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PURPOSE OF THIS DOCUMENT

The purpose of this document is to clarify and provide further guidance on the information provided in the 'Call Document', 'Country Health System Priority' documents and 'Application Form'. If you are unable to find an answer to your question within this document, please do get in touch with us by emailing grants@thet.org.

WHO IS MANAGING THE UK PARTNERSHIPS FOR HEALTH SYSTEMS (UKPHS) PROGRAMME AND WHAT SUPPORT CAN BE EXPECTED?

The Tropical Health and Education Trust (THET) and the Liverpool School of Tropical Medicine (LSTM) are responsible for managing the UKPHS.

THET will draw on considerable experience of effectively managing Health Partnership grant programmes to ensure that all partnerships funded under UKPHS effectively contribute to the overall aims and health priorities identified.

In addition to grant giving, THET provides support for project planning, resolving project management challenges, reporting, monitoring, evaluation and learning, and partnership development. It also provides support through learning events, webinars, publications, online resources and policy and advocacy work.

LSTM brings expertise in Health Systems Strengthening (HSS), Gender Equality and Social Inclusion (GESI), as well as contributing academic rigour in Monitoring, Evaluation and Learning (MEL).

Within the LMIC, partnerships are also able to draw on support from the THET Country Director (CD). The role of THET's CDs will include supporting interactions and coordination with the Ministry of Health and other key health systems strengthening stakeholders in-country, and facilitating any logistical challenges. Please note, however, that you should not include a THET Country Office as a partner in your application.

WHAT IS A HEALTH PARTNERSHIP?

Health Partnerships are long-term institutionalised relationships between UK health institutions and LMIC health institutions. Partnerships aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience between partners.

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. Seeking to make health system improvements in areas identified by LMIC partners, Health Partnerships often focus their activities on projects that support human resources for health development and the strengthening of health systems through activities such as clinical pathway and policy development, and the capacity development and education of health workers.

Health Partnerships are shown to be a model of capacity development that offers an effective, sustainable and value for money approach to strengthening national capacities, whilst also contributing to the strengthening of the UK workforce.[1]

A Health Partnership can contain as many partners as it believes are necessary, but Partnerships are advised to have just one UK Lead Partner and one LMIC Lead Partner to ensure that Partnership work remains strategic and focussed. All partners involved in the Partnership should have a clear role and rationale behind them being involved. A Memorandum of Understanding should exist at least between the two Lead Partners but can include other Partners as well.

UK institutions leading a Health Partnership can be either:

- A health delivery institution (e.g. NHS trusts, individual hospitals or GP practices)
- A health training/education institution
- A regulatory body (e.g. the Medicines and Healthcare products Regulatory Agency)
- An NHS arms-length body (e.g. Health Education England or NHS England)
- A professional or membership association (e.g. the Royal College of General Practitioners)
- An academic institution (e.g. university)

[1] DFID. (2016). Health Partnership Scheme: Evaluation Synthesis Report. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/589736/Evaluation-of-Health-Partnership-Scheme.pdf.

- A Non-Governmental Organisation (experienced in delivering health systems focused programmes)

LMIC institutions leading a Health Partnership can be either:

- A health delivery institution (e.g. individual hospitals or primary health clinics)
- A health training/education institution
- A regulatory body
- A professional or membership association
- An academic institution (e.g. Universities)
- A Non-Governmental Organisation (experienced in delivering health systems focused programmes)

LMIC Government bodies, such as central Ministry Departments or District Health Offices (DHOs), can be sub-partners within projects, but not lead partners. Funding should not be transferred to central Ministry Departments but can be transferred to DHOs who could play a role in coordinating activities.

WHAT IS THE DIFFERENCE BETWEEN NEW AND ESTABLISHED HEALTH PARTNERSHIPS?

In the context of this programme, we define an established Health Partnership as one that has been working together for over 6 months, is formalised and institutionalised (for example through a Memorandum of Understanding) and can clearly demonstrate adherence to THET's 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.

A new partnership has either been working together for less than 6 months or has not yet started working together but has intentions to do so. It does not need to demonstrate adherence to all of THET's Principles of Partnership but must demonstrate a commitment to do so and have a clear strategy for formalising and institutionalising the partnership.

THET and LSTM will accept applications from both new and established partnerships, with both types of partnership being expected to meet set criteria during the inception periods (3 months for established partnerships and 6 months for new partnerships).

CAN WE APPLY FOR MORE THAN ONE GRANT?

Yes, as long as your Health Partnership and Project meet the eligibility requirements of the relevant call, your Health Partnership can apply for several grants across the entire programme, although we encourage you to focus on quality rather than quantity.

HOW WERE THE HEALTH SYSTEM PRIORITIES FOR EACH COUNTRY IDENTIFIED?

THET and LSTM carried out scoping assessments of each of the strategic countries, including an in-country visit, in order to understand existing priorities within the health system. The objectives of the assessment were to: understand the health systems strengthening priorities in each of the countries, engage with the key national and sub-national health system stakeholders and identify with them which of the priorities it would be possible to contribute to through the Health Partnership model. The scoping assessment included: a desk review of policies, country reports and other relevant documentation; mapping existing Health Partnerships and stakeholders; production of a draft situation analysis; conducting interviews and consultations with key stakeholders; and the development of country-specific health priority documents highlighting gaps in the health system.

The scoping assessments in each country explored the macro national development opportunities and challenges currently influencing the health sector and the performance of the health system. Through stakeholder engagement, health system priorities and areas that Health Partnerships can best address were identified, while also considering GESI and ensuring that the needs of the poorest and most vulnerable are being addressed.

The scoping assessments have informed UKPHS programme planning and MEL processes, ensuring Health Partnership projects are developed in the context of national needs and capacities and are aligned with, and address, national priorities, optimally supporting the achievement of Universal Health Coverage (UHC).

A National Oversight Mechanism (NOM) has been established in each of the strategic countries. The NOM for each country will include a relevant Ministry of Health representative, the FCDO health advisor and a health systems leader specialising in the identified health priorities. The role of the NOM will be to drive national oversight, overseeing the design and delivery of the programme and ensuring that all projects are aligned with national health system priorities leading to sustainable results. The Country Health Priorities Document has been signed off by the NOM in each country.

Please refer to the relevant Country Health System Priority document for further information on which health priorities need to be addressed by applicants.

CAN YOU GIVE EXAMPLES OF WHAT YOU MIGHT EXPECT US TO ACHIEVE FROM OUR PROJECT ACTIVITIES?

There are a number of objectives which THET would like applicants to consider when developing projects. These include, but are not restricted to:

1. Increased access to quality essential health services for people of all ages
2. Positive outcomes in health worker performance
3. Health facilities demonstrating positive outcomes in health service performance
4. Accelerated and sustainable progress in addressing the identified health system priorities, aligned with UHC roadmaps and national health plans
5. Evidence of national ownership and buy-in of the Health Partnership intervention
6. Relevant UK experience shared, new initiatives tested and taken up to address specific health system constraints, and lessons learned shared in both the LMIC and the UK
7. Evidence generated of the value of Health Partnership activity to the UK health workforce and health system
8. Strengthened Health Partnership working

WHAT ELSE SHOULD OUR PARTNERSHIP AND PROJECT FOCUS ON?

TAKING A HEALTH SYSTEMS APPROACH

In the context of UKPHS, taking a health systems approach involves partnerships' projects focusing explicitly on supporting and addressing the health system priorities identified through the scoping. This should result in the development of stronger health systems with better governance, information, standards and management of health systems and better skilled health workforces.

Where in the past Health Partnerships have often primarily focused on health workforce development (and we expect this to continue to be focus area of UKPHS), in line with the increased ambition to contribute to health systems strengthening we will also support Health Partnership activities that address other areas including the development of non-clinical capability and capacity, for example in health financing, health information systems, and health services management. Partnerships should think about how their project will impact on the WHO Building Blocks, and what barriers to change will present if they do not consider the system as a whole. Where development of the health workforce is prioritised, a whole systems approach should include engaging a multidisciplinary team and considering what other interventions need to take place to embed and sustain any improvements in capacity.

SUSTAINABILITY

All partnerships funded under this call will be expected to build sustainability into their activities and, therefore, will need to demonstrate how they are contributing to sustained strengthening of the health system. This should involve empowering local and national ownership and coordination of health systems strengthening activities, including building the capacity of institutions to sustain activities and change, and to embed new ways of working.

Strategies should not only draw on the knowledge and priorities of the LMIC partners, but where appropriate also the knowledge of other local institutions, such as community groups, NGOs, government agencies and research bodies.

Addressing educational needs and skills development is unlikely to be enough to enhance health workforce capacity in low resource settings, and thus unlikely to contribute to sustainable health system strengthening. To address this, THET encourages approaches which try to embed learning in existing systems, for example using a train the trainer approach or ensuring that information systems complement, rather than compete with, existing structures.

Approaches could also be informed by behavioural science, including approaches to address barriers to behaviour change. In terms of health workers this would include considering:

- Whether health workers have the motivation to act on the health priority gap identified and whether they perceive it as important to adopt new approaches
- Whether they have the managerial support, workplace culture and resources to act

- Whether other building blocks of the health system such as leadership are sufficiently developed

GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

Health Partnerships should support the commitment to leave no one behind by identifying and addressing, as far as possible, access, equity and inclusion challenges in the health sector. Health Partnerships must therefore demonstrate how they will promote equitable access to and within health services regardless of geographical location, ethnicity, age, religion, gender, disability and social status, with a focus on ensuring that the poorest and most vulnerable populations are able to benefit from project activities. All Health Partnerships should take a GESI sensitive approach, moving along the continuum to GESI specific and GESI transformative approaches where it is possible and relevant to do so.

This must include assessing social inclusion and access challenges, with a focus on sex, age, disability status and geography, and identifying and demonstrating how you can contribute directly and indirectly to increased equity and accessibility of health services. Scoring will be weighted for partnerships that can demonstrate they will reach vulnerable and under-served populations and groups. Partnerships may also want to consider ensuring that their budget reflects GESI plans.

THET and LSTM have developed a gender equality and social inclusion toolkit to help Health Partnerships think through how they can ensure that gender is considered in all of their work. Follow this link to access the toolkit.

MUTUAL BENEFIT AND BIDIRECTIONAL LEARNING

Evidence suggests that involvement in Health Partnerships can result in positive changes to the performance, capability and confidence of the UK health worker and to some extent to the UK health system. A key aim of UKPHS is to ensure that evidence is generated and gathered to demonstrate this impact and partnerships should, therefore, demonstrate that they have a system in place for setting and measuring appropriate objectives.

Partners need to consider how they will learn from one another and should approach their activities and projects as an opportunity for mutual learning that will enable health institutions from both sides of the partnership to identify, test and adopt change that strengthens the delivery of health services and the quality of care provided.

ENVIRONMENTAL IMPACT

Health Partnership work necessarily involves a certain amount of international travel, and THET and LSTM are keen for Health Partnerships to consider the environmental impact of the work which they are carrying out. Partnerships should consider taking approaches which minimise their carbon footprint, such as blended learning or investing in systems which allow for more reliable and flexible communication between partners.

CAN YOU DEFINE THE ELIGIBILITY CRITERIA MORE CLEARLY?

PROJECT REQUIREMENTS:

The project clearly contributes to the overall aims of UKPHS

- Please refer to the section above, entitled *"Can you give examples of what you might expect us to achieve from our project activities?"*

The project has a clear and measurable goal that is achievable within the resources and time available

- THET and LSTM will look for information demonstrating that the type of activities and approaches that partners plan to implement are relevant to the project goal and changes they expect to achieve. All activities should contribute to outcomes identified as health priorities through the scoping undertaken by THET and LSTM (see individual Country Health Priority documents).
- THET will need to see a description of the project with activities, expected changes and project goal that contribute to the overall aims of the UKPHS and are achievable and measurable within the timeframe. Please note that all grants are expected to end at the end of November 2023, with final reports due in December 2023.

The project is aligned with LMIC health priorities and plans, including wider health systems strengthening programmes

- THET will look for evidence that partners are aware of, and have consulted with, other stakeholders operating in the same field and that are crucial for planning and implementing the project. This may include government bodies,

national associations and others implementing donor-funded programmes. It is essential that all projects under this programme are aligned with Ministry of Health initiatives and priorities. Where possible, we need to see a letter of support from a relevant Ministry of Health representative (this could include a relevant District Health Office).

The approach to the project is appropriate and relevant to the local context

- THET will look for evidence that applicants understand the local context in which the project will be implemented and have designed a project based on this understanding. This should include a clear demonstration of the health system improvement opportunities you have identified, and how these have been identified. This might also include stakeholder consultations involving government bodies, local health institutions, community-based organisations and beneficiaries.
- The application should also demonstrate an understanding of the local health system, particularly within the community in which it is based. This should consider: the constraints of the health facilities and potential barriers to effective health systems strengthening; existing priorities in health institutions; what activities are already taking place and how the project can build on these; which other projects/initiatives may be contributing to similar aims and how this will affect data collection and attribution to subsequent changes.

The project has considered the wider health system and takes a whole systems approach where appropriate

- Please refer to the section above, entitled "*Taking a Health Systems Approach*".

The project pays careful attention to issues of gender equity, equality and social inclusion, e.g. access of women and girls and people with disabilities to capacity development and services

- Please refer to the section above, entitled *"Gender Equality and Social Inclusion".*

The project has a clear methodology and resources for measuring success, including the benefits to UK volunteers and institutions, and is able to evidence the changes which have been brought about as a direct result of project activities

- Applicants need to demonstrate that they have a plan, and subsequent procedures and resources, in place to collect and analyse information that will allow for the success of project activities to be demonstrated against clear indicators and targets. This should also include a regular framework for monitoring progress so that activities can be adapted to unanticipated events and outcomes. Please refer to the section below entitled *"Could you provide more information on the Monitoring and Evaluation Plan?"*
- Where possible, data collection plans should also be integrated into existing monitoring systems, and the establishment of parallel and separate systems should be avoided.
- Please refer to the section above, entitled *"Mutual Benefit",* for further information on measuring benefits to UK volunteers and institutions.

The project demonstrates value for money

- The FCDO defines value for money (VFM) as *maximising the impact of each pound spent to improve poor people's lives.*[2] THET will look for evidence that the 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), and equity (addressing the greatest needs). For more information, please refer to THET's VFM and Health Partnerships website page.

The project is based on recognised good practice and is informed by available literature and resources

- THET will look for evidence that the project adheres to international guidelines and best practice for international development, especially with regards to the specific health priorities your project is focussing on.

The project demonstrates critical reflection on previous work and builds on lessons learnt.

- THET will look for evidence that the partnership, whether new or established, has incorporated lessons from previous work into the proposed project. This might include wider lessons from relevant literature but should also include learning from work conducted by both the partnership itself and the individual institutions involved.

[2] DFID. (2011). DIFD's Approach to Value for Money. Available at: https://www.gov.uk/government/publications/dfids-approach-to-value-for-money-vfm.

The project impact will be sustained once 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, engaging senior management and central/regional government, embedding capacity development in whole health systems, strengthening systems, policies and procedures and establishing new ways of working, are all examples of ways projects can achieve long lasting change.

The project clearly demonstrates a mutual exchange of learning between UK and LMIC partners

- A key aim of the UKPHS is the exchange of learning between the UK and LMIC partners, and THET will be looking for partnerships to demonstrate how they plan to generate learning and make use of it. In addition to generating evidence and learning associated with the LMIC health system, partnerships should demonstrate how they encourage and evidence learning brought back into the UK health system.

PARTNERSHIP REQUIREMENTS:

The partnership demonstrates commitment to the Principles of Partnership (PoPs), with clear understanding of the roles and responsibilities of each of the partners

- THET's PoPs are hallmarks of good practice for Health Partnerships and the way they manage projects, such as working consistently within local and national plans and planning and implementing projects together with a clear commitment to joint learning. Throughout your application you should seek to demonstrate how your partnership and project adheres to them.
- Partners will need to demonstrate when, why and how the partnership was first established and explain how it has developed since its inception, including changes in partners involved and how the partnership's activities and focus have evolved. If the partnership is newly established, partners will need to demonstrate how they expect it to evolve going forward.
- The roles and responsibilities of each partner should be clearly defined, with plans in place for the formalisation of the relationship through a Memorandum of Understanding (where one does not already exist).

The partnership has the capacity to deliver the project, including experience in project and financial management and monitoring and evaluation

- THET will look at the capacity, knowledge and skills that the partnership has to successfully complete the project. This is not limited to clinical or technical expertise, but also includes experience in project management, financial management, training methodologies and working internationally in low-resource settings.
- Both the UK and LMIC partners will be expected to contribute to project and finance management. Where there is a lack in capability, partners will be expected to show how they will work together to build this and share responsibilities.
- While both partners should be involved in monitoring and evaluation processes, we would encourage this work to be led by the LMIC partner who is in the best position to ensure that data collection systems complement, rather than compete with, existing structures.

COULD YOU PROVIDE MORE INFORMATION ON THE GRANT HOLDER REQUIREMENTS FOR THE DURATION OF THE PROGRAMME?

Project and financial management processes and activities under this programme are high. As such, partnerships will be expected to attribute up to 20% of their budget to project management. Where there is a clear requirement for greater project management, particularly in relation to restrictions imposed by the COVID-19 pandemic resulting in a need for blended learning and closer management of activities, up to 25% of the total budget can be attributed to project management. It is crucial that partnerships are aware of the amount of time which running and managing a project under this programme can take. Please see below for requirements for Health Partnerships under this scheme:

Period	Dates	Requirements for established partnerships
Contracting	May 2021	Phased budget

		Meeting with THET/LSTM
		Signed contract
		Finalised project plan, including alignment with projects working within the strategic country
Inception	August 2021	UK pre-commencement events (where travel restrictions are in place, this will be delivered virtually)
		LMIC launch events (where travel restrictions are in place, these will be delivered virtually)
	June - August 2021	Monitoring and evaluation plan
		Partnership development plan
		Gender Equality and Social Inclusion Strategy
		Policy development – safeguarding, procurement, fraud, bribery and corruption
		Memorandum of Understanding between partners signed
		Funding flow mapping
	September 2021	Review meeting with THET/LSTM
Quarterly		Project progress meetings with THET/LSTM
Biannual		Narrative and finance reports including: - Output and outcome data - Gender-disaggregated direct beneficiary data - Volunteer inputs data - International flight CO_2 equivalent emissions - Risk register - Itemised transaction lists with receipt spot-checking
Annual		In-country monitoring trips by THET/LSTM
		Strategic country annual review meetings
Project		Finance audits on UK and LMIC lead institutions (and any other partner receiving more than £100,000 over the course of the project)
		Asset management – creation of asset register and disposal plan

Period	**Dates**	**Requirements for new partnerships**
Contracting	May 2021	Phased budget
		Meeting with THET/LSTM
		Signed contract
		Finalised project plan, including alignment with projects working within the strategic country

Inception	August 2021	UK pre-commencement events (where travel restrictions are in place, this will be delivered virtually)
		LMIC launch events (where travel restrictions are in place, these will be delivered virtually)
	June – November 2021	Monitoring and evaluation plan
		Partnership development plan
		Gender Equality and Social Inclusion Strategy
		Policy development – safeguarding, procurement, fraud, bribery and corruption
		Memorandum of Understanding between partners signed
		Gain letter of support from a relevant person within the LMIC Ministry of Health
		LMIC visit – activities including a thorough scoping/needs assessment
		Review and amend project plan and budget as necessary
	December 2021	Review meeting with THET/LSTM
Quarterly		Project progress meeting with THET/LSTM
Biannual		Narrative and finance reports including: - Output and outcome data - Gender-disaggregated direct beneficiary data - Volunteer inputs data - International flight CO_2 emissions - Risk register - Itemised transaction lists with receipt spot-checking
Annual		In-country monitoring trips by THET/LSTM
		Strategic country annual review meetings
Project		Finance audits on UK and LMIC lead institutions (and any other partner receiving more than £100,000 over the course of the project)
		Asset management – creation of asset register and disposal plan

INCEPTION PHASE REQUIREMENTS

UK pre-commencement workshop – two people from each lead partner institution within the partnership (i.e. from both the UK and LMIC lead institutions) will be expected to attend a two-day pre-commencement workshop in the UK. This workshop will give grant holders the chance to strengthen relationships between UK and LMIC partners and between Health Partnerships working in the same country to ensure a coherent approach to addressing the identified health priorities. Partners will be given the opportunity to engage with technical experts, and a wide range of tools will be shared with all partners to prepare them for the projects ahead. As mentioned in the Call for Applications, the environmental impact of international travel is high and THET therefore encourages partners to take this opportunity to strengthen relationships and begin planning project activities. Where travel restrictions apply, whether as a result of the COVID-19 pandemic or for other reasons, this event will take place virtually, still allowing for participation by all partners.

In-country launch event – a launch event will be held in each of the strategic countries once the grants for that country have been awarded. This event will be attended by key national stakeholders in the country and will be an opportunity for grant holders to present their projects, build and strengthen relationships with other actors and ensure that all projects are aligned with national plans and priorities. Where travel restrictions apply, whether as a result of the COVID-19 pandemic or for other reasons, these events will take place virtually, still allowing for participation by all partners.

Monitoring and evaluation plan – THET and LSTM will work with grant holders during the first 3 months (6 months for new partnerships) of the project to finalise the monitoring and evaluation plan which will be used to track the progress and successful completion of the project. This plan will build on the initial plan submitted in the application form (section 4.1) and will help to ensure that the project is aligned with the country specific health systems strengthening priorities. More information on the development of this plan within the application form is available below.

Partnership development plan – stronger partnerships lead to stronger and more resilient projects. Developing the partnership relationship is a key priority for THET and LSTM. Drawing on the Principles of Partnership, the partnership will be required to self-assess their strengths and weaknesses and develop a plan for strengthening areas of weakness over the course of the project. Areas for development might include working to improve the exchange of knowledge and learning between partners, implementing more transparent decision-making processes, or developing a long-term strategic plan for expanding the partnership. This partnership development plan will be reviewed on a 6 monthly basis to assess the partnership progress against the objectives set, and THET will work with partnerships throughout to facilitate the strengthening of their relationship and partnership capacity.

Alignment of plans – once grants have been awarded, THET and LSTM will assess how partnerships can best collaborate and coordinate to avoid duplication and to ensure projects complement each other to achieve the overall aims of the programme. Partnerships may be asked to make some amendments to their plans in order to achieve this.

Development of policies – safeguarding, procurement and fraud, bribery and corruption policies should all be developed by partnerships within the first 3 months of being awarded the grant. These policies will ensure that best practice is adhered to and any risk associated with the running of projects is managed and minimised.

Gender Equality and Social Inclusion strategy – partnerships will be expected to develop a strategy to ensure that all of the work carried out through their project is done through a GESI lens, acknowledging gender and social/cultural norms which may affect or influence engagement in the project. Partnerships will be expected to develop indicators in their monitoring and evaluation plans relating to gender, disability, age, rurality and other marginalised populations. Partners should consider how their budget is gender sensitive and gender transformative, including specific allowances to enable equity of opportunity for participation in project activities, e.g. including costs to cover additional childcare allowing parents to attend activities.

Funding flow mapping – partners will be expected to provide information showing movement of money between institutions and partners. For example, if THET transfers funding to the lead UK partner, they may then transfer those funds to the LMIC lead partner, and this movement of funds needs to be reported. Applicants are asked to give rough estimates of funding flows in the budget template, but partners will need to report accurately on this throughout the course of the project.

Development of Memorandum of Understanding (MoU) – where a formalisation of the partnerships is not already in place for new partnerships, THET will expect partners to work towards developing an MoU within the first 6 months of the project start (3 months for established partnerships where an MoU does not already exist).

MONITORING AND REPORTING

Biannual narrative and finance reports – partnerships will be expected to report progress against their activity plan, monitoring and evaluation plan and budget on a biannual basis. Information required will include output and outcome data, gender-disaggregated direct beneficiary data, volunteer inputs data, international flights CO_2 emissions, updated risk register, and an itemised transaction list which will include receipt spot checking. THET and LSTM will feed back to the grant holder on all information given, requesting any clarifications, before authorising the release of the next tranche of funding.

Annual monitoring trips by THET and LSTM – a team from THET and LSTM will carry out in-country monitoring visits on an annual basis. These trips are an opportunity for THET and LSTM to meet with the LMIC lead and wider stakeholders in person and explore the impact that the project is having on the ground, as well as providing support for any challenges. These visits will take place alongside the wider annual review of the UKPHS programme in each country.

Finance audits – THET will carry out financial audits on UK and LMIC lead institutions, as well as with any other partner who will be receiving or managing over £100,000 over the course of the project.

Asset management – grant holders will be required to capture all assets (items worth over £500 or a group of items worth over £500 which would be seen as desirable items) in an asset register and ensure that there are plans in place for the management of assets after the end of the programme. In general, the FCDO will hand ownership of assets over to partners once the project has ended, but if there are concerns that assets will not be maintained or secured, the FCDO may request their return.

The FCDO have requested that all significant assets are approved by them prior to purchase. A significant asset can be defined as any equipment and supplies purchased through programme funds which meet both of the following criteria:

- They have a useful life of more than one year; and
- The purchase price or development costs of the asset is in excess of £500 or equivalent in local currency. The value might be for a group of assets rather than each individual asset when it comes to what are known as 'attractive' assets such as mobile phones, laptops, satellite phones etc.

THET will put in place procedures to ensure that there is timely approval by the FCDO of any significant assets which partnerships would like to purchase.

Supply Partner Code of Conduct – all grant holders will be required to adhere to the overarching principles of the DFID Supply Partner Code of Conduct and fulfil the relevant compliance levels. The compliance level will be determined by the total contractual amount of DFID funds[3] that your organisation has been granted, i.e. the cumulative amount of the UKPHS grant and **any other** DFID programmes (the full contractual amount rather than annual income). This does not, for now, include any FCO funds. Applicants will therefore need to assess whether their organisation is in receipt of other DFID grants, determine their compliance level accordingly, and ensure they budget for sufficient project management time to put the processes and systems in place. THET do not expect all these processes to exist before grant award but will work with successful applicants to ensure they reach the required standard. These requirements are not only for the contract holder - any organisation within a partnership that is transferred DFID funds must meet the relevant compliance level of the code of conduct.

EVENTS AND MEETINGS (IN ADDITION TO THOSE MENTIONED ABOVE)

Annual in-country programme meetings – In line with annual monitoring visits, THET and LSTM will hold annual whole country programme meetings in each strategic country (as mentioned above). These meetings will bring together all UKPHS partnerships within that country, along with other key stakeholders, and act as an opportunity for partners to share successes and challenges, update on any changes in the country, learn from each other, and discover areas of collaboration. Partners should budget for attendance at these meetings in their budget template at application stage. These meetings are likely to take place in the capital city of each strategic country and will be dependent on travel restrictions being lifted.

COULD YOU PROVIDE MORE INFORMATION ON THE MONITORING AND EVALUATION PLAN? *(SECTION 4.1 IN THE GRANT APPLICATION FORM)*

Your monitoring and evaluation plan should be a comprehensive plan showing the expected changes you aim to achieve through your partnership and project, what you will measure to show that these changes have been achieved, how this data will be collected and analysed, and what you see as some of the main barriers to achieving this change. All of the changes you wish to see should contribute to and respond to the health priorities identified during the scoping exercise.

The **project goal** refers to the overall change that your project will bring about as a result of your outputs and outcomes. References to national or regional goals may be helpful, but it needs to be clear how these are relevant to the project and how project activities, outputs and outcomes feed into this goal. For instance, where you have an output of 50 community health workers demonstrating improved knowledge in first-aid, and an outcome of 50 community health workers demonstrating better treatment of patients requiring first aid, your project goal could be fewer patients presenting complications at health facilities due to prompt application of first-aid techniques.

[3] Though the Department for International Development has now merged with the Foreign and Commonwealth Office to form the Foreign, Commonwealth and Development Office, only FCDO funded projects should be captured in the downstream total.

Outcomes are the changes you will have caused through your project. They should be a direct result of the outputs and the activities achieved through the project. Outcomes can be considered as mid-term results. They are not seen immediately after the end of the project activity but after some time, when change at the ground level can be seen because of the project activity. For example, an outcome of a workshop would be health workers showing continued improvement in behaviour, with an indicator of the number of health workers demonstrating better practice 3 months after capacity development.

Outputs are changes which are achieved immediately after implementing an activity. Outputs are generally easily measurable through capturing quantitative data. An example of an output would be health workers showing improved knowledge after they attend a training workshop. The indicators for this output could then be the number of health workers trained, and the number of health workers demonstrating improved knowledge immediately after.

Indicators are signs of progress – they are used to show whether the project is on its way to achieving its objectives and goals. Each output, outcome and goal statement should have at least one indicator which will allow progress towards achieving that change statement to be demonstrated and measured. Good indicators should be clear and concise, focusing on a single issue that provides relevant information and data which is feasible to collect. Indicators should be SMART (specific, measurable, achievable, relevant, time-bound).

Once grants have been awarded, THET and LSTM will work with successful applicants to formalise and revise monitoring and evaluation plans to ensure that all data feeds into the wider UKPHS programme. Grant holders will be expected to finalise this plan during the inception phase of their projects, though there will be opportunity throughout the project to review and adapt plans as necessary.

WHAT COSTS ARE COMPULSORY FOR PARTNERSHIPS TO INCLUDE IN THE BUDGET?

There are several costs within the budget template which are compulsory for all partnerships to include.

Inception events

It is compulsory for two people from each of the lead partners (both UK and LMIC) to attend the UK pre-commencement event (more information provided above), which will most likely be held in Liverpool, Birmingham or Manchester. While all partners are welcome to attend the in-country launch events, we would just expect the LMIC partners to attend. Partners can travel from the LMIC institutions to attend these events as well as the local partner, but these costs must be factored into the initial budget.

Annual review meetings in each country

Annual meetings will be held in each of the strategic countries. These meetings will be compulsory for all lead partners to attend and partnerships must include costs for travel to these in their budgets.

Project management

As highlighted elsewhere in the Call, it is expected that there will be a significant amount of project management time associated with the management of projects under this programme. This should be adequately costed for within the budget. THET recommends that 15-20% of the budget for these projects is attributed to project management costs. Where partnerships take a blended learning approach (i.e. distance-based learning) such that activity costs are relatively small, applicants may be able to exceed the 20% mark by up to 5%, but this should be discussed with THET before submission to ensure it will be eligible.

New partnership 6-month inception period

New partnerships will be required to complete a 6-month inception phase, which they should budget for at the application stage. The activities which partnerships are expected to complete during this time are highlighted in the Call document.

Established partnerships will also have an inception period where they will be expected to complete certain requirements above for further information around expectations.

PLEASE EXPLAIN HOW TO FILL OUT THE BUDGET TEMPLATE

THET advises that the application form and, in particular, the activity plan and monitoring and evaluation plan, are completed before the budget template. This is to ensure that all costs are captured accurately.

THET has provided a simple budget template for applicants to complete during the application process. Once grants have been awarded, successful applicants will be asked to complete a more detailed budget highlighting the payment schedule which will be reflected in grant agreements.

At this stage, budgets should be broken down into the 3 years of the project, showing as much detail as possible. Extra lines can be added in where necessary, but please ensure that the totals continue to add up correctly and formulae are copied down the columns. The first year of the project has been broken down into two 6-month blocks, which is to account for the inception period which partnerships will be expected to budget for in the first 6 months.

For further guidance on completing a budget template, please see here.

PROJECT MANAGEMENT

Costs under this line are expected to make up to 15-20% of the total budget (as mentioned above, in some cases project management can account for 25% of the total budget). As described above, there are a number of project management requirements throughout the course of the project. Please pay careful attention to these and ensure that you have budgeted for them appropriately for both UK and LMIC staff. While we would expect the clinical and technical expertise utilised through this project to be given through volunteers, staff time for managing the project is crucial.

Though there is an equipment sub-category in the budget template, this should primarily be used for medical equipment. Office equipment such as laptops or printers, should be costed under the project management lines.

COMPULSORY THET MEETING ATTENDANCE

As mentioned above, grant holders will be expected to attend a two-day UK pre-commencement workshop during the inception phase of the projects (this event will most likely take place in a central UK location such as Birmingham, Liverpool or Manchester) and a one-day launch event in the country of implementation (probably in the capital city). They will need to also be available to attend an annual meeting in the country of implementation for all partnerships working in that country. Applicants will need to budget for attendance at these events under the compulsory meeting attendance lines of the budget. It may be that travel in-country can be combined with other project activities, so it is worth thinking about this in order to achieve the best VFM. Where travel restrictions exist, or it is deemed that there are too many risks associated with travel, these events will instead take place virtually. At this stage, however, partnerships should still budget for attendance in person at these events.

EQUIPMENT AND REFURBISHMENT

While THET does not encourage the wide-scale purchase of equipment through this programme, it may be that partners would like to purchase some medical equipment to be used during capacity development or other project activities. When purchasing equipment, partnerships should ensure that they have thoroughly researched the sustainability of purchasing said equipment and considered the availability of spare parts and expertise to repair in case of damage. All assets should be stored in an asset register with plans made for their use after the funding cycle of the project. Equipment and refurbishment costs should not exceed 20% of the total budget and all significant assets will need to be approved by the FCDO prior to purchase.

TRAVEL

Costs under this category should include all travel for project activities, both in the UK and in the LMIC. HMRC provides guidance on subsistence rates for LMIC travel which partnerships should use to guide their budgeting. It may be that partners are also required to travel to other countries to attend conferences or trainings or to disseminate learning and these costs should also be included here. Partners should ensure that they have a full activity plan prior to attempting to complete this, so that they can ensure costs accurately reflect what they are planning to do.

Partnerships should note that under THET's environmental policy, THET will not fund LMIC travel for periods of less than three days. As such, we advise that partnerships consider combining trips to LMIC with other activities or considering whether activities can be delivered remotely or by expertise already in-country.

Depending on the situation of the COVID-19 pandemic at the time of travel, grant holders may be required to comply with THET's travel policy which includes a thorough risk assessment and sign off by THET's senior management team to ensure that any travel is essential and risks are mitigated.

PROJECT ACTIVITIES

The activities highlighted in this category should reflect the activity plan in section 4.2 of the application form. It would be helpful for these activities to be broadly grouped (for example, train the trainer activities) rather than individually identified as there will be opportunity for further break down of these activities during the inception phase. We do not expect to see any staff salary costs in this category given most capacity development initiatives should be delivered by volunteers, however costs to reimburse volunteer, trainee and trainer expenses (e.g. for travel and subsistence) are appropriate. Where you have an intervention model involving LMIC trainers who may need to take time away from their daily clinical work due to project activities, and therefore forego salary or wage earnings, costs can be included under 'Consultancy' within the 'Other' category (see below).

MONITORING AND EVALUATION

THET and LSTM expect partnerships to allocate 10-20% of their budgets to ensure robust monitoring and evaluation mechanisms are in place throughout the course of the project. This can include costs for research and dissemination of learning. Please ensure that if partners are planning to carry out research, costs are included for gaining ethical approval prior to any research being carried out. Costs for staff time and travel to carry out monitoring and evaluation activities should also be included under this line. As with project management costs, where partnerships take a blended learning approach (i.e. distance-based learning) such that activity costs are relatively small or there are additional monitoring and evaluation requirements, applicants may be able to exceed the 20% mark by up to 5%, but this should be discussed with THET before submission to ensure it will be eligible.

OTHER

Contingency costs up to 1.5% can be included in the budget. Consultancy costs up to 5% of the total budget can also be included where exceptional technical input is required. THET may propose that this comes from a technical facility supported by the programme, if available. THET expects the majority of technical expertise to be delivered by volunteers. Costs which exceed these amounts will be disallowed and may compromise the eligibility of the application.

Please use the Notes column (column R) to justify VFM, including an explanation of the key cost drivers and how these will be controlled. If you have secured matched funding for the project, please detail this in the 'Additional income' section at the bottom of the budget.

FUNDING FLOW

The second tab within the budget template is where partnerships should articulate the funding flows between partners involved in the project. THET can transfer funds to either the lead UK partner or the lead LMIC partner (tier 2 partners) but it is anticipated that this partner will need to transfer some of these funds to tier 3 partners. In this tab please confirm which tier 3 partners will be receiving funding, and how much you anticipate they will be receiving.

HOW CAN I FIND OUT MORE INFORMATION ABOUT THE CALL?

Please review all the relevant documents prior to completing the application form. This includes the Call for Applications, the Q&A Document and the relevant Country Health System Priority document.

THET will be holding a webinar on Wednesday 11 November at 10am (UK GMT) which will provide further information on how to complete the application form and budget template. Please register for the webinar at here All applicants are advised to listen to this webinar prior to completing an application. The webinar will be available on THET's website throughout the Call application window.

For any other questions, please contact the THET Grants Management Team at Grants@thet.org. Unfortunately, we are unable to respond to telephone queries at this time.