

## PURPOSE OF THIS DOCUMENT

The purpose of this document is to clarify and provide further guidance on the information provided in the 'Call Document', 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](mailto: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 managing Health Partnership grant programmes to ensure that all partnerships funded under UKPHS effectively contribute to the overall aims of the programme. In addition to grant giving, THET provides support for project planning, resolving project management challenges, reporting, monitoring, evaluation and learning (MEL), 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 MEL.

## WHAT IS A HEALTH PARTNERSHIP?

Shown to be a model of capacity development that offers an effective, sustainable and value for money approach to strengthening national capacities, whilst also resulting in the strengthening of the UK workforce, [Health Partnerships](#) are long-term, institutional relationships between UK 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.

Often beginning 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.

## 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 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 together, such as a needs assessment or research.

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 THET's Principles of Partnership but must demonstrate a commitment to do so and have a clear strategy for formalising and institutionalising the partnership.

## CAN YOU DEFINE THE ELIGIBILITY CRITERIA MORE CLEARLY?

### PROJECT REQUIREMENTS:

The project clearly contributes to the overall aims of UKPHS and theme/s under which it is applying.

- UKPHS aims to build stronger and more resilient health systems in LMICs, and thus your project must clearly demonstrate how it contributes to this endeavour.
- There are four distinct themes outlined in the Call for Applications. Your project must clearly demonstrate how it fits within the scope of the relevant theme(s) into which your project corresponds.

There is a clearly articulated need and opportunity for the project, determined by an appropriate methodology and understanding of the wider health system.

- Your approach should be justified and explained through a robust assessment of opportunities and needs, within the context of the relevant themes outlined in this Call for Applications and underpinned by an equitable, appropriate methodology that involved engagement of relevant stakeholders. This should include showing that your partnership understands the nuances and challenges of the operational environment and 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.

- THET and LSTM will look for evidence that the aims of your project are clear, and that the achievement of your outputs will allow for the subsequent achievement of your outcomes and overall project goal. These should be realistic and attainable within the time and resource constraints, and activities detailed should be unambiguous and demonstrate to the reader how they relate and allow you to achieve your aims.

The project has a clear methodology and resources for measuring success and can evidence changes brought about as a direct result of project activities.

- Applicants need to demonstrate how they will evidence that their project has successfully done what it set out to do through the provision of clear indicators and targets, and an articulation of challenges and obstacles that could prevent achievements from materialising.

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.

- Within the context of the theme under which applicants are applying, applicants should show how their project is aligned with available information and resources related to the priorities and plans of the LMIC. They should also evidence that they are aware of the other stakeholders operating in the same field and, where there is potential for overlap, what will be done to avoid duplication and promote collaboration and coordination.

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

- Applicants should articulate how they have ensured their project, and its activities, are feasible and appropriate for the complexities of the local context and health system, and how this has influenced the project approach. This should include evidence that your project approach is based on an understanding of the local context, and any stakeholder engagement that has informed this should be detailed.

The project seeks to enhance social inclusion and gender equity and equality.

- Despite there being a discrete GESI theme for this call, all partnerships must nevertheless 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. This should be related to both access to health services for patients and GESI issues within health systems. Health Partnerships must therefore demonstrate how they will promote equitable access to and within health services and systems regardless of 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. Partnerships may also want to consider ensuring that their budget reflects GESI plans and should make use of THET's GESI Toolkit.

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.

- With increased potential for unique beneficial approaches and projects through this call for applications, it is important that partnerships plan for, and can document and disseminate, important lessons learned in a strategic and logical manner that demonstrates potential for influencing relevant stakeholders.

The project adopts a Do-No-Harm approach.

- Health Partnerships should be aware of the position or role they play in each context and acknowledge their own biases. The Do-No-Harm approach is the understanding of the impact of development on existing systems, processes and environments and its interactions within particular contexts, with the goal to limit or prevent unintended negative effects. In UKPHS this could involve, for instance, mitigating the possible harm that can result from health workers being taken off-duty to attend a capacity development initiative.

The project approach ensures both the UK and LMIC institutions can benefit.

- Health Partnerships are a mutually beneficial model for strengthening health systems. While the focus of projects should be on strengthening health systems in the LMIC, it is important that benefits to both lead partners are considered and planned for. Applicants should therefore evidence clear goals and associated indicators for the UK institution, as well as LMIC, and demonstrate that they have considered how potential positive learning for UK volunteers and institutions can be translated into tangible change. This could include, for example, a strategy for constant capturing of insights and plans for piloting implementation.

The project demonstrates value for money.

- FCDO defines value for money (VFM) as “*maximising the impact of each pound spent to improve poor people’s lives*”.<sup>1</sup> 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, as far as possible, is based on recognised good practice and is informed by available literature and resources.

- Applicants, where possible, should evidence that their approach is informed by well-evidenced literature, resources and practice with regards international development, MEL, and the thematic focus of the project. This could include referencing international guidelines and best practice from reputable sources.
- While this call for applications will fund novel and innovative projects, applicants should demonstrate the rationale and previous work or available literature that informed any new, un-tested, approaches.

The project impact will be sustained once the project has come to an end.

- Applicants should clearly demonstrate how the outcomes of their project will be sustained once funding has ended. This should include a variety of sustainability considerations and strategies and could include reference to elements such as the training of trainers, building soft skill capacity in local leaders, enhancing buy-in and local ownership, engaging senior management and relevant government departments, embedding changes within existing systems, taking a systems approach, or implementing policies and procedures.

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#### PARTNERSHIP REQUIREMENTS:

The partnership’s governance structures, decision making process and internal communications demonstrates alignment with the Principles of Partnership (PoPs).

- THET’s PoPs are a series of guiding principles and hallmarks that support Health Partnerships to improve the quality and effectiveness of what they do. Applicants should ensure existing, or planned, governance structures, decision making processes and internal communications align with the relevant PoPs.

The partnership has provided a clear, and justified, demonstration of the roles and responsibilities of each of the partners.

- The specific roles and responsibilities of each partner, whether shared or delineated, should be clearly defined and applicants should pay careful attention to ensure that the underlying logic is clear, and that issues of equity, equality and opportunity have been considered, bearing in mind that THET expects both lead partners to play an active role in project management.

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, and includes experience in project management, financial management, MEL, and international collaboration. Both lead partners are expected to contribute to project management and, where there is a lack in capability, partners will be expected to show how they will work together to fill gaps and share responsibilities.

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<sup>1</sup> Department for International Development. (2011). Department for International Development’s Approach to Value for Money. Available at: <https://www.gov.uk/government/publications/dfids-approach-to-value-for-money-vfm>.

The partnership demonstrates how a facilitative learning environment, allowing for a mutual exchange of knowledge, will be created between UK and LMIC partners.

- Applicants should consider how they will learn from one another and should approach their activities and projects as an opportunity for mutual learning. Applicants should therefore demonstrate the strategies, plans, and practices their partnership will adopt to create an open, facilitative learning 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.
- All partnerships need to demonstrate learning from their activities and should consider budgeting for, and planning, different means of knowledge production. Applicants should, therefore, also consider how they will disseminate learning to other health partnerships and stakeholders, and how they will influence the uptake of evidence and insights to inform practice, policy, and decision-making that is relevant to health system strengthening in the UK and relevant LMIC.

The partnership makes use of volunteers to deliver project activities and has appropriate and equitable systems in place for recruitment, induction, and management.

- UKPHS is a volunteering programme. While we encourage a certain level of paid project management to oversee elements of the administrative and reporting requirements, project activities should be delivered by volunteers. Applicants should demonstrate how they will utilise volunteering to this end and explain the processes and systems you have in place, or will have in place, to recruit, induct, and manage volunteers in a fair, transparent, and appropriate manner that accounts, where appropriate, for issues such as equality of opportunity, duty of care and safeguarding.

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

**Monitoring and evaluation plan** – Building on the basic MEL plan submitted in the application, THET and LSTM will work with successful applicants during the first 3 months of their project to finalise a monitoring and evaluation plan which will be used to track the progress and successful completion of the project.

**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.

**Development of partnership policies** – Where they do not exist, safeguarding, procurement (where applicable) and fraud, bribery and corruption policies should all be developed by your partnership within the first 3 months of being awarded the grant. These will ensure that best practice is adhered to and any risk associated with the running of projects is managed and minimised.

**Development of Memorandum of Understanding (MoU)** – Where this does not exist for new partnerships, THET expects an MoU to be finalised and signed within the first 3 months of their projects.

**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, FCDO would expect to transfer assets over to partners once the project has ended if they will sustain the impact and benefits of the project activities, but if there are concerns that assets will not be maintained or secured, FCDO may request their return.

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 FCDO of any significant assets which partnerships would like to purchase.

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## MONITORING AND REPORTING

**Narrative and finance reports** – Partnerships will be expected to report progress against their activity plan, monitoring and evaluation plan, and budget on a six-monthly basis. Information required will include output and outcome data, gender-disaggregated direct beneficiary data, volunteer inputs data, international flights CO<sub>2</sub> 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.

**Monitoring trips by THET and LSTM** – THET and LSTM will carry out in-country monitoring visits and, therefore, your partnership may be visited at some point throughout the duration of your project. 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. Where your partnership is in a country with a THET staff presence this could mean more regular visits.

**IATI reporting** – Partners will be expected to report to the [IATI Standard](#) on a biannual basis. The IATI Standard is a global initiative to improve the transparency of development and humanitarian resources. UK lead partners (the partner who receives funds from THET) are contractually obliged by FCDO to report funding flows through the IATI Standard.

## 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.

**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.

## PLEASE EXPLAIN HOW TO FILL OUT THE BUDGET TEMPLATE

A simple budget template has been provided for applicants to complete and THET advises that the application form is completed before the budget template to ensure that all costs are captured accurately.

The costs should be provided according to project periods of 6 months and should provide as much detail as possible so that VFM can be discerned. Additional budget lines can be added where necessary, but please ensure that the 'totals' continue to add up correctly and formulae are copied and pasted to additional cells.

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### PROJECT MANAGEMENT

Project management lines can account for up to 20% of the total budget 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.

Please pay careful attention to the project management requirements detailed above and ensure that you have considered your capacity for adhering to these, and budgeting for them where deemed necessary. Office equipment such as laptops or printers, should also be included here.

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### EQUIPMENT AND REFURBISHMENT

While THET does not encourage extensive purchasing of medical equipment and supplies through UKPHS, it may be necessary for medical equipment to be purchased to allow for capacity development or other project activities. Partnerships should ensure that they have thoroughly researched the sustainability of purchasing any equipment and considered factors such as the availability of spare parts and the existence of expertise to make necessary repairs. Equipment and refurbishment costs should not exceed 20% of the total budget and all significant assets will need to be approved by FCDO prior to purchase.

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### TRAVEL

Budget lines for 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 may want to use to guide their budgeting.

Partnerships should note that THET will not fund international travel for trips involving three or less days of project activities. As such, we advise that partnerships maximise the opportunity that an international trip affords and consider whether activities can be delivered remotely or by utilising in-country expertise.

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### PROJECT ACTIVITIES

The activities highlighted in this category should reflect the activity plan in section 4.2 of the application form and it should be clear to anyone reviewing the budget what activity the cost is associated with. For example, should you need to budget for catering it should be clear what event this is related to.

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### MONITORING, EVALUATION AND LEARNING

THET and LSTM expect partnerships to allocate 10-20% of their budgets to MEL activities and resources, including associated staff-time and travel. This can include costs for research and dissemination of learning, and we ask that applicants include costs associated with gaining ethical approval where applicable.

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### OTHER

Contingency costs of up to 1.5% can be included in the budget.

Consultancy costs up to 20% of the total budget can also be included where exceptional technical input is required (this may be appropriate, for example, to support the piloting of new digital technology) and THET may propose that this comes from a technical facility supported by the programme, if available. Please note, however, that THET still expects most technical expertise, particularly that associated with capacity development, to be delivered by volunteers, and your use of this budget area will be judged against Value for Money criteria.

Please use the Notes column (column S) 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.

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#### FUNDING FLOW

In the second tab within the budget template applicants should detail any planned downstream funding flows between project partners. For contractual reasons, THET will transfer all funds to the contract holder (tier 2 partners) but you should detail any further transfers likely to be made and confirm which tier 3 partners will be receiving funding, and how much you anticipate they will be receiving.