ESTHER EFFECt Tool: Self Assessment Version

Implementation best practice
EFFective in Embedding Change tool
added benefits

ESTHER EFFECt Tool: Self Assessment Version

The ESTHER EFFECt Tool has been designed to help institutional health partnerships to assess their current practice and how they embed change within institutions. Whilst there is substantial practice-based experience of institutional health partnerships, there are no existing frameworks or tools for measuring their effectiveness in sustaining change irrespective of the specific initiatives they are implementing.

This tool builds on existing evaluation frameworks and models from the health and development sectors with a particular focus on capacity development, implementation and institutional strengthening theories and proven practices. The EFFECt tool provides a robust framework that allows institutional health partnerships to assess and improve their own practice. It does not replace routine project monitoring and evaluation but can be used to complement it.

"I am really happy to have this tool to help us look at long term change... it is so important to capture impact and the lasting benefit of our work".

<div align="right">ESTHER Partnership</div>

The tool is available at **esther.eu.** We recommend the tool is completed online and independently by both northern and southern lead coordinators of the partnership. After completion online, partnerships will receive a report that compares responses between coordinators and provides an assessment of where improvements could be made.

"I was really motivated to complete the tool as I was learning from it. I am not a global health expert but a clinician who works in global health... I really began understanding how I might measure things, the rubrics were really educational".

<div align="right">ESTHER Partnership</div>

There are three modules; **implementation best practice, embedding change** and **added benefits**. For each module, respondents should choose the statement that most closely fits with their partnership's routine practices. The tool has been designed to help institutional health partnerships move towards better practice in planning and implementing capacity building activities to bring about lasting change. Not all questions will be relevant to a partnership's particular initiative therefore a not applicable response is always an option.

Please note that the EFFECt tool has been designed to assess a specific project initiative. Partnerships involved in implementing more than one project will need to complete the tool for each specific project initiative.

A guide to terminology is included at the end of the tool.

1: Date Completed	
2: Completed by (name(s) and role(s))	
3: Institution	
4: Northern or Southern Partner	Northern ◯ Southern ◯

Module One: Implementation Best Practice

Please complete this entire module

WORKING TOWARDS BEST PRACTICE

1.01	**Needs assessment** Identification of the need for the partnership initiative...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **did not involve** the southern partner(s) or stakeholders.	☐ had **limited consultation** with the southern partner(s).	☐ was made **jointly** with the northern and southern partner.	☐ was made **jointly**, or **solely** by the southern partner(s), and their **stakeholders**.
1.02	**Absorptive capacity (ability to fully benefit from the capacity building)** The staff in the southern institution(s) involved in the partnership initiative...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ find it **difficult to make time** for the activities of the initiative.	☐ have **sufficient time** to **participate** in planned activities of the initiative.	☐ have sufficient time to **participate and manage** activities within the initiative.	☐ have sufficient time to **participate, manage and embed** activities as part of routine work within their institution.
1.03	**Adaptation to context** Design and delivery of the partnership initiative has...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **not** been adapted to the southern partner(s) context.	☐ **partially** been adapted to the southern partner(s) context.	☐ been **jointly developed** by northern and southern partners **to ensure adaptation** to context.	☐ been **jointly developed** and the **southern partner**(s) is/are **responsible** for **future adaptation** as required.
1.04	**Southern partner ownership** The partnership initiative activities are primarily driven by...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ the northern partner with **limited or no ownership** within the southern institution(s).	☐ **one individual** within the southern institution(s).	☐ **a team of people** within the southern institution(s).	☐ **a team of people within the southern institution**(s) **with senior management** actively engaged and supporting change.
1.05	**Implementation team** The partnership initiative is led and implemented by...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **one or two key individuals** from both the northern and southern institutions.	☐ **teams** from both the northern and southern institutions.	☐ **teams** from both the northern and southern institutions with **clearly defined partnership roles and responsibilities.**	☐ **teams** from all institutions with **clearly defined roles, responsibilities** and **succession planning.**

Module One continued

Please complete this entire module

1.06	**Activity planning** Activity planning for the partnership initiative has been...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **non-existent or limited.**	☐ **developed** but **not adhered to or used.**	☐ **developed and used**, it includes specific tasks and timelines.	☐ developed and used, it includes specific tasks and timelines. **Problems are anticipated and addressed.**
1.07	**Evaluation, learning and improvement** Analysis of successes and challenges arising from the partnership initiative...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **rarely happens** if at all.	☐ happens on an **adhoc basis** involving northern and/or southern partners.	☐ **is systematically conducted** involving northern and southern partners.	☐ **is systematically conducted** involving northern and southern partners and is **acted on to make improvements.**
1.08	**Harmonisation (synergy)** Awareness and engagement of the partnership initiative with other local/ regional initiatives is...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **insignificant.**	☐ **limited to informing** other stakeholders of partnership activities.	☐ **good, encouraging attendance** of government and other stakeholders in relevant activities.	☐ **excellent, maximising synergy** with government and other stakeholder initiatives by **joint working.**
1.09	**Alignment (institutional, government plans)** Consideration of how partnership activities align with southern partners' institutional priorities and plans has...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ had **limited consideration.**	☐ been **considered** and **senior southern managers** are kept **informed.**	☐ been **fully considered** as has **national plans. Senior southern managers** are kept informed.	☐ been fully considered as has national plans. Senior southern managers **and stakeholders** are kept informed.
1.10	**Dissemination** Dissemination of lessons learned from the initiative has...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **not happened** within the southern institution or externally.	☐ mainly been **confined** to the **partnership institutions** and its **funders.**	☐ been to the partnership, funders and **stakeholders.** Dissemination was **built into** the initiative.	☐ been to a **wide audience using multiple forms of communication** involving **both partners.**

Module Two: Embedding Change

SECTION A: CURRICULUM, LEARNING AND TEACHING DEVELOPMENT

These questions relate to the development of curricula and teaching capacity. Some of these questions may not be applicable to the particular intervention that your partnership is currently implementing, if so please mark not applicable.

WORKING TOWARDS BEST PRACTICE

2.A1	**Curriculum use** The curriculum is used...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ at a **local level only.**	☐ within institution(s) with a **regional coverage within our beneficiary countries.**	☐ **nationally or internationally.**	☐ at **national/ international level** and is **approved** by the appropriate **national/ international authorities.**
2.A2	**Curriculum update** Curriculum updates at a specified point in the future are...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **not planned.**	☐ planned to be done by the **northern partner.**	☐ planned to be done by the **southern partner** with **inputs** as required from the northern partner.	☐ **built into annual processes** within the relevant southern institution(s).
2.A3	**Curriculum delivery** The capacity to deliver the curriculum is...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ mainly with the northern **partner(s).**	☐ with both the northern and southern partner(s) **working together.**	☐ with the southern partner(s) with **small inputs** from the northern partner(s).	☐ **wholly** with the southern partner(s) and/or other southern institution(s).
2.A4	**Learning and teaching methods** Learning and teaching methods or skills used by lecturers and tutors within the southern institution...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ have **not** been assessed.	☐ have been **strengthened** through activities of the partnership.	☐ have been strengthened and they **use a range of methods leading to better teaching quality.**	☐ have been strengthened leading to better teaching quality. **Continuing professional development** is promoted.

SECTION B: REACH OF CAPACITY BUILDING ACTIVITIES

This questions focus on the reach and ability to deliver your capacity building activities. Some of the questions may not be applicable to the particular intervention that your partnership is currently implementing, if so just mark them as not applicable.

2.B1	**Critical mass** Of the professionals needing capacity building relating to this initiative, our activities have reached/plan to reach...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ a **small number** of the target group and spread to the rest has **not been planned.**	☐ a **large number** of the target group and spread to the rest of the group is **not planned.**	☐ a large number of the target group and there is a **clear strategy** for reaching the rest.	☐ **all of the target group** and there is a clear strategy for updates and reaching newly recruited staff.
2.B2	**Ability to deliver capacity building** The ability of the southern partner(s) to deliver the capacity building has...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **not** been planned and there are no strategies for building their capacity to do so.	☐ been strengthened through **training of trainers** (or equivalent) with **some follow up** by the northern partner.	☐ been strengthened through joint work or training of trainers (or equivalent) with **strong follow up.**	☐ been built to the extent that the capacity building is now **wholly delivered** by the southern partner.

WORKING TOWARDS BEST PRACTICE

2.B3	**Range of capacity building activities** The capacity building activities include...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ **only** training.	☐ **more** than just training.	☐ **more** than just training and recipients of capacity building receive **follow up.**	☐ **more** than just training. Recipients of capacity building receive **follow up** and **apply** their learning through projects.
2.B2	**Evidence-base** The capacity building materials are based on...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ the **northern partners** accepted best practice.	☐ accepted **international** standards or best practice.	☐ **international and local evidence and practice** which is context relevant.	☐ **international and local evidence and practice and are regularly reviewed** by the southern partner.

SECTION C: IMPROVING PRACTICE THROUGH CAPACITY BUILDING

These questions relate to your partnership's capacity building practices. Some of the questions below may not be applicable to the particular intervention that your partnership is currently implementing, if so please just mark not applicable.

2.C1	**Teams** Capacity building is focused on...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ **individuals** rather than teams.	☐ **multi-disciplinary teams.**	☐ multi-disciplinary teams **who routinely work together.**	☐ multi-disciplinary teams who routinely work **and train** together.
2.B2	**Application of knowledge and skills** The skills gained through the capacity building activities have...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ **not been used** by participants within their workplaces.	☐ been used to a **limited extent** by participants within their workplaces.	☐ been **regularly used** by participants within their workplaces.	☐ been integrated into **routine practice** by participants within their workplaces.
2.C3	**Changes in work practices** In terms of routine workplace practices, the initiative has resulted in...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ **no change.**	☐ **limited changes** within the target team/department/institution.	☐ **change across the whole** target team/department/institution.	☐ change across the whole target team/department/institution and is **built into training and workplace guidelines.**
2.C4	**Feedback** Reviews of changes to practice as a result of this initiative are...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ **not held** regularly.	☐ **regularly** reviewed by **northern partner.**	☐ done through **project led supervision** of staff and **M&E** by southern partner(s).	☐ done through **routine institutional supervision of staff and M&E** by the southern partner(s).
2.C5	**Access to equipment/materials** Access to the required equipment and materials needed to be able to deliver the change...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ is **insufficient.**	☐ is dependent on the **northern institution(s).**	☐ is provided by the **southern institution** but there are **regular interruptions** to supplies or equipment.	☐ are **routinely provided** by the **southern institution without interruption.**

				WORKING TOWARDS BEST PRACTICE			

2.C6	**Advocacy** Advocacy in relation to the partnership initiative...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ does **not occur.**	☐ is undertaken by **one or two key individuals** from either partner and is targeted at **local managers.**	☐ is done by **key individuals** and is targeted at **senior management and local stakeholders.**	☐ is done by **key individuals** and is targeted at **national level government** and/or **international stakeholders.**

SECTION D: WHOLE INSTITUTION STRENGTHENING

WARNING: Only complete these questions if your project initiative is also seeking to strengthen support and management functions of the southern institution (eg finance, HR, planning, as well as service delivery).

2.D1	**Motivation for change** The motivation for institutional change is...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ mostly with the **northern partner.**	☐ growing with **one or two champions** for change within the southern institution(s).	☐ **strong** with champions for change in **more than one department** of the southern institution(s).	☐ strong and **leadership for continuous improvement is throughout** the southern institution(s).
2.D2	**Role of the northern partner** The institutional change process is designed and directed by...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ the **northern partner.**	☐ the **northern and southern** partners together.	☐ the **southern partner(s)** with the northern partner acting primarily as a **facilitator.**	☐ **southern partner(s)** with **requested inputs** from the northern partner on a needs basis.
2.D3	**Systems thinking** The way the partnership initiative interacts with and interrelates with other parts of the institution has...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ **not** been considered.	☐ been considered and **partially** addressed.	☐ been considered and **fully** addressed.	☐ been considered and fully addressed **including how the institution interacts with and influences the wider health system.**
2.D4	**Building institutional resilience** The institutional strengthening initiative is focused on...	Not applicable ☐ Do not know ☐ Too soon ☐	☐ the delivery of the institutions **core functions only.**	☐ core functions as well as **strategy and leadership.**	☐ core functions, strategy and leadership and the institutions **ability to relate to other stakeholders.**	☐ core functions, strategy and leadership, and the institutions ability to relate to other stakeholders and **adapt to change.**

Module Three: Added Benefits to your Institution

SECTION A: RELEVANT TO BOTH NORTHERN AND SOUTHERN PARTNERSHIP INSTITUTIONS

Questions relate to changes in **your** institution, whether in the North or South unless otherwise stated.

WORKING TOWARDS BEST PRACTICE

3.A1	**Networking and partnership** Because of this partnership, my institution...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ is **learning** about the value of networking and **considering** other potential partnerships.	☐ participates in recognised **local networks** relevant to its work and has at least **one other partner.**	☐ participates in recognised **national networks** relevant to its work and has **other partners.**	☐ is recognised as a **leader in national networks** relevant to its work and has **diverse and complementary partners.**
3.A2	**Staff motivation** Because of this partnership, our staff motivation has...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **not changed.**	☐ increased to **some extent.**	☐ **increased significantly.**	☐ increased significantly and **team working** has **improved** as a result.
3.A3	**Empowerment** Because of the partnership, staff involved in the initiative show...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **no change** in confidence in their daily work.	☐ **greater** confidence in their daily work.	☐ greater confidence and a **greater ability to take initiative** in their daily work.	☐ greater confidence and a greater ability to take initiative in their daily work, leading to **increased responsibility.**
3.A4	**Staff retention** The effect of this partnership on our staff retention is...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **insignificant.**	☐ **limited to a small number of cases** where staff refer to the partnership as a **reason for staying.**	☐ **evidenced by many cases** where staff refer to the partnership as a reason for staying.	☐ evidenced by many cases where staff refer to the partnership as a reason for staying, **participation is encouraged.**
3.A5	**Staff recruitment** The effect of this partnership on our staff recruitment is...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **insignificant.**	☐ **limited to a small number of cases** where staff refer to the partnership as a **reason for joining.**	☐ **evidenced by many cases** where staff refer to the partnership as a reason for joining.	☐ evidenced by many cases where staff refer to the partnership as a reason for joining, **potential participation is advertised.**

SECTION B: RELEVANT TO SOUTHERN PARTNERSHIP INSTITUTIONS ONLY

3.B1	**Peer support** Because of this partnership, opportunities for access to more experienced peers to discuss work/case issues for the southern institution has...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **not changed.**	☐ **increased to some extent.**	☐ **increased significantly.**	☐ increased significantly and can be **easily accessed as needed.**
3.B2	**Spread/Scale-up** Adoption of best practice from this partnership initiative has been...	☐ Not applicable ☐ Do not know ☐ Too soon	☐ **negligible** in other departments/ organisations.	☐ **partial** with **some aspects** replicated by a **small number** of other actors.	☐ **substantial** with **many aspects** replicated by other actors.	☐ substantial with **replication of the whole initiative** by other actors.

WORKING TOWARDS BEST PRACTICE

| 3.C1 | **Reverse innovation** Because of this initiative, partnership innovations have been adopted in the northern institution that have resulted in... | Not applicable ☐ Do not know ☐ Too soon ☐ | ☐ **negligible** change within the northern institution(s). | ☐ **partial** change with some adaptation to the northern context. | ☐ **substantial** change with adaptation to the northern context. | ☐ substantial change with **wholesale replication into other northern institutions.** |

Additional Benefits: Individual Level (Partnership Coordinators)

Professional Skills

From the list below please select the top three professional skills you personally have developed as a result of your involvement in the partnership and rank them from 1 (most important) to 3 (least important).

A. Exposure to different health care systems and processes
B. Person centred care
C. Clinical skills
D. Research skills
E. Multidisciplinary team working

F. Systems thinking skills
G. Ability to take greater personal initiative
H. Cultural Competence
I. No appreciable improvement to report

4.01	Top Three	1	2	3

Management and Communication Skills

From the list below please select the top three management and communication skills you personally have developed as a result of your involvement in the partnership and rank them from 1 (most important) to 3 (least important).

J. Leadership skills
K. Project management skills
L. Facilitation skills
M. Advocacy skills
N. Managing within limited resources

O. Communication skills
P. Problem solving skills
Q. Networking
R. No appreciable improvement to report

4.01	Top Three	1	2	3

Terminology

When completing the tool we refer to the following terms that we have defined in relation to institutional health partnerships.

Capacity	Refers to the ability of people, organisations and society as a whole to manage their affairs successfully.
Capacity building for service improvement	Refers to building skills and competencies of individuals and teams in order to strengthen and improve health service delivery.
Capacity development	Refers to the process by which individuals and organisations gain ability to set and achieve their own objectives and can strengthen, create, adapt and maintain their capacity over time.
Capacity building activities	Refers to any activity (training, mentoring, coaching etc.) that contributes to strengthening individual, team or organisational capability.
Institutional Health Partnership	Institutional Health Partnerships are collaborative relationships between at least two institutions based on trust, equality and mutual interest to work as peers towards common objectives. They contribute to the improvement of health services through reciprocal institutional strengthening, capacity building and health workforce development (approved by ESTHER Board, January 2016).
Initiative	Refers to a specific capacity building intervention or project that forms a key focus of partnership activities and is partially or wholly funded through the partnership.
Northern partners/ institutions	Refers to European institutions that are formally and actively working in mutual collaboration with partner/s from low or middle income countries.
Southern partners/ institutions	Refers to institutions based in low and middle-income countries that are formally and actively working in mutual collaboration with partner/s from European countries.
Whole institution strengthening	Refers to partnership initiatives that aim to strengthen all aspects of the southern institution/s including finance, human resources, planning, external relations as well as service delivery, in order to carry out co-ordinated actions to deliver organisational priorities and goals.
Institution	Refers to the type of entity that forms the health partnership; this may include MoH directorates, hospitals, professional associations, universities, other health facilities.
Department	Refers to a service delivery, teaching or research unit within an institution.

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