Oct-Dec | Jan-March | April-June | July-Sep |
| 2.1 |  | |  |  |  |  |  |  |
| 2.2 |  | |  |  |  |  |  |  |
| 2.3 |  | |  |  |  |  |  |  |

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| Objective 3 | |  | | | | | | |
| Expected Short-Term and Intermediate Outcomes | |  | | | | | | |
| Activities | | | October 2015 – September 2016 | | | | Output Indicator (if applicable) | Person(s) Responsible for Activity |
| Oct-Dec | Jan-March | April-June | July-Sep |
| 3.1 |  | |  |  |  |  |  |  |
| 3.2 |  | |  |  |  |  |  |  |
| 3.3 |  | |  |  |  |  |  |  |

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| Section 4 | planned exchange trips |

*Please provide as much information as possible about planned exchange trips below, with the understanding that the plan will be revised as needed over time.*

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| Trip No. | Estimated Dates | Purpose of Trip | Location | Relates to  Objective/Activity No. | Title of Travelers  (and name if available) |
| 1 |  | Individual(s) traveling & areas of expertise:  Justification and purpose of travel:  Rationale for the trip’s duration: |  |  |  |
| 2 |  | Individual(s) traveling & areas of expertise:  Justification and purpose of travel:  Rationale for the trip’s duration: |  |  |  |
| 3 |  | Individual(s) traveling & areas of expertise:  Justification and purpose of travel:  Rationale for the trip’s duration: |  |  |  |
| 4 |  | Individual(s) traveling & areas of expertise:  Justification and purpose of travel:  Rationale for the trip’s duration: |  |  |  |

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| Section 5 | collaboration with other external organizations |

*New partnerships: Please list planned collaboration with other organizations in the coming year*

*Continuing partnerships: For each annual workplan, please provide an update on what each collaboration has accomplished in the previous workplan period and indicate if and how each collaboration will continue. If a collaboration will not continue, enter “N/A” in the third column.*

*Please list all planned collaboration activities under the appropriate objective in Section 3.*

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| Name of Organization | Accomplishments to Date (continuing collaborations only) | Planned Collaborative Activities | Timeframe | Related Objective/  Activity No. | Person(s) Responsible |
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| Section 6 | Monitoring and evaluation |

1. Partnership Monitoring Framework

*Please insert relevant PEPFAR-mandated indicators and partnership short-term and intermediate-term outcomes listed in section 3. (Note that intermediate outcomes will require an outcome evaluation). Filling in this table will help you determine if each indicator is both relevant to the project and feasible to collect.*

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| Indicator | Baseline at Beginning of FY16 | Target for End of FY16 | Timeframe  (if not end of FY16) | Data Source | Frequency of Data Collection | Data Quality Concerns?  (Y/N) | Responsible person/agency |
| HRH\_PRE: Number of new HCW who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre |  |  |  |  |  |  |  |
| Short-term Outcome: (i.e. post-test results, graduation rates) |  |  |  |  |  |  |  |
| Short-term Outcome: (i.e. post-test results, graduation rates) |  |  |  |  |  |  |  |
| Intermediate-term Outcome: (i.e. improved quality of HIV-related nursing care; improved quality of social services for OVC) |  |  |  | Outcome evaluation | Once |  |  |

1. Plans to Report Findings

At the end of each quarter, partners will jointly submit a Partnership Quarterly Report (PQR). PQRs are due within the first week of the new quarter (see quarter schedule and PQR due dates, below) and will be subject to the Twinning Center’s review and approval. If any reports, promotional materials, training documentation, curricula, or other documents are produced during the quarter, partners will attach these files as appendices to the PQR.

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| Partnership Quarterly Report Due Dates to AIHA | |
| Q1: October-December 2015 | January 8, 2016 |
| Q2: January –March 2016 | April 7, 2016 |
| Q3: April –June 2016 | July 7, 2016 |
| Q4: July-September 2016 | October 7, 2016 |

C. Plan to Disseminate Findings

*In addition to mandatory reporting, how do partners plan to disseminate findings? Examples include abstract submission, attending conferences, writing journal articles, partner websites, stakeholder meetings, etc.[[1]](#footnote-1) Please list all anticipated activities and the anticipated funding source for each activity. Note that AIHA encourages partners to disseminate partnership findings, but cannot guarantee funding for conference attendance, manuscript submission, etc.*

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| Ideas to Disseminate Findings | Anticipated Funding Source |
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| Section 7 | sustainability PLAN |

*The Twinning Center broadly defines sustainability as a recipient partner’s ability to continue activities initiated by a partnership and/or sustain the outcomes of a partnership after Twinning Center funding has ended. Please consider what “sustainability” will look like for your partnership. Start by listing the key partnership outputs and/or outcomes that you want to sustain after Twinning Center funding has ended. Then, consider what ultimately needs to happen in order to ensure sustainability (i.e. national government buy-in or financial support). Then list specific activities to achieve this result. Please be sure to include these activities under the appropriate objective in Section 3, including the activity’s timeline and person(s) responsible.*

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| Partnership Sustainability Plan | | | | | | |
| Key Partnership Outputs and Outcome | Key Result to Ensure Sustainability | Activities | Timeframe | | | |
| Q1 | Q2 | Q3 | Q4 |
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| Section 8 | contact information of key personnel |

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| Resource Partner | | | | | |
| Institutional Title and Position within Partnership (i.e. coordinator) | Name | Address | Telephone # | Skype ID # | E-mail |
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| Recipient Partner | | | | | |
| Institutional Title and Position within Partnership | Name | Address | Telephone # | Skype ID# | E-mail |
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| AIHA | | | | | |
| Institutional Title and Position within Partnership | Name | Address | Telephone # | Skype ID# | E-mail |
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| Section 8 | WORKPLAN ADDENDUM: QUALITY ASSURANCE |

PEPFAR 3.0 priorities now include quality assurance and quality improvement. Accordingly, PEPFAR now requires its partners to demonstrate and document that they have set explicit quality standards for interventions, and that they document their adherence to these standards. While AIHA and its twinning partners have always sought to achieve the highest standards of quality, we must therefore ensure that we state these standards explicitly, and document that we have met them.

In accordance with PEPFAR’s 2014 Quality Strategy (PQS), the Twinning Center defines quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” According to the PQS, improving quality in health care is achieved by:

* Implementing interventions according to established standards that ensure programs are effective and outcomes are achieved
* Collecting and using reliable data to understand the level of service quality, identify problems, and make improvements
* Evaluating programs for outcomes and impact

The Twinning Center determines the quality of resource partner technical assistance by determining whether the resource partner is accredited by the US Department of Education, or another equally reputable US-based or international accreditation body. Proxy measures of the quality of technical assistance include post-test scores and/or training assessments after a resource partner has conducted a training. When a resource partner engages in quality improvement training, proxy measures of the quality of technical assistance include QI project baseline and output/short-term outcome data.

Primary resource partner accreditation:

Additional US-based or international accreditations:

Proxy Indicators: (i.e. pre/post test results; training assessments; national approval of curricula)

1. Please refer to AIHA’s Publication Approval Guide, 2015. [↑](#footnote-ref-1)