

## BACKGROUND

The UK Partnerships for Health Systems programme (UKPHS) works 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 UKPHS will contribute to Sustainable Development Goal 3: ensuring healthier lives and promotion of well-being for all at all ages, including supporting countries to achieve UHC. As such, the key outcome of the programme will be improved capability of the health system to address national priorities, including meeting the needs of the poor and most vulnerable populations, and all projects should feed into this. 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) with technical assistance from the Liverpool School of Tropical Medicine (LSTM) in the areas of health systems strengthening, gender equality and social inclusion, and monitoring, evaluation, research and learning.

The programme is split into three streams: large grants of up to £350,000 focused on priority health areas in 10 strategic countries<sup>1</sup>; small grants of up to £50,000 in any LMIC in Sub-Saharan Africa or South-East Asia, focusing on health system and health challenges within several themes; and grants of up to £10,000 responding to the COVID-19 pandemic, again in any Sub-Saharan Africa or South-East Asia LMIC.

UKPHS is proud to support the Nursing Now campaign<sup>2</sup>, and £5 million of funding across the programme, and all three streams, has been ringfenced for interventions involving nursing and midwifery. THET may need to know at shortlisting stage what proportion of your proposed funding, if any, will be attributed to working with these cadres, but applications will not be judged based on inclusion of funds for nursing and midwifery.

**It is against this background that THET invites Health Partnerships to apply for small grants of up to £50,000, for 12 or 18 months, in any of the countries listed below.**

## FOCUS COUNTRIES AND APPROACH

### COUNTRIES

If your partnership is planning to implement a project in one, or more, of the following LMICs then you are eligible to apply for funding under this call for applications so long as other eligibility requirements are met. Multi-country partnerships, therefore, are able to apply and the countries have been selected as the LMICs in Sub-Saharan Africa and South-East Asia according to the most recent [World Bank classifications](#).

Afghanistan	Burundi	Comoros	Eswatini
Angola	Cabo Verde	Congo, Rep.	Ethiopia
Bangladesh	Cambodia	Congo, Dem. Rep	Gambia, The
Benin	Cameroon	Côte d'Ivoire	Ghana
Bhutan	Central African Republic	Djibouti	Guinea
Burkina Faso	Chad	Eritrea	Guinea-Bissau

<sup>1</sup> Bangladesh, Ethiopia, Ghana, Myanmar, Nepal, Sierra Leone, Somalia/Somaliland, Tanzania, Uganda and Zambia.

<sup>2</sup> [https://www.nursingnow.org/?doing\\_wp\\_cron=1603705865.2099320888519287109375](https://www.nursingnow.org/?doing_wp_cron=1603705865.2099320888519287109375)

Indonesia	Mongolia	Philippines	Sudan
Kenya	Mozambique	Rwanda	Tanzania
Lao PDR	Mauritania	São Tomé and Príncipe	Timor-Leste
Lesotho	Myanmar	Senegal	Togo
Liberia	Nepal	Sierra Leone	Uganda
Madagascar	Niger	Somalia/Somaliland	Vietnam
Malawi	Nigeria	South Sudan	Zambia
Mali	Pakistan	Sri Lanka	Zimbabwe

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## THEMES

Small grants, applied for under this call, must address specific clinical and health system challenges through one, or several, of the themes below:

### 1. Innovation

Innovation, in this context, should be interpreted broadly but should include new ways of working to solve problems and affect change. THET is interested in funding projects that pilot technology, test new capacity development techniques, foster novel innovative approaches and practices that could benefit the UK or LMIC (including, for example, the scale-up of an innovation from an LMIC into a UK-context), or use an evidence-based intervention in an untested context or new setting. We encourage applicants to articulate, where possible, how their proposal builds on good practice and contributes to the evidence base for effective Health Partnerships by referencing, for example, the resources available on THET's website (e.g. [THET's Innovation Toolkit](#) or [Innovation Platform](#)).

### 2. Gender Equality and/or Social Inclusion

THET invites applications with a core focus on advancing gender equality and/or social inclusion in relation to any or all health system components. This could include, but is not limited to, projects with an emphasis on: breaking down gender biases between health workers, or within health systems and institutions; seeking to improve access to, and/or quality of, healthcare for socially excluded groups; strengthening health systems through empowering socially excluded groups and/or individuals. Those applying under this theme may find it useful to refer to THET's [Gender Equality and Social Inclusion Toolkit](#).

### 3. Climate Change

Strengthening health systems to address the additional health risks of climate change will reduce current and future health burdens and is likely to become an ever-greater area of attention for health system strengthening efforts and Health Partnerships. THET invites applications that seek to increase the resilience and/or effectiveness of health systems, health providers and health care through projects aimed at climate change adaptation and/or mitigation. This could include, but is not limited to: capacity building focused on equipping health workers with the skills to provide effective service delivery during climate related crises (e.g. drought or famine); establishing information systems that allow for the collection of timely and relevant data on the incidence and geographic range of climate-sensitive health outcomes; mitigating a health service's negative impact on the climate; or the development of health adaptation plans that consider how climate change-related actions could affect current and future population health.

### 4. Blended and Remote Learning

The role of technology in Health Partnerships is increasingly recognised for its value in enhancing the impact of skills exchanges between those involved, widening the participation of NHS staff involved in such activities and reducing the environmental impact of Health Partnerships. THET, therefore, invites applications that seek to increase and/or pilot the use of digital technology, blended learning, and virtual volunteering, with an additional focus on evaluating its efficacy. While most projects in any stream will include some elements of blended and remote learning, a significant proportion of the capacity development must be delivered in these ways.

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## APPROACH

UKPHS, and this call for applications, builds on the successes of the Health Partnership approach. A well-tested methodology, Health Partnerships are long-term arrangements between UK and LMIC health institutions (including hospitals or other health delivery institutions, NHS Trusts and arms-length bodies, professional associations, or health education institutions). They aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge, and experience. Volunteer-led projects are at the heart of the approach and, while project management costs (e.g. for an administrator to organise logistics, travel, or financial management) can be budgeted for, technical expertise and the delivery of project activities should be provided by volunteers.

Mutual learning should be an important element of all projects awarded through this call, with knowledge flowing between the UK and LMIC institutions. Projects must ensure exchange in learning is documented and, where possible, the learning is implemented. Where appropriate, THET would like to see emphasis on plans for producing evidence to inform practice, policy and decision-making in both the UK and the LMIC. Health Partnerships will be expected to demonstrate and create an open environment that allows learning to flow between partners freely, captures insights, is aware of biases, and dismantles any 'us and them' dynamic that is at risk of arising.

As the themes of this call are relatively unique areas for Health Partnerships, applicants are expected to carefully consider how they will both document and disseminate lessons learned and influence the scale-up and adoption of successful initiatives and approaches to inform practice, policy and decision-making that is relevant to health system strengthening in the UK and relevant LMIC. All partnerships will need to demonstrate learning from their activities and should plan and budget for how they will do this.

All partnerships should also ensure that, as far as possible, their intervention, and its outcomes, are sustainable with no, or minimal, further input from the UK partner on this area of focus once the proposed project has been completed. This should involve empowering local and national stakeholders to take ownership, and lead on, coordination of health systems strengthening activities, including building the capacity of institutions to sustain activities and change, and to embed new ways or working. Strategies should draw on the knowledge and priorities of the LMIC partners and, where appropriate, also the knowledge of other local institutions, such as community groups, NGOs, government agencies, and research bodies.

THET encourages approaches which 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.

## SIZE AND DURATION

Grants will begin on 1<sup>st</sup> September 2021 and will last either 12 or 18 months. All project activity must be completed by 28<sup>th</sup> February 2023 and applicants can apply for grants of £5,000 to £50,000. We anticipate being able to fund up to 40 grants through this call.

## NEW AND ESTABLISHED HEALTH PARTNERSHIPS

New and established Health Partnerships are eligible to apply for funding under UKPHS, including those that have an existing UKPHS grant. Applications will be assessed primarily against their ability to deliver projects that contribute to UKPHS and the above-mentioned themes.

The same amount of money will be available for both new and established partnerships, however new partnerships will have a three-month inception period in which they will be required to:

1. Conduct their first visit (if applicable) and complete a more thorough scoping/needs assessment
2. Finalise a monitoring, evaluation, and learning plan
3. Develop a Memorandum of Understanding and, where practicable, submit a letter of support from a relevant official within the LMIC Ministry of Health
4. Revise and confirm the project plan and budget
5. Develop a partnership development plan aimed at assessing strengths and weaknesses within the partnership, and a strategy for strengthening the relationship going forwards

For guidance on setting up a new Health Partnership, please refer to the [THET website](#). There is also a new partnerships webinar recording [here](#), with the PowerPoint slides [here](#), which explains the processes that institutions may go through to set up a Health Partnership. THET also advises that you read our guidance on [‘How to form a Health Partnership’](#) prior to listening.

THET may be able to facilitate connections between UK and LMIC partners where necessary. If you would like to be contacted with respect to this, please complete the [UKPHS Health Partner Matching Survey](#) as soon as possible. Completing this survey means that you are agreeing to your contact details being passed on to potential partner institutions. Alternatively, you may be able to find a partner through engaging with the [Health Partnership Community](#) LinkedIn page.

## ELIGIBILITY CRITERIA AND REQUIREMENTS

### CORE REQUIREMENTS AND COUNTRY ELIGIBILITY

The core requirements for applications are:

- Applications must be made by a Health Partnership between a UK health institution and an LMIC health institution based in one, or more, of the countries identified in this Call. We also welcome applications from Health Partnerships involving more than two partners. **Partnerships are expected to demonstrate how each of the partners contribute to the project.**
- Grants are for single, time-bound projects that are deliverable within the budget and timeframe proposed and agreed with THET.
- Projects must operate within an eligible country.
- Projects must respond to one, several, or all of the themes highlighted within this document.
- Applications must be made in English. Unfortunately, THET cannot accept applications written in other languages.
- The majority of capacity development activities must be carried out by volunteers.

### INSTITUTIONAL ELIGIBILITY

UK and LMIC institutions leading a Health Partnership must be either a health delivery institution, health training/education institution, regulatory body, NHS arms-length body, professional membership association, or academic institution.

Priority will be given to applications from these types of institutions, but non-governmental organisations (NGOs) are also eligible to apply as lead partners under this grant stream if:

- The partnership also includes a UK and LMIC health delivery institution, health training or education institution, regulatory body, professional membership association, or academic institution, which primarily delivers the health systems strengthening activities.
- The NGO has experience in delivering health focused programmes.

Where an NGO is involved as lead partner there must be a clear explanation of their role in the project and rationale as to why this cannot be provided by the priority institutions. For example, we acknowledge that some Health Partnerships are predominantly run by clinical staff who do not have the experience in project management or managing complex budgets between countries. In this case, an NGO might play a managing agent role ensuring that project activities and budgets progress in line with plans.

A Memorandum of Understanding should be in place between all lead partners and managing agents within the first three months of the project. Either the lead UK partner or the lead LMIC partner will be responsible for signing the grant contract with THET and the whole grant amount will be transferred to that institution, with them then responsible for distributing to other partners. The contract signatory must demonstrate that they have sufficient financial processes and policies in place, as well as completing THET’s due diligence process. This should not affect the equitable distribution of power between the lead partners and all partners will be expected to contribute to meeting the reporting and monitoring requirements for the programme.

## PROJECT AND PARTNERSHIP REQUIREMENTS

If the core requirements are met, applications will then be judged against the following project and partnership criteria:

#### Project requirements:

- The project clearly contributes to the overall aims of UKPHS and theme/s under which it is applying.
- There is a clearly articulated need and opportunity for the project, determined by an appropriate methodology and understanding of the wider health system.
- The project has clear and measurable outputs, outcomes, and goals that are clearly related to project activities and achievable with the resources and time available.
- The project has a clear methodology and resources for measuring success and can evidence changes brought about as a direct result of project activities.
- The project is aligned with the LMIC's health priorities and plans, including wider health systems strengthening initiatives delivered by the government, donors, and other organisations, and avoids duplication of other efforts.
- The approach to the project is appropriate and relevant to the local context.
- The project seeks to enhance social inclusion and gender equity and equality.
- The project demonstrates it can document and disseminate lessons learned and influence the scale-up and adoption of successful initiatives and approaches to inform practice, policy, and decision-making.
- The project adopts a do-no-harm approach.
- The project approach ensures both the UK and LMIC institutions can benefit.
- The project demonstrates value for money.
- The project, as far as possible, is based on recognised good practice and informed by available literature and resources.
- The project impact will be sustained once the project has come to an end.

#### Partnership requirements:

- The partnership's governance structures, decision making process and internal communications demonstrates alignment with the [Principles of Partnerships \(PoPs\)](#).
- The partnership has provided a clear, and justified, demonstration of the roles and responsibilities of each of the partners.
- The partnership has the capacity to deliver the project, including experience in project and financial management and monitoring and evaluation.
- The partnership demonstrates how a facilitative learning environment, allowing for a mutual exchange of knowledge and bidirectional learning, will be created between UK and LMIC partners.
- The partnership makes use of volunteers to deliver project activities and has appropriate and equitable systems in place for recruitment, induction, and management.

Please refer to the Q&A document for further details on the requirements for projects and partnerships.

#### FUNDING RESTRICTION

#### THIS CALL FOR APPLICATIONS WILL FUND:

- Training and workshop costs, e.g. venue costs, refreshments, and training materials (this does not include per diems).
- National and international economy class travel only. International flights will only be covered for project trips over 3 days, not including the time taken to travel, to reduce environmental impact.
- Travel associated costs, e.g. travel insurance (if not already covered by a central institution policy), accommodation, subsistence, visas, and vaccinations.
- Project communications costs, e.g. platforms for teleconferencing, telephone, and eLearning.
- Publications and the development of web pages. N.B. 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 [FCDO Digital Spend Panel](#).

- Equipment up to a maximum of 20% of the total grant. N.B. significant assets, or a group of similar assets e.g. laptops of over £500 will need to be approved by FCDO prior to purchase.
- Bank charges for transfer of funds between partners and to others.
- Project management costs up to a maximum of 20% of the total grant for those applying under the ‘innovation’, ‘gender equality and social inclusion’ or ‘climate change’ themes. Those applying under the ‘blended/remote learning’ theme, including where this is in addition to another theme within the same project, can budget up to 30% of the total grant for project management costs. This can include project staff salary contributions for part- or full-time posts required to deliver the project within the set project period.
- Consultancy costs up to 20% of the total budget (please refer to Q&A for details on when this is appropriate).
- Contingency up to 1.5% of the total budget to factor in exchange rate variances and/or bank charges.
- Monitoring, evaluation and learning costs. THET expects this to form 10-20% of your budget.

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#### THIS CALL FOR APPLICATIONS WILL NOT FUND

- Entertainment costs
- Costs relating to the delivery of health services (e.g. clinical staff salaries)
- Large scale infrastructure or refurbishment costs
- Professional fees or sitting allowances. While attendees at capacity development activities may be reimbursed for their travel and expenses, they will not be paid for their time.
- Air travel involving 3 or less days of project activities.

#### APPLICATION AND SELECTION PROCESS

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##### PRE-APPLICATION WEBINAR

THET will hold a webinar to run through the application process and answer any questions on **Tuesday 23<sup>rd</sup> February at 9:00am (UK GMT)**. You can register for the webinar [here](#) and, afterwards, a recording of it will be available on our website.

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##### HOW TO APPLY

Applicants are required to submit the following, using the templates provided:

- Application Form
- Budget
- Letters of support from both lead partners

The grant application form and budget template should be completed collaboratively and sent to [grants@thet.org](mailto:grants@thet.org) by **17:00 (UK BST) on Wednesday 12<sup>th</sup> May 2021**. Applications received after this date will not be considered and all information should be included in the body of the application form. Additional documents or footnotes will not be considered by the selection panel.

**If you do not receive an acknowledgment from us within two working days, please assume that your application has not been received and re-submit. If you plan to submit more than one application, these need to be submitted in separate emails.**

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##### SELECTION PROCESS AND TIMEFRAMES

TIMEFRAME	STAGES
<b>10 February 2021</b>	Call for Applications opens
<b>23 February 2021</b>	Pre-application webinar
<b>12 May 2021</b>	Application submission deadline
<b>May - June 2021</b>	Review of applications and shortlisting by THET/LSTM
<b>July 2021</b>	Technical review by independent selection committee
<b>August 2021</b>	Grants awarded and contracting period
<b>September 2021</b>	Grants begin

<b>August 2022 – February 2023</b>	Grants end
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An initial review, and shortlisting, of all applications will be undertaken against the institutional, project and partnership eligibility criteria by THET and LSTM staff before any clarifications are sought and an external panel makes final funding decisions. These will be final and will be communicated via email to all applicants, both successful and unsuccessful, along with feedback.

A due diligence assessment of the lead UK and LMIC partners will then be undertaken by THET staff before contracting is finalised. THET and LSTM will then meet with successful applicants and work with them to integrate any recommendations from the review of their proposals, and to finalise project plans, monitoring and evaluation plans, and budgets.

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#### FURTHER SUPPORT

For all enquiries, please read in detail all documents associated with this call for applications and watch the webinar that will be available on the THET website. If you have further questions, please email the THET Grants Management Team at [grants@thet.org](mailto:grants@thet.org).