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Description automatically generatedGLOBAL Health Workforce Programme - Phase 2

Grant Call for applications

Purpose

The UK Department of Health and Social Care (DHSC) have committed additional Official Development Assistance funding of up to £4.45 million over the next two years to expand the UK’s support for health workforce through the Global Health Workforce Programme (GHWP). The programme will be expanded into three new countries: Ethiopia, Malawi and Somaliland.

The Global Health Workforce programme (GHWP), funded by the UK Department of Health and Social Care (DHSC), was originally launched in 2023 in Ghana, Kenya and Nigeria with the aim to develop the health workforce (HWF) to build stronger, more resilient health systems for post-pandemic recovery and to make progress towards universal health coverage.

The health workforce is at the centre of every health system and is key to achieving universal health coverage. However, many countries are grappling with major health workforce challenges such as critical shortages in the supply of workers, an inadequate mix of skills in the workforce, inequitable geographical distribution of health workers, and gaps in their competencies, motivation, and performance.

The COVID-19 pandemic has resulted in global workforce retention pressures, whilst the demand for health workforce has increased globally – due to ageing populations in high income countries and the increasing prevalence of non-communicable diseases in low- and middle-income contexts.

The GHWP has four programmatic outcomes:

1. Partnerships contributing towards improved health workforce leadership capacity aligned with health workforce strategies, that will support reduction in gender inequalities.
2. Partnerships aligning with and contributing towards retention and wellbeing strategies.
3. Improved the number and quality of training opportunities for health workers.
4. Co-developed and documented learning on health workforce interventions shared with key national and international stakeholders.

As the fund manager, Global Health Partnerships (GHP - formerly THET) is offering health partnerships between the UK, Ethiopia, Malawi, and Somaliland the opportunity to bid for large grants of between £100,000 and £200,000 and small grants up to £50,000. South-South Partnerships between Somaliland, Ethiopia, Malawi and Ghana, Kenya and Nigeria will also be awarded in both small and large grant categories.

**This call document invites partnerships to bid for both large and small grants.**

Approach

Health partnership grants will be awarded to respond to identified national HWF priorities and contribute to one or more of the following programmatic outcomes:

1. Partnerships contributing towards improved health workforce leadership capacity aligned with health workforce strategies, that will support reduction in gender inequalities.
   1. Addressing key health workforce gaps, AND/OR
   2. Supporting the HRH strategies, AND/OR
   3. Developing or improving policies and regulations
2. Partnerships aligning with and contributing towards retention and wellbeing strategies
3. Improved number and quality of training opportunities for health workers
   1. Improving the performance of the health workforce, AND/OR
   2. Developing or improving curricula, AND/OR
   3. Providing new training opportunities in remote or underserved areas, AND/OR
   4. Developing the capacity of local faculty/trainers to continue to provide training
4. Co-developed and documented learning on health workforce interventions shared with key national and international stakeholders.
   1. Developing pieces of evidence / learning (mandatory)
   2. Holding or attending events to share evidence, AND/OR
   3. Developing / using platforms to promote shared learning

The [FAQ](https://www.thet.org/global-health-workforce-programme-extension/) outlines the program key performance indicators which we expect grant holders to contribute towards.

Within the parameters above, in order to ensure local ownership and sustainability, the focus of the GHWP grants must be on the priorities identified through a scoping assessment carried out by GHP in each country with the Ministry of Health. Applicants must review the detailed findings and priorities outlined in the scoping report which can be found [here](https://www.thet.org/global-health-workforce-programme-extension/).

**Health Partnerships** facilitate international collaboration to address workforce priorities identified by Ethiopia, Malawi and Somaliland. A well-tested methodology, health partnerships have historically been long-term arrangements between UK and overseas health institutions. They aim to improve health services and systems through the reciprocal exchange of skills, knowledge and experience.

**South-South partnership**: any instance where learning is shared between Global South partners would be considered s/s

**NHS partnership**: this is marked yes when the lead or co-lead partner is an NHS trust, or when the additional partner is an NHS trust with significant involvement in the project.

*Note: significant involvement will remain subjective.*

As outlined in this document, the GHWP encourages applications from health partnerships between Ethiopia, Malawi and Somaliland. However, South-South partnerships between Somaliland, Ethiopia, Malawi and Ghana, Kenya and Nigeria are also encouraged. For more details on health partnerships and how to form one, please visit <https://www.thet.org/resources/how-to-form-a-health-partnership/> and the [Principles of Partnerships (PoPs)](http://www.thet.org/pops/principles-of-partnership). Please note that while these documents refer to partnerships between UK and overseas health institutions, the GHWP is open to international partnerships. An application must be submitted by a health partnership that includes, as a minimum, a lead partner from any two of the four extension countries: UK, Ethiopia, Malawi, Somaliland. For South-South partnerships, applications must be submitted by a health partnership that includes, as a minimum, a lead partner from one of the three extension countries: Ethiopia, Malawi, Somaliland.

GHP encourages partnerships to promote engagement opportunities for those who would not usually have the opportunity to engage in global health, such as certain cadres, individuals with protected characteristics (such as age, disability, religion or belief etc.), members of the diaspora, and those from low socioeconomic backgrounds.

LETTERS OF SUPPORT

It is a requirement that letters of support are submitted from the lead partner institutions. These letters should be on headed paper and signed by either the head of department or head of institution (whoever has the authority to sign contracts at the organisation) as evidence that all partners are committed to the implementation of the project. Letters should also confirm that both partners have been involved in the planning process.

Additional letters of support for large grants: towards sustainability it is encouraged that for large grants £100,000 and above, at least 1 letter of support from the national/provincial/district/local health or relevant government department/s of the country of implementation, are submitted from the partnership. These letters should be on headed paper and signed by whomever has the authority from the relevant government department as evidence that the partnership and the goals of their proposed project are supported by the national/local government in the country and/or area of implementation. If the partnership is planning to work in a new area, a letter of support from the authority showing their support for the expansion to other areas is also valid.

Size and Duration

Both large and small grants will have an implementation phase of 10 months, beginning on 1st April 2025 and ending on 31st January 2026. Each health partnership can bid for between £100,000 to £200,000 for large grants and up to £50,000 for small grants. We welcome consortia bids if appropriate.

Eligibility Requirements

To be eligible for this call, applications must:

* Be submitted by a health partnership that includes, as a minimum, a lead partner from any two of the four GHWP countries: UK, Ethiopia, Malawi and Somaliland. Three or even all four countries can be incorporated into the partnership, if applicable, as additional partners.
* For a South- South health partnership, be submitted by a health partnership that includes, as a minimum, a lead partner from one of the three extension countries: Ethiopia, Malawi, Somaliland.
* Identify one of these lead partners as a contract holder, and the other as the co-lead. These lead partner institutions must jointly write and submit the application and share accountability and ownership of the project. Any other partners should be listed as additional partners.
* Any organisation is eligible so long as [Official Development Assistance](https://www.gov.uk/government/collections/official-development-assistance-oda--2) rules are followed. Please note though that government departments are not eligible to receive funding.
* Only applications submitted on time (see below), with all completed documents and within the budget envelopes will be eligible.

For the proposed project itself to be eligible, applications must:

* Contribute to the GHWP programmatic outcomes and scoping report priorities identified above.
* Build local and national ownership and sustainability into their partnership activities.
* Produce and share a learning brief or paper at the end of their project which describes the HWF intervention and transferrable lessons (large grants only).
* Incorporate bi-directional learning and evaluate the impact of their project towards all partners.

**Eligibility on Health Partnerships operating in Ethiopia**

Those applying for grants in Ethiopia must note that the Ethiopian Ministry of Health has requested that, upon award of a grant, successful applicants:

1. Approach the regional or zonal health bureau about their intervention during project development, with an explanation of the project and how it is relevant to the health care development and priorities of the Ministry of Health.
2. Sign a Memorandum of Understanding (MOU) with the relevant regional or zonal health bureau, to include roles and responsibilities regarding, for example, the sharing of project documentation, reporting, involvement in final evaluations and the involvement of representatives of regional or zonal health offices in review meetings.  This can be done once the grant is awarded, and in the first two months, in this case by the 30th of May 2025. If grant holders face any bureaucratic hurdles doing this, GHP Ethiopia office can facilitate.
3. If the project is national, involving more than two regions, the local partner should have an MOU with the ministry of health.
4. If project is limited to one region only then the MOU should be signed with the regional or zonal health bureau.

Additionally, upon award of a grant and in the first 2 months, in this case by the 30th of May 2025, the successful applicants will need to present their project proposal with the budget breakdown to the Finance Bureau for sign-off. This should only include the portion of funds which will be spent in Ethiopia and should respect the following breakdown:

* 20% of in-country budget for Administration: administration staffing costs, transportation costs, office costs, mobile & communications costs.
* 80% of in-country budget for Programme costs. Any staffing, transportation, furniture costs that will be utilised for programme activities (trainings and workshops) can be included here.

**Eligibility on Health Partnerships operating in Somaliland**

Those applying for grants in Somaliland must note that, due to the increased risk and complexity of operating in Somaliland, GHP Somaliland office will provide security and logistical support in-country to all grant holders. This will include:

* Pre-trip meetings/briefings with the health partnership project manager/s which will include advice on which GHP approved accommodation to book, for instance.
* Pre-departure and in-country inductions for every volunteer so that they are at ease to deliver while in country.
* The provision of advice from GHP Somaliland to Somaliland partners on managing and adhering to security and logistics standards. Applicants must budget for this themselves (see advice below).
* The provision of a safety equipment pack (local phone, emergency cash, and first aid kit see table 1)
* Daily security reviews and scheduled check-ins with GHP Somaliland staff
* Crisis support, including:
  + Access to UN Humanitarian Air Service flights
  + Support in hibernation and evacuation
  + Access to INSO (Somalia/Somaliland security NGO)
  + Access to staff trained in crisis management and HEIST (Hostile Environment Individual Safety Training)
* Support, where needed, with transferring funds from the UK to Somaliland and reporting and compliance.
* The provision of background support in terms of security advisories, context analyses and references with responsibilities clearly outlined.
* The provision of background support in case of a medical or security emergency, United Nations UNHAS flights, EU flights which can be accessed by only International NGOs.

The additional support provided by GHP Somaliland will not include:

* Booking of international flights
* Booking of accommodation
* Paying for travel insurance
* Provision of per diems
* Visas and vaccinations

The table below outlines the in-country security and logistics-related costs that applicants need to budget for in their project budgets. There will be other in-country costs not shown but GHP does not expect to be involved in these.

On award, GHP Somaliland office will discuss their plans with successful applicants and may have to adjust budgets accordingly.

The successful applicants will need to obtain pre-approval from GHP on their travel logistics and security ahead of travel.

Table 1: Description of rates for security and logistical support that Health Partnerships working in Somaliland must budget for. Please use the “other” section on the budget template.

|  |  |  |
| --- | --- | --- |
| **Description** | **Unit type** | **Unit cost (USD)** |
| Airport pick up and drop off (for up to 3 people) minibus/van | Trip | $50.00 |
| Transportation costs within Hargeisa (inclusive of all costs, such as fuel) for up to 3 people (if the vehicle if van) | Day | $50.00 |
| Vehicle Hire to and from Boroma and Berbera (inclusive of all costs, such as fuel) for up to 3 people | Trip | $100.00 |
| Vehicle Hire within Boroma and Berbera (inclusive of all costs, such as fuel) for up to 3 people | Day | $100.00 |
| Special Protection Unit Armed Escorts (required for travel outside of Hargeisa) | Day | $30.00 |
| Accommodation in Hargeisa (list of approved hotels below\*) | Day/Person | $53 |
| Accommodation outside of Hargeisa: Maansoor Berbera is 60 USD, but Borama is 30-40 USD (list of approved hotels below\*) | Day/Person | $30-60 |

*\* List of accommodation that meets minimum security standards:*

*1. Maansoor Hotel - Hargeisa*

*2. Ambassador Hotel - Hargeisa*

*3. Grand Haddi Hotel - Hargeisa*

*4. Damal Hotel - Hargeisa*

*5. Rays Hotel - Borama*

*6. Saw Hotel - Borama*

*7. Maansoor Hotel - Berbera*

*8. Damal Hotel – Berbera*

Selection Criteria

If the above core requirements have been met, shortlisted applications will be reviewed against the following criteria.

Project requirements:

* The project has a clear and measurable goal that is achievable with the resources and time available.
* The project is aligned with national health priorities and plans, including wider health systems strengthening programmes/initiatives delivered by the government, donors, WHO and other organisations.
* The approach to the project is appropriate and relevant to the local context.
* The project has considered the wider health system and takes an entire system approach where appropriate.
* The project pays careful attention to issues of gender equity, equality and social inclusion (GESI), e.g., access of women, girls and people with disabilities to capacity development and services and takes a GESI sensitive approach ([Gender Equality and Social Inclusion Toolkit - THET](https://www.thet.org/resources/gender-and-social-inclusion-toolkit/)).
* The project has a clear methodology and resources for measuring success and learning between partner institutions and is able to evidence the changes which have been brought about as a direct result of project activities.
* The project demonstrates value for money (e.g., where appropriate the use of volunteers to carry out capacity development activities).
* The project is based on recognised good practice and informed by available literature and resources, building on lessons learnt.
* The project demonstrates innovative approaches to the workforce challenges they are addressing.
* The project demonstrates a commitment to minimising the impact of the project, and/or reducing the impact of the health system, on the environment.

Partnership requirements:

* The partnership demonstrates alignment with the [Principles of Partnerships (PoPs)](http://www.thet.org/pops/principles-of-partnership), with clear understanding and 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.

Please refer to the [FAQ](https://www.thet.org/global-health-workforce-programme-extension/) for further details on the requirements for projects and partnerships.

grant holder responsibilities

One of the two lead partnership organisations must be named as the contract holder to whom GHP will disburse the funding. Their responsibilities are outlined below:

* Signing the grant contract with GHP.
* Receiving grant funds and managing them in accordance with the contract, including disbursing funds to other institutions within the partnership.
* Maintaining financial records.
* Reporting (quarterly for large grants and bi-annually for small grants) on grant activity to GHP, through a monitoring, evaluation and learning log frame, a narrative report and a financial report. The report will consist of the following sections:
  + Project progress: quantitative progress against outputs and outcomes; highlights; challenges; lessons learned.
  + Capacity development data: e.g. no. health workers trained, disaggregated by cadre and gender; facilities reached; stakeholder feedback.
  + Climate risk: the impact of the project on climate risk and the environment, including greenhouse gas emissions of flights.
  + Finance update: finance report; value for money; fully itemised transaction list; asset register; funding flow.
* Ensuring grant finances are audited as part of the institution’s annual audit.
* Publishing to the International Aid Transparency Initiative (IATI) Standard. For more details on IATI standards see: <http://www.aidtransparency.net/>
* Taking responsibility (as laid out in the contract), or down streaming responsibility, 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 health workers delivering capacity development activities must complete a questionnaire provided by GHP and will be offered the opportunity to contribute to research on the personal wellbeing impact of this work.
* Producing a learning brief or paper at the end of the project which describes the HWF intervention and transferrable lessons (large grants only).
* Virtual and in-person attendance at, and contribution to, a variety of meetings organised by GHP, including inception meetings, quarterly progress meetings, grant holder sharing and learning events, programme workshops and grant completion meeting.
* Contributing to disseminating information about your health workforce intervention, liaising with the GHP External Engagement team.

While the contract holder will be contractually obliged to fulfil the above requirements, the co-lead partner must jointly own the project and liaise with the contract holder on project governance, implementation and reporting. For previous recipients of GHP funding, please note that due to the size of the grant and short timeframe, these contractual requirements will require a significant investment of time, and we encourage applicants to budget accordingly, or to partner with an organization with greater management capacity.

GHP encourages partnerships to review the sub-grant agreement terms which can be found [here](https://www.thet.org/global-health-workforce-programme-extension/) and list any queries/clarifications/edits required in the application form (section 7). Please note GHP does not require applicants to fill in the sub-grant agreement, simply to review it.

6 Funding Restrictions

Grants will fund:

* Local and international travel and associated costs, e.g. national economy class travel, travel insurance (if not already covered by a central institution policy), accommodation and subsistence.
* Where at all possible, GHP urges applicants to consider conducting work remotely. International 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 facilitator fees, venue costs, refreshments, travel expenses and training materials.
* Bank charges for transfer of funds.
* Reasonable project management and office/overhead costs (we would expect at least 20% of the total budget as a minimum). This can include project staff salary contributions in any partner institution for 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 (we would expect at least 10% of the total budget as a minimum)
* 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.

In addition, **large grant** **applicants must budget for the following**:

* In-person attendance of lead in-country partners at the in-country launch event in the capital. UK partners are welcome to attend as well, but this is not mandatory. Please note you should budget for a maximum of four people to attend per health partnership.

While not mandatory, small grant applicants are encouraged to budget and attend the in-country launch event in the capital.

Grants will not fund:

* Sitting allowances (for individuals to attend training).
* Entertainment costs.
* Costs relating to the delivery of health services.
* First or business class travel.
* Capital costs.

Application and Selection Process

|  |  |
| --- | --- |
| 22nd November 2024 | Call for applications launched |
| 3rd December 2024 | Application webinar |
| 12th January 2025 | Application submission deadline |
| 13th to 10th February 2025 | Review including due diligence assessment by selection group |
| February-March 2025 | Contracts issued |
| 1st April 2025 | Grants begin |
| 31st January 2026 | Grants close |
|  |  |

GHP will hold an initial application webinar to run through the application process and project planning principles at **11:00 AM -12:30 PM (GMT)** on **3rd December 2024,** [please register here in advance.](https://us02web.zoom.us/meeting/register/tZcqd-6vrjkiG9Gqjm_CwPDNkExdtsuG-b94) This will also be an opportunity for applicants to ask questions about the grant call and application process, and for partners to make connections.

Please note that if you are successful in securing a grant, GHP will hold a variety of in-person and virtual inception meetings (dates to be confirmed with applicants):

* A virtual full programme inception event for all grant holders in **March-April 2025**. Please note that attendance from each partnership is mandatory.
* Individual virtual inception meetings will be held in **March-April 2025** with each grant holder.
* In-person in-country events for grant holders and national stakeholders will take place in **April 2025**. Please hold this date in your calendars. Further details on this event will be communicated separately to grant holders.

Health partnerships should submit the following documentation completed, in collaboration between partner organisations, to [grants@thet.org](mailto:grants@thet.org)by **17:00 (GMT) on 12th January 2025**:

* Completed application form
* Completed budget and funding flow
* Letters of support from each lead partner organisation
  + Letters of support from relevant government departments or regulatory bodies are encouraged for large grants (above £100,000) but not mandatory.
* Completed Due Diligence assessment form

The subject of the email should state ‘GHWP Phase 2 Application’. 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 application form and budget. Additional documents or footnotes will not be considered by the selection panel.

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

Project development is a consultative process with GHP. 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)**.**