



# Health Partnership Scheme

## Sustainability, Scale-up and Access

### Call for Applications - Small and Large Grants: Questions and Answers

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#### What is a health partnership?

[Health partnerships](#) are long-term partnerships between UK health institutions (i.e. NHS trusts, hospitals, academic institutions and professional associations) and their counterparts in low-and middle-income countries (LMICs). Partnerships aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience between partners in the UK and those overseas.

Health partnerships often begin through an informal or personal connection between individuals in two institutions. It is the process of widening this connection, deciding to work on a project together and understanding the need to formalise and institutionalise the relationship that marks the beginning of a health partnership.

Health partnerships seek to address priority shortages and needs identified by the LMIC partners, and usually focus their activities on a series of projects. Often the projects implemented by health partnerships support human resources for health development through training and education of healthcare workers in the LMIC partner institutions. Activities, especially when the partnership has been well-established for a number of years, can broaden to include strengthening aspects of a health system, such as clinical pathways and policies, and scale up their activities.

THET has developed [Principles of Partnerships](#) (PoPs), which are hallmarks of good practice for health partnerships and the way they manage projects, such as working consistently with local and national plans, planning and implementing projects together with a clear commitment to joint learning.

#### Can you provide more details on the Health Partnership Scheme?

The Health Partnership Scheme (HPS) is a grant-making programme funded by the UK Department for International Development (DFID) and delivered by the Tropical Health and Education Trust (THET). The programme supports health partnerships between UK health institutions and those in LMICs. The programme aims to:

- Improve human resources for health and health services in LMICs through UK health institutions and professionals volunteering their time to build the capacity of their counterparts in those countries;

- And bring benefits back to the UK through volunteer NHS staff returning with increased knowledge, improved leadership skills and a greater understanding of how to innovatively deliver healthcare with limited resources.

From 2011 to 2017, the £30.2m HPS programme has supported almost 200 health partnership projects and volunteering bursaries working across thirty-two LMICs. DFID has granted an extension to the Programme, which will run from July 2017 to February 2019, with a total value of £2.1m. The extension includes a grants pool of a little over £1.5m and will be used to fund successful health partnerships in a limited number of countries. The focus of the extension is on sustainability, scale-up and access, and allows an opportunity to implement some of the key recommendations in the DFID evaluation of the programme, which was published in October last year. Please follow this [link](#) for more information about the HPS evaluation and its recommendations for future health partnership initiatives.

## How is this Call for applications different from previous HPS Calls?

The HPS to date has been effective in building the capacity of the health workforce, often through training health workers in clinical skills. This Call asks applicants to take a **health system** approach to building capacity. According to the WHO, a health system consists of *all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services.*<sup>1</sup>

The Call will fund projects which embed health workforce capacity improvements in the health system. Applicants will need to show how they will attempt to make projects sustainable without outside support, by scaling them up or by making them accessible to the poor, vulnerable and most marginalised groups including women, girls, and people with disabilities, and considering gender biases within the workforce. The Call does not have a specific focus on a type of health care – primary, secondary or tertiary, however projects should consider where their intervention will achieve the intended impact, also taking into account, if relevant, public health and the role of public health workers (e.g. community health workers and volunteers).

THET is also encouraging applications for innovative projects or projects that can demonstrate elements of innovation in its approach. THET will look for innovation in any aspect of the project, such as the clinical approach, the approach to sustainability, the ways that activities or improved services are made accessible to hard-to-reach service users, or the structures used to scale improvements up beyond a single institution. Innovation is, however, not a project requirement.

## What are the implications for my partnership and project?

A focus on clinical needs and skills although crucial will not be sufficient to design and manage a project funded under this Call. Projects should reflect and address other aspects of health worker capacity, such as motivation and managerial support; and other building blocks of the health system such as leadership and social determinants of health. Furthermore, the project should demonstrate alignment with LMIC government health priorities and strategies where the project is based. Applications will need to demonstrate an understanding of the health system, government priorities and strategies by drawing on

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<sup>1</sup> [http://www.who.int/healthsystems/strategy/everybodys\\_business.pdf](http://www.who.int/healthsystems/strategy/everybodys_business.pdf)

the LMIC partners' knowledge and in some cases the knowledge of institutions that have not previously been involved in partnership work, such as community groups, NGOs, government agencies and research bodies. The UK partner may need to provide volunteers who can offer expertise beyond clinical skills and leadership, in areas such as institutional management or social exclusion. THET notes that this expertise is certainly available in the UK health system.

## **What is the reason for the countries selected for this Call?**

Grants under this Call are limited to five countries. These countries are:

- Ghana
- Burma/Myanmar
- Tanzania
- Uganda
- Zambia.

A more limited number of eligible countries for this Call is based on a smaller grants budget and a need to respond to recommendations in the HPS evaluation to limit the scope of the programme in order to strengthen health partnership coordination, lessons sharing and impact. The countries selected for this Call is a representation of THET's capacity to offer additional support at country level and DFID country priorities. THET has an office in all countries apart from Ghana. Ghana is included based on the number and successes of previous HPS projects in the country, as well as consultations with DFID.

Exceptionally, grant applications for work in neighbouring countries (i.e. that share a border with at least one of these five countries) will be considered for this Call. *Please note that this only applies to neighbouring countries that are low-income countries and DFID priority countries.* These countries are: the Democratic Republic of Congo (DRC), Zimbabwe, Malawi, Mozambique, Rwanda, Kenya, South Sudan and Bangladesh. However, please note that applications for projects in these countries will only be considered as an exception, guided by the quality of the partnership and the project proposed, and an assessment of THET's capacity to support the project.

## **What is the rationale for these changes?**

The Call is designed around DFID's strategic focus on health systems strengthening (HSS), and in the light of DFID's evaluation of the HPS. Key recommendations of the evaluation included:

- Expanding health partnership initiatives to whole health facilities and communities, engaging more with leadership and making sure the approach is more institutionalised;
- Promoting learning, synergies and country coordination by providing platforms and facilitating connections between existing partners and other actors in the health sector;
- Strengthening health partnership impact, outcome and value for money performance and evidence-base;
- Integrating gender equality and social inclusion into project design, implementation and monitoring, evaluation and learning.

For more detail on the evaluation recommendations, please refer to [HPS Evaluation Synthesis report](#) and THET's [management response](#) to the evaluation.

## What are the differences between the large and small grant streams?

Small and large grants are both designed for projects to sustain or scale-up successful health partnership initiatives and / or to improve access to poor and marginalised groups. If you plan to achieve change in a single LMIC health institution, you may only apply for a small grant. If you plan to achieve change in more than one LMIC health institution, or across a district, country or region, you can apply for a small or a large grant.

Whilst partnerships applying for any amount must demonstrate their proposed project meets the grant criteria, the selection process (as detailed in the call for grant applications) and subsequent grant management and reporting requirements will be proportionate to the size of each grant awarded.

## What are examples of eligible projects under the three categories – Sustainability, scale-up and access?

A project must address one or more of the three grant categories – Sustainability, scale-up and access – described in the grant calls. Examples of eligible projects under each category are provided below.

***A hospital to hospital partnership has previously set up a hospital infection prevention and control (IPC) committee and established good hand hygiene practice on hospital wards.***

- *Sustainability: The partnership plans to make these improvements sustainable by making it possible for IPC champions to run regular patient safety and hand hygiene training and refresher courses for hospital staff. The project will help the IPC champions develop training skills; work with hospital management to ensure that the champions have the time and resources they need to conduct training, and that those efforts are recognised; and work with management to embed IPC auditing processes across all of the wards.*
- *Scale-up: The partnership plans to scale up its work by working with a district health board to establish the hospital as a centre of excellence in the region. It will host visits from six neighbouring health institutions and support them to adopt effective IPC approaches. The project will help these institutions set up IPC Committees, identify IPC champions amongst their staff and establish hand hygiene / IPC training programmes run by local trainers.*
- *Access: The partnership plans to offer training and mentoring in IPC practices for staff working in rural health posts and community health workers, including, for instance, traditional birth attendants, who reach pregnant women living in rural communities and make referrals to the hospital. It is working with a community-based organisation to understand infection risks in the community and to implement appropriate approaches to hand hygiene, in particular for women and girls.*

***A university–medical school partnership has previously developed a mental healthcare curriculum for medical students and supported the medical school faculty to incorporate it into their teaching.***

- *Sustainability: The partnership plans to make the curriculum a sustainable part of medical training by helping the medical school to find and commit funding to recruit more mental health clinicians onto the faculty and by supporting government to recognise the value of mental health work by doctors in its policy and workforce planning.*

- *Scale-up: The partnership plans to scale up its work by working with government to establish the curriculum as a national standard and supporting two other medical schools to incorporate it into their teaching.*
- *Access: The partnership plans to develop the mental healthcare curriculum further to include elements on caring for patients with disabilities. Working with doctors in the national college of physicians, the partnership will also take opportunities to help the medical school become more accessible to students with disabilities.*

## Can you define the project and partnership criteria more clearly?

1. The project clearly contributes to the overall aims of the HPS and the grant stream.
  - Please see our answer to the question: ‘Can you provide more details on the Health Partnership Scheme?’ on page 1 for more details on HPS purpose. The project should contribute to meeting these wider HPS objectives.
2. The project has a clear goal that is achievable with the resources and time available.
  - THET will look for information demonstrating that the type of activities and approaches that you plan to implement as part of your project are relevant to the project goal and changes you expect to achieve, that you have considered the different stages that need to be achieved in order to reach your project aims.
  - THET will need to see a description of your project with activities, expected changes and project goal that contribute to the overall aim of the HPS and are achievable and measurable within the timeframe of the HPS. Please note that all grants will be expected to end **at the end of November 2018**, with final reports due in December 2018.
3. The project pays careful attention to issues of equity, especially access of women and girls and people with disabilities to training and services.
  - You will need to describe the specific barriers that women, girls and people with disabilities face in accessing health workforce strengthening initiatives (as health workers) or accessing health services (as service users). You will need to explain how you will tackle those barriers and how targeted groups will be able to influence the projects. According to the United Nations *Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.*<sup>2</sup>
  - If you are awarded an HPS grant, you will be expected to evidence and report what impact your project has had on gender equality and disability. Furthermore, you will be expected to consider and integrate gender equality and social inclusion principles in the design, management and implementation of your project (e.g. selection of health institutions and partners, volunteer recruitment and management).
4. The project has clear learning objectives for UK volunteers

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<sup>2</sup> <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

- As described above, the HPS emphasizes the mutual benefits of the health partnership model. Therefore, your application should be explicit about what UK volunteers involved in the project can gain through their involvement and what they expect to learn for their own professional and personal development. This could cover clinical and non-clinical knowledge, skills and experience and how their volunteering experience could help them improve their work back in the UK.
5. The project is aligned with overseas country health priorities and plans
    - THET will look for evidence that your project is in line with the LMIC country health priorities, policies and strategies stated by the government where your project will be implemented. In this case, reference to published government policies are helpful to include in your application.
  6. Stakeholders in the LMIC community and / or LMIC and UK health systems are involved in project design and management.
    - The health system approach supported by this grant stream implies engagement with a wide set of institutions within the system and in the community, and the importance of a wide range of expertise from both the LMIC and the UK. THET will look for evidence that the partnership has engaged with the institutions that can provide the access, knowledge and influence to achieve health system change.
  7. The approach to the project is appropriate and relevant to the local context.
    - THET will look for evidence that you have consulted with agencies and organisations that are crucial for planning and implementing your project. They may include government bodies (particularly for sustainability and scale-up projects) and community-based organisations (particularly for access focused projects working with health service users). You will need to describe the specific barriers you intend to tackle.
  8. The project demonstrates value for money.
    - DFID defines value for money (VFM) as *maximising the impact of each pound spent to improve poor people's lives*<sup>3</sup>. THET will look for evidence that your project demonstrates the different elements of VFM assessment including economy (keeping costs low), efficiency (getting the most out of an activity for the money spent and in a timely way), effectiveness (maximising the change achieved), Equity (addressing the greatest needs). For more information, please refer to our [VFM and Health Partnerships website page](#)
  9. The project is based on recognised good practice.
    - THET will look for evidence that your project adheres to international guidelines and best practice for international development organisations and good project management. These should relate, among others to Duty of Care, Fraud, Bribery and Corruption, and Procurement. Please find more information on this page: <http://www.thet.org/pops/principles-of-partnership/responsible>.
  10. The partnership has a clear understanding of other health partnerships and health actors operating in the field and is taking opportunities for learning and collaboration

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<sup>3</sup> <https://www.gov.uk/government/publications/dfids-approach-to-value-for-money-vfm>

- You will need to show that you know what other health partnerships and health actors are already working on in relation to the issue you are looking to address and ensure that there is no duplication or significant overlap between their work and your proposed project. THET would also expect you to demonstrate strategic thinking, identifying opportunities for your partnership to work with others to enhance your impact and learn from others.
11. The partnership demonstrates the [Principle of Partnerships](#) (PoPs) and has clear development objectives.
    - You will need to give us an indication of when, why and how the partnership was first established and a sense of how it has evolved since its inception (not just a description of lead individuals or one of the partners involved, but how the partnership as a whole has evolved).
  12. The partnership has the capacity to deliver the project
    - THET will look at the capacity, knowledge and skills your partnership has to successfully complete the project. This is not limited to clinical expertise, but also includes experience in project management, financial management, education and working internationally in similar low-resource settings.
  13. The project has a clear methodology and resources for measuring success, including engagement with researchers where possible.
    - You will have to demonstrate that have a system of procedures and adequate resources in place to collect and analyse information allowing you to determine the successes of your work, the progress achieved by your project against expected objectives.
  14. The project builds on a successful health systems strengthening intervention by a health partnership.
    - You will need to present evidence of the health system change that you have previously achieved. Please note that a description of health partnership activities does not constitute evidence of change.
  15. The project demonstrates critical reflection on previous work and builds on lessons learnt.
    - THET will look for evidence that your partnership has incorporated lessons from previous work into the proposed project.

## How will THET assess the project and partnership criteria?

The review panel will score your application against the project and partnership criteria, using the weighting below. Please note that the scoring will not determine whether or not your project is funded, but it will provide the basis for a discussion of all applications received.

Area	Weighting
<p><b>Project objectives</b></p> <ol style="list-style-type: none"> <li>1. The project clearly contributes to the overall purpose of the HPS and the grant stream.</li> <li>2. The project has a clear goal that is achievable with the resources and time available.</li> <li>3. The project pays careful attention to issues of equity, especially access of women and girls and people with disabilities to training and services.</li> <li>4. The project has clear learning objectives for UK volunteers.</li> </ol>	<p><b>25%</b></p>
<p><b>Project approach</b></p> <ol style="list-style-type: none"> <li>5. The project is aligned with overseas country health priorities and plans.</li> <li>6. Stakeholders in the LMIC community and / or LMIC and UK health systems are involved in project design and management.</li> <li>7. The approach to the project is appropriate and relevant to the local context.</li> <li>8. The project demonstrates value for money.</li> <li>9. The project is based on recognised good practice.</li> <li>10. The partnership has a clear understanding of other health partnerships operating in the field and is taking opportunities for learning and collaboration.</li> </ol>	<p><b>30%</b></p>
<p><b>Capacity to deliver</b></p> <ol style="list-style-type: none"> <li>11. The partnership demonstrates the PoPs and has clear development objectives.</li> <li>12. The partnership has the capacity to deliver the project.</li> <li>13. The project has a clear methodology and resources for measuring success, including engagement with researchers where possible.</li> </ol>	<p><b>25%</b></p>
<p><b>Track record</b></p> <ol style="list-style-type: none"> <li>14. The project builds on a successful health systems strengthening intervention by a health partnership.</li> <li>15. The project demonstrates critical reflection on previous work and builds on lessons learnt.</li> </ol>	<p><b>20%</b></p>

## How can I get more information on the grants calls and application process?

THET will be holding two one-hour webinars to run through the application process and project planning with applicants. There will be time at the end of each session for participants to ask questions about the call and the application process.

The webinar sessions will be held from 12pm to 1pm UK time on Tuesday 29<sup>th</sup> August and from 9am to 10am UK time on Tuesday 5<sup>th</sup> September 2017. They are designed especially for LMIC partners and these times allow applicants based in different countries with different time zones to participate.

To register, please click on one of the links below or copy and paste it in your browser, according to the webinar session you'd like to attend:

- Tuesday 29<sup>th</sup> August: <https://attendee.gotowebinar.com/register/7331194274049681665>
- Tuesday 5<sup>th</sup> September: <https://attendee.gotowebinar.com/register/4372875776146290433>

The content covered at each session will be the same therefore, there is no need to attend both.

If you cannot attend any of these sessions, please note they will be recorded and be made available on our website and YouTube channel for applicants until the application closing date.

Once you have registered, you will receive webinar joining instructions and reminders from GoToWebinar, the webinar platform that we will use. If you have not received confirmation of your registration from GoToWebinar within the next hour, please contact [hps@thet.org](mailto:hps@thet.org) for assistance.

You can check that your computer or mobile device is compatible with GoToWebinar by clicking [here](#).

For more information on how GoToWebinar works, please see [GoToWebinar FAQs](#) page.

## What do you mean by “the changes you expect to see by the middle and the end of the project”? (Section 4.1 in the grant application form)

### Sustainable IPC project example

Project goal: *Gulu hospital has a sustainable Infection Prevention and Control programme that reduces the hospital-acquired infection rate.*

Expected changes by the middle of the project:

1. *Formal recognition by hospital of IPC champions' role.*
2. *IPC champions have co-led (with UK volunteers) training or refresher sessions for at least 40 staff.*
3. *First IPC audit completed and actions agreed.*

Expected changes by the end of the project:

1. *IPC champions have independently delivered training or refresher sessions for at least 100 staff.*
2. *At least 75 staff report or demonstrate improved patient safety skills or practices following training.*
3. *Agreed actions from first audit are complete.*
4. *Second IPC audit shows improved IPC processes and, if possible, reduced HAI rate.*

### **Scaled-up quality improvement project example**

Project goal: *Kisumu and Bungoma District Hospitals have adopted the QI approach with support from Eldoret Hospital.*

Expected changes by the middle of the project:

1. *QI leads from Eldoret Hospital have co-led (with UK volunteers) QI training at Kisumu and Bungoma Hospitals.*
2. *QI teams formed at Kisumu and Bungoma have each initiated at least one QI project, with resources made available by senior managers as necessary.*

Expected changes by the end of the project:

1. *QI leads from Eldoret Hospital are independently supporting QI training at Kisumu and Bungoma Hospitals.*
2. *At least one QI project complete and one in progress at Kisumu and Bungoma Hospitals, with evidence of improvement in practices.*
3. *County health ministers have visited the hospitals to see the QI approach.*

### **Accessible mental healthcare service development project example**

Project goal: *The mental healthcare module at Lusaka Medical School is updated to include elements on caring for patients with disabilities.*

Expected changes by the middle of the project:

1. *Curriculum review group, including Zambian physicians and mental health specialists, representatives of Zambian disability organisations, Zambian Ministry of Health officials, UK disability and mental healthcare specialists, has been convened and met at least twice.*
2. *Updated curriculum drafted, and implications for Medical School faculty and mental healthcare delivery identified.*

Expected changes by the end of the project:

1. *Updated curriculum agreed by review group and signed off by LMS and Ministry of Health.*
2. *Updated mental healthcare curriculum co-delivered to at least one cohort of students by LMS faculty and UK volunteers, with positive feedback from students.*