# A blue and white logo Description automatically generatedA blue and white logo Description automatically generatedGlobal Capacity Building

# Application Form: Small grants

This form should be read in conjunction with the **Global Capacity Building Small Grants Overview document**.

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**The project outline should be completed and submitted along with the budget and letters of support to** [**grants@thet.org**](mailto:grants@thet.org) **by 17:00 (BST) on Monday 1st July 2024.**

**If you do not receive an acknowledgment from us within two working days, please assume we have not received your application and re-submit.**

## 1. Summary Details

1.1 Partnership summary

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| --- | --- |
| **Lead England partner** |  |
| **Lead Global partner** (Uganda, Zambia or South Africa) |  |

1.2 Project summary

|  |  |
| --- | --- |
| **Project goal** |  |
| **Project start and end dates** |  |
| **Country of implementation** |  |
| **Total Budget Requested**  (Up to £10,000) |  |
| **Project summary:** Briefly describe the planned project and summarise the rationale, identified needs and opportunities (for both lead partners), intended outcomes and the main activities of the project. *(Maximum 200 words)* | |
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## 2. Partnership

2.1 Tick the box that best describes each lead institution. Please note that if you do not tick any of the boxes, your application will be ineligible for funding.

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| --- | --- | --- | --- | --- |
| **Lead England Partner** | |  | **Lead Global Partner** | |
| ☐ | NHS Hospital or Trust | ☐ | Public/not-for-profit Hospital |
| ☐ | Health Training/Education or Academic Institution | ☐ | Health Training/Education or Academic Institution |
| ☐ | Regulatory Body (health sector) | ☐ | Regulatory Body (health sector) |
| ☐ | Professional Membership Association | ☐ | Professional Membership Association |
| ☐ | NGO |  | ☐ | NGO |

2.2 Please provide contact details for thekey partners involved in this application. If there are more than two partners involved (England and global), add more boxes as necessary to include all.

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| --- | --- | --- |
| **Lead England partner** | | |
| Name of institution |  | |
| Project co-ordinator (title, first name, surname) |  | |
| Position |  | |
| Department/faculty |  | |
| Address |  | |
| Email |  | |
| Telephone number(s) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |
| **Lead Global Partner** | | |
| Name of institution |  | |
| Project co-ordinator (title, first name, surname) |  | |
| Position |  | |
| Department/faculty |  | |
| Address |  | |
| Email |  | |
| Telephone number(s) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |

2.3 Please list any other project partners or stakeholders that will play a role in the delivery of the project. (*Maximum 100 words)*

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2.4 History of partnership and project implementation

Please provide a brief overview of your partnership, how you have worked together previously, for how long and in which clinical areas. Please note, by partners we mean the organisations rather than individuals. *(Maximum 150 words)*

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## 3. Justification

3.1 Describe how the partnership has assessed the need for this project, and the global partner health system and / or institutions that were involved in the assessment. This might include a formal needs assessment, desk-based research, or face to face/teleconference meetings. *(Maximum 100 words)*

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3.2 Describe the opportunity, or opportunities that your partnership has identified, and the problem that this project is trying to address. *(Maximum 300 words)*

You might want to include contextual issues which are relevant to this application such as:

* The operational environment at the institutions the project will be delivered.
* The health system, or part thereof, in which the relevant department(s)/institution(s)/location(s) is situated.
* Relevant stakeholders, their needs, and whether these needs could overlap/clash.
* How, and how well, needs are currently being met.
* How the needs are aligned to the global partners’ government priorities and plans.
* Any similar interventions currently being delivered/in planning

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## 4. Project Description

4.1 Clearly describe the changes (outcomes) and overall achievements (goal) you expect to see as a result of your project and the data collection plans for evidencing these changes, by completing the monitoring and evaluation plan below. All changes should be SMART (specific, measurable, achievable, relevant, time-bound). Where appropriate, please include disaggregated data on the number of health workers and service users you expect to reach.

If you expect to see more than three changes, at either output or outcome level, then please add additional rows where relevant. If you would like to use more than one indicator for your goal or each change then please feel free to do so.

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| **Objectives** – *what significant changes do you expect to see by the end of the project?* | **Indicator and targets** – *what data will show that you have achieved this change, and what**is your target?* | **Data collection** – *who will do this and when?* | **Data analysis** – *who will do this and when?* |
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| *Please add extra rows if necessary* |  |  |  |

4.2 List the main project activities (no more than 20) that will ensure you achieve the changes and outcomes listed above and which strengthen the Health Partnership during the project implementation period, October 2024 – June 2025. Mark an X in the quarter(s) in which the activity will take place.

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| --- | --- | --- | --- | --- |
| **Activity** | **Implementation site/s** | **Q1** | **Q2** | **Q3** |
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4.3 Please fill in the table below with an estimate of the disaggregated data of your proposed project.

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|  | **Type** (e.g. cadre/facility) | **Number** |
| Total number of health workers trained, disaggregated by cadre.  *e.g. Nurses x 5 etc.* |  |  |
| Number of implementation sites, disaggregated by level/type of facility (e.g. tertiary hospital). |  |  |
| Estimated number of patients who will access improved service within the project duration. | N/A |  |
| Number of NHS staff from England who will volunteer by cadre. |  |  |
| Number of days in total NHS volunteers will spend on capacity strengthening activity. | N/A |  |

4.4 Please explain how your changes will be sustained beyond the lifetime of the project, and how buy-in and local ownership will be ensured. *(Maximum 200 words)*

You might like to include:

* + How relevant institutions (i.e. the lead global partner, or other government and non-governmental bodies) will take ownership of changes, and how senior leadership at institution level from the global partner will be engaged
* Considerations of both sustaining institutional and systemic impact
* Use of behaviour change and ‘Train the Trainer’ approaches
  + How the project will strengthen capacity and increase leadership of the global partner(s)

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4.5 All partnerships must consider how their project will overcome barriers, or advance issues, related to Gender Equality and Social Inclusion (GESI). Please explain how you will do so, with reference to both healthcare workers and service users *(Maximum 200 words)*

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| --- | --- |
| What barriers do women and girls, people with disabilities, and other socially disadvantaged people face in the context of accessing the health services this proposal focuses on? *(please refer to both healthcare workers and service users)* |  |
| How will your project address these issues, and ensure that GESI-related barriers to participate in or benefit from the project will be overcome? |  |
| How will you track progress in addressing issues related to GESI? |  |

4.6 What previous experience, literature, standard practice, policy papers, or work of other stakeholders and health partnerships have influenced your approach? Please also outline how your approach complies with national guidelines, protocols, policies and strategies or WHO policies where national guidelines do not exist. *(Maximum 200 words)*

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## 5. Project Management and Support

5.1 Describe the organisational systems, structures and processes that currently exist within, and between, your partnership. If they do not exist but you plan to develop them, please include these and make it explicit. Please refer to THET’s [Principles of Partnership](https://www.thet.org/principles-of-partnership/) for further guidance. Add more rows as necessary.

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| --- | --- |
| **Systems** | **What, How and Who?** |
| Governance Structures |  |
| Decision Making and Communication between partners |  |
| Financial management and counter fraud measures |  |
| Risk monitoring and management |  |
| Other (e.g. formal agreements, other policies) |  |

5.2 Explain the volunteer management processes the partnership will use when engaging NHS volunteers with clear learning objectives for themselves, to deliver project activities. Please describe below the processes by which volunteers will be recruited, inducted, managed, and debriefed. *(Maximum 150 words)*

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| --- | --- |
| Recruited |  |
| Inducted |  |
| Managed |  |
| Debriefed |  |

5.3 In what ways will the volunteers and/or the NHS in England benefit from involvement in the project? (*Maximum 100 words).* If necessary, please refer to the HEE Toolkit for Evidence: <https://www.thet.org/resources/toolkit-collection-evidence-knowledge-skills-gained-participation-international-health-project/>

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## 6. Budget

## 6.1 Please complete the table below showing expected costs (up to £10,000). Please be as specific as possible and add more rows if necessary. Refer to the Overview document for details of eligible and ineligible costs.

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| --- | --- | --- | --- |
| **Category** | **Sub-category** | **Details (please provide a breakdown of all costs you are including)** | **Cost (£)** |
| **Project management**  (up to 50%) | Project/volunteer management (e.g. recruitment, induction) | *e.g. staff time 2hrs a month* |  |
| Monitoring, Evaluation and Learning |  |  |
| Other (please specify) |  |  |
| **Technology** (required to support engagement with volunteers) | Projectors |  |  |
| Dongles |  |  |
| Laptops/computes/tablets |  |  |
| Other (please specify) |  |  |
| **Capacity development activity costs** | Supplies required to implement trainings or QI projects |  |  |
| Purchase of equipment for training (e.g. mannequins) |  |  |
| Printing of training materials |  |  |
| Other (please specify) |  |  |
| **Communication** | Printing of guidelines developed for dissemination with the institution |  |  |
| Data allowances for key staff or to support trainings |  |  |
| Other (please specify) |  |  |
| **Travel** | (Please specify) | *e.g. flights for x no. people/subsistence for x people for x days, etc.* |  |
| **Contingency** (e.g. bank charges) | (Please specify) |  |  |
| **Total** | | **£** | |