



Guidelines on Developing the Partnership Workplan

PURPOSE OF THE WORKPLAN

The partnership workplan is a collaborative planning tool that guides partner organizations in designing their project. It helps them identify the problem(s) being addressed, the project's overall goal and specific objectives, as well as activities that will be implemented in order to achieve the stated objectives.

The workplan must represent a joint effort of the partners, be endorsed by key team members on both sides, and reflect efficient use of resources consistent with the project budget and anticipated in-kind contributions for the designated project year(s).

TWINNING CENTER PROCEDURES

Partners should develop a first draft of the workplan and submit it to the Twinning Center program officer who is responsible for providing the partnership with the necessary support via e-mail.

The name and contact information of the respective Twinning Center program officer will be provided as soon as the partnership has been initiated.

The workplan will subsequently be reviewed by a program officer and monitoring and evaluation expert in order to ensure that it meets certain minimum criteria:

1. Goals and objectives are specific, measurable and attainable within the workplan period;
2. Activities are clear (i.e. can be understood by readers not familiar with the project) and support the achievement of the respective objectives;
3. Indicators have been identified, in particular those required by PEPFAR and the respective in-country USG team;
4. Workplan can be implemented given the funds allocated.

Once the workplan is considered final by the partner organizations and the Twinning Center, it must be signed and dated by one representative from each partner organization. A hard copy of the signature page should be sent to the Twinning Center by fax and/or regular mail.

The Twinning Center program officer will sign and date the workplan upon approval, inform partners of the approval by e-mail, and mail a hard copy of the signature page back to each partner institution.

The workplan is a "living" document and, as such, it may change over the duration of the partnership as circumstances require. However, all changes to the workplan must remain consistent with the overall partnership goal and objectives initially set forth, be agreed to by both partner institutions, and be approved by the Twinning Center program officer prior to implementation.

COVER PAGE

Partner Institution A and B:

- Insert the names of the two partner institutions, together with the city and country where the institutions are located.

Example:

World Health Alliance, San Francisco, USA
Heart-to-Heart, Nairobi, Kenya

Workplan Period:

- Indicate the start date and end date of the workplan period by listing the month and the year.
- Typically, a workplan's start date falls on the day when a financial charge code has been assigned to the project. The Twining Center program officer will provide partners with this information.

Example:

March, 2005 – February, 2006

Date of Submission:

- Indicate the date (month, day, year) when the workplan is submitted to the Twining Center. In parentheses indicate whether the submission is a draft or final version.

Example:

March 15, 2005 (first draft/second draft/final)

SECTION 1

DESCRIPTION OF PARTNER INSTITUTIONS

Description of Partner Institutions A and B:

- Please provide a short description of each partner institution including, for example:
 - ❖ when it was established,
 - ❖ its organizational mission, and
 - ❖ area of expertise and skills it brings to the partnership

Example:

Heart-to-Heart is a non-governmental organization established in 1985 after the first cases of HIV/AIDS were detected in the country. The organization's main mission is to lobby for persons living with HIV/AIDS (PLWHAs) in Kenya through advocacy, education, research and provision of care and support services like voluntary testing and counseling. In 2003, Heart-to-Heart was selected as the lead agency to conduct a survey of PLWHAs by the World Health Alliance and has since conducted a number of research activities.

SECTION 2

DESCRIPTION OF PARTNERSHIP PROJECT

A. Project Goal and Rationale

- Please identify the overall goal of this project.
- The rationale for selecting the goal should be provided. This includes a description of the specific problem being addressed, how/why the problem was identified, and what needs to be done to address the problem. If possible, references to any available scientific or statistical information (e.g. surveys, special studies or assessments) should be included.

Definition of goal:

A goal is a statement that, in broad terms, describes the longer-term change(s) to which the project will contribute. A goal expresses the ambitious thinking underlying the project and is usually achieved through the combined efforts of multiple programs.

Example of goal and rationale:

The goal of the project will be **to improve the quality of HIV/AIDS care provided by nurses working in the public health sector in the country**. A recent study was conducted of nurses providing HIV/AIDS care in Tanzania. The survey found that knowledge of HIV/AIDS prevention and treatment methods among the nurses was weak, in particular among those who had more than 5 years of job experience. For example, only 4 out of 10 nurses counseled pregnant women on PMTCT. Furthermore, the study found that when counseling was conducted, the IEC materials used were outdated and did not incorporate the latest scientific findings as, for example, the use of nevirapine.

B. Project Objectives and Strategies for Achieving Them

- Please list here all the objectives that the partnership aims to achieve by the end of the workplan period.
- Preferably, no more than 2-3 objectives should be identified.
- For each objective, please describe the main activity or strategy that will be used to achieve the objective.

Definition of objective:

An objective is a statement that describes in specific and measurable terms the result the project aims to achieve over its lifecycle with regards to the stated goal. Taken together, the objectives represent the contributions the project will make to the goal.

Example:

Objective 1: To increase the number of public health providers who can provide quality HIV/AIDS care to HIV-infected persons and their families.

Strategy: This will be achieved by developing a training curriculum for the country's medical universities and nursing schools, training teachers, and providing technical support.

Hints for developing objectives:

- Do not develop too many objectives or you may lose focus. We recommend no more than 3 objectives for a typical 2 to 3-year partnership.
- Avoid stating activities (“to train....,” “to develop...,” etc.) as objectives. (see point 3 below for further details)
- To be useful, an objective should meet certain criteria:
 1. It must carry a **single theme**. It should direct you to do one thing only, not two or more.
 2. It should not include the “why” and the “how.” Explaining why you chose the objective should be discussed in the planning session and in the project rationale section of the workplan. Describing how you will accomplish the objective is really a strategy.
 3. It should be **results-oriented**. There are two kinds of objectives you can develop: results-oriented and activities-oriented. The former is stronger. Whenever possible, write your objectives as results rather than activities. An example of an activities-oriented objective is “to train 50 nurses in HIV/AIDS care” or “to establish a national palliative care association.” A results-oriented objective would be “to increase the capacity of nurses to provide quality HIV/AIDS care” or “to improve the policy environment on HIV/AIDS-related palliative care in the country”.
 4. It should be **specific**. The objective should be understood by persons familiar and not familiar with the project and the country. Terms that are vague and can be interpreted in multiple ways should be avoided. Their use will result in misunderstanding and confusion and will present evaluation experts with the challenge of measuring the objective. The greater the specificity, the greater the measurability.
 5. The persons, groups and/or organizations being targeted by the objective should be clearly identified and well defined. For example, “providers” encapsulates a wide range of persons – skilled and unskilled, medical and allied health, public and private. Another example is “youth” – youth may be categorized into different age ranges, in-school or out-of-school, urban or rural, etc. The greater the specificity, the greater the measurability.
 6. It should be challenging but, at the same time, **attainable and reasonable**, given the project’s sphere of influence and its available resources. It should be achievable within the timeframe of the workplan.

Examples of weak and strong objectives:

Weak Objective	Explanation	Strong Objective
To train providers in delivering HIV/AIDS care	Not specific (which providers?) Not results-oriented	To strengthen the capacity of public and private medical practitioners in providing ART services and palliative care, according to national and international standards
To strengthen the capacity of nursing schools by standardizing training of in-school nurses	Not specific (strengthen capacity in what?) Includes the "how"	To strengthen the capacity of nursing schools in providing quality education on HIV/AIDS care and support

C. Potential Obstacles and Challenges to Achieving Objectives

Please identify and describe any obstacles or challenges that might impede successful implementation of the workplan and accomplishment of objectives.

Examples:

- insufficient numbers of local healthcare providers available for training
- a restrictive legislative or policy environment
- insufficient drugs or insecure supply of commodities

SECTION 3 IMPLEMENTATION PLAN

- This section consists of a series of tables, one for each project objective, that list the specific activities to be implemented by one or both partner organizations as well as when the activity will be conducted and who is the lead person or agency responsible for conducting the activity.
- If the project has more than three objectives, please create additional tables accordingly; if fewer than three, please delete the unnecessary tables.
- Each activity should be numbered in order to establish a linkage with the indicator matrix in section 6.

Notes on the table

Objectives: Please insert the corresponding objective statement exactly as it appears in Section 2B.

Expected results: Please indicate the main immediate results or outputs (e.g., 20 nurses from 4 hospital trained in palliative care) that the partnership is expected to achieve by the end of the workplan period. If possible, the longer-term results or outcomes may also be identified.

Activities: The activities that the partnership plans to conduct in order to achieve each objective should be listed here. The activities should be as specific as possible and present well-defined events with easily describable beginning and end points. Doing so will facilitate budget development and will provide partner institutions with a clear understanding of how to proceed in implementing the project. It is also used by Twining Center staff to monitor the partnership's progress toward meeting the objectives.

Timeframe: Please insert the appropriate calendar year(s) covered by the workplan and replace the month # with the first three letters of the actual months involved. Indicate the month(s) in which each activity will be implemented by placing an x in the respective column(s).

Lead persons: Please list here the person (name and institution) who will be responsible for coordinating or leading implementation of the activity. Other persons or agencies who participate in the implementation do NOT have to be listed here.

SECTION 4 PLANNED EXCHANGE TRIPS

- Please list all trips that will be conducted during the workplan period and that are budgeted in the partnership subgrant.
- Trips may be conducted by both organizations, all of which should be included in this section's table.
- Add more rows to the table if more than four trips will be conducted.

SECTION 5 PLANNED COLLABORATION WITH OTHERS

- The Twining Center encourages partnerships to establish linkages and collaborate with other projects, programs, organizations, etc. that would serve to broaden the potential impact of the partnership.
- Please use the table to provide information where such collaborative opportunities have been identified.

Notes on table

Name of organization: The organization to be collaborated with.

Planned collaboration: Please give a short description of the type of collaboration or activities the partnership plans to engage in.

Example:

A partnership may collaborate with the national AIDS program's plan to roll out a national antiretroviral therapy program by assisting them in facilitating a training workshop for providers or by developing the first draft of a treatment protocol.

SECTION 6

INDICATORS, DATA COLLECTION AND REPORTING

A. Indicators

- This section consists of a series of tables, one for each project objective, that list the indicators that will be used to measure implementation of the workplan, as well as how that information will be collected and who will be responsible for data collection.
- The indicators will be identified once the implementation plan in Section 3 has been completed.
- The indicators will be developed in close collaboration with the Twining Center.
- Indicators will include both those that are required by PEPFAR as well as others that are specific to each partnership project.

Notes on the table

Indicators: They will consist of PEPFAR-required indicators and other, project-specific ones. PEPFAR indicators (Twining Center staff will identify these) should be noted as such in parentheses.

Example of PEPFAR indicators:

- Number of individuals trained in HIV-related institutional capacity building
- Total number of service outlets providing HIV/AIDS related palliative care
- Number of individuals newly initiating ART during the reporting period
- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Example of other, non-PEPFAR indicators:

- Number of members of the national palliative care association
- Number of persons supported by the partnership to attend exchange visits
- Number of exchange visits conducted

Activity No: The activity number(s) to which this indicator refers should be listed here.

Target: This is the expected value to be achieved for an indicator. It may express quantity (how much), quality (how good), or efficiency (least cost) to be achieved within a specific timeframe. Only the numerical or qualitative value itself should be listed in this column.

Example:

- **50** nurse teachers trained in HIV/AIDS palliative care by January 2006 (enter “50” in this column)
- **5 percent** increase of nursing students attending HIV/AIDS courses from June 2005 to January 2006 (enter “5%” in this column)
- **“Yes”** for an indicator such as...”strategic plan developed”.

Target Date: The month/year when the target is to be achieved.

Data disaggregating: Some indicators should be disaggregated in order to enable project managers to make meaningful interpretations of the data.

For example, indicators may be disaggregated by:

- Age group
- Gender
- Type of participant (e.g., nurse, doctor, pharmacist)
- Pregnancy status
- Institution (e.g., school or clinic)

(NOTE: It is important that the respective data collection tools are designed in a manner that allows collection of this information.)

Data source: The primary data collection tool (or source) from which the data will be taken should be listed in this column.

It is important to identify the source of the data for three main reasons:

1. to ensure that data collection is standardized and data is comparable.
2. to identify gaps in standardized data collection and tools that may need to be developed.
3. to inform those responsible for data quality assurance which forms may need to be reviewed

Example:

- Training registration form
- Clinic register
- Trip report
- Counseling form

Responsible person/agency: The agency and the staff member/person who is responsible for collecting the data should be listed here.

Example:

- Trainer
- Counselor
- Project manager

B. Coordination of Data Collection

Please answer the following questions in this section:

1. Which partner organization will be responsible for coordinating monitoring and evaluation (M&E) related activities?
2. What mechanisms will the partner organizations put in place to exchange data on performance indicators?

C. Reporting to the Twining Center

- The partnership will be expected to report to the Twining Center on a quarterly basis, using two reporting forms (indicator status report and narrative status report) that will be provided by the Twining Center.
- The main responsibility for reporting (of the two partner institutions) to the Twining Center may vary depending on the nature of the partnership.

- Please explain which partner organization will report to the Twining Center, using the two reporting templates.

SECTION 7

SUSTAINABILITY OF THE PARTNERSHIP PROJECT

- Please describe the approaches the partnership will take in order to ensure sustainability of the project's activities and results once Twining Center funding has ended.
- Approaches or strategies/activities may involve developing a long-term strategic plan, engaging policymakers, conducting fundraising activities, strengthening the organization's financial management system, hiring additional staff, training staff, etc.
- Please consider the three types of sustainability described below when identifying approaches.
- Please include these activities in the implementation plan in section 3.
- If the partnership has not identified any approaches at the time of developing the workplan, please indicate in this section of the workplan when and how the partnership intends to develop such approaches.

Definition of sustainability: a measure of an organization's ability to fulfill its mission and serve its stakeholders over time. It is a process, not an end. There are three main types of sustainability:

- **Organizational sustainability** is the ability of the organization to secure and manage sufficient resources to enable it to fulfill its mission effectively and consistently over time.
- **Financial sustainability** can be gauged by an organization's net income, liquidity, and solvency.
- **Sustainability of services** means that the services provided, and/or the health impact made, continue long after the original or primary donor funding is withdrawn.

(Source: *Fundamentals of NGO Financial Sustainability*, by Abt Associates, Inc., which can be found on the following website: www.aidsalliance.org/sw16446.asp)

SECTION 8

CONTACT INFORMATION OF KEY PERSONNEL

- Please provide the names and contact information of the designated project coordinators and other key staff who will be contributing a significant amount of time to the partnership.
- Contact information for both partner organizations should be provided.
- Add more rows to the tables if needed.