A close up of a logo

Description automatically generatedUKPHS CALL FOR APPLICATIONS: covid-19 RESPONSE fund

BACKGROUND

The UK Partnerships for Health Systems programme (UKPHS) aims to work with low and lower middle-income countries (LMICs) to build stronger and more resilient health systems, making progress towards achieving Universal Health Coverage (UHC) through improved health service performance. The programme particularly targets poor and vulnerable populations and will ultimately contribute to better health and wellbeing (SDG 3), including ending preventable deaths. Funded by the UK Foreign, Commonwealth and Development Office (FCDO), UKPHS engages the UK health sector by harnessing the expertise of UK health institutions and professionals in partnerships with LMIC counterparts.

The key aims of the programme are to:

* Support the development of stronger and more resilient health systems through, for example, better governance, information, and management of health institutions
* Improve the quality of health services through systematic approaches to improving the skills and knowledge of health workers and other professionals in the health sector, especially in reproductive, maternal, neonatal, child and adolescent services where this aligns with country priorities
* Build on institutional capacity to decrease any reliance on external support.

UKPHS is managed by the Tropical Health and Education Trust (THET) and our partners the Liverpool School of Tropical Medicine (LSTM), who are providing technical assistance in the areas of health systems strengthening, gender equality and social inclusion, and monitoring, evaluation, research and learning.

COVID-19 is having a global impact on health systems, and LMICs can be particularly vulnerable to the shocks that the pandemic is causing, or likely to cause. In recognition of this vulnerability, the key objective of the UKPHS COVID-19 Response Fund will be to support established Health Partnerships (HPs) to address gaps in skills and knowledge to prevent and treat COVID-19, promote the safety and well-being of health workers in LMICs, including their physical and mental health, and provide support so that essential health services can be provided in spite of COVID-19 risks and pressures. By doing this, health workers will be in a better position to provide safe and effective care to patients.

Given their nature, HPs are in a unique position to offer this support, drawing on strong ties of trust, collegiality and professional respect that sit at the heart of relationships developed over many years. While international travel will not be funded through the UKPHS COVID-19 Response Fund, HPs will be able to harness flows of support at an institutional and individual level through utilising technology and mobilising virtual communication tools. Established HPs can support each other by:

1. Delivering training and advice through virtual means.
2. Sharing, signposting or contextualising training resources and tools.
3. Providing psychological support and solidarity.
4. In addition, both UK and LMIC partners can benefit from innovations developed to deal with COVID-19 and previous pandemics in low-resource settings.

Applications must be submitted by 23:59 on the 15th November 2020. £10,000 will be available per project, with projects lasting for up to 6 months, starting on 1st February 2021 and running up until no later than the 31st July 2021. Awards will be made in December 2020 and a second COVID-19 response fund will then be launched in 2021.

**It is against this background that THET invites established HPs to apply for funding as part of the UKPHS COVID-19 Response Fund.**

APPROACH

All proposals must aim to address gaps in skills and knowledge to prevent and treat COVID-19, support the safety and well-being of health workers in LMICs, and/or provide support so that essential health services can be provided in spite of COVID-19 risks and pressures. It is not appropriate at present for individuals involved in HPs to support initiatives through international travel, so we expect support to be provided to one another remotely by partners.

Examples of approaches that funding can be used to support include, but are not limited to[[1]](#footnote-2):

* Remote training, mentoring and supervision on responding to COVID-19. This could include training and mentoring in surveillance, implementation of IPC related measures, including use of PPE and hand hygiene, or treatment of patients with COVID-19.
* Supporting data collection and analysis related to COVID-19.
* Advice and guidance to national teams to consider response strategies and implementation.
* Guidance on the production of materials necessary for effective IPC approved by the WHO (unfortunately the procurement of materials for this is not eligible under this call for applications).
* Support for the development, printing and/or distribution of public health information/ communication materials (in line with WHO guidance and national strategies). Reminders/posters are often used to remind all health workers as well as patients and visitors about hand hygiene as part of a multifaceted approach to support behaviour change.
* Interventions which support the psychological resilience or well-being of health workers.

Applicants are advised to consider how their intervention will take an approach which ensures vulnerable are not left behind, and that steps are taken to reduce indirect impacts of any COVID-19 response, particularly in terms of increasing gender disparities. Partnerships can consider interventions which:

* demonstrate a gender-responsive emergency preparedness and/or response strategy
* consider the gendered needs of health workers, which are often predominantly women
* support the collection and analysis of sex and gender disaggregated data related to COVID-19
* consider conducting a gender analysis of COVID-19 to inform planning and response, including both primary short-term and long-term impacts
* include costs within the budget which allow for gender sensitive or transformative approaches.

While not a requirement, priority will be given to applicants who demonstrate that they have actively considered how to ensure their approach is GESI sensitive or transformative. Please see THET’s [Gender Equality and Social Inclusion Toolkit for HPs](https://www.thet.org/wp-content/uploads/2020/09/22458_THET_-UKPHS-GESI-toolkit_V6-1.pdf) for further information.

Supporting the Year of the Nurse, THET particularly welcomes applications which include the nursing profession. In all cases, proposals must align with international and national COVID-19 response plans and priorities, and support any national response. Applicants will need to demonstrate that their initiative is not duplicating ongoing activities or indirectly having a negative impact on the health system in general.

THET will assess applications based on whether the proposal is deliverable within the budget and timeframe proposed, however we do understand that this work will take place in highly complex and challenging environments with changing needs, and so will encourage a flexible approach that uses learning to continually adapt, ensuring that priorities are met in the most appropriate way.

Eligibility

### Core requirements and country eligibility

The core requirements for applications are:

* Applications must be made by an established HP between a UK health institution and an LMIC health institution based in Sub Saharan Africa or South East Asia. Projects must operate within an eligible country in South East Asia or Sub-Saharan Africa[[2]](#footnote-3)
* Grants are for single, time-bound projects that are deliverable within the budget and timeframe proposed and agreed with THET
* Projects must align with the aim of the UKPHS COVID-19 Response Fund - to address gaps in skills and knowledge to prevent and treat COVID-19 and support the safety and well-being of health workers in LMICs, and/or support essential health services to manage risks and pressures resulting from COVID-19
* Applications must be made in English. THET cannot accept applications written in other languages.

INstitutional eligibility

Established partnerships working in any LMIC in South-East Asia or Sub-Saharan Africa will be eligible for funding. We define an established partnership as one that has been working together for over 6 months, is formalised and institutionalised (for example through a Memorandum of Understanding (MoU)) and can clearly demonstrate adherence to **THET’s** [**Principles of Partnership**](https://www.thet.org/principles-of-partnership/). While the partnership may not have carried out a full project together, they must have completed activities such as a scoping study or a piece of research in collaboration.

The ultimate recipient of any initiative must be a LMIC not-for-profit/public health facility or health worker/s (e.g. Community Health Workers). The LMIC partner can also be a District Health Office, academic institution, or NGO if it supports several facilities or health workers. UK and LMIC institutions leading a HP must be either a health delivery institution, health training/education institution, NGO, regulatory body, NHS arms-length body, professional membership association, or academic institution. Funding will be made available to support triage and management of COVID-19 cases, or to support essential health services to manage COVID-19 risks and pressures in order to continue to function.

An MoU should be in place between lead partners at the time of application, however exceptions will be made where an additional partner is involved as the beneficiary of an intervention and is not part of an existing MoU.

Funds can be transferred to either a UK or LMIC institution depending on what is most appropriate for the use of funding, and the funding recipient will be responsible for signing the contract. Please note that the contract holder must have both a finance policy, and a fraud, corruption and bribery policy, and when making this decision you should also consider factors such as bank charges, your capacity to submit financial reports and transaction lists, and your ability to make use of funding speedily (please note the funding timeframes below). Where funds are transferred directly from THET to the LMIC partner institution, THET will cover bank charges.

Funding Timeframes and duration

Applicants can apply for a maximum of £10,000 and we expect funds to be utilised as soon as possible, with priority afforded to applicants able to make use of funding in an efficient and timely manner.

While we are flexible with the length of time that activities cover, the maximum length of projects funded through the COVID-19 Response Fund is 6 months. The timeline for the grants programme will be as follows:

|  |  |
| --- | --- |
| **Date** | **Activity** |
| 30 September 2020 | Call opens |
| 15 November 2020 | Call closes |
| 1 February – 31 July 2021 | Grant duration |
| August 2021 | Grant holders report to THET |

Scoring criteria

If your HP and proposal is eligible to receive support, applications will be judged against the following criteria:

* The proposal aligns with the aims of the fund and clearly addresses a priority need
* The project aims are clear with a focus on measurable outcomes that are achievable with the resources and time available
* The project is aligned with the national COVID-19 response and does not duplicate other efforts
* The project is aligned with FCDO’s priority interventions guidance as outlined in Annex 1
* The project ensures a ‘do no harm approach’, addressing COVID-19 while ensuring quality essential health services are not overlooked. Projects actively consider any indirect negative impact which they may incur
* The approach to the project is feasible, appropriate and relevant to the local context
* The project ensures equitable benefit for all regardless of gender, disability and other characteristics of social exclusion
* The project activities can begin as soon as funding is received
* The partnership is equitable and has the capacity and capability to deliver the project
* The project demonstrates value for money.

Funding restriction

This call for applications will fund

* Remote training, workshop, mentoring and communication costs, e.g. online meeting platforms or e-learning subscriptions
* Equipment and other physical resources for project management purposes (i.e. laptops or mobile devices)
* Any activity or item/s that can be proven to meet the aims of the UKPHS COVID-19 Response Fund
* Project management costs, for the UK or LMIC partner, up to a maximum of 50% of the total grant. This can include project or MEL staff salary contributions
* Contingency up to 5% of the total budget to factor in exchange rate variances and/or bank charges
* Publications and the development of web pages. NB any digital spend, defined as “external-facing service provided through the internet to citizens, businesses, civil society or NGOs”, will need to be authorised by the [DFID Digital Spend Panel](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842926/DFID-digital-guidance-for-partners-suppliers-Oct19.pdf)
* Development of discussion documents, policy briefs and technical notes for dissemination of learning

This call for applications will not fund

* Personal Protective Equipment (PPE) costs, including materials used to manufacture PPE
* Cost of IPC equipment or materials, including the raw materials used to make alcohol-based hand rub or alternative antibacterial substances. The decision to not fund the purchase of PPE or IPC materials and equipment is a result of FCDO funding these costs through macro means and in alignment with individual governments in order to ensure appropriate economies of scale and ensure sufficient coverage of facilities.
* Entertainment costs
* Costs relating to the delivery of health services (e.g. clinical staff salaries)
* International travel, and associated costs
* Professional fees/Sitting allowances. While attendees at capacity development activities may be reimbursed for their travel and expenses, they will not be paid for their time.
* Any activity, other than the purchasing of equipment, that cannot begin within two weeks of funds being received.

Application and selection process

Applications will be accepted from the **30th September 2020** until **23:59 on** **15th November** **2020**, and THET and an external selection panel will then review applications.

Successful applicants will be informed of the outcome by email and THET may request further information before a final decision is made. Unsuccessful applicants will be informed of the outcome by email but will not be provided with feedback due to the light touch nature of the Call.

Applicants are required to submit an application form and budget using the provided templates to [grants@thet.org](mailto:grants@thet.org), and the proposed contract holder must provide evidence of a finance policy, MoU, and a fraud, corruption and bribery policy.

**Given current priorities in the UK and LMICs for health workers to prioritise responding to the COVID-19 pandemic, and the potential time needed to support this initiative, we encourage all those thinking of applying to consider their individual and institutional capacity. We also encourage HPs to engage members of their team not currently working full-time in the NHS to support the application process intervention delivery.**

Grant holder requirements

Each grant recipient will be assigned a member of the THET Grants Team to act as a point of contact for the purpose of answering queries and providing guidance where needed.

Grant recipients will not be expected to report regularly to THET during the pandemic but will be asked to inform us should there be significant issues with utilising the funds for their proposed purpose. For the purpose of demonstrating impact and sustaining resources, we will also require a brief project overview, by email, within two weeks of receiving funds including an accompanying image that can be used for communications purposes, and a subsequent narrative piece on impact within three months of project start date.

A transaction list - with clear details of what was purchased and at what cost - and a short narrative report 2 weeks after the end of the project will then be required. Given the varying capacities and difference in circumstances across contexts, however, THET will adopt a flexible approach and accommodate the needs of each grantee.

### Further support

For all enquiries, please email the THET Grants Team at [Grants@thet.org](mailto:Grants@thet.org). Please do not attempt to call our office as there will be nobody to take your call.

1. Please refer to Annex 1 for further information on approaches which can be taken [↑](#footnote-ref-2)
2. Eligible countries:

   **Sub-Saharan Africa:** Angola, Benin, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Rep., Congo, Dem. Rep, Côte d'Ivoire, Djibouti, Eritrea, Eswatini, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Mauritania, Niger, Nigeria, Rwanda, São Tomé and Principe, Senegal, Sierra Leone, Somalia, Somaliland, South Sudan, Sudan, Tanzania, The Gambia, Togo, Zambia, Zimbabwe, Uganda

   **South East Asia:** Afghanistan, Bangladesh, Bhutan, Cambodia, Lao PDR, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Timor-Leste, Vietnam [↑](#footnote-ref-3)