



Guidelines for submission of proposals 2020

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1- Introduction

ESTHER (*Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau*) was founded by France in 2001. Over the following years other European countries joined the ESTHER initiative. The mission of the ESTHER initiative is to bring together European Governments and allied organizations. ESTHER members engage institutions in effective and sustainable north-south partnerships with the overall goal of health system strengthening. ESTHER partnerships should strengthen the capacity of health institutions to provide quality health services for people in low and middle-income countries with an overall aim to contribute to health system strengthening. ESTHER promotes institutional health partnerships for improvement, sharing best practices, collaboration and advocacy.

Switzerland joined the European ESTHER Alliance (EEA) in 2011 and is entering its second phase of partnership funding. ESTHER Switzerland aims to improve service delivery across a wide range of areas and ultimately to strengthen health systems in low and middle-income countries (LMIC) through institutional partnerships. ESTHER partners work in LMIC mostly to tackle priority issues for health and to help achieve the UN Sustainable Development Goals (SDGs)¹ with a focus on SDG 3 and SDG 17. The partnerships are based on principles of best practice as set out in the EEA Alliance *Charter for Quality of Partnerships* and on the EEA *Strategic Framework 2015-2020*.² ESTHER Switzerland uses the twinning model of institutional health partnerships (IHP)³ to foster effective north-south and south-south partnerships that can build capacity of health institutions. The Partnership Preparation Package published by the World Health Organization in 2018 serves as the baseline for ESTHER Switzerland project proposals. Partnership projects should aim to improve practices (e.g. in the management of health conditions, and in-service delivery) that can be replicated beyond the involved institutions. As such, partnership projects aim to contribute to the strengthening of health systems, the achievement of universal health coverage and ultimately to the improvement of health outcomes.

2- From the MDGs to SDGs

The transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) in 2015 has broadened the approaches, ways and practices how health and diseases shall be tackled. This requires a reformulation of the theory of change on how health interventions contribute to the new global development framework, namely the SDGs.

The MDGs emphasized the control of priority diseases such as TB, malaria and HIV/AIDS as well as improved child and maternal health. This went along with substantial funding increase in development assistance to these areas and thereby neglecting other essential health issues, general health systems

¹ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

² <http://www.esther.eu>

³ "Institutional Health Partnerships are long-term, institution to institution partnerships between high income and low and middle income countries which seek to build capacity and strengthen health institutions in order to improve health service delivery and outcomes.", Kelly E, Doyle V, Weakliam D, Schönemann Y. A rapid evidence review on the effectiveness of institutional health partnerships. *Globalization and Health*. 2015;11:48. doi:10.1186/s12992-015-0133-9

strengthening or the control of non-communicable diseases at large. Some argue that the focus on selected priority diseases going along the establishment of parallel product procurement and distribution systems and service delivery weakened the health system and is financially not sustainable. Further, the inequalities among individuals and population groups in terms of accessing health information, education and services remain an issue of great concern.

The SDGs address some of these limitations and challenges by approaching health in a more comprehensive and universal manner, as spelled out in the SDG 3 which aims at ensuring healthy lives and promoting well-being for all at all ages. While SDG 3 keeps a focus on specific diseases its scope has broadened and encompasses also targets referring to non-communicable diseases or universal access to health services. This means that individuals and communities shall have access to high quality, affordable healthcare services which are aligned to population needs. The main elements of universal access to health services resp. of Universal Health Coverage (UHC) include the availability, accessibility (incl. affordability), acceptability and quality of services. UHC shall be understood as a transversal target across SDG 3 and encompasses also health system issues health system building blocks (health services, health workforce, health information, medical products and technologies, health financing and governance incl. policies). The concepts of Health System Strengthening (HSS) and Universal Health Coverage (UHC) are closely linked in the sense that a strong health system is a pre-requisite to achieve UHC, meaning that all essential elements of a health system need to be fully functional and are interlinked with each other.

Definition Universal Health Coverage:

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”

Source: O’Connell T, Rasanathan K, Chopra M. What does universal health coverage mean? *Lancet*. 2014;383(9913):277–9.

3- Theory of Change

The SDGs are the conceptual and the operational framework in which all health cooperation interventions, including the ESTHER institutional health partnerships projects, operate. ESTHER partnership projects shall therefore explicitly formulate and show how their interventions are embedded into the global SDG framework and relate to broader health system strengthening thereby indicating the added-value ESTHER partnerships can generate. The request to show a clear theory of change spelling out how global health cooperation projects contribute to systemic changes has increased and has rightly become an important funding criterion. Thus, ESTHER partnership projects shall indicate systematically, from the inception phase onwards, how a given project impacts beyond the involved health institutions and how a project relates to broader health policies and system’s strengthening. The rationale here is the increased need for sustainable solutions and the maximization of value for money. A single ESTHER projects may not have the capacity to strengthen an entire health system or directly achieve policy changes. However, it is important that the project can show that it goes beyond service delivery, contributing to governance aspects of UHC.

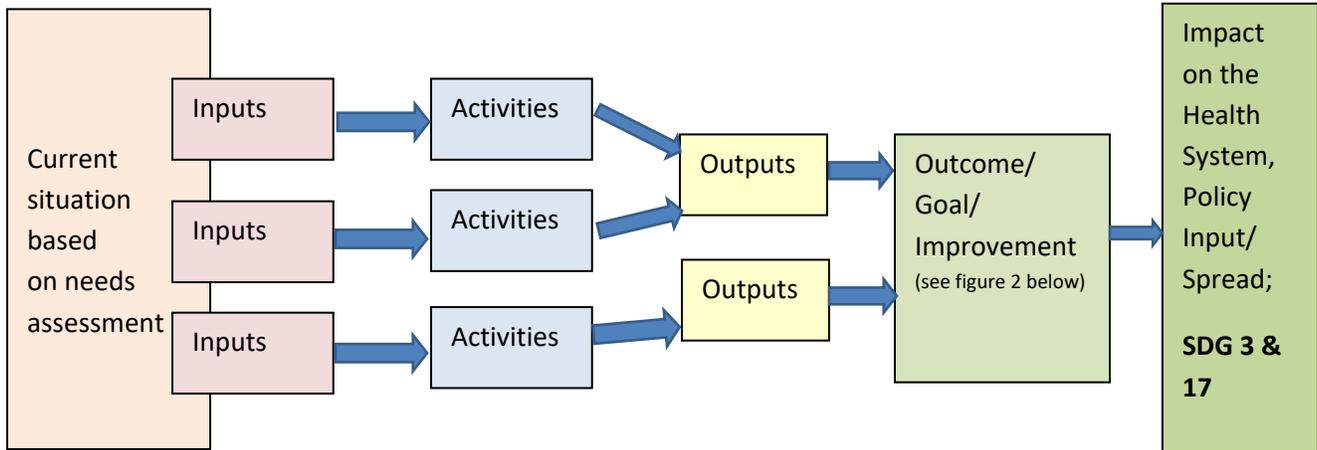


Figure 1: Theory of Change flow chart

Also, the project shall include specific activity lines relating to the communication of achievements and their promotion beyond the project to contribute to the national health policy dialogue.

Based on the WHO Twinning Partnerships for Improvement, the basis of ESTHER projects is partnership building. The first objective of an ESTHER project should therefore be strong bi-directional partnership building between health institutions. Building on this, effective interventions based on needs identified in a collaborative way at the service delivery level should be determined. The learning and experience should then be spread within the local and national health system and beyond, for example through input in policy-dialogue (see figure 2 below). It will therefore be important to consider from the beginning of the project, how the interventions will potentially contribute to the larger health system beyond the partner institution. The purpose of the Theory of Change will be to identify why your activities and interventions will create the outcomes/ goals you are aiming for. Figure 1 above provides a framework of a theory of change.

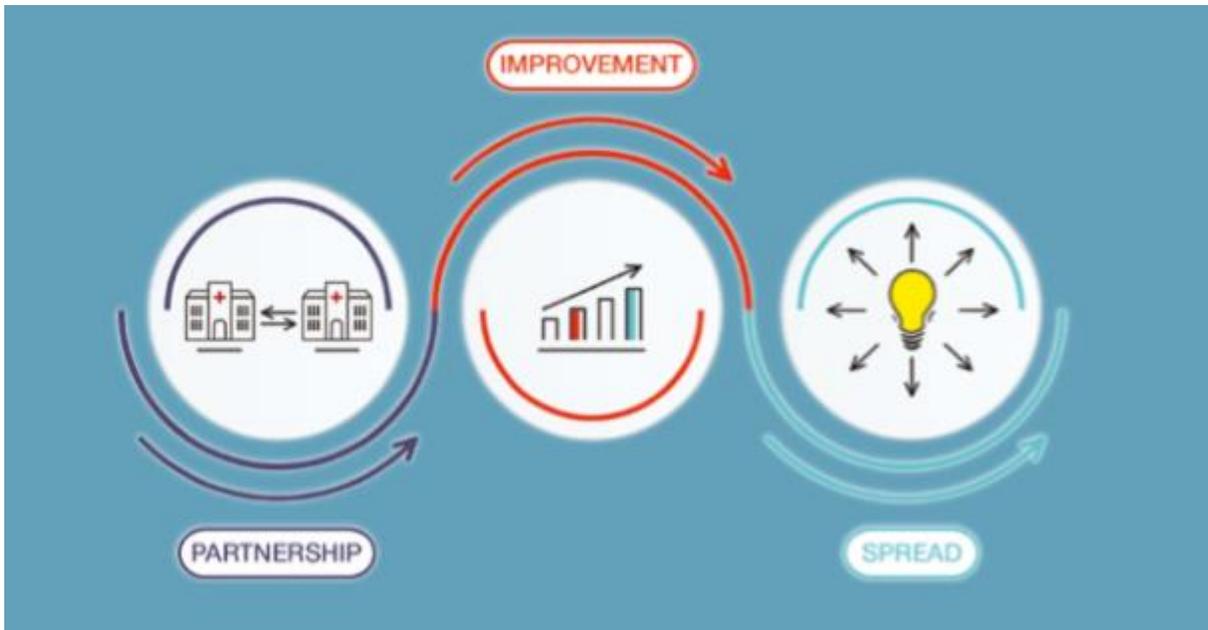


Figure 2: Twinning Partnerships for Improvement

Source: <https://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf?ua=1>

4- ESTHER Switzerland Grants Programme: Two types of grants

The ESTHER Switzerland programme is currently a collaborative initiative between the Swiss Agency for Development and Cooperation (SDC) and the Institute of Social and Preventive Medicine (ISPM) of the University of Bern, which will contribute to SDC's objectives for health and development. It is based on a spirit of partnership and equality that is a fundamental principle of SDC policy⁴. The SDC has established a second grant program for the period 2020/21 managed by ESTHER Switzerland, hosted by the ISPM.

The grants support two types of partnership, ESTHER project grants and ESTHER start-up grants. Both types of grants are available to institutional health partnerships that include at least one health institution in Switzerland (preference is given to hospitals, universities and research institutions) and one health institution in a low or middle-income country. Typical projects focus on the management of health conditions and service delivery and could include the training of health care staff (medical staff, nurses, management staff, etc.). Projects focusing only on research issues (e.g., the maintenance of ongoing studies, or obtaining data for research purposes) are outside the scope of the present call.

⁴ Strategic Framework 2015-2019 of SDC Global Programme Health



a. Partnership project grants

An ESTHER Switzerland partnership project grant is a financial contribution to support the activities of an ESTHER partnership that is in line with the EEA Strategic Framework 2015-2020. Criteria for funding may depend on conditions set by SDC. For phase 2, there is no disease-specific or geographic restriction other than that partnerships. A supported activity can be a new project, an existing project, or an addition to an ongoing project. ESTHER Switzerland will not fund projects for which it is the sole contributor. Projects must be co-financed by the Swiss partner submitting the proposal (which must make at least an in-kind contribution to the project, including working time and project materials).

The maximum amount for a project grant is CHF 100,000, but can be lower. The ESTHER secretariat reserves the possibility to reduce the asked amount if deemed appropriate.

The funding period should have a defined timeframe and the project will have to be completed by June 15th, 2021. Duration, level of funding and deliverables and timelines will be detailed in an ESTHER contract.

b. Start-up grants

An ESTHER start-up grant aims to facilitate the assessment of the potential and feasibility of a new partnership, and the writing of a proposal for an ESTHER partnership project grant. They should be in line with the EEA Strategic Framework 2015-2020. The start-up grant can cover activities that allow the assessment of the potential for a partnership project and/or the development of a project proposal (e.g. desk research, assignment of short-term expert, preparation visits/workshops/meetings). Start-up grants cannot cover activities of an existing project, including salary costs or purchase of equipment. The award of the start-up grant does not automatically lead to or guarantee subsequent funding of the proposed partnership project.

The maximum amount for a start-up fund is CHF 10,000, but can be lower. The funding period should have a defined timeframe and the project will have to be completed by June 15th, 2021. Duration, level of funding and deliverables and timelines will be detailed in an ESTHER contract. The duration of funding will typically be between 3 and 6 months.

5- Eligibility criteria for partnership project grants or start-up grants

The core idea of ESTHER is to promote institutional health partnerships within which practicing health professionals from Europe work with their peers in LMIC. The activities of ESTHER Switzerland should respect the ESTHER European Alliance Strategic Framework 2015-2020 (<http://www.esther.eu/wp-content/uploads/2015-2020-EEA-Strategic-Framework.pdf>).



In the framework of the SDC financing, preference will be given to projects submitted by institutions such as hospitals, universities and research institutions. The country of intervention must be a low- or middle-income country (LMIC) ⁵.

6- Expression of interest and submission

Prior to sending your application, we kindly ask you to send an email to the ESTHER Switzerland Secretariat, informing us that you are interested in submitting a proposal, mentioning the country and topic of your project. You will then receive a grant application number, which we kindly ask you to mention on all forms that you will be submitting. Please use the ESTHER Switzerland application forms and budget template when submitting your application. Only applications using these templates will be considered. All documents that you submit should be named in the following way:

“Proposal-number”_”Name of doc”_”Submission date”

Examples: 20G1_proposal_24_12_2019;

20G1_budget_24_12_2019

20G1_activites_24_12_2019

The deadline for submission of proposals is **Friday, February 28th, 2020, at midnight, CET**. Applications received after this date will not be considered.

All information should be included in the body of grant application (see separate grant application form). ESTHER Switzerland is also requesting a budget in excel format (see separate budget template) as well as a second excel table for activities. Additional documents or footnotes will not be considered by the selection panel.

You will receive acknowledgement of reception within 48 hours after submission. If you plan to submit more than one application, these need to be submitted in separate submissions.

⁵ As per World Bank classification <http://data.worldbank.org/about/country-and-lending-groups>

7- Funding Criteria and Restrictions

This call for applications will fund:

- Training and workshop costs, e.g. venue costs, refreshments and training materials (but not per diems – please see below)
- National and international economy class travel only
- Reasonable accommodation costs (need to define limits)
- Activity communications costs (costs related to activity overseas), e.g. teleconferencing, telephone and eLearning
- Publications and the development of web pages
- Equipment up to a maximum of 20% of the total grant (this includes both medical and office equipment)
- Bank charges for transfer of funds between partners and to others
- Reasonable project management costs. This can include project staff salary contributions for part time or full-time posts required to deliver the project within the set project period. This will form a key component of the value for money assessment. Communication around management, e.g. telephone and internet costs, office costs and administration support, is also included here.
- Contingency up to 1.5% of the total budget to factor in exchange rate variances and/or bank charges.
- Monitoring and evaluation costs

This call for applications will not fund:

- Costs relating to the delivery of health services outside of the scope of the project
- Per diems
- Consultancy fees
- Training of graduate or postgraduate studies
- Building of facilities/infrastructure
- Overhead costs
- Research projects that don't have a clear focus and immediate benefit for service delivery
- Activities that are not related to the project's goals



8- How to complete the budget excel file

Please make sure to use the budget excel file provided by ESTHER.

You will find several different budget categories in the template:

1. Project deployment from the Suisse side
2. Project deployment from the local side
3. Training or workshop costs
4. Communication about the project
5. Equipment and maintenance
6. Other

Please make sure to complete the categories that are relevant to your project and its activities.

In the following, you will find examples for each category, to help you classify your budget lines.

1. Project deployment from the Suisse side, this may include, but is not limited to:
 - Cat 1.1. Travel (economy flights)
 - Cat 1.2. Accommodation
 - Cat 1.3. In-land travel
 - Cat 1.4. Visa, vaccination, etc.
 - Cat 1.5 Bank charges
 - Cat 1.6 Staff timePlease add further subcategories as needed

2. Project deployment from the local side, this may include but is not limited to:
 - Cat 2.1. Local project coordinator (staff time)
 - Cat 2.2. Local project supervisor
 - Cat 2.3 communication costs, such as phone/internetPlease add further subcategories as needed

3. Training and workshop costs, this may include but is not limited to:
 - Cat 3.1. Venue
 - Cat 3.2. training support (please specify)
 - Cat 3.3 training material
 - Cat 3.4 food and beveragesPlease add further subcategories as needed



4. Communication about the project

By this category we mean communication about the project to the outside to make the project known to external people who are not involved with it. The purpose is to spread information and to contribute to improvement beyond the project level. This may include:

Cat 4.1. One-day seminar with local authorities or authorities with the ministry of health

Cat 4.2 Publishing of articles

It does not include phone or internet costs, which fall under budget category 2 (see above).

5. Equipment and maintenance

This may represent a maximum of 20% of your total budget. This may include a specific equipment as well as accessory to the equipment.

6. Other

You may add as many categories as necessary, according to your planned activities. Please make sure to clearly name them.

For all budget lines please make sure to provide the costs in CHF, and, where applicable, also in the local currency (this will facilitate the review of budget justifications in the final financial report).

For all budget lines, please indicate to which activity they are related. One budget line may be linked to several activities of your project.

For each budget line, you may want to add an explanation, if considered necessary.

We are aware that for each project partners provide substantial contributions in addition to the funds made available by ESTHER. We would like to value this contribution, which may be in-kind, such as staff hours by all partners (even if this project takes place during your leave), a fully functioning equipment that is being provided by the Swiss institution, facilities in the partner country, etc. We therefore invite you to think about the contribution from each partner to be able to estimate the true value of each project. Please note, that it will be important for the evaluators to understand the contribution of each partner to the proposed project.

9- Grant approval

The ESTHER Secretariat will do a formal check of the proposals. All eligible and complete (all sections in the application form must be completed according to the instructions) grant proposals will be sent to three independent, external reviewers who will assess them based on the following criteria:

1. Partnership building is the baseline for the intervention activities. The project builds on existing links with institutional commitment.
2. There is evidence of mutual accountability and transparency, reciprocity is clear.
3. Partner capacity and experience is clear, institution involvement is well articulated.
4. Stakeholders in the LMIC and Swiss health systems are equally involved in project design and management.
5. The partnership has a clear understanding of other health partnerships and other health actors operating in the field and is taking opportunities for learning and collaboration
6. The activities respect the ESTHER European Alliance Strategic Framework 2015-2020 (<http://www.esther.eu/wp-content/uploads/2015-2020-EEA-Strategic-Framework.pdf>).
7. The partnership has the capacity to deliver the project.
8. The project is demand-driven, and needs based. The project and its approach are appropriate and relevant to the local context and based on a joint needs assessment.
9. The project is country-owned and aligned with country partner priorities.
10. The project has a clear goal that is achievable with the resources and time available with a health system strengthening perspective going beyond the project level. There is a strong potential for impact, and it is guided by sustainability.
11. Objectives and activities are in line with the overall goal and responsibilities are clear.
12. The theory of change is clearly explained.
13. The project pays careful attention to equity.
14. The project has clear benefits for all partners involved.
15. The project has clear evaluation indicators for measuring success as well as resources allocated for monitoring and evaluation.
16. The project demonstrates value for money.
17. The project is based on recognised good practice.
18. The project demonstrates critical reflection on previous work and builds on lessons learnt, as applicable.

Reviewers will write their recommendation to the ESTHER Switzerland Steering Committee. The Steering Committee will make a decision to approve or reject each proposal based on funding available. For grants that are approved, the Steering Committee will decide on the amount of the award. Decision on the 2019/20 grants are expected by end of May 2020 and will be communicated by the Secretariat.

10- Monitoring & Evaluation and Reporting

The project should run from June 2020 until June 2021. A no-cost extension will not be possible this time. A short mid-term report will be due by November 2020 with the objective to indicate how the planned activities have been conducted, whether major problems have occurred and how these are planned to be overcome. Full reporting will be due by the end of July 2021.

You will have to submit full reporting of the project as well as financial reporting. For the final financial reporting of the project you must provide justification of all expenses, provide the amount of each in CHF and indicate the corresponding budget line. For all reporting, we kindly ask you to use the reporting form provided by the ESTHER Switzerland Secretariat. This facilitates the appreciation of each project, comparison between projects and overall ESTHER monitoring.

Considering that partnership building is the core of ESTHER projects, and the baseline to work on health service improvement and health system strengthening, as part of the monitoring and evaluation, we will ask every partnership to complete the EFFECT Tool to assess the effectiveness of the partnership (<https://esther.eu/index.php/effect-tool/>). This should be planned for towards the end of the funded project.

For more information, please contact the ESTHER Switzerland Secretariat:

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11- Further resources:

- SDGs: <https://sustainabledevelopment.un.org/sdg3>
- WHO short video showing the link between health system building blocks and UHC <https://www.youtube.com/watch?v=pZHilGFLN8Y>
- <https://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf>
- <https://esther.eu/index.php/effect-tool/>