

Success Framework Checklist

Reflect on the questions below and check the appropriate box for each. For questions to which you respond "yes, but needs improvement" or "no", consult the full Success Framework for recommended actions and resources that will help you to answer "yes."

	Yes	Yes, but needs improvement	No	
Define Goals and Priorities	A1. Do you have a defined vision to guide your partner network's goals, objectives, performance indicators, and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A2. Do you obtain input from an advisory group to inform partner network goals, objectives, performance indicators, and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A3. Do you use data to guide partner network goals, objectives, performance indicators, and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A4. Do you collaborate with the partner network to refine goals, objectives, performance indicators and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand Organizational Capacity	B1. Do you have the necessary types of staff to manage the partner network to achieve identified goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B2. Do you have the right partners in your network to implement activities and achieve the defined goal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B3. Do you have secured funding and other resources to support the partner network in carrying out identified activities, as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance Activity Implementation	C1. Do you have a defined approach to managing and coordinating partners' activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C2. Do you facilitate communication to advance partner network goals and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C3. Do you provide resources and training to equip partners with the skills and information needed to carry out identified activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate and Learn	D1. Do you collect and analyze data to support partners' progress toward shared adult vaccination coverage and health equity goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D2. Do you use available data to enhance goals and activities and/or to update the structure of the partner network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>