GLOBAL Health WorkFORCE Programme Phase 2

large GRANT - APPLICATION form

This form should be read in conjunction with the **Global Health Workforce Programme ‘Grant Call for Applications’ Document and ‘Frequently Asked Questions’ (FAQ) document.**

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

**The application form should be completed and submitted along with the budget (with both budget and funding flow tabs completed), letters of support and Due Diligence Assessment forms to** **grants@thet.org** **by 17:00 (GMT) on 12th January 2025.**

**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 Health Partners Partnership summary (If there are more than two lead partners add more boxes as needed to include all).

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| --- | --- |
| **Name of Lead Partner 1 – Contract Holder** |  |
| **Country of Lead Partner 1*****Note this must be: UK, Ethiopia, Malawi or Somaliland.*** |  |
| **Name of Co - lead Partner 2** |  |
| **Country of Co-lead Partner 2** ***Note: for health partnerships where the UK is the lead partner 1 this can only be Ethiopia, Malawi or Somaliland.******For South – South health partnerships where the lead partner is based in Ethiopia, Malawi or Somaliland, this can be any of those countries or Ghana, Kenya or Nigeria.*** ***Country of Co –lead Partner 2 cannot be the same country as Lead Partner 1.*** |  |

1.2 Tick if either institution is an NHS institution or if the institution is based in an LMIC?

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| **Lead Partner 1**  |  |  **Co-lead Partner 2** |
| ☐ | NHS Institution  | ☐ | NHS Institution |
| ☐ | South/ LMIC Institution  |  | ☐ | South/ LMIC Institution  |

1.3 Project summary

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| **Project goal** |  |
| **Project start and end dates** |  |
| **Country/ies of implementation** |  |
| **Total Budget Requested**(Between £100,000 - 200,000) |  |
| **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 300 words)****\*\*Please note this summary will be used as part of the application selection process for our National Oversight Mechanism members and Technical Experts\*\**** |
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## 2. Partnership

2.1 Tick the box that best describes each lead institution.

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|  **Lead Partner 1 – Contract Holder** |  |  **Co-lead Partner 2** |
| ☐ | Healthcare provider | ☐ | Healthcare provider |
| ☐ | Executive agency or arms-length body |  | ☐ | Executive agency or arms-length body |
| ☐ | Health Education or Academic Institution |  | ☐ | Health Education or Academic Institution |
| ☐ | Regulatory body  |  | ☐ | Regulatory body  |
| ☐ | Professional association |  | ☐ | Professional association |
| ☐ | Charity or civil society organisation |  | ☐ | Charity or civil society organisation |
| ☐ | Other |  | ☐ | Other |

2.2 Please provide contact details for thelead partners involved in this application. If there are more than two lead partners add more boxes as necessary to include all.

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| **Lead Partner 1 – Contract Holder** |
| 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 Global Health Partnerships (GHP - formerly THET) | Y/N |
| **Co-lead Partner 2****\*\*Please note there can only be one co lead\*\*** |
| 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 Global Health Partnerships (GHP - formerly THET) | Y/N |

2.3 Please list any other project partners or stakeholders that will play a role in the delivery of the project. Please provide contact details for *all* partners involved in this application. Please note that a partner here is defined as an organisation that is formally and institutionally involved in the project and partnership (i.e. the relationship is, or will be, formalised through an MoU or contract, and is not just the involvement of one individual associated with the organisation).  **If there are additional partners involved please add more boxes as necessary.**

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| **Additional partner (supporting the delivery of the project)** |
| 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 Global Health Partnerships (GHP - formerly THET) | Y/N |
| **Additional partner (supporting the delivery of the project)** |
| 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 Global Health Partnerships (GHP - formerly THET) | Y/N |

2.4 Complete the table below outlining the roles and responsibilities that each of the partners above, as well as other key stakeholders, will play in the delivery of this project. Please note that by project partner, we mean the institution rather than the individual.

All partners named above, and any other stakeholders who must be engaged for the project to be successful, should be included here. Add more rows as necessary.

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| **Project partner (institutions)/****Stakeholders** | **Roles and responsibilities in the delivery of this project** | **Project team members (name, role/position, profession and technical expertise)** |
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2.5 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. If this is a new partnership, please explain how it came to be formed. Please note, by partners we mean the organisations rather than individuals. *(Maximum 300 words)*

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2.6 Please describe any other relevant experience the lead partner institutions have, outside of the partnership, to demonstrate your suitability and capacity for managing the grant. This could include similar health workforce interventions, international collaborations, research, size and number of recent grants, donors, etc. *(Maximum 300 words)*

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## 3. Justification

3.1 Describe how the partnership has assessed the need for this project. This might include a formal needs assessment, desk-based research, or face to face/teleconference meetings. *(Maximum 200 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 500 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 national 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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| **Project goal** – what is the overall aim of your project? | **Goal Indicators**– how will you know you have achieved your goal? (Please include a target figure where appropriate) | **Data collection plans:**i. What is the data collection tool? ii. Who will collect the data, when and how?iii. How will you analyse it?iv. Will you have a research element to this project? | **Barriers to change** – please detail any anticipated barriers to achieving this goal, and how you will overcome these.  |
|  |  |  |  |
| **Outcomes** – what changes do you expect to see by the end of your project? | **Outcome Indicators**– how will you know that this change is happening? (Please include a target figure where appropriate)  | **Data collection plans:**i. What is the data collection tool? ii. Who will collect the data, when and how?iii. How will you analyse it?iv. Will you have a research element to this project? | **Barriers to change** – please detail any anticipated barriers to achieving this outcome, and how you will overcome these.  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **Outputs**– what changes do you need to occur in order to achieve your outcomes?  | **Output Indicators**– how will you know that this change is happening?  (Please include a target figure where appropriate)   | **Data collection plans:**i. What is the data collection tool? ii. Who will collect the data, when and how?iii. How will you analyse it?iv. Will you have a research element to this project? | **Barriers to change** – please detail any anticipated barriers to achieving this output, and how you will overcome these.  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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 partnership during the project implementation period until 31st January 2026. Mark an X in the quarter(s) in which the activity will take place.

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| --- | --- | --- | --- | --- | --- |
| **Activity** | **Implementation site/s** | **Q1 Apr-Jun 25** | **Q2 Jul-Sep 25** | **Q3 Oct-Dec 25** | **Q4 Jan 25** |
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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/location (e.g. tertiary hospital, based in remote or underserved area. |  |  |
| Estimated number of patients who will access improved service within the project duration. | 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 partners and/or government and non-governmental bodies) will take ownership of changes, and how senior leadership at these institutions will be engaged.
* Considerations of sustaining both institutional and systemic impact.
* Use of behaviour change and ‘Train the Trainer’ approaches.
* How the project will build the capacity and increase leadership of the overseas 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 300 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 and working (including taking leadership positions) in 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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4.7 Explain how climate and environmental concerns will be considered throughout the project. This may include an assessment of the vulnerability of the project to climate change as well as any impacts the delivery of the project might have on the environment or people affected by climate change. Please also include a summary of any actions put in place to reduce these risks. *(Maximum 300 words)*

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4.8 Explain how you will Incorporate bi-directional learning into your project including demonstrating the impact it will have on all partners. *(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 Global Health Partnership’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 |  |
| Identification, recruitment and management of facilitators and trainers |  |
| Risk monitoring and management |  |
| Other (e.g. formal agreements, other policies) |  |

## 6. Budget

6.1 According to the three ‘Es’ below, please detail how your project will achieve value for money.

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| **Economy** – *how will costs be kept as low as possible for the appropriate level of quality?*  |    |
| **Efficiency***– how well will costs be converted into outputs?*  |    |
| **Effectiveness***- how well are the outputs achieving the intended effect or outcome?*  |    |

**6.2 Please** **complete the budget using the separate excel budget form.**

*Global Health Partnerships will not be able to accept grant applications which have either used their own template or have not completed the excel budget form provided for this Call. Please fill out the funding flow tab.*

## 7. Sub-grant agreement

Please review the sub-grant agreement for the size of grant you are applying for. If you have any queries/clarifications/edits required, please list them here. Please note GHP does not require applicants to fill in the sub-grant agreement, simply to review it.

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| --- | --- |
| **Queries/clarifications/edits required** |    |