partnership overview

### **Problem Statement:** *Please articulate the need or problem that this partnership will address, and how this aligns with the institution’s vision, goals and strategy. Please also describe how this need/problem aligns with human resource needs in country and Seed’s goals, objectives and programming areas (Community Health, Maternal Neonatal & Child Health, and Mental Health).*

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### **Long-term Partnership Goal:** *In one sentence, broadly describe what you would like this partnership to achieve. A goal is a very broad statement that articulates why the partnership exists. Goals are achieved in the long-term and through combined efforts of multiple stakeholders, not just those forming this partnership.*

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### **Partnership Timeframe:** *Please indicate the timeframe you are requesting for this partnership (in years) in order to achieve the long-term partnership goal stated above.*

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1. **“SMART” Partnership Objectives (max. 3-4 objectives):** *Objectives are statements that detail what you hope to accomplish through this partnership. They articulate how we will accomplish our long-term partnership goal. Please list one to four objectives that you would like to see accomplished over the duration of this partnership. Please ensure that all objectives are specific, measurable, attainable, relevant and time-bound.*
2. [insert Objective 1]
3. [insert Objective 2]
4. [insert Objective 3]
5. [insert Objective 4]
6. **General Partnership Activities, by Objective:** *For each objective indicated above, please list the general types of activities that you would like to see completed to support achieving that objective and the required human resource need (e.g. Seed Educator/Advisor). Please note that these are meant to provide a general picture of activities this partnership would support, but will be further detailed and elaborated during the partnership work planning process.*

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| **Objectives** | **Activities** | **Required Human Resource Need** **(“Seed Educators/Advisors”)*****Please include the minimum time commitment required*** ***(1 academic year or shorter) and the requested specialty*** |
| [insert Objective 1] | [insert Activities] |  |
| [insert Objective 2] | [insert Activities] |  |
| [insert Objective 3] | [insert Activities] |  |
| [insert Objective 4] | [insert Activities] |  |

1. **Sustainability:** *Please describe how you plan to ensure the sustainability of any gains made through this partnership after its completion, and identify any potential challenges.*

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