

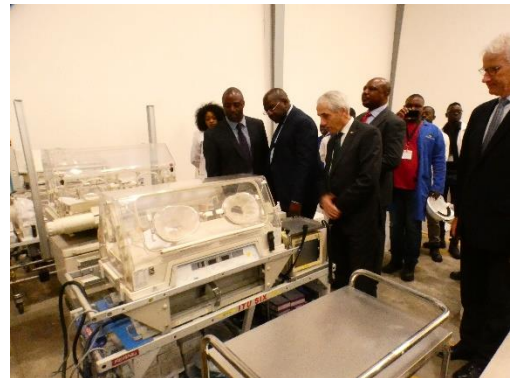


Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



# ESTHER Ireland Programme, HSE Application Guidelines 2020-2021

Joining Irish health institutions with institutions  
in global south



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## Introduction

**ESTHER Ireland** is a joint HSE-Irish Aid health development cooperation initiative and a part of the ESTHER Alliance for Global Health Partnerships (EA). This alliance of European countries was initiated by the French Government in response to the AIDS crisis in Africa in 2002. Today, Members of the Alliance seek to mobilise and create partnerships that facilitate health interventions across a wide range of areas of need with the world's poorest countries.

Ireland's participation in the ESTHER Alliance followed the 2010 Memorandum of Understanding (MoU) between Irish Aid and the HSE, and Ireland formally joined the Alliance in 2012. ESTHER Ireland operates under the MoU and its Secretariat is hosted by the Irish Global Health Network. Since May 2018, responsibility and governance for the ESTHER Ireland programme sits within the HSE Global Health Programme. Irish Aid provides funding for ESTHER Ireland operations and for partnership grants.

The operational rationale for the ESTHER Alliance is grounded on the centrality of partnerships and their potential to achieve more through working as institutions rather than individuals. The theoretical basis behind this approach is that robust partnerships working collectively and collaboratively can contribute to improved health services for poor and disadvantaged communities and with a "multiplier effect" on health outcomes. The principle modality of these partnerships is twinning between hospitals, primary care services, universities and other institutions with counterparts in partner countries. A variety of geographical arrangements are supported by ESTHER that may include North-South and South-South cooperation. As well as making a contribution to the health outcomes in developing countries, these partnerships have also been shown to have advantages and benefits for developed countries.

The partnership approach aims to make a significant contribution to health outcomes in poor countries through addressing inequities in access and coverage, while improving quality of services through capacity building and institutional development. Human resource capacity is strengthened through peer to peer relationships between personnel working in the partner institutions. Accordingly, ESTHER supported partnerships are "agents of change" in a multiplicity of intervention areas that focus on the creation of sustainable and resilient partnerships with positive changes at all stages of the results continuum. Self-mobilisation and financial leverage are considered key output performance indicators from a quality partnership and are expected to make a contribution to an improved health outcome.

ESTHER Ireland works closely with its European Partners, including the UK Tropical Health Education Trust (THET), and collaborates with WHO.

Since 2014, with funding from Irish Aid, ESTHER Ireland has awarded 284k with 44 grants to develop new partnerships or strengthen existing ones. To date, eight of these partnerships have achieved recognition as ESTHER Ireland partnerships, being established partnerships and having demonstrated adherence to the ESTHER Charter for Quality of Partnership.

## Scope of the 2020/2021 Health Partnership Scheme

Irish Aid has provided €50,000 funding to the HSE in 2020 for ESTHER grants, as part of its funding under the HSE-Irish Aid MoU. The grant is administered by the Irish Global Health Network under a service level agreement with the HSE.

The scope of ESTHER grants has evolved from previous years, based on more than five years of learning from Irish-South health partnerships, including internal and external evaluations in 2017. This round of grants reflects the current global and Irish context with COVID-19 and lessons learned from the pandemic. It also responds to the directions and priorities of the Government's International Development Policy, *A Better World*, which was published in 2019.

As with previous calls, this round of grants will be of two types. Band 1 grants are to support new partnerships, and Band 2 grants are to support established partnerships. ESTHER Ireland welcome applications from partnerships involving different types of health institutions, including hospitals, primary care services, public health units, education and training organisations, universities, and Government health departments.

NGOs are generally not eligible for ESTHER grants as they don't fulfil the criteria of an institutional health partnership. While they may follow partnership principles, their model is usually that of implementing projects rather than peer-to-peer working through a twinning arrangement.

Applications will be accepted until March 31<sup>st</sup>, 2021.

### Band 1: New Partnership Grants

Irish health organisations and institutions are eligible to apply for a Band 1 grant to facilitate the development of a new link or partnership with a counterpart organisation or institution in a low-or middle- income country.

In the context of this programme, we consider a new partnership to be one that has recently started to work together or has not yet started working together but has taken preliminary

steps. It should demonstrate a commitment to adhere to the ESTHER principles of Quality of Partnerships.

Intended outcomes from activities implemented under this scheme could include formalising an agreement such as an MOU between partners or developing a shared vision and action plan.

Grants must be spent within 12 months of disbursement.

The ceiling for Band 1 grants is €8,000.

#### *Criteria Band 1*

- Higher priority is given to partnerships in countries with official Government links through Irish Aid and/or the HSE:
  - Irish Aid key partner countries providing bilateral support to the health sector (Mozambique, Ethiopia, Tanzania, Liberia)
  - Other Irish Aid key partner countries (e.g. Zambia, Malawi, Uganda)
  - Countries in which HSE is engaged with through formal agreements (e.g. Mozambique, Sudan, Zambia, Sierra Leone)
- Coherent with objectives of Irish Aid development policy, *A Better World*
- Grant funding should achieve value for money. Having co-funding is considered an advantage.
- Successful partnerships should be willing to produce a case study.

#### **Band 2: Established Partnership Grants**

Applications are invited from Irish health institutions and organisations engaged in established health partnerships. We consider an established partnership to be one that has been working together for more than a year and has been formalised, such as through a Memorandum of Understanding. Partnerships must demonstrate clear evidence of quality of partnership, such as receiving ESTHER Accreditation for Quality of Partnership.

Partnerships may apply for grants to:

- Implement small scale innovations or pilot projects
- Undertake activities that strengthen the working relationship between the partners (e.g. exchange visits, stakeholder meetings, communication systems)

- Build capacity within the existing partnership to enable it to initiate and implement projects and programmes (e.g. skills building workshops)

### *Criteria Band 2*

- Partnerships should demonstrate a clear theory of change for how they will improve health services and health outcomes. Change pathways may include one or more of a range of interventions areas such as education, training, mentoring, exchange visits, technical support, service quality improvement and research.
- Higher priority is given to partnerships in countries with official Government links through Irish Aid and/or the HSE:
  - Irish Aid key partner countries providing bilateral support to the health sector (Mozambique, Ethiopia, Tanzania)
  - Other Irish Aid key partner countries (e.g. Zambia, Malawi, Uganda, Sierra Leone)
  - Countries in which HSE is engaged with through formal agreements (e.g. Mozambique, Sudan, Zambia)
- Preference is given to partnerships with greater potential to achieve impact:
  - Aim to strengthen the capacity of health institutions to address local health priorities and unmet health service needs
  - Contribute to health systems strengthening and universal health coverage
  - Contribute to and support the COVID-19 response in partners' countries.
- Coherent with Irish Aid development policy, *A Better World*
- Grant funding should achieve value for money. Having co-funding is considered an advantage.
- Successful partnerships should be willing to monitor their partnership using the ESTHER Pilot Effect Tool and produce a case study.

The ceiling for Band 2 grants is €10,000.

## Partnership Characteristics

Partnership Defined; *A partnership is a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specific goal. Partnerships involve risks as well as benefits, making shared accountability critical.*

**Definition from the WHO APPS Programme.**

### **Characteristics of *strong* partnership proposals:**

- ✓ Built on existing links with institutional commitment.
- ✓ Demand-driven and needs based.
- ✓ Country-owned, and aligned with country partner priorities.
- ✓ Clear goals, results focused with a strong potential for impact.
- ✓ Guided by the need for sustainability.
- ✓ Evidence of mutual accountability, and transparency in the intended use of available resources.

### **Characteristics of *weaker* partnership proposals:**

- ✗ One-sided benefits, reciprocity unclear.
- ✗ Unclear partner capacity and experience.
- ✗ Institution involvement not well articulated.
- ✗ Over ambitious with little attention to sustainability.
- ✗ Overly project focused rather than partnership focused.
- ✗ Inconsistent budget with weak focus on goals or results.
- ✗ Many applications are not supported by the necessary documents.

### **The health partnership scheme *will* fund:**

- ✓ Needs assessment.
- ✓ Travel.
- ✓ Accommodation.
- ✓ Communications.
- ✓ Workshops for partnership development.
- ✓ Subsistence allowance at local rates ([ESTHER Website](#) for guidelines).
- ✓ Publication and development of webpages to enhance partnerships.
- ✓ Monitoring and reporting costs.

**The health partnership scheme *will not* fund:**

- ✗ Salaries or “top ups”.
- ✗ First class business travel.
- ✗ Fundraising activities.
- ✗ Backstopping other grants.
- ✗ University fees.
- ✗ Volunteer funding.
- ✗ Consultants.
- ✗ Office Space.
- ✗ Sitting allowances (for training attendees).
- ✗ Entertainment costs.

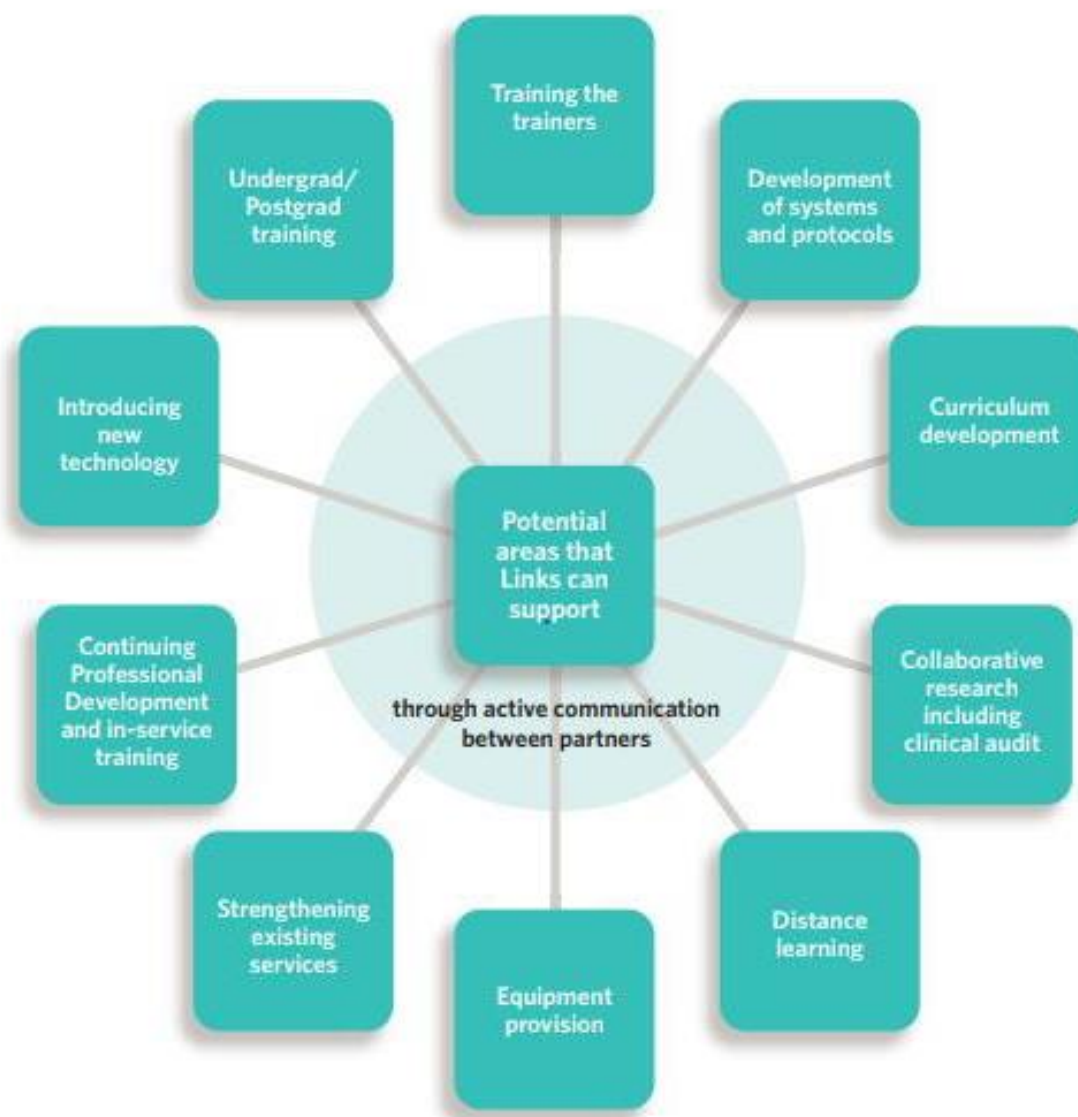
**Examples of funded schemes**

To date ESTHER Ireland has supported the development of partnerships in a variety of intervention areas, which include:

- |                                     |                                |
|-------------------------------------|--------------------------------|
| 1. Physiotherapy                    | 7. Leprosy                     |
| 2. Nursing & Midwifery              | 8. Paediatric Cancer           |
| 3. Children’s Palliative Care       | 9. Cancer Research & Education |
| 4. Health care education & research | 10. Mother & Child Health      |
| 5. Health care equipment            | 11. Community Health           |
| 6. Health Systems Research          | 12. Surgical Training          |

There are many areas that a partnership might focus on including learning, training, exchange visits, research, and teaching.

Ultimately, the creation of a sustainable partnership should aim to make a contribution to achieving a particular health outcome which has been identified as a priority by the southern partner and their National Health Plan.



Source: THET International Health Links Manual

## Application Process

Applications will be considered on a rolling basis over the period of one year. To apply visit the [ESTHER Ireland Website](#). Incomplete applications will not be considered. All



applications and queries should be sent to the ESTHER Ireland secretariat at [grants@esther.ie](mailto:grants@esther.ie)

If successful in your application ESTHER Ireland will continue to support and monitor active partner participation at all stages of the grant implementation process in particular at the grant planning and reporting stages. Applicants are encouraged to be as clear and succinct as possible in their proposals and ensure all background documentation, including that outlined in the introduction has been consulted.