# A blue and white logo Description automatically generatedGrant Overview: Global Capacity Building

# Large Grants – Uganda and Zambia

## 1 Purpose

Funded by NHS England (NHSE), the Global Capacity Building programme (GCB) offers grants to health partnerships to collaborate on health systems and health worker capacity strengthening between England and Uganda, South Africa and Zambia. This call is for applications for Uganda and Zambia, while the call for grants in South Africa will be released within the next month.

[NHSE aims to support](https://global-learning-opportunities.hee.nhs.uk/) health partnership activity which enables NHS staff in England to develop as professionals, supports NHS employers with their staff engagement and organisational development, and play a role in tackling shared global health challenges.

As fund manager, the Tropical Health and Education Trust ([THET](http://www.thet.org)) is offering health partnerships the opportunity to bid for grants of up to £50,000 for virtual or in-person volunteering placements. These placements are designed to enable collaboration on capacity strengthening activity in global partner health institutions, while demonstrating benefits back to the NHS (for example, staff development, engagement and satisfaction, recruitment and retention). Across the three countries we expect to fund ten grants in total. Please note that small grants of up to £10,000 will also be made available in September 2023.

A well-tested methodology, Health Partnerships are long-term arrangements between English and global partner health institutions. They aim to improve global partners’ health services and systems through the reciprocal exchange of skills, knowledge and experience. For more details on health partnerships and how to form one, [please see here](https://www.thet.org/resources/how-to-form-a-health-partnership/).

In order to ensure local ownership and sustainability, the focus of the GCB large grants must be on the priorities identified through a scoping assessment carried out by THET in each country with the Ministries of Health. We are currently finalising the priorities for South Africa, but applications for Uganda and Zambia must focus on one of the following areas, and align with the detailed findings and priorities outlined in the [scoping reports](http://www.thet.org/wp-content/uploads/2023/08/GCB-Joint-Scope-Assessment-Report.docx).

|  |  |
| --- | --- |
| **Country** | **Priority Global Capacity Building themes** |
| Uganda | * Increase access to quality maternal and neonatal care through specialist training at referral hospitals/centres of excellence. Priority sites are Kawempe Referral Hospital in Kampala and Hoima Regional Referral Hospital in Western Uganda. * Regional orientations of nurses and midwives within the catchment area of Kawempe and Hoima Referral Hospitals as well as other areas that register high maternal and neonatal deaths. * Leadership training and capacity strengthening for local government health managers. |
| Zambia | * Capacity strengthening towards improving safe anaesthesia service delivery. * Capacity strengthening towards an integrated dietetics programme in public health facilities. |

While the focus is on capacity strengthening of global partner health workers and/or the system within which they work, we wish to encourage the pursuit of bi-directional learning thus, we urge applicants to evaluate the impact of their programmes towards both English and global partners. The partnership must be able to show therefore that the NHS volunteers will add value and help achieve outcomes and benefits for the health partnership, and the volunteers themselves.

Within these core eligibility parameters, THET particularly encourages applications that consider one or more of the following:

* Promoting opportunities for those who would not usually have the opportunity to engage in global health, such as nurses, midwives, Allied Health Professionals, [individuals with protected characteristics](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics) (such as age, disability, gender reassignment etc) and those from low socioeconomic backgrounds.
* Projects led by or including members of the diaspora.
* Projects with a focus on staff well-being.
* Projects with a focus on planetary health, sustainable delivery of healthcare, or climate adaptation: for example, aligning with NHS environmental policies; review of supply chains, procurement and waste management; review of the carbon footprint of the service user through the patient pathway, etc.
* Hybrid delivery models and/or innovative use of technology to deliver benefits.

## 2 Size and Duration

Grants will have an implementation period of 18 months, beginning on 1st January 2024 and completing no later than 30th June 2025. Each grant can bid for a maximum of £50,000 in value.

Please note the following restrictions:

* If a health partnership is awarded a large grant through the GCB, they will not be eligible for a small grant.
* Institutions in multiple partnerships may submit more than one application.

Grants in South Africa will have the same implementation duration but will begin and end slightly later.

## 3 Core Requirements

* Applications must be made jointly by an English health institution and either a Uganda or Zambia health institution.
* Both lead institutions must be one of the following: not-for-profit hospital or other health delivery institution; NHS hospital, Trust or arms-length body; professional association; regulatory body; health education or academic institution; or NGO.
* The application must demonstrate that at least one member of the NHS workforce in England will volunteer their time to engage in global health through collaborating on capacity strengthening activity with a global partner health delivery institution.
* NHS Volunteers must have clear terms of reference with clear objectives and activities aligned to the partnership or project’s aims. These objectives and activities should lead to clear results and generate lessons learnt and good practice.
* NHS Volunteer objectives should be linked to the global partners’ health workforce and health system development.
* The application must contribute to the priorities identified in the [scoping report](http://www.thet.org/wp-content/uploads/2023/08/GCB-Joint-Scope-Assessment-Report.docx).

## 4 Selection Criteria

If the core requirements and eligibility criteria have been met, applications will be assessed based on the following criteria:

* The project has a clear goal that is achievable with the resources and time available.
* The project has a clear methodology and resources for measuring success.
* The approach must be appropriate and relevant to the local context.
* The project is based on recognised good practice and is informed by available literature and resources.
* The project should demonstrate clear benefit back to the NHS in England. Please refer to the HEE Toolkit for Evidence for ideas: <https://www.thet.org/resources/toolkit-collection-evidence-knowledge-skills-gained-participation-international-health-project/>. This could include: individual personal development such as improved communication, pedagogical and leadership skills; staff engagement and well-being; and staff recruitment and retention.
* Partnerships must be able to demonstrate capacity to deliver the project, including relevant processes and policies to support volunteers and provide adequate duty of care.
* The project must demonstrate value for money (through the 4 E’s of Economy, Efficiency, Effectiveness and Equality).
* The project must demonstrate a commitment to minimising the impact of the project, and/or reducing the impact of the health system, on the environment.
* The project must demonstrate a commitment to Gender Equality and Social Inclusion. Please refer to the [Gender Equality and Social Inclusion toolkit](http://www.thet.org/wp-content/uploads/2020/09/THET-GESI-toolkit.pdf) for further information.

## 5 grant holder responsibilities

The UK lead partner will be the contract holder for these grants. Their responsibilities are outlined below:

* Signing the grant contract with THET
* Receiving grant funds and managing them in accordance with the contract
* Maintaining financial records
* Reporting biannually on grant activity to THET, through a narrative and financial report. The report will consist of the following sections:
  1. Project progress: quantitative progress against outputs and outcomes; highlights; challenges; lessons learned
  2. Capacity strengthening data: e.g. no. health workers trained, disaggregated by cadre and gender; facilities reached; stakeholder feedback.
  3. Volunteer engagement: e.g. no. volunteers, disaggregated by cadre and gender; benefits to NHS
  4. Carbon footprint: greenhouse gas emissions of flights.
  5. Finance update: finance report; fully itemised transaction list.
* Ensuring grant finances are audited as part of the institution’s annual audit.
* Taking responsibility (as laid out in the contract) for all security, insurance and registration matters related to those travelling/working on behalf of the project.
* Demonstrating safeguarding compliance, including having or developing a safeguarding policy and ensuring that volunteers have read and will abide by it.
* Please note that all NHS Volunteers must complete a pre and post volunteer questionnaire provided by THET, and will be offered the opportunity to contribute to research on the wellbeing impact of volunteering.

## 6 Funding Restrictions

Grants will fund:

* Local and international travel and associated costs, e.g. economy class travel, travel insurance (if not already covered by a central institution policy), accommodation and subsistence.
* Where at all possible, THET urges applicants to consider conducting work remotely. International economy flights will only be covered for travel of periods over 3 days in order that the project benefits sufficiently from the environmental impact.
* Training and workshop costs such as venue costs, refreshments, travel expenses and training materials (but not per diems). While it is expected that most of the training will be delivered by people volunteering their time, we will accept small trainer fees (up to 10% of the total grant) where absolutely necessary.
* Bank charges for transfer of funds
* Reasonable project management and office/overhead costs. THET would not expect this to exceed 30% of the total budget. This can include project staff salary contributions in any partner institution for part-time posts required to deliver the project within the set project period. Communication around management (for example telephone and internet costs), office costs (for example rent), administration support and office equipment (for example laptops) are included within these costs.
* Monitoring, evaluation and learning costs (no more than 30% of the budget)
* Communication and meeting costs (refreshments, transport, teleconferencing, video conferencing, etc.)
* Reasonable medical equipment and consumables
* Reasonable digital equipment
* Contingency up to 1.5% of the total budget to factor in exchange rate variances and/or bank charges.

Grants will not fund:

* Backfill funding for NHS volunteers
* Volunteer per diems
* Sitting allowances (for individuals to attend training)
* Entertainment costs
* Costs relating to the delivery of health services
* Non economy travel
* Capital costs

## 7 Application and Selection Process

Please read the below outline for THET’s selection process carefully (N.B. A call for applications for South Africa will come out separately, with adjusted application and selection process timings).

|  |  |
| --- | --- |
|  |  |
| 16th August 2023 | Call for applications launched |
| 23rd August 2023 | Pre-Application webinar (10am BST) |
| 13th October 2023 | Application submission deadline |
| October/November 2023 | Due diligence process for shortlisted grants  Review by selection group and grants awarded |
| December 2023 | Contracts issued and signed |
| 1st January 2024  30th June 2025 | Grants begin  Grants close |

THET will hold an initial pre-application webinar to run through the application process and project planning principles on Wednesday 23rd August (10-11am BST). [Please register in advance here](https://us02web.zoom.us/meeting/register/tZAtc-GqqTwqHdLnyJ9QkVyeNibXTxc9vQAc). This will also be an opportunity for applicants to ask questions about the grant call and application process.

Applicants should submit the following documents to [grants@thet.org](mailto:grants@thet.org) by **17:00 (BST) on Friday 13th October 2023**:

* Application form
* Budget form
* Letters of support from both lead partner institutions

Applications received after this date will not be considered. If you do not receive an acknowledgement from us within 2 working days, please assume we have not received your application and re-submit.

All information should be included in the body of the project outline and budget. Additional documents or footnotes will not be considered by the selection panel.

If applications have been shortlisted for the selection panel, THET will require both lead partners to submit a due diligence assessment form and associated documentation. Applicants must be available in late October and early November to take part in this process.

Applications will be reviewed by THET against the eligibility criteria and grant requirements listed above. **THET’s decision to award grants will be final.**

Project development is a consultative process with THET. Applicants must be willing to engage in this process.

**If you have any additional questions, please email us at** [**grants@thet.org**](mailto:grants@thet.org)**.**