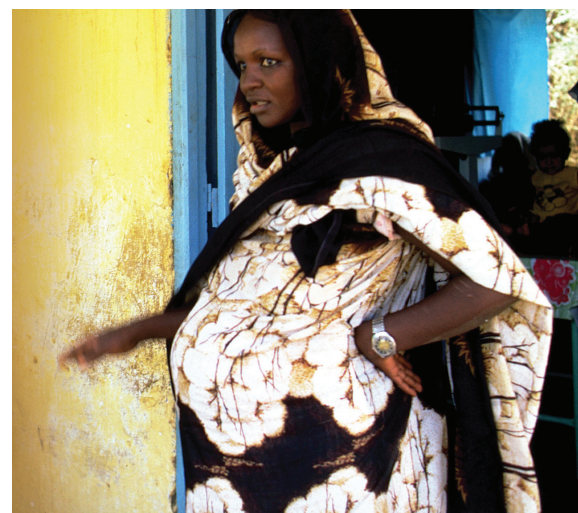# World Health Organization

Twinning Partnerships for Improvement

Recovery Partnership Preparation Package

Building capacity to reactivate safe essential health services and sustain health service resilience

Twinning Partnerships for Improvement

Recovery Partnership Preparation Package

Building capacity to reactivate safe essential health services and sustain health service resilience

World Health Organization

CONTENTS

INTRODUCTION

Twinning Partnerships for Improvement (TPI) builds on a widely tested and evaluated model of working that contributes to sustainable improvement in service delivery and safety. Building on the work of the WHO African Partnerships for Patient Safety (APPS) programme - a hospital-to-hospital partnership programme to improve patient safety - the approach has particular utility in the context of the recovery period following an outbreak or other shock to the delivery of essential health services (EHS). The approach supports capacity-building and the re-establishment of safe essential health services, in addition to supporting longer term efforts on service delivery strengthening. Twinning partnerships can act as a catalyst for change at the frontline in the wider effort towards achieving quality universal health coverage.

FOUNDATION OF PARTNERSHIP

Partnership can be defined as a collaborative relationship between two or more parties based on trust, equality and mutual understanding, for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical.

Definition of Partnership co-developed by the WHO African Partnerships for Patient Safety (APPS), 2009.

Health partnerships continue to expand within and between countries and continents. Building on an initial model of north-south partnerships between hospitals in the WHO Region of Africa and hospitals in Europe and North America, twinning partnerships between health organizations, hospitals, primary care facilities or health authorities can support the re-establishment of safe, effective health service delivery in the aftermath of a shock to health services, such as the Ebola outbreak.

The main target audience for this partnership preparation package are those institutions and health facilities needing to recover from an outbreak or other shock to their system. In line with the national response under way and alongside other recovery frameworks, these tools can contribute to building or strengthening capacity towards the improvement of service delivery, through close partnership working. The package will be useful to any new or existing twinning health institutions, to work through a partnership-based approach to re-establish safe essential health services and embed the effort within long-term service improvement and resilience. Institutional health partnerships have the potential not only to work as individual partnerships, but also to work collaboratively with other partnerships to support similar national frameworks. This can support national efforts through joint problem-solving, and shared experience, developing a body of evidence which can be used with national, regional and district authorities to encourage further use and development of the partnership model.

Ensuring buy-in from facility management and government structures is critical to the success of twinning partnership efforts. Undertaking initial discussions and allowing time for briefings and information sharing is important, for placing the partnership work within the context of the surrounding national policy and strategic direction.

The package presents a simple, step-by-step framework to help organizations, facilities and individuals understand and systematically develop the processes associated with twinning and working in partnership, with a focus on four interdependent technical areas, namely:
- infection prevention and control and patient safety;
- health workforce;
- surveillance and systems;
- essential health services.

This partnership preparation package describes:
1. Three main objectives on which to build twinning partnerships for health service improvement;
2. The 6-step partnership improvement cycle;
3. The main partnership activities conducted within each of the 6 steps;
4. The expected outputs associated with each step of the partnership cycle;
5. The tools and resources available to assist partnerships to undertake the activities and deliver results, both in the immediate and longer term.

This resource is focused on hospitals working together in a twinning partnership, but can also be used by any institutional health partnership, either for the immediate re-establishment of services or long-term service improvement. This resource can also be of significant use to health bodies and institutions unaffected by an outbreak or shock, but which want to undertake preparation activities to build stronger systems for service delivery and safety or learn from partnerships with other institutions.

OBJECTIVES

TPI - Immediate Focus

Objective 1: Partnership

Health Institution ← → Health Institution

Objective 2:
Technical Improvement

IPC and Patient Safety · Workforce · Surveillance · Essential Health Services

TPI - Long-term impact

Objective 3:
Spread of Improvement

Health Institution

Health Institution

Health Institution

Health Institution
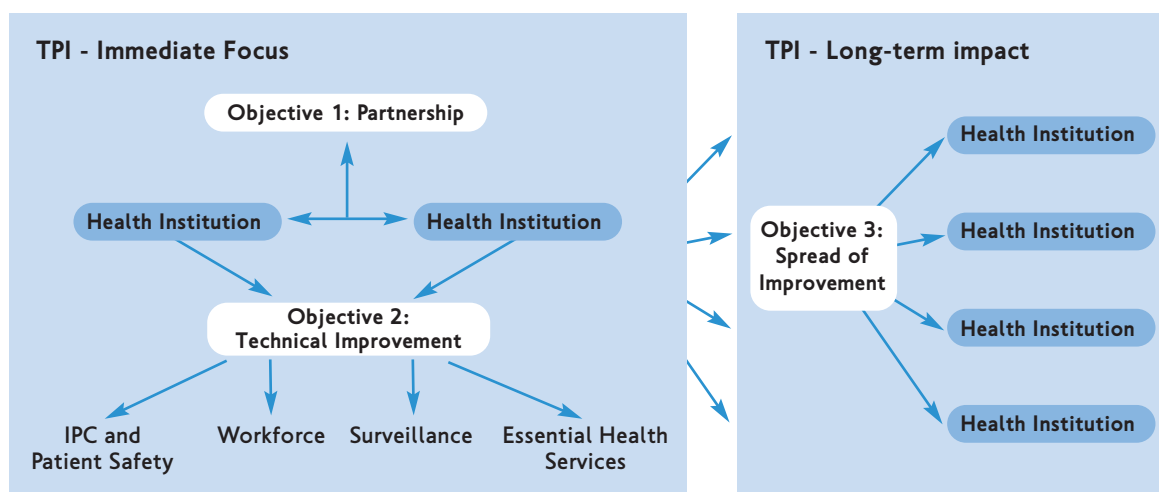
1. **Partnership development:** Ensuring strong institutional partnership working.
2. **Technical improvement:** Implementing effective technical improvement.
3. **Spread:** Share learning and spread the twinning partnership improvement experiences within the national health system.

A 6-STEP PARTNERSHIP IMPROVEMENT CYCLE

The partnership approach is based on a **6-step cycle**. The approach facilitates the development of partnerships, the systematic identification of gaps and the development of an action plan and evaluation cycle.

Evaluation and review enables twinning partnerships to assess, against their baseline, the impact of both their technical improvement work and the strength and functioning of their twinning relations.
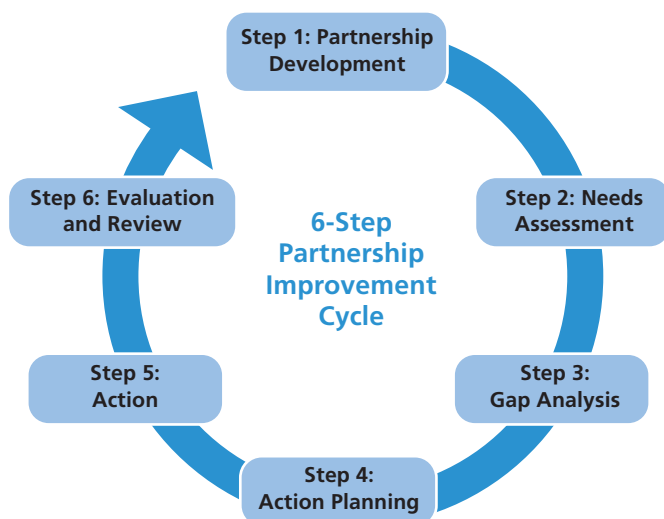
A variety of tools and resources are available to support each step. Use of a Situational Analysis template, developed as part of the WHO African Partnerships for Patient Safety (APPS) programme, can support the IPC and patient safety technical action area, for example. Use of the Recovery toolkit and national health assessments in the post outbreak context can also help to assess current levels of service delivery in the key technical action areas.

The overall aim of the approach is to strengthen health service delivery, safety and resilience. The approach is applicable in a post-outbreak context and can spread improvement beyond local level activity to national health systems.

Step 1: Partnership Development

Step 2: Needs Assessment

Step 3: Gap Analysis

Step 4: Action Planning

Step 5: Action

Step 6: Evaluation and Review

6-Step Partnership Improvement Cycle

Partnership development supports the establishment of fully functioning, communicative twinning relations between two health institutions.
Needs assessment allows the baseline situation to be captured, so priority technical areas can be identified, and forms the basis for an evaluation of the implemented activities.
Gap analysis allows identification of key priority areas for focused improvement efforts.
Action planning provides twinning partnerships with the opportunity to jointly agree and develop targeted action plans.
Action is the stage of implementation of the agreed plan of activity with focused action on both arms of the twinning partnership to help deliver effective health services.

HOW TO USE THE PREPARATION PACKAGE

This Preparation Package supports the development of effective twinning partnerships for the re-establishment and/or improvement of health services. It describes a step-wise approach for bringing about improvement through twinning. As outlined in the previous section, the first step in the **6-step cycle** concerns partnership development. Each of the steps includes a list of suggested activities to help assess baseline, identify gaps, develop, implement and evaluate action plans, all within the context of a twinning partnership for improvement.

Each step ends with one or more tangible outputs or deliverables to work towards. To assist partners in working through each step, a list of supportive tools, where available, is provided.

When seeking appropriate tools for any given technical action area of focus, it is important to consider how they can support planning partnership activity, technical implementation, and in addition important cross-cutting themes, such as community engagement, knowledge management and communication/advocacy.

It is also critical to consider the broader national context, policies, frameworks and national strategic priorities in planning twinning activities. This will be particularly important in achieving objective 3 and spreading the experience from the twinning partnership improvement processes both in the short and long term.

6-Step Partnership Improvement Cycle

- Step 1: Partnership Development
- Step 2: Needs Assessment
- Step 3: Gap Analysis
- Step 4: Action Planning
- Step 5: Action
- Step 6: Evaluation and Review
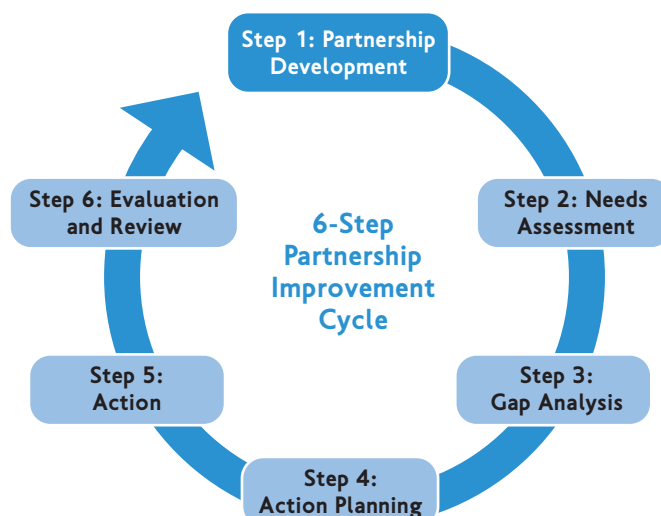
Step 1: Partnership development

Main activities during step 1

1. Build a strong foundation for partnership, ensuring buy-in and commitment from, not only key institutions, but also government and ministry of health officials. Scoping visits may be useful.
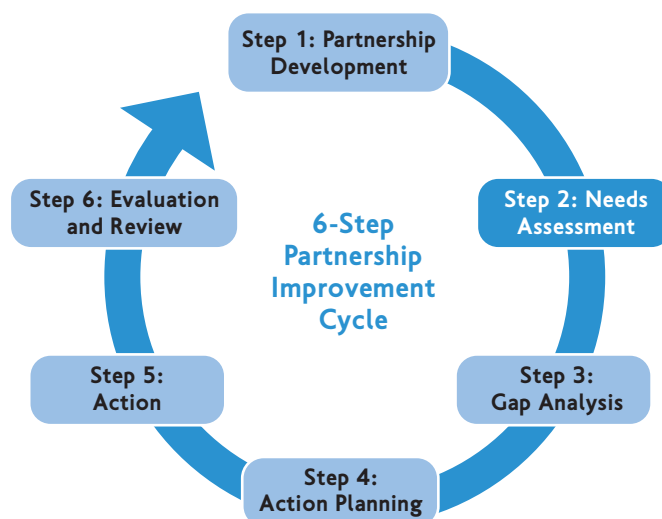2. Secure management and leadership agreement on both sides of the twinning partnership to take joint action.
3. Identify a twinning lead and deputy at each twinning institution.
4. Consider the APPS definition of Partnership, refine and agree on it across the twinning partners, as a foundation for moving forward.
5. Negotiate with managers to secure protected time to work on the identified technical action areas.
6. Establish a twinning technical committee in each arm of the partnership.
7. Join a global network of those working in partnership focussing on patient safety by registering through the WHO website at: http://www.who.int/patientsafety/implementation/apps/getting_involved_with_APPS/en/.
8. Identify a lead person in each institution to work on evaluation including data collection and feedback.
9. Develop a written statement of understanding across the institutions (if not already in existence). See the Tropical Health Education Trust sample Memorandum of Understanding. http://www.thet.org/wp-content/uploads/2009/11/Links-Manual-Section-2-Chapter-2.3.pdf
10. Download and review resources on partnerships from WHO website.
11. Twinning partnership lead and deputy (as a minimum) work through the Introductory webinar.
12. Establish a schedule of regular communication (minimum of once a month is recommended) using a variety of methods (telephone, SMS text messaging, email, Skype, Fax).

Outputs or deliverables

1. Exchange of letters between institutional management as required.
2. Agreement on a definition of twinning partnership.
3. A lead and deputy trained in the approach using the outline provided in this preparation pack and webinar.
4. Written statement of understanding between twinning institutions.

Core resources for Step 1

- WHO APPS Website – www.who.int/patientsafety/implementation/apps
  - APPS Definition of Partnership
  - APPS Principles of Partnership
  - Briefing: Institutional Partnerships in the context of Ebola response and recovery
- Tropical Health and Education Trust (THET) Partnership Handbook – www.thet.org
- French Hospital Federation - La Cooperation Internationale Hospitaliere – Guide de bonnes pratiques professionnelles - www.fhf.fr/Europe-International/La-cooperation-internationale/Guide-cooperation-internationale-hospitaliere/Guide-de-la-cooperation-internationale-hospitaliere.

6-Step Partnership Improvement Cycle

- Step 1: Partnership Development
- Step 2: Needs Assessment
- Step 3: Gap Analysis
- Step 4: Action Planning
- Step 5: Action
- Step 6: Evaluation and Review

Step 2: Needs assessment

Establishing a baseline is critical.
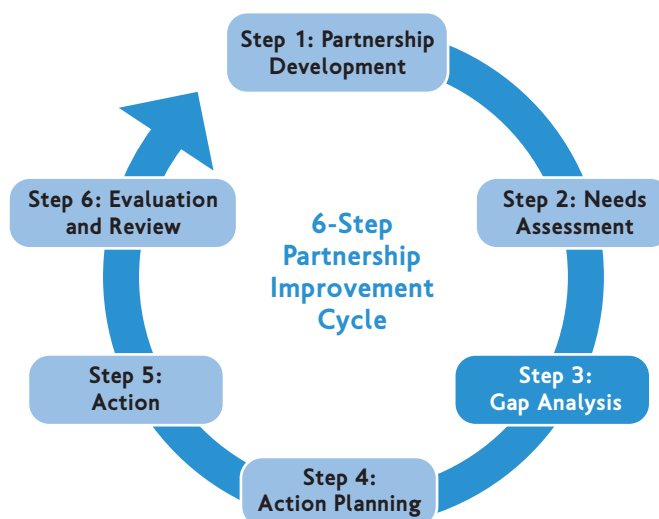
Main activities during step 2

1. Agree area of particular focus across twinning institutions.
2. Undertake a specific needs assessment using appropriate assessment/checklist tools for technical area of focus, working together to establish a baseline.
3. Consult appropriate technical resources for the re-establishment of essential health services, IPC and patient safety, surveillance and health workforce.
4. Consult the National Strategic Health Plans and other national frameworks to ensure alignment with national priorities.
5. Consult wider UN assessment reports for broader context.

Outputs or deliverables

1. Completed baseline and situational analysis report appropriate to technical area of focus.

Core tools and resources for Step 2

RESOURCES - ASSESSMENT	LOCATION
IPC and Patient Safety	
APPS Patient Safety Situational Analysis	www.who.int/patientsafety/implementation/apps/resources
Hand Hygiene Self-Assessment Framework	www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf
Workforce	
Workload Indicators of Staffing Needs (WISN)	www.who.int/hrh/resources/wisn_user_manual/en/
Surveillance	
Technical Guidelines for Integrated Disease Surveillance and response in African Region (IDSR) (NB: each country should also have their own national IDSR plan in place)	http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guide-lines-for-integrated-disease-surveillance-and-response-in-the-african-region.html
WHO Laboratory assessment Tool 2012	http://www.who.int/ihr/publications/laboratory_tool/en/
Essential Health Services	
WHO Recovery Toolkit	http://www.who.int/csr/resources/publications/ebola/recovery-toolkit/en/
Hospital Preparedness for Epidemics	http://apps.who.int/iris/bitstream/10665/151281/1/9789241548939_eng.pdf?ua=1&ua=1

6-Step Partnership Improvement Cycle

- Step 1: Partnership Development
- Step 2: Needs Assessment
- Step 3: Gap Analysis
- Step 4: Action Planning
- Step 5: Action
- Step 6: Evaluation and Review

Step 3: Gap analysis

Partners review the baseline and situational analysis findings, identify gaps and agree on priorities.

Main activities during step 3

1. Using the findings of the baseline and situational analysis, work across the partnership to develop a list of gaps that require improvement action.
2. Prioritize technical action area with focused activities.
3. Focus on small-scale simple actions.

Outputs or deliverables

1. List of priorities based on the capacities of both sides to contribute to addressing the gaps identified.

Core tools and resources for Step 3

RESOURCES - ASSESSMENT	LOCATION
IPC and Patient Safety	
APPS Patient Safety Situational Analysis	www.who.int/patientsafety/implementation/apps/resources
Hand Hygiene Self-Assessment Framework	www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf
Workforce	
Workload Indicators of Staffing Needs (WISN)	www.who.int/hrh/resources/wisn_user_manual/en/
Surveillance	
Technical Guidelines for Integrated Disease Surveillance and response in African Region (IDSR) (NB: each country should also have their own national IDSR plan in place)	http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html
WHO Laboratory assessment Tool 2012	http://www.who.int/ihr/publications/laboratory_tool/en/
Essential Health Services	
WHO Recovery Toolkit	http://www.who.int/csr/resources/publications/ebola/recovery-toolkit/en/
Hospital Preparedness for Epidemics	http://apps.who.int/iris/bitstream/10665/151281/1/9789241548939_eng.pdf?ua=1&ua=1

USE OUTCOME OF ASSESSMENTS TO IDENTIFY PRIORITY AREAS FOR ACTION

6-Step Partnership Improvement Cycle

- Step 1: Partnership Development
- Step 2: Needs Assessment
- Step 3: Gap Analysis
- Step 4: Action Planning
- Step 5: Action
- Step 6: Evaluation and Review

The priorities are translated into a written plan of action over a 2-year period using the Partnership Planning Template (See Annex 1). Extracting an immediate 6-month plan of action from the 2-year plan provides an effective starting point for long-term sustainable partnership activity.

Step 4: Action planning

Main activities during step 4

1. Develop Partnership Action Plans. The Partnership Planning Template (annex 1) can be used to provide direction but modified and simplified accordingly.
2. An immediate 6-month plan of activity may provide necessary rapid response support. This should be developed in the context of the wider 2-year plan.
3. Include an estimate of expected expenditure.
4. Focus on a plan that is simple, realistic and easy to understand and covers preparatory, implementation and monitoring and evaluation activities.
5. Schedule a series of twinning partnership exchanges including visits with clear objectives relating to the agreed plan. See annex 2 for visiting planning guidance.
6. Consider how activities and lessons can be shared beyond the partnership, encouraging national spread.

Outputs or deliverables

1. A 6-month initial short-term activity plan agreed by both twinning partners
2. A 2-year Partnership Plan agreed by both twinning partners.

Core tools and resources for Step 4

RESOURCES	LOCATION
IPC and Patient Safety	
APPS Resource Map	http://www.who.int/patientsafety/implementation/apps/resources/APPS_resource_map.pdf?ua=1
Workforce	
	See Early Recovery Toolkit below
Surveillance	
Technical Guidelines for Integrated Disease Surveillance and Response in African Region (IDSR) (NB: each country should also have their own national IDSR plan in place which should be referred to here)	http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html
WHO Laboratory assessment Tool 2012	http://www.who.int/ihr/publications/laboratory_tool/en/
Essential Health Services	
WHO Recovery Toolkit	http://www.who.int/csr/resources/publications/ebola/recovery-toolkit/en/
WHO Strategy on Integrated People-centred Care	http://www.who.int/servicedeliverysafety/areas/people-centred-care/global-strategy/en/

See Annex 1 and 2 for partnership planning templates

6-Step Partnership Improvement Cycle

Step 1: Partnership Development
Step 2: Needs Assessment
Step 3: Gap Analysis
Step 4: Action Planning
Step 5: Action
Step 6: Evaluation and Review

On completion of the Partnership Plan – partners start action/ activities to support capacity development for essential health services over a 2-year period, with 6-monthly review.

Step 5: Action

Main activities during step 5

1. Put the Partnership Plan into action.
2. Use all possible remote exchange mechanisms.
3. Align partnership action with national efforts for strengthening service delivery.
4. Agree a schedule for regular reports on progress across the twinning partnership.
5. Agree a process for reporting on twinning visits to ensure actions and impact are logged in relation to achieving the project goals described in the Partnership Plan.

6. Disseminate progress reports to appropriate bodies at national, regional and district level to maintain dialogue and connection to overall national plans in the post-outbreak context.
7. Take opportunities to use partnership activities to bring about change in other institutions, encouraging national spread.

Outputs or deliverables

1. Series of reports outlining action and progress towards the Partnership Plan (see template in Annex 3).

Core tools and resources for Step 5

RESOURCES	LOCATION
IPC and Patient Safety	
APPS Resource Map	http://www.who.int/patientsafety/implementation/apps/resources/APPS_resource_map.pdf?ua=1
Workforce	
	See recovery toolkit below
Surveillance	
Technical Guidelines for Integrated Disease Surveillance and Response in African Region (IDSR)	http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html
WHO Laboratory Assessment Tool 2012	http://www.who.int/ihr/publications/laboratory_tool/en/
Essential Health Services	
WHO Recovery Toolkit	http://www.who.int/csr/resources/publications/ebola/recovery-toolkit/en/
Hospital Preparedness for Epidemics	http://apps.who.int/iris/bitstream/10665/151281/1/9789241548939_eng.pdf?ua=1&ua=1

6-Step Partnership Improvement Cycle

Step 1: Partnership Development
Step 2: Needs Assessment
Step 3: Gap Analysis
Step 4: Action Planning
Step 5: Action
Step 6: Evaluation and Review

In addition to local review meetings and partnership discussions, each twinning partnership provides routine reports on progress and as a minimum the following are recommended:

- **6 months** – report on activity together
- **1 year** – repeat baseline assessment
- **2 years** – review and write new plan of action

Step 6: Evaluation and review

Main activities during step 6

1. Evaluate actions as outlined in the Partnership Plan (informed by appropriate evaluation tools).
2. Keep a written record of evaluation to demonstrate impact and to advocate for financial support. The reports will focus on the achievement of project outputs and outcomes.
3. Repeat the baseline assessment/Situational Analysis annually.

Outputs or deliverables

1. A series of reports shared across the partnership and with hospital leaders outlining action and progress towards achieving the Partnership Plan.
2. Repeated baseline assessment/Situational Analysis.

Core tools and resources for Step 6

RESOURCES	LOCATION
IPC and Patient Safety	
APPS APPS Evaluation Handbook	http://www.who.int/patientsafety/implementation/apps/Evaluation-Handbook_EN.pdf?ua=1
Hand Hygiene Self-Assessment Framework	www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf
Workforce	
Workload Indicators of Staffing Needs (WISN)	www.who.int/hrh/resources/wisn_user_manual/en/
Surveillance	
Technical Guidelines for Integrated Disease Surveillance and Response in African Region (IDSR)	http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html
WHO Laboratory assessment Tool 2012	http://www.who.int/ihr/publications/laboratory_tool/en/
Essential Health Services	
WHO Recovery Toolkit	http://www.who.int/csr/resources/publications/ebola/recovery-toolkit/en/
Hospital Preparedness for Epidemics	http://apps.who.int/iris/bitstream/10665/151281/1/9789241548939_eng.pdf?ua=1&ua=1

ANNEX 1
Twinning Partnerships Planning Template

SUMMARY INFORMATION

Name of twinning institution 1:	Name of lead:
Name of twinning institution 2:	Name of lead:
Name and date of situational analysis/base line assessments used:	Names of individuals completing the plan:
Technical Action Areas for Focus: e.g. IPC or Workforce	• Project 1: Health care-associated infections • Project 2: Re-activate malaria treatment services

For each action area complete the template below. Use as many forms as required depending on the additional technical action areas addressed.

Project Number and action area:	• *E.g. Project 1: Health Care-Associated Infection*
Brief description of project	• *Provide a 1-2 sentence outline of the project*
Project goals	• *List the change the project will contribute to in 1- 2 sentences.* • *Where possible, link to national and/or local policies and plans including the National Health Strategic Plans and early recovery planning.* • *Try to emphasize how the goals of the project respond to the needs identified in the baseline assessment.*
Project outcome(s)	• *Describe the improvement that will result from the project.* • *Outcomes often relate to changes in practice or health outcomes.* • *The outcomes should contribute to the achievement of the goal.*
Project output(s)	• *The direct results of the project e.g. 20 people trained in infection control. The outputs should lead to the achievement of the outcomes.*
Main activities	• *List all planned activities. For each activity, briefly outline what will be done; where and who will be involved on each side of the twinning partnership; how long it will take; methods that will be used; and associated costs.* • *List technical exchange schedule ie. Fortnightly skype connection, Weekly leads 1to1, 6 monthly visits, ...* • *Is a visit planned in conjunction with this project? (if yes, list likely human and financial costs.)* • *Twinning visit plans for year 1 should be thought through in detail. Plans for year 2 may be more general. Include a draft timeline.* • *What mechanisms are planned to allow receipt of just-in-time input to technical issues?* • *How will you connect with WHO efforts to support service delivery and safety?*

Beneficiaries	• *Include information about the people who will benefit (directly and indirectly) from the project e.g. lab technicians; hospital managers; nurses and different groups of patient and community members.* • *Describe how they will benefit and provide realistic estimates of how many people in each group will benefit.* • *Will benefits span both sides of the twinning partnership?*
Stakeholders	• *Identify the key stakeholders and their interest in the project (e.g. other department, district and national health offices) i.e. any individual or group that may exert influence over the project activities and outcomes (across both arms of the partnership).* • *Consider the local community and key stakeholders, including patients and families who could contribute and add value to the planned efforts, providing a fresh perspective to the re-establishment of safe services.* • *Outline which stakeholders the twinning partnership will report to and how often.*
Monitoring and evaluation	• *Define key indicators to be used to monitor whether the outcomes of your project have been achieved.* • *Provide an overview of your monitoring and evaluation plans, providing an outline of methods, who will be involved, how the process will be managed, and how partners will learn together.*
Sustainability and spread	• *Describe how long the activities will continue and what the plans are for long- term funding.* • *What benefits will continue after the initial 2 year project ends and how?* • *List your plans for building on project achievements.* • *Describe how you will actively disseminate new information gathered and consider activities to support vertical, horizontal and spontaneous spread opportunities.*
Risks	• *Identify potential risks associated with the plan e.g. key personnel moving on, changing institutional priorities, conflict between twinning partners and how you will manage each of these risks.* • *List external risks and how you will manage them (e.g. ICT breakdown, problems with visas, political uncertainty).*
Project management and support	• *Outline project responsibilities including division of responsibilities across the twinning partnership.* • *Provide details of the key personnel involved in each arm of the partnership.* • *Consider key management questions: What systems will be used to manage finances in both locations? Who will have the main responsibility for budgets? How will you ensure that communication is effective and that all partners know what is happening?*
Approved by	
Date of approval	

ANNEX 2
Twinning Partnerships Visit Proposal Template

Twinning Partnership (list both institutions within the partnership):	
Name of person completing the Visit Proposal Form:	
Purpose of visit - describe which Partnership project(s) the visit relates to:	
What are the start and end dates of the proposed visit?	Start date:
	End date:
Is the visit aligned with existing in-country activity with no duplication of training or policy development work?	☐ Yes ☐ No ☐ Not applicable
Does the visit clearly meet the needs of the host twinning partner institution?	☐ Yes ☐ No ☐ Not applicable
Briefly describe the expected outcomes of the planned visit (outcomes are clear, realistic and logical):	
Briefly describe the outputs of the planned visit (outputs are clear, realistic and logical):	
Briefly describe any risks you think might be associated with the visit:	
List the estimated cost of the visit:	
Briefly describe how the proposed visit will contribute to monitoring and evaluation of the Partnership Plan:	
List the number of people involved in the proposed visit and their role in achieving the visit objectives:	
Has the visit been jointly planned and agreed across the partnership?	☐ Yes ☐ No
Will the visit offer potential benefits to both twinning partners (if yes, describe briefly)?	☐ Yes ☐ No ☐ Not applicable
Briefly describe how the visit will help achieve sustainability and spread of effective essential health service delivery.	

ANNEX 3
Twinning Partnerships Action Report Template

Twinning Partnership (list both institutions within the partnership):	
Name of person completing the Action Report:	
Time period covered by the progress report?	Report Number:
	Dates covered in this progress report:
Key actions undertaken	
Key achievements resulting from action taken	
Key challenges faced	
Date of next expected progress report	Date: