

# Health Partnership Scheme

# Grant Application: Sustainability, Scale-up and Access

This document should be read in conjunction with **Health Partnership Scheme *Call for Applications: Sustainability, Scale-up*** ***and Access – Small/Large Grants*** and ***Health Partnership Scheme Call for Applications: Sustainability, Scale-up and Access – Small and Large Grants: Questions and Answers*** documents.

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**This grant application form and the budget template (see separate excel document) should be completed and submitted to** [**application@thet.org**](mailto:application@thet.org) **by midnight on 1st October 2017. If you do not receive an acknowledgment from us within 48 hours, please assume that your application has not been received and re-submit.**

# 1. Summary Details

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| --- | --- | --- | --- | --- |
| Lead UK partner institution | |  | | |
| Previous HPS grant ID (if applicable) | |  | | |
| Project title | |  | | |
| Please indicate which category(ies) you are applying to (select one or more) | | Sustainability | | |
| Scale-up | | |
| Access | | |
| Please indicate which category of funding you are applying for: | | | | |
|  | Category A  *£15,000-£50,000* | |  | Category B  *£50,000-£120,000* |
| Project budget total | |  | | |
| Project duration | | *12 months* | | |
| Project start date | |  | | |

# 2. Partnership

2.1 Please provide contact details for *all* partners involved in this application. If there are more than three partners involved (UK and low and middle-income country (LMIC) partners), **please add more boxes as necessary.**

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| --- | --- |
| **Lead UK partner (contract holder and overall project lead)** | |
| Lead UK partner (project coordinator name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |

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| --- | --- |
| **Lead LMIC partner (lead LMIC partner and in-country coordinator)** | |
| Lead LMIC partner (project coordinator name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |

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| --- | --- |
| **Additional LMIC partner (supporting the delivery of the project)** | |
| Additional LMIC partner (main focal point name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |

2.2 Please list any other project partners or stakeholders that will play a role in the delivery of the project. *(Maximum 200 words)*

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2.3 Please describe the history of the partnership including any grants you have received. *(Maximum 300 words)*

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# 3. Justification

3.1 Please describe the health system changes you have previously achieved through your partnership work, which you intend to build on in this project. Provide the best evidence you can for the changes you are describing. *(Maximum 300 words)*

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3.2 Describe how the partnership assessed the need for this project, and the LMIC health system and / or community institutions that were involved in the assessment. This might include a formal needs assessment, desk based research, or face to face meetings. *(Maximum 300 words)*

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3.3 Describe the need that was identified through this process and the problem that this project is trying to address. *(Maximum 500 words)*

Please include key contextual issues which are relevant to this application. This should include:

* The operational environment at LMIC institution(s)
* An explanation of how the needs are aligned to overseas government priorities and plans
* The specific barriers that may prevent women and girls, and people with disabilities, benefitting from the project.

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3.4. Explain how your project would complement other health actors’ efforts working in the same field and LMIC country and how it is relevant and appropriate to the local context. *(Maximum 300 words)*

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# 4. Project Description

4.1 Clearly describe up to four changes you expect to see by (a) the middle and (b) the end of the project in relation to your project goal. Name all institutions involved. Ensure the changes clearly relate to the purpose of the HPS and the grant stream. See the grant Q&A document for examples and guidance. *(Maximum 300 words)*

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| --- | --- |
| **Project goal:** |  |

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| **(a) Changes by the middle of the project:** |
| 1. |
| 2. |
| 3. |
| 4. |
| **(b) Changes by the end of the project:** |
| 1. |
| 2. |
| 3. |
| 4. |

4.2 Activity plan – List the main project activities. These must contribute to achieving the changes listed above, or to strengthening the Health Partnership during the project implementation period, November 2017-November 2018. Mark an X in the quarter(s) in which the activity will take place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** |
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4.3 What previous experience, literature, standard practice or work of other stakeholders and health partnerships have influenced your approach? *(Maximum 300 words)*

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4.4 Please highlight features of the project that are especially innovative (*if applicable*) or good value for money. *(Maximum 200 words)*

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4.5 THET has identified several common barriers to change that may affect a partnership’s ability to (a) achieve changes or (b) ensure that changes are sustained beyond the life of the project.

*For example, high staff turnover could be a barrier to change that would affect sustainability as the proportion of trained staff would diminish over time. This could be particularly problematic if the staff are senior management or key individuals to the partnership.*

Please complete the following table. THET has included three barriers which need to be considered but encourage you to review the changes you have listed in 4.1 above and consider additional barriers.

Add more rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Barrier to change, where change relates to:**  **(a) achieving changes**  **(b) sustainability of changes** | **Impact on project achievements and sustainability** | **Plans to address it** |
| Staff shortages in the overseas partner institution(s) |  |  |
| Turnover or transfer of trained health workers in the overseas partner institution(s) |  |  |
| Equipment and supply shortages |  |  |
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4.6 Please describe in detail how you will collect evidence that your project has achieved its goal and had an impact on health system or health services. What data will you need, who will collect, when and how, and how will you analyse it? Please mention any researchers you are working with. *(Maximum 600 words)*

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# 5. Project Management and Support

5.1 Describe the systems that currently exist or will be put in place to support the implementation of this project. Add more rows as necessary.

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| **Systems** | **What, How and Who?** |
| Governance Structures |  |
| Decision Making |  |
| Formal Agreements |  |
| Communication Strategies |  |
| Financial Systems |  |
| Other |  |

5.2 Complete the table below outlining the role each partner and stakeholder will play in the delivery of this project and how they will benefit. All partners named in Section 2 should be included here. Add more rows as necessary.

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| **Partner/stakeholder** | **Role** | **Benefit** |
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5.3 What do you anticipate will be the biggest challenge for your partnership in managing this project, and how will you address it? *(Maximum 200 words)*

5.4 Explain how the project will engage short- and/or long-term volunteers in order to deliver project activities. *(Maximum 200 words)*

5.5 Describe the processes by which staff/volunteers will be recruited/selected and managed. If your response suggests that you have policies and procedures in place, THET will ask to see copies of these should your application proceed to the next stage.

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| **General explanation of processes *(Maximum 200 words)*** | | |
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| **Specific considerations around staff and volunteer safety *(Delete Yes or No as appropriate)*** | | |
| Do you provide insurance for all staff and volunteers? | Yes | No |
| Are the areas in which you propose to work completely free of UK Foreign & Commonwealth Office travel warnings? | Yes | No |
| Will the project be deploying staff and volunteers for short-term visits only? (i.e. less than 6 months) | Yes | No |
| Within the UK institution(s) are there formal mechanisms in place to support staff who want to take time off to engage in voluntary work? | Yes | No |
| **If the answer to any of the above is No, please explain what will be done to support staff and volunteers *(Maximum 200 words)*** | | |
|  | | |
| **What are the volunteer learning objectives, and how will you help volunteers achieve them? (Maximum 100 words)** | | |
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# 6. Budget

6.1 Detail what you anticipate to be the biggest costs to your project and how you plan to keep them down. This must reflect your budget. *(Maximum 300 words)*

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**6.2 Please** **complete the budget using the separate excel budget template.***The budget template asks grant applicants to budget costs related to general project costs and costs related to the delivery of each change in separate sections. THET will not be able to accept grant applications which have either used their own template or have not completed the excel budget template provided for this Call.*