Planning and Evaluation of Links Projects

Or Intersectoral Collaboration

A Checklist.

Prepared by GPDV, based on the work of Harris et al in *Working Together-Intersectoral Action for Health, 1995*

Planning and Evaluation of Links Projects - Checklist.

This checklist is based entirely on the work of Harris et al in *Working Together: Intersectoral Action for Health*. The checklist which the authors provided in the back (page 117) has proved to be a little bit cryptic for those who have not read the book. While we strongly recommend that those who are working with this framework read the book, we have developed the checklist so that it is self-explanatory to anyone who wishes to use it.

The checklist is based on the authors' premise that for intersectoral action to be effective it must meet six conditions. These conditions were identified through an extensive literature review and consultation process. Their conclusion was that 'intersectoral action is complex and difficult - but it can be understood. Steps can be taken to minimise risk and to increase the chances of success if the participants understand and create conditions for effective intersectoral action. Results from the review indicate that these include:

- **necessity** for the health sector to work with other sectors and organisations on this issue, rather than in some other way;

- that the proposed action is supported by the wider community and/or builds on existing policy initiatives - ie - **opportunities**;

- that the sectors/organisations involved have the **capacity** to undertake the proposed action - that is, that the organisations have committed themselves to the action and that they have made sure that the necessary knowledge and resources are available;

- that the **relationships** between those involved are established and strong enough to enable the participants to undertake and sustain action;

- that the **planned action** is well conceived and can be implemented and evaluated; and

- that provision has been made to **sustain outcomes**.' (P.5, *Working Together: intersectoral action for health*, E.Harris. M.Wise, P.Hawe. P.Finlay and D.Nutbeam, Commonwealth of Australia, 1995)

1. NECESSITY

Organisations are interested in working with other organisations to take action that will achieve their organisational goals and ensure their survival. The more the planned action meets these criteria the more the senior managers in each sector are likely to contribute resources and show a high level of commitment.

Check the following:

1.1 Have the participating organisations identified the necessity to work together to achieve organisational goals?

1.2. Is the purpose for which they are working together relevant to the core business of each of the participating organisations?

1.3. For each participating organisation, does the planned action ensure/enhance organisational survival by

- protecting resources
- gaining resources
- protecting areas of influence
- expanding areas of influence
- building community/sector support.

1.4. Have the areas of common interest and potential conflict been identified and discussed?

1.5. Have potential risks been identified and steps taken to minimise them?

1.6. What can you do if the action you propose is not relevant to the core business or the survival of other potential participants?

2. OPPORTUNITIES FOR ACTION

The chance of an issue or program being taken up and maintained by all the players depends on the opportunities that exist in the broader environment of each participating organisation.

> *For example, if a division of general practice wanted to work with schools, youth organisations and others on issues to do with youth mental health, the time is right in 1997 as there is an intensive focus on this problem at state and national levels as well as in the mass media.*

Opportunities for action are made up of two components:

- an environment in which the need for action arises; and

- triggers for action

'Triggers' refers to a range of factors which might individually or collectively set the action off. Harris *et al* identified six categories of triggers as listed below. For examples, see page 64 of *Working Together*.

Check:

Environment

2.1 The broad environment has been scanned to identify support and opportunities for action.

2.2 The immediate organisational environment has been assessed to identify support for and potential opposition to the proposed action.

2.3 Are there adequate opportunities for the planned action to be undertaken and sustained by a supportive environment. Think of environment with reference to:

- time
- locations
- social environment
- political environment
- economic environment
- immediate organisational environment

Some questions to assist with analysis of the environment:

- Are there policies in the health sector, or other sectors, that create a supportive environment or give a mandate for action? What are they?

- Are there social movements that support or could potentially support the proposed action?

- Are there general levels of community concern on the issue that may affect support for the proposed action?

2.4 A plan has been developed to monitor, harness and/or strengthen the broad environmental context in which action is occurring.

2.5 If there is opposition or little environmental support, a decision has been made on whether it would be better to wait until the environment becomes more supportive or to work to create a more supportive environment.

Triggers for action

2.6 Are there clear triggers for action? Consider the following categories:

- accidental or opportunistic events
- community concern
- the knowledge that something can be now be done
- a new way of thinking about an issue
- the redefinition of an acceptable standard
- the fulfilment of organisational needs and aspirations

2.7 The trigger(s) for action have been identified within:

- the health sector
- the other sectors

2.8 Will these triggers be strong enough to sustain action over time?

2.9 The strength of the trigger(s) to sustain action has been assessed and steps taken to create further triggers where necessary.

2.10 If there are too many triggers a decision has been made:

- to attempt to control the triggers;
- to act only on triggers which are strong enough to sustain action; or
- to take no action

3. CAPACITY FOR ACTION

Building capacity requires action within the organisations involved as well as between them. Three factors influence the capacity of organisations to work together: the availability of organisational support, resources and skilful people.

Different parts of the structure may be important to success at different times. In the early identification of an issue, the involvement of senior people is crucial. The commitment of staff at lower levels will be important for implementation.

Differences in structure in different organisations means that different amounts of time are taken to make decisions, different methods are used to select priorities, and to measure performance

For intersectoral action to be affective, the individuals involved must have the power (or access to it) to commit their organisations to act or to contribute resources, and to accept timeframes that reflect the greater length of time that decisions are likely to take when several organisations are working together.

Check:

Organisational support

3.1 Have the health sector and the other participating organisations the capacity to undertake the action that is being planned?

3.2 The decision-making structures have been assessed with reference to:

- **complexity -** the complexity of the health sector can make it difficult to identify those with most influence or responsibility

- **boundaries -** confusion can be caused by different boundaries between different levels of governments and sectors

- **stability -** instability caused by internal restructuring often means that for several months action is delayed or forgotten;

- **transparency -** lack of transparency of organisational structures makes it unclear to other organisations with whom, and at what level, they are or should be dealing;

- **hierarchy -** the vertical organisation of many health programs makes it unclear where, in the organisation, responsibility for more general problems lies.

3.3 Methods of accountability and decision-making were assessed with reference to the levels at which decisions are made and the funding and planning cycles within different organisations or sectors.

3.4 Organisational culture has been assessed: considered with reference to power, structure, dominant values, group dynamics, openness etc.

3.5 Is there a need to strengthen organisational support by:

- developing support and motivation for involvement within the organisations.
- examining barriers that may arise from different structures, cultures or methods of decision-making and accountability.

3.6 Where there is limited organisational support a decision has been made to :

- build support before taking further action

- build support at the same time as planning or taking action; or

- decide that the type of action does not require, or will never have, more organisational support.

Resources

3.7 Resources that are needed and available to negotiate, plan and implement the proposed action have been identified with reference to:

- information
- skills
- time
- money
- leadership

3.8 Sufficient resources are available to meet commitments, especially in sustaining the action.

3.9 Potential future resource difficulties have been identified and steps taken to deal with them.

3.10 Where there are resource problems, or where they can be anticipated in the future, a decision has been made on whether the possible advantages outweigh the disadvantages of proceeding with a program which may struggle or fail.

Skilful people

3.11 Are there staff to undertake the project with appropriate

- knowledge
- skills
- attitudes

3.12 Are these staff likely to remain during critical periods?

3.13 Job description reflect the skills, experience and attitudes that are required for effective intersectoral action.

3.14 Recruitment and staff selection procedures specifically address the skills, experience and attitudes that are required for intersectoral action.

3.15 In-service courses specifically develop knowledge, skills and attitudes in working with other sectors and organisations.

3.16 Strategies have been developed for attracting and keeping staff who are skilled in working with other sectors.

3.17 Secondment of staff to or from other sectors to work on specific projects is encouraged.

4. RELATIONSHIPS FOR ACTION

Check that:

4.1 Steps have been taken to develop positive relationships based on trust and respect between the sectors/organisations.

4.2 Negotiations have taken place with other sectors and organisations on the nature of the relationship, as distinct from the proposed action.

4.3 Decisions have been made on:

- formality of the relationship;
- intensity of contact;
- the extent to which each organisation is prepared to relinquish autonomy to act on the issue;
- duration of involvement in the action;
- time is allocated to regularly review the relationship and clarify any issues that may arise.

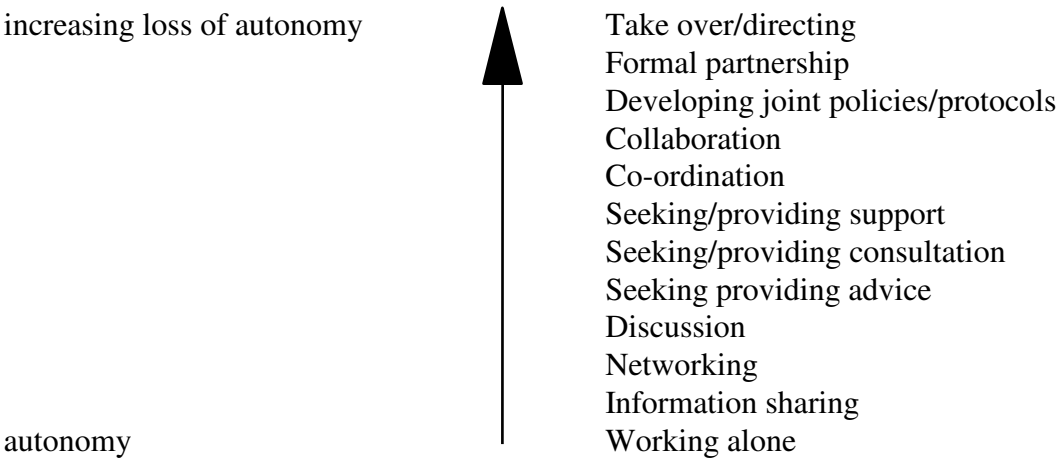
4.4 Resources have been allocated to develop and maintain the relationship.

The following two tables assist with analysis of the questions asked in section 4.

Issues to consider when establishing a relationship *(p82)*

Issue	Questions to ask
Formality	• How formal should the relationship be? • Should there be rules and guidelines on the way the relationship is conducted? • Does there need to be a written agreement
Intensity	• How often will those involved need to be in contact with each other? • Will there need to be one or several workers from each organisation involved? • Is contact to be regular or ad hoc?
Duration	• How long are organisations agreeing to work together on this project? • Will there be a review during the action to decide if and how long the project should continue?
Autonomy	• Will the organisations agree not to take action in an area without consulting the other organisations? • Have they decided to work on issues in an agreed way?

Different functions require different levels of commitment from organisations *(p84)*



5. IMPLEMENTING INTERSECTORAL ACTION

Implementing a project that requires links with other organisations or sectors is not very different from planning and managing any other project. However, in addition to effective project management seven issues have been identified as particularly important to planning and implementing intersectoral or inter-organisational actions:

- clear recognition of why it is important for the organisations or sectors to work together on an issue;
- acknowledgment that the process is changing and emergent;
- a clearly articulated, achievable goal that reflects outcomes valued by all sectors;
- an agreed way of working;
- opportunities at every stage to renegotiate the relationship;
- clear recognition that each organisation must foster a sense of joint ownership; and
- establishment of designated staff who have the resources to undertake the action.

Check that:

5.1 The reason that the sectors and organisations have agreed to work together on this issue forms the rationale for the plan of action.

5.2 Clear roles and responsibilities for action and expected outcomes are clearly spelt out in the plan of action.

5.3 Decisions have been made on the strategies that will be used by each organisation and sector involved, to implement its roles and responsibilities.

5.4 An agreement has been reached on how credit for the action will be attributed.

5.5 Specific resources for use in the action have been identified.

5.6 Methods for dealing with disagreement and conflict are in place.

5.7 Regular reviews are held to redefine the range and types of action being taken and the difficulties/outcomes to date.

6. EVALUATION AS A BALANCING ACT

Check that:

6.1 Outcome measures have been developed that are relevant to the health and other sectors involved.

6.2 The methods and extent of evaluation have been related to the amount of funding, size and expected outcomes of the action.

6.3 The quality of evidence produced by the evaluation is acceptable to all parties concerned.

6.4 The 'evaluation' demands are sensitively negotiated along with the 'project' demands.

7. SUSTAINED RESULTS TAKE TIME

Check that:

7.1 Outcomes have been defined by each organisation,

7.2 The achievement of each of these outcomes has been measured.

7.3 Where possible, attempts are made to find ways of measuring or evaluating all expected outcomes over time.

7.4 A system to monitor the outcomes regularly, over time, has been established.

7.5 A process to review the results of monitoring is in place and a system to resolve problems has been established.