

# The Africa Grants Programme 2019 - 2020

## Call for Applications

### Questions and Answers

---

#### What constitutes a health partnership under the AGP?

Within the context of the Africa Grants Programme (AGP), a health partnership is any arrangement between a health organisation (see below for further guidance on eligible organisations) in the UK or in the Republic of Ireland and a counterpart organisation based in a low- or middle-income country (LMIC) in sub-Saharan Africa. 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 Ireland and those overseas.

Health partnerships often begin through an informal or personal connection between individuals in two institutions or organisations. 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.

Health partnerships applying for this round of AGP funding must have been working together for a minimum of 6 months. If you have been working together for less than 6 months, you will still be eligible

for the AGP 2019-20 Start-Up Grants Call, which will be open from 17<sup>th</sup> January 2019, but you will not be eligible for the AGP 2019-20 Call.

## What type of institutions are eligible to receive AGP grants?

The UK/Irish Lead Partner must be either a UK or Irish registered charity that is involved in health education or health delivery activities, **OR** a recognised UK or Irish health delivery institution, health education institution or professional association (including regulatory bodies).

**The UK or Irish lead partner will be responsible for signing the grant contract and overall delivery and reporting of the project. The full responsibilities of the lead UK/Irish partner include:**

- Signing the AGP contract with THET
- Receiving the grant funds and managing them in accordance with the contract
- Delivering project activities
- Maintaining financial records
- Reporting on finance and grant activity to THET (activity reports are expected to be written by the partnership as a whole but coordinated by the UK/Irish lead partner)
- Ensuring grant finances are audited as part of the institution's annual audit
- Taking responsibility (as laid out in the contract) for all security, insurance and registration matters related to those travelling / working on behalf of the project, and ensuring that appropriate safeguarding policies are in place.

The UK or Irish Lead Partner must work in partnership with a LMIC organisation based in sub-Saharan Africa, preferably in one of the specified countries. The LMIC Lead Partner must be a not for profit institution based in an eligible African country that is involved in health education or health delivery, **OR** a recognised national health delivery institution, health education institution or professional association.

**Applications from a single organisation will not be eligible.**

**The responsibilities of the LMIC partner institution will include:**

- Delivering project activities
- Coordinating partnership activities in-country
- Associated financial and narrative reporting.

In the application form, there is space to detail both the lead partners and any other project partners who are involved. The lead partners are the partners who will be signing the contract with THET. They are responsible for delivering the project, including reporting on impact and results. In addition to the lead UK/Irish and LMIC partners, a managing partner may also be involved. This partner supports the delivery of the project and may act as the logistical coordinator behind the partnership. Finally, any other partners who will play a role in the project delivery (section 2.3), are organisations who may not be directly involved in the project management, but may assist in activity delivery, scoping exercises, or monitoring and evaluation tasks.

## Can you provide more details on the Africa Grants Programme?

The AGP was established through a partnership between THET and Johnson & Johnson Corporate Citizenship Trust (J&J) in 2015. The programme involves two grant streams, namely essential surgery and anaesthesia, and community healthcare, supporting health partnership projects to build the capacity of health workers in LMICs in Africa, as detailed in the Call for Applications document. The long-term aims of the AGP are to save and improve the lives of people living in Sub-Saharan Africa (in particular women and children), prevent disease in vulnerable populations and strengthen the healthcare workforce in Africa.

The AGP aims to reach this goal through strengthening the healthcare workforce in three target areas:

- Training to increase the capacity of health workers practising surgery and/or anaesthesia (particularly for maternal, neonatal or paediatric surgical conditions);
- Training for those health worker cadres who reach underserved populations (including women and children);
- Training in leadership and management for healthcare workers.

As part of the first round of AGP funding launched in 2016, seven grants between £10,000 and £50,000 each were awarded and ran for a 12-month period from May 2016 to April 2017. Please find the full list of projects below:

| Partnership   | Project aim   | Country      |
|---|---|--------------|
| Cairdeas International Palliative Care Trust - Action Sahara pour la Santé, l'Innovation, le Développement et l'Éducation | To introduce and reinforce palliative care training for community health workers.                                   | Mauritania   |
| Lifebox Foundation – Kilimanjaro Christian Medical Centre   | To make pulse oximeters universally available for intra-operative monitoring by trained healthcare workers          | Tanzania     |
| University of Oxford – Alzaeim Alazhari University, Khartoum, Sudan   | To set up self-perpetuating primary trauma care teaching programme  | Sudan        |
| The Kambia Appeal – Kambia District Health Management Team  | To strengthen the capacity of maternal and child healthcare services at peripheral health units in Kambia District. | Sierra Leone |

|  |   |        |
|--|---|--------|
| Powys Teaching Health Board – Molo Sub-County Public Health Service & Kenya Red Cross      | To train and develop community health workers' capacity to identify and support disabled children and their families, enabling their inclusion in community life. | Kenya  |
| Charity of Chelsea and Westminster Hospital NHS Foundation Trust – Kitovu Hospital         | To improve the quality of maternal and neonatal healthcare in rural communities, reducing the number of maternal and new born morbidity and mortality             | Uganda |
| Association of Anaesthetists of Great Britain & Ireland – Queen Elizabeth Central Hospital | To increase the capacity of anaesthesia providers to deliver SAFE obstetric anaesthesia.  | Malawi |

At the end of this first round of AGP grants, 1,029 individual healthcare workers received training, and of those 105 were trained as trainers. More information on impact can be found on our [website](#).

The second round of AGP funding is running from 1<sup>st</sup> February 2018 to 30<sup>th</sup> April 2019. Again, seven grants were awarded, between £35,000 and £48,000, with projects being run in four countries.

| Partnership   | Project aim   | Country      |
|---|---|--------------|
| Royal Hospital for Sick Children, Edinburgh – Korle Bu Teaching Hospital, Accra – World Child Cancer                      | Develop the capacity of surgeons and nurses in the use of laparoscopy for paediatrics in Ghana                              | Ghana        |
| Royal College of General Practitioners – Ministry of Health and Sanitation (MoHS), Sierra Leone                           | REACH -RCGP Education for Advancing Community Health, Sierra Leone  | Sierra Leone |
| The Kambia Appeal – Kambia District Health Management Team  | Expansion of MCHA Mentoring Across Kambia District, Sierra Leone  | Sierra Leone |
| King's College London, Kings Sierra Leone Partnership – University of Sierra Leone Teaching Hospitals, Connaught Hospital | Implementing the Surgical Safety Checklist and Structured Primary Trauma Care in Sierra Leone                               | Sierra Leone |
| Cairdeas International Palliative Care Trust – Palliative Care Education and Research Consortium (PcERC)                  | Integration of palliative care into community healthcare provision for South Sudanese refugees in Adjumani district, Uganda | Uganda       |

|  |  |              |
|--|--|--------------|
| Association of Anaesthetists of Great Britain and Ireland (AAGBI) – Association of Anaesthesiologist of Uganda (AAU) | SAFE Operating Rooms Uganda                                      | Uganda       |
| World Federation of Societies of Anaesthesiologists (WFSA) – The South African Society of Anaesthesiologists (SASA)  | Safe Anaesthesia from Education (SAFE) Paediatrics, South Africa | South Africa |

## How is the AGP 2019 - 20 Call different to the AGP 2016 and 2017 Calls?

This new grant call is not significantly different from previous ones. It has the same purpose, objectives and grant streams, however in consultation with J&J, THET has made a few changes to the Call in order to improve the quality of the grant selection and management process:

- Unlike in previous rounds, this year the countries which the programme is hoping to fund projects in have been more specifically identified. Though we will still be accepting applications from projects running in other countries in Sub-Saharan Africa, preference will be given to those 13 identified priority countries.
- Though predominantly the selection process will be the same as in previous years, this year, in a bid to identify sustainable partnerships between organisations who share ownership and are equally committed to the project, THET will be meeting with LMIC partners who have been shortlisted during the first stage of the selection process. These meetings will help to give THET an idea of how responsibilities are shared between partners, how the need for the project was identified, and how the project has been developed to be suitable for the context.
- In addition to the £15,000 to £50,000 projects which will be funded, this year THET are also offering new partnerships smaller ‘start-up’ grants. This will allow new partnerships (partnerships who have been working together for 6 months or less) to formalise their relationships, develop a Memorandum of Understanding, and prepare themselves for undertaking projects based on a needs assessment in their focus country. This call for applications will be released on 17<sup>th</sup> January 2019. Please see THET’s website for further details.

## What are examples of eligible projects under the two streams?

All projects proposed must be relevant to at least one of the grant streams detailed in the Call and the purpose of the AGP as described in the Call for Applications document. Examples of eligible projects under each stream are provided below:

### **Stream 1: Surgical and Anaesthetic Care:**

*Example 1: A partnership between an NHS hospital in Wales and a national referral hospital in Dakar, Senegal, aims to improve the capacity of hospital staff to deliver safe surgery for children. The*

*project will involve training surgical, anaesthesia and support staff at the hospital in an internationally recognised safe paediatric surgery course and implementing the WHO safe surgery checklist in theatres. A number of trainees will also be trained as trainers enabling them to cascade their learning to trainee health workers rotating through the hospital as well as to run training for surgical and anaesthetic staff in regional hospitals.*

*Example 2: A partnership between a professional association in the UK and a university teaching hospital in Mozambique aims to reduce high rates of maternal and neonatal mortality and morbidity from complications after obstetric surgery. The project will provide post-operative care and patient safety training for maternal and neonatal staff in regional health centres and rural clinics. Training will be delivered by UK volunteers and local faculty with the aim that the course will be integrated to the national obstetrics and midwifery curriculum.*

### **Stream 2: Community Healthcare**

*Example 1: A partnership between an Irish NGO and a Madagascan NGO aims to strengthen the provision of maternal and neonatal care in rural communities across the island. Working with the government and local authorities, they plan to run basic and refresher midwifery training for health workers, including nurses and midwives, based in rural health clinics and mobile health centres, adapted to the low-resource setting. The project will also train government health teams to provide ongoing support and mentoring to health centre staff during outreach visits.*

*Example 2: A partnership between a Scottish NHS institution and a university in Ethiopia aims to raise awareness of mental health problems in rural communities and to reduce stigma associated with mental illness. The project will involve training community health workers, including traditional birth attendants, in delivering key mental health messages in the community and working with rural health centres to identify and refer patients for mental health assessments.*

**Please note that these are only examples of the types of project that would be eligible. There is no guarantee that such projects would be shortlisted nor awarded a grant as this depends on how well projects meet each of the assessment criteria as well as the quality and number of applications received.**

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

1. The project is single, coherent and time-bound, and deliverable within the budget and timeline proposed and agreed with THET.
  - THET expects the project to have a purpose of its own and not just form one element of a wider programme. The project should be realistically deliverable within the timeframe proposed and agreed with THET. All project activities should be completed **by 31<sup>st</sup> August 2020.**
2. The project clearly contributes to the overall purpose of the AGP.

- Please see our answer to the question: ‘Can you provide more details on the Africa Grants Programme?’ on pages 2 and 3 for more details on the purpose of the AGP. The project should contribute to meeting these wider AGP aims and approach.
3. The project is aligned with overseas country policies and plans
    - THET will look for evidence that the project is in line with the LMIC health priorities, policies and strategies stated by the government. Applicants may want to include reference to published government policies in applications, and reference to meetings held with national and regional stakeholders is strongly encouraged.
  4. The approach to the project is appropriate and relevant to the local context
    - THET will look for evidence that grant applicants have considered and understood the local context that the project will be implemented in. This might involve consulting other agencies organisations such as government bodies or local health institutions and community-based organisations that are crucial to involve for the success of your project. Applicants will need to describe the specific barriers that they intend to tackle, and how they have identified the need for their intervention.
  5. The project is based on recognised good practice.
    - THET will look for evidence that the 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, Safeguarding, and Procurement. Please find more information on this page: <http://www.thet.org/pops/principles-of-partnership/responsible>.
  6. The project considers how it will benefit women, children and underserved communities.
    - Grant applicants will need to describe the specific barriers that women, children and underserved communities experience in accessing the relevant health services. Grant applicants will need to explain how their project might contribute to tackling those barriers and the expected outcomes of their project for these target groups. If awarded an AGP grant, grant holders will be expected to collect and report some data relating to end beneficiaries, including women and children where relevant.
  7. The project considers how it will engage health workers working at all levels, in particular nurses, midwives, and clinical officers.
    - THET are looking for projects that go beyond a focus on the engagement of doctors or surgeons, with the aim of spreading skills to lower levels of staff such as nurses and clinical officers. Multi-disciplinary team working is a particular area of interest for THET, and partnerships should demonstrate how these multi levels of working will be reflected or considered in their project.
  8. The project aims are clear and logical with a focus on measurable outcomes.

- THET will look for information demonstrating that the type of activities and approaches that grant applicants plan to implement as part of their project are relevant to the project goal and changes expected to achieve, and that they have considered the different stages that need to be achieved in order to reach the project aims.
  - THET will need to see a description of the project with activities, expected changes and the project goal that will contribute to the overall aim of the AGP, and that are achievable and realistically measurable within the timeframe of the AGP. During the inception meetings which will take place after the grants have been awarded, partners will be expected to provide a Theory of Change demonstrating how the project will achieve the outcomes and impact which it is expecting to make.
9. The project demonstrates value for money.
- THET will look for evidence that the project demonstrates the different elements of a value for money (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) and equity (the degree to which the results of the project are equally distributed among the population, or address the greatest needs). For more information, please refer to our [VFM and Health Partnerships website page](#).
10. The partnership has the capacity to deliver the project, demonstrated through past successes.
- THET will examine the capacity, knowledge and skills the 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. Referring to THET's [Principles of Partnership](#) might be helpful when considering this.
11. The project effectively engages short- and/or long-term volunteers in order to deliver project activities.
- The application should be explicit about how volunteers will be engaged in the project and what they will contribute to achieving the intended aims. This will also be considered as part of the value for money assessment of applications.
12. The project impact will be sustained once the life cycle of the project has come to an end.
- THET will be looking for applications where sustainability of the impact of the project after the end of the project has been considered. Elements such as the training of trainers, building soft skill capacity in local leaders, and embedding training in whole health systems, are all examples of ways projects can achieve long lasting change.

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

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

| Area   | Weighting  |
|--|------------|
| <p><b>Project objectives</b></p> <ul style="list-style-type: none"> <li>• The project is single, coherent and time-bound, and deliverable within the budget and timeline proposed and agreed with THET.</li> <li>• The project contributes to the overall purpose of the AGP.</li> <li>• The project impact will be sustained once the life cycle of the project has come to an end.</li> <li>• The project aims are clear and logical with a focus on measurable outcomes.</li> </ul>     | <b>40%</b> |
| <p><b>Project scope</b></p> <ul style="list-style-type: none"> <li>• The project is aligned with overseas country policies and plans.</li> <li>• The approach to the project is appropriate and relevant to the local context.</li> <li>• The project considers how it will engage health workers working at all levels, in particular nurses, midwives, and clinical officers</li> <li>• The project considers how it will benefit women, children and underserved communities</li> </ul> | <b>30%</b> |
| <p><b>Project delivery</b></p> <ul style="list-style-type: none"> <li>• The partnership has the capacity to deliver the project.</li> <li>• The project effectively engages short- and/or long-term volunteers in order to deliver project activities.</li> <li>• The project is based on recognised good practice.</li> <li>• The project demonstrates value for money.</li> </ul>  | <b>30%</b> |

## 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)

These examples are taken from actual projects funded under AGP 2016.

### Surgical and Anaesthetic Care project example:

*Project goal: Pulse oximeters are universally available for intra-operative monitoring by trained healthcare workers across Northern Tanzania in order to improve surgical safety for patients.*

Expected changes by the middle of the project:

- *At least 80 student nurses and hospital staff report or demonstrate improved knowledge of pulse oximetry following training.*
- *At least 80 student nurses and hospital staff report or demonstrate improved skills and practice in the Surgical Safety Checklist following training.*
- *Pulse oximetry and the Surgical Safety Checklist are integrated into the anaesthesia diploma curriculum.*
- *107 pulse oximeters are distributed to the hospital, 6 other health facilities and student nurses.*

Expected changes by the end of the project:

- *Trained anaesthesia providers consistently and competently use a pulse oximeter to monitor all their patients, after six months of training.*
- *Hospital anaesthetic staff consistently and competently implements the Surgical Safety Checklist at KCMC, after six months of training.*
- *Teaching staff at the hospital deliver teaching on oximetry and the Surgical Safety Checklist as part of the anaesthesia diploma.*
- *Surgical patients at the hospital and in Northern Tanzania receive improved surgical care through anaesthesia monitoring with a pulse oximeter.*

**Community Health care project example:**

*Project goal: Community Health Workers in Molo sub-county, Eastern Kenya, have the capacity to identify and support disabled children, and their families, enabling their inclusion in community life.*

Expected changes by the middle of the project:

- *Health workers (including Community extension working, supervisors, and coordinator) demonstrate their ability to train others in assessing a child for disability, after completing the Training of Trainers course.*
- *Community Health Volunteers (CHVs) know where to refer children identified in their community, after completing child development and disability training.*
- *Health workers and CHVs demonstrate a detailed understanding of common disabilities, how to advise families on basic care, set simple goals and where to access more specialist support, after attending additional training.*

Expected changes by the end of the project:

- *Health workers regularly meet with local leaders, disability groups and community members to plan and work together on community-based rehabilitation, within six months after training.*
- *CHVs are identifying children with disabilities in the community and signposting them to appropriate services, six months after training.*
- *Health workers each offer specific support and advice to at least 25 children with disabilities and their families to achieve a goal set collaboratively with the child, family and therapist/ professional by the end of the project.*

In terms of monitoring and evaluation language, changes by the middle of your project should translate to outputs, and changes by the end of your project, should relate to the outcomes which you would normally include in your Theory of Change.

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

THET will be holding a webinar to run through the application process and project planning with applicants. There will be time at the end for participants to ask questions about the Call and the application process.

The webinar will be held from 11:00AM (UK time) on Wednesday 16<sup>th</sup> January 2019. We recommend that all partners involved in the project (UK/Irish and LMIC) attend if possible.

To register, please click on the link below or copy and paste it in your browser and fill in your details:  
<https://zoom.us/j/291761837>

If you cannot attend the webinar, please note that the recording will be made available on our website and YouTube channel until the application closing date.

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

Alternatively, if you have further questions about the grants call or the application process, then please send your queries to [AGP@thet.org](mailto:AGP@thet.org) and a member of the grants management team will respond to you as soon as possible.