

# Global Health Workforce Programme PHASE 2

# Call for Applications: Frequently Asked Questions

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## Who is managing the Programme?

Global Health Partnerships (GHP - Formerly THET)

The Global Health Partnerships (GHP - formerly THET) is a global health organisation managing programmes across Africa and Asia to strengthen health systems, working to achieve better access to quality healthcare. We do this through a model of Health Partnerships, i.e., partnerships between health institutions from different countries, working together to co-develop responses to locally identified health system priorities. Global Health Partnerships (GHP) has been managing programmes to strengthen health systems and Human Resources for Health (HRH) for over 30 years.

## What is a health partnership?

[Health partnerships](https://www.thet.org/wp-content/uploads/2020/10/The-Health-Partnership-Model.pdf) have historically been long-term partnerships between UK and overseas health institutions. Partnerships aim to improve health services and systems through the reciprocal exchange of skills, knowledge and experience between partners. The Global Health Workforce Programme also aims to support health partnerships between Ethiopia, Malawi and Somaliland.

Health partnerships often begin 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.

Health partnerships seek to address priority gaps and needs identified by the overseas/non-UK partners, and usually focus their activities on a series of projects. Often the projects implemented by health partnerships support human resources for health development through the training and education of healthcare workers in the overseas/non-UK partner institutions. Activities, especially when the partnership has been well-established over a number of years, can then broaden to include strengthening aspects of a health system, such as clinical pathways and policies, and a scale up of their activities.

GHP has developed nine [Principles of Partnership (PoPs)](https://www.thet.org/principles-of-partnership/), which are hallmarks of good practice for health partnerships and the way they manage projects, such as working consistently within local and national plans and planning and implementing projects together with a clear commitment to joint learning.

Through the UK Foreign, Commonwealth and Development Office (then DFID) funded [Health Partnership Scheme](https://www.thet.org/our-work/health-partnership-scheme/), which GHP managed, it has been possible to demonstrate that this model of partnership and capacity development offers an effective, sustainable and value for money approach[[1]](#footnote-2) to strengthening national capacities, whilst also resulting in the strengthening of overseas health systems and improved leadership skills among the UK workforce[[2]](#footnote-3).

## Partnership Eligibility

### 3.1 What are the differences between established and new Health Partnerships?

Established partnerships

In the context of this programme, we define an established health partnership as one that has been working together for over six months, is formalised and institutionalised, and can clearly demonstrate adherence to [GHP’s Principles of Partnership](https://www.thet.org/principles-of-partnership/).

New partnerships

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 of the  [Principles of Partnership](https://www.thet.org/principles-of-partnership/) but must demonstrate a commitment to do so and have a clear strategy of how the partnership will become formalised and institutionalised. For guidance on setting up a health partnership, please refer to GHP’s  [Guidance for New Health Partnerships](https://www.thet.org/wp-content/uploads/2020/10/Guidance-for-New-Health-Partnerships_final-1.pdf).

**Both new and established health partnerships are eligible to apply under this Call for Applications.**

### 3.2 What type of institutions can be part of a health partnership under this programme?

In the context of this programme, the Lead Partners must be one of the following:

* Healthcare provider
* Executive agency or arms-length body
* Professional association
* Regulatory body
* Health education or academic institution
* Charity or civil society organisation
* Other (e.g. private limited company, so long as [Official Development Assistance](https://www.gov.uk/government/collections/official-development-assistance-oda--2) rules are followed)

Please note that government departments are not eligible to receive funding.

### 3.3 Are multi-country partnerships eligible for a GHWP grant?

Yes, the GHWP Phase 2 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. Applicants can submit proposals for multi-country partnerships as long as the lead partners are from a minimum of two GHWP countries: UK, Ethiopia, Malawi and 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. Additional partners supporting the delivery of the project but not leading it may be based in other countries.

### 3.4 Is it possible for various hospitals or health partnerships to do a joint bid and therefore for volunteers and health workers from various hospitals and other health institutions to be involved?

Yes, this grant stream allows for multi-partner partnerships. The application form has space for including additional partners. If someone from another institution wishes to provide technical input to a project on an individual basis, their institution does not need to be listed as a partner (however if the individual will be part of the outcome that brings benefit to an institution, the application will need to consider how they can demonstrate this if their institution is not formally involved).

## Scoping Studies

The call is designed around strategic priorities and recommendations identified from scoping studies conducted in the early stages of the programme. The scoping studies for each country is found [here](https://www.thet.org/global-health-workforce-programme-extension/).

What aspects you are looking for in the financial management experience section of the application form?

In this section of the proposal, we would like to see clear evidence of the existing (for established partnerships) or proposed (for new partnerships) financial management and counter fraud processes that are in place between all partners. We also expect the financial management roles and responsibilities to be outlined in a Memorandum of Understanding (MOU) between partners (for new partnerships, this can be developed within the first three months of the project). An example of wording in a MOU may include:

*In respect of finance and any required transfer of monies we will work within the code and confines of the ‘GHP Finance Toolkit for Health Partnerships’ (and the bullet points below). There is a strong commitment and trust within the partnership, and we anticipate no difficulties in this respect:*

*Responsibilities: XXXX (name of partner organisation) will:*

* + *Provide oversight of the whole project, managing timelines and processes as well as budget management.*
	+ *Co-ordinate reporting required for the project.*
	+ *Carry out regular internal audit and/or systems review, as well as external audit.*
	+ *Keep all payment request forms and receipts kept on file.*
	+ *Update the record of transactions regularly.*
	+ *Confirm appropriate staff members assigned to authorise expenditure, with the person authorising payments being different to the person requesting its purchase.’*

We would also expect the partnership to have considered:

* Record keeping (e.g., keeping and access to all receipts, financial documents kept on file)
* Bank transfer and exchange rate (e.g., taking note of bank transfer costs, keeping track of exchange rate)
* Payment authorisation: clear and appropriate segregation of duties e.g., list of authorised signatories)
* Asset management (e.g., keeping a record of what is owned)
* Procurement (if partnerships are purchasing items of significant value)
* Counter fraud measures and general financial policies and processes (e.g., a finance policy that covers controls, checks and balances)

## Can you define the project and partnership criteria more clearly?

### Project Requirements

The project has a clear and measurable goal that is achievable with the resources and time available.

* GHP will need to see a description of your project including the types of activities, expected changes and/ or results and the project goal that align with the overall aims of GHWP.
* GHP will look for information demonstrating that the type of activities and approaches that you plan to implement are relevant to the project goal and changes you expect to achieve, and measurable within the project timeframe.

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.

* GHP will look for evidence that your project is in line with national health priorities, policies and strategies stated by the government where your project will be implemented. In this case, reference to published government policies are helpful to include in your application.

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

* GHP will look for evidence that you have consulted with agencies and organisations that are crucial for planning and implementing your project. This may include government bodies and community-based organisations.
* Applicants should consider the method which they are using to deliver their project and whether this is appropriate for the local context. For example, this could be thinking about the appropriateness and sustainability of equipment or the accessibility of training tools.

The project has considered the wider health system and takes a whole system approach where appropriate.

* *A whole system approach* involves partnerships’ projects focusing on supporting and addressing the health system priorities identified through the scoping. This should result in the development of stronger health systems with better governance, information, standards and management of health systems and better skilled health workforces.
* In line with the increased ambition to contribute to health systems strengthening we will also support Health Partnership activities that address other areas including the development of non-clinical capability and capacity, for example in health financing, health information systems, and health services management, so long as the health workforce remains the key focus. Partnerships should think about how their project will impact on the WHO Building Blocks, and what barriers to change will present if they do not consider the system as a whole. Where development of the health workforce is prioritised, a whole systems approach should include engaging a multidisciplinary team and considering what other interventions need to take place to embed and sustain any improvements in capacity.

The project pays careful attention to issues of gender 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.

* You will need to describe the specific barriers that women, girls and people with disabilities face in accessing health workforce strengthening initiatives (as health workers), taking on leadership positions or accessing health services (as service users). You will need to explain how you will tackle these barriers and how excluded /marginal groups will be able to influence the projects.[[3]](#footnote-4) 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.

The project has a clear methodology and resources for measuring success and learning between partner institutions and can evidence the changes which have been brought about as a direct result of project activities.

* You will have to demonstrate that you have a system of procedures and adequate resources in place to collect and analyse information to be able to determine the successes of your work and monitor progress achieved by your project against expected objectives.
* The partnership should consider the economic case, progress monitoring, and behaviour change.
* Your approach should also demonstrate how progress will be monitored in order to change trajectory in response to unanticipated outcomes as required.

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.*[[4]](#footnote-5) GHP will look for evidence that your 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 our [VfM and Health Partnerships website page](https://www.thet.org/case-studies/value-money-health-partnerships/).

The project is based on recognised good practice and is informed by available literature and resources.

* GHP will look for evidence that your project adheres to international guidelines and best practice for international development and good project management. These should relate, among others, to Safeguarding, Duty of Care, Fraud, Bribery and Corruption, and Procurement. Please find more information under our [Principle of Partnership – Responsible](https://www.thet.org/principles-of-partnership/responsible/).

*The project demonstrates innovative approaches to the workforce challenges they are addressing.*

* This could include the use of digital and virtual technologies for training and education purposes.

*The project demonstrates a commitment to minimising the impact of the project, and/or reducing the impact of the health system, on the environment.*

* Health partnership work necessarily involves a certain amount of international travel, and GHP is keen for Health Partnerships to consider the environmental impact of the work which they are carrying out. Partnerships should consider taking approaches which minimise their carbon footprint, such as blended learning or investing in systems which allow for more reliable and flexible communication between partners.

###  Partnership requirements

Your partnership should not only involve the active engagement of the lead partners but should also engage with relevant stakeholders and institutions within the relevant country health systems (and in the community where relevant), recognising the importance of a wide range of expertise from multidisciplinary teams in all countries involved. GHP will look for evidence that the partnership has engaged with the institutions that can provide the access, knowledge and influence to achieve changes in line with the aim of this grant stream.

You will need to show that you know what other health partnerships and health actors in the country of operation are already working on in relation to the issues you are looking to address and ensure that there is no duplication or significant overlap between their work and your proposed project. The project should consider other ongoing or previous initiatives that could be built upon, in particular in relation to the themes of this grant stream. GHP would also expect you to demonstrate strategic thinking, identifying opportunities for your partnership to work with others to enhance your impact and learn from others.

The partnership demonstrates commitment to the [Principles of Partnership](http://www.thet.org/pops/principles-of-partnership) (PoPs).

You will need to demonstrate that your partnership understands and adheres to the Principles of Partnerships. Please include an indication of when, why and how the partnership was first established and a sense of how it has evolved since its inception including examples of previous work towards the principles (not just a description of lead individuals or one of the partners involved, but how the partnership as a whole has evolved).

The partnership has the capacity to deliver the project.

* GHP will look at the capacity, knowledge and skills your partnership has to successfully complete the project. This is not limited to clinical expertise, but also includes experience in project management, financial management, education and working internationally in similar low-resource settings.
* Please note:
* If an applicant reports as being a South-South partnership, but GHP decides they’re not, the application would still be considered within the main draw.
* If an applicant reports as being an NHS partnership, but GHP decides they’re not, the application would still be considered within the main draw
* You will also have to demonstrate a commitment to equal level team working between different cadres of healthcare workers.

## What do you mean by “the changes you expect to see as a result of your project”?

The **goal** refers to the overall change to which your project will contribute, within the scope of the health partnership. It must be SMART (specific, measurable, achievable, relevant, time-bound). 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.

Please formulate the goal in a single sentence.

**Outcomes** are the intended changes you expect to see as a result of your project. An outcome is something that does not exist before the project but needs to happen to be able to achieve the project goal. They should be a direct result of the outputs and the activities achieved through the project. Outcomes can be considered as mid-term or intermediate results or long-term results and ideally are to be achieved within the project timeframe. Outcomes are usually expressed as learnings, changes in behaviour, benefits or other effects that happen as a result of a project.

For example, an outcome of a health worker training would be evidence of improved practice in the workplace as a result of learning new knowledge and skills. An indicator could be x/% of trained health demonstrating better practice 3 months after capacity development.

**Outputs** are changes which are achieved immediately after implementing an activity. Outputs are normally measured through 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 post training.

**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). Below is a list of possible indicators for this programme:

* Levels of knowledge of leaders
* Numbers of policies/regulations developed.
* Numbers of health workers assessed for levels of well-being.
* Number of health workers trained.
* Number of training programmes/ sessions implemented.
* Numbers of curricula developed or reviewed.
* Number of new training opportunities provided in remote/ underserved areas.
* Capacity of local faculty to provide and continue to provide training.
* Number of pieces of new evidence/ learning.
* Number of events held to share learning.
* Numbers of people accessing new learning (through events, downloads etc)
* Number of platforms established to promote shared learning, communities of practice/ virtual groups etc.

Please see the example below to help guide you in completing section 4.1 of the application form.

**Project goal** – X hospital has a sustainable continuing professional development (CPD) programme for midwives that improves clinical practice and encourages shared learning

**Expected changes by the end of the project:**

1. CPD programme delivered to 50 midwives.
2. Strategy for on-going CPD in place with local leadership and faculty.
3. Improved clinical practice demonstrated or reported.
4. Learning shared with national clinical network.

Example of defining SMART objectives:



##  Please provide more guidance on what GHP expects to see in an application

Please see this guidance ‘[What is THET looking for in a Grant Application’](https://www.thet.org/wp-content/uploads/2020/10/Sample-Application-Form-Redacted-v3-formatted.pdf) for more advice on writing grant applications.

## Please explain how to fill out the budget template

Budget lines should be broken down where possible using the Unit type, cost, quantity and duration columns. For example, for three participants travelling four times during the programme: Unit type = Flight, Unit cost = £600, Quantity = 3, Duration = 4. This would come to £7,200. Extra rows can be added under each section if necessary - please pull down the formula in column J if you do and amend the subtotal column. Please review our [online budget guidance for more advice](https://www.thet.org/resources/what-is-thet-looking-for-in-a-grants-budget/).

Please use the Budget Narrative section (column X) to provide further explanations on the costs. If you have secured matched funding for the project, please detail this in the ‘Additional income’ section at the bottom of the budget.

We would advise that you allocate 1.5% of the budget for contingency, such as bank charges and exchange rate or other fees.

Due to the time constraints of the GHWP, it is anticipated that some project implementation costs are likely to be high. Therefore, GHP has suggested minimum amounts for project management and office/overhead costs of at least 20% of the total budget, and for monitoring, evaluation and learning costs of at least 10% of the total budget.

The funding flow tab shows the funders where money sits during the course of the programme. The Tier 2 recipient receives the money from GHP (Lead Partner 1 – Contract Holder), this should be for the contracted amount. The Tier 3 recipient receives the money from the Tier 2 recipient, this should reflect the total amount this partner is due to receive over the entire programme. For example, ‘Co-Lead Partner 2’ may receive £50,000 over the course of the programme, so you would state the total amount to be received. You can have more than one Tier 3 recipient if the Tier 2 recipient will transfer funds to various institutions. If the Tier 3 institution/s will be sending funds to another institution/supplier, please create a 'Tier 4' as an additional column and provide details of this recipient/s. Please ensure it is clear which Tier 3 supplier is sending the Tier 4 supplier funds. Please ensure that it is clear whether each recipient is an organisation or an individual.

## Application process

This FAQ should be read in conjunction with the ‘Call for Applications’ Document for GHWP Phase 2 which is found [here.](https://www.thet.org/global-health-workforce-programme-extension/) Health partnerships should submit the following documentation completed, in collaboration between partner organisations, to grants@thet.orgby **17:00 (GMT) on 12th January 2025**:

* Completed application form
* Completed budget and funding flow
* Completed Due Diligence assessment form
* 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.

### 9.1 Letters of Support

We require a letter of support (on headed paper) from each lead partner involved in the project. As health partnerships must be based in an institution, those who sign the letter should be in a senior position in that institution and have the authority to release staff to engage in the project.

Towards sustainability it is encouraged that for large grants £100,000 and above, at least one 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.

## Support for grant holders

10.1 WHAT SUPPORT CAN BE EXPECTED FROM GHP?

In addition to grant giving, GHP provides support for project planning, resolving project management challenges, reporting and monitoring evaluation and learning. We have staff in each GHWP country to help troubleshoot issues, provide links to national stakeholders, and connect grant holders to each other. GHP also provide support through learning events, publications, online resources and policy and advocacy work.

All partners will also benefit from an inception event covering:

* The principles of effective international development and partnership (including the  [Principles of Partnership](https://www.thet.org/principles-of-partnership/)).
* Project planning.
* Monitoring and evaluation and the specific focus on the monitoring and evaluation of this programme.
* Best practice for financial management.
* Current initiatives and good practice in health workforce interventions.
* Embedding dissemination and shared learning

## Could you provide more information on the grant holder responsibilities for the duration of the programme?

Contracting period

* Rework the project plan based on selection panel feedback.
* Complete GHP ’s due diligence process
* Finalise budget – ensuring both sheets of the template spreadsheet are completed to include budget and funding flow.
* Sign grant contract

Inception period

* Attend a virtual programme inception event in March-April 2025.
* Large grant applicants must budget for in-person attendance of lead in-country partners at the in-country launch event in the capital while attending a sharing & learning event is not mandatory. 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. The events will take place in April 2025.
* Attend virtual inception project meeting with grant manager in March-April 2025.
* Finalise workplan.
* Develop Monitoring, Evaluation, and Learning plan (MEL), including GESI objective.
* Signed MoU between Lead partners (if not already in place)
* Develop policies if not already in place (e.g. safeguarding, procurement and fraud, bribery and corruption policies)

Throughout the Project:

* **Project progress meetings, every three months** virtual meetings with GHP to track progress and identify challenges/delays.
* **Reporting (quarterly for large grants and bi-annually for small grants; all final reports due mid-February 2026):** financial, narrative and MEL data reports.
* **Financial audit:** for organisations in receipt of £75,000 or above, GHP will conduct a financial audit at least once during the project.
* **Events throughout the programme:** Virtual and in person inception events in country and any other virtual programme trainings offered as part of the programme.

Reporting:

* **Narrative report:** partnerships will be expected to report to GHP on any indicators that are relevant to their project, although support to gather GHP questionnaire data from health workers delivering capacity development activities is compulsory.
* **Financial report:** partnerships will be expected to submit a financial report to GHP, including a list of itemised transactions. They will also be required to provide some receipts, in line with GHP ’s spot-checking policy.
* Alongside the main financial report, which shows actual expenditure against budget, grant holders must also provide the following: value for money; fully itemised transaction list; asset register; funding flow.
* **Fully itemised transaction list:** as a minimum, this list should include: every individual payment made either by budget line or chronologically, reference to the line in the budget a particular transaction relates to, date of transaction, brief transaction description (e.g. Lunch for 3 persons), amount (in local currency and GBP, if transaction took place in another currency), exchange rate used (include this in the exchange rate column of transaction tab).
* **A programme funded asset** means any equipment and/or supplies purchased if they have a useful life of more than one year; and a cost of over £500 (or local equivalent) or can be considered an attractive item regardless of cost (e.g. mobile phones, cameras, laptops, tablets etc). This could be a single item of over £500 or a group of items where the combined value is over £500.
* **An asset register** should be maintained with the following information for each programme funded asset: date of acquisition, description of the asset, cost, location, serial or ID numbers, date of any disposal, hire purchase policy if applicable, proceeds of any disposal and the identity of anyone who the asset has been transferred or sold to. A physical check of each asset should be made on an annual basis.
* **Funding flow** should identify the names of all partners involved in the project ideally down to the end beneficiary or recipient including a visual depiction that provides information about the formal relationships, flow of funds from the initial source and the potential risks, ideally right down to the end beneficiaries/recipients.

Health Worker survey:

* Partners will be required to support the dissemination of a survey from health workers delivering capacity development activities as part of the programme’s wider evaluation to assess experiences and personal and professional benefits from working in the GHW programme.

IMPACT

* Large grants will be required to produce a learning brief or paper at the end of the project which describes the HWF intervention and transferrable lessons.

## IF THE HEALTH PARTNERSHIP REQUIREs ANY UPDATES TO THE SUB-GRANT AGREEMENT, HOW SHOULD THE HEALTH PARTNERSHIP alert GHP?

GHP encourages partnerships to review the sub-grant agreement terms 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.

Regarding clause 19.6 on Professional Indemnity: while the default value is £10,000,000, this can be negotiated by grant-holders. The professional indemnity insurance value should be, at a minimum, the same value as the contract. However, it is up to grant-holders should they wish to procure insurance with a higher value and will be at the grant-holder’s risk. Please indicate any updates you might require in the application form (section 7).

**For any other questions, please contact the GHP Programmes Team at** **grants@thet.org**

1. See [evaluation of the Health Partnership programme.](https://www.thet.org/wp-content/uploads/2017/08/DFID-HPS-Evaluation-Synthesis-Report.pdf) [↑](#footnote-ref-2)
2. See [International Health Partnerships: how does the NHS benefit?](https://www.thet.org/wp-content/uploads/2020/01/International-volunteering-report-20190228.pdf) [↑](#footnote-ref-3)
3. According to the [United Nations](http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf) Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. [↑](#footnote-ref-4)
4. <https://www.gov.uk/government/publications/dfids-approach-to-value-for-money-vfm> [↑](#footnote-ref-5)