



Global Health Workforce Programme Phase 2

Application Webinar
3rd December 2024

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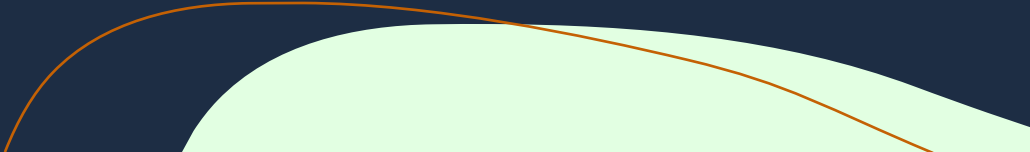
UK International
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Partnership | Progress | Prosperity

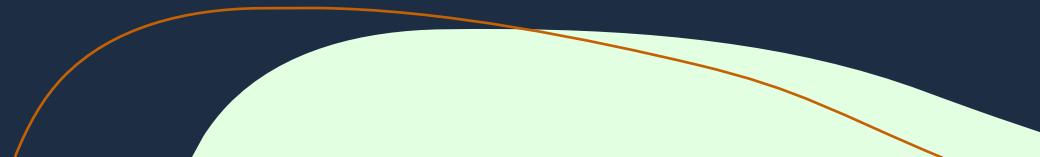


Department
of Health &
Social Care

Recording

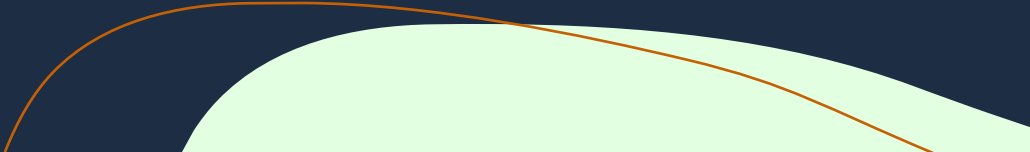
- Please note that this meeting will be recorded and available for participants to view after the event.
 - The recording will also be used by the THET team to facilitate feedback and learning.
 - <https://www.thet.org/resources/thets-privacy-policy/>
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Welcome and Introductions



Digital housekeeping

A few key things to keep in mind during the session:

- The session is being recorded.
 - This is a safe space where everyone should feel comfortable to share their ideas and reflections.
 - Please stay on mute whilst the presentations are taking place, there will be time for Q&A.
 - Feel free to add your questions to the Q&A box.
 - The PPT slides and session recording will be made available after the event
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Today's panel

Mathilde Wangen - Programmes Manager

Abdulbari Abdulkadir- Programmes Coordinator

Dr Yoseph Mamo- GHP Ethiopia Country Director

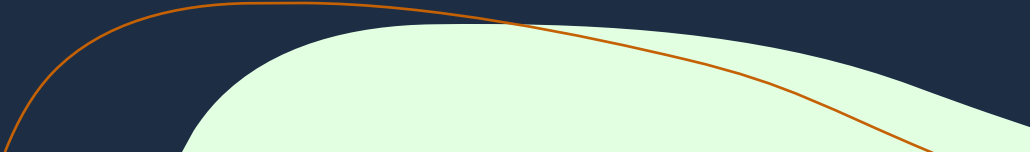
Dieckens Binali- GHP Malawi Country Representative

Ayaan Mohamed- GHP Somaliland Grants Officer

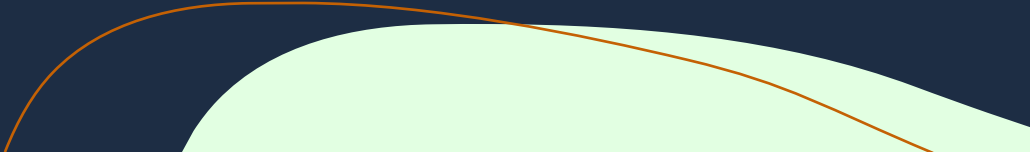


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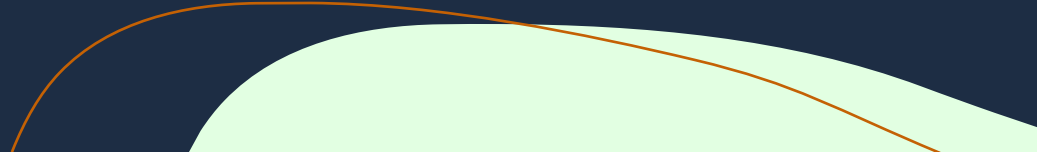
Objectives for today's event

- 01 Presentation of Global Health Partnerships (formerly THET) and the Global Health Workforce Programme
 - 02 Understand the country specific priorities
 - 03 Presentation of the grant selection process, criteria and tools
 - 04 Opportunity for HPs connection
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Agenda

1. Welcome and housekeeping
 2. Introducing GHP and the Health Partnership approach
 3. Global Health Workforce Programme
 4. Scoping priorities and country-specific parameters
 5. Project requirements and selection criteria
 6. Funding restrictions
 7. Reporting requirements
 8. Application and Due Diligence Forms
 9. Q&A
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Global Health Partnerships



About Global Health Partnerships (GHP-formerly THET)

Today, one billion people will never see a qualified health worker in their lives. We are working to change this

VISION

A world where everyone, everywhere has access to quality healthcare

APPROACH

GHP works with partners across Africa and Asia to change this by strengthening health systems and increasing access to quality healthcare for populations



For over 35 years we have been working to change this...

- We train, support and educate health workers in Africa and Asia, working in partnership with organisations and volunteers from across the UK.
- Africa presence: Ethiopia, Kenya, Ghana, Malawi, Nigeria, Somaliland, Sierra Leone, Tanzania, Uganda and Zambia.
- Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK charity with this health partnership focus.

OUR IMPACT

SINCE 2011



We have trained over 100,000 health workers,



and developed 117 medical curricula...

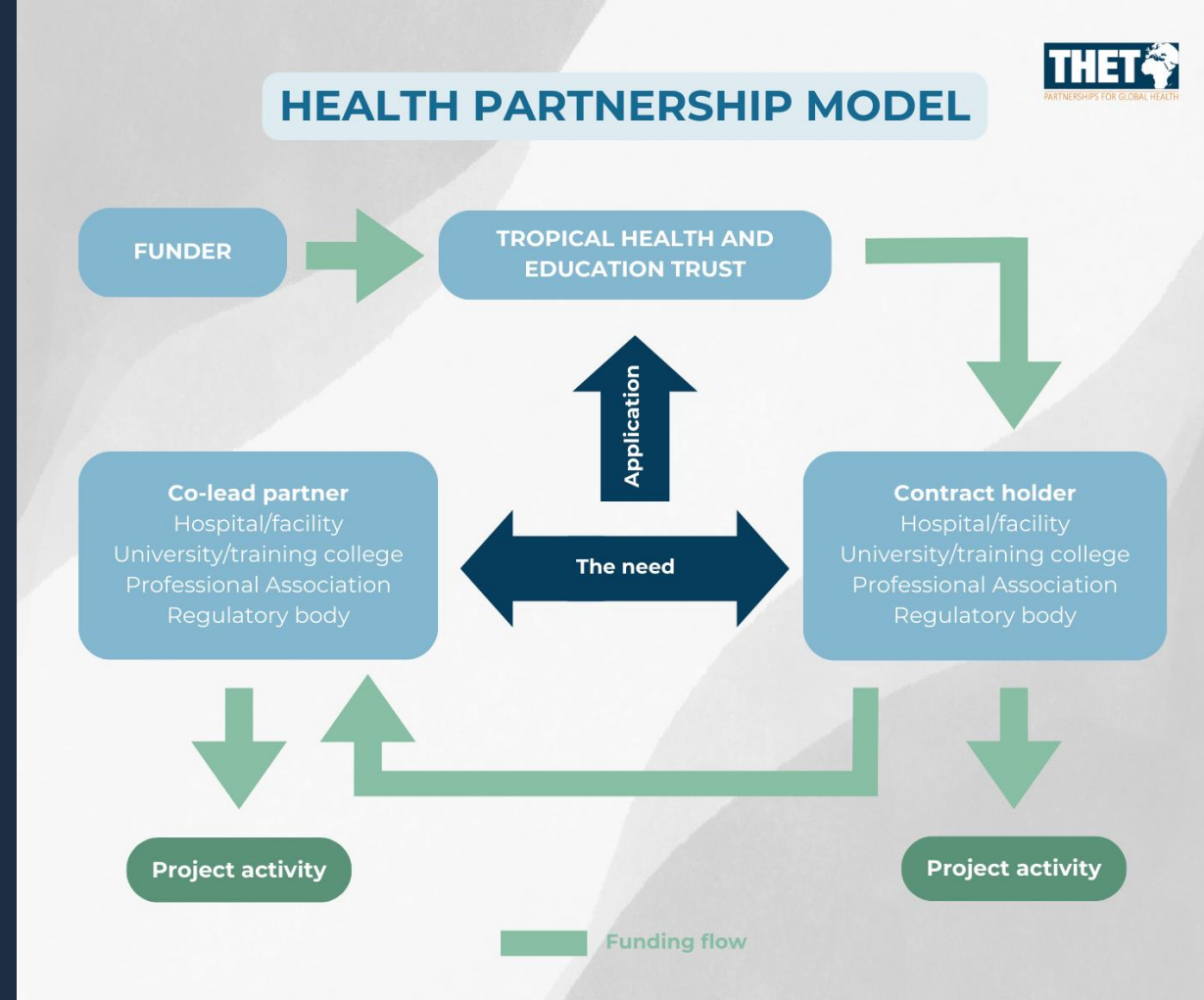


in 31 countries across Africa & Asia.

Health Partnerships improve health services by sharing knowledge and carrying out capacity development activities.

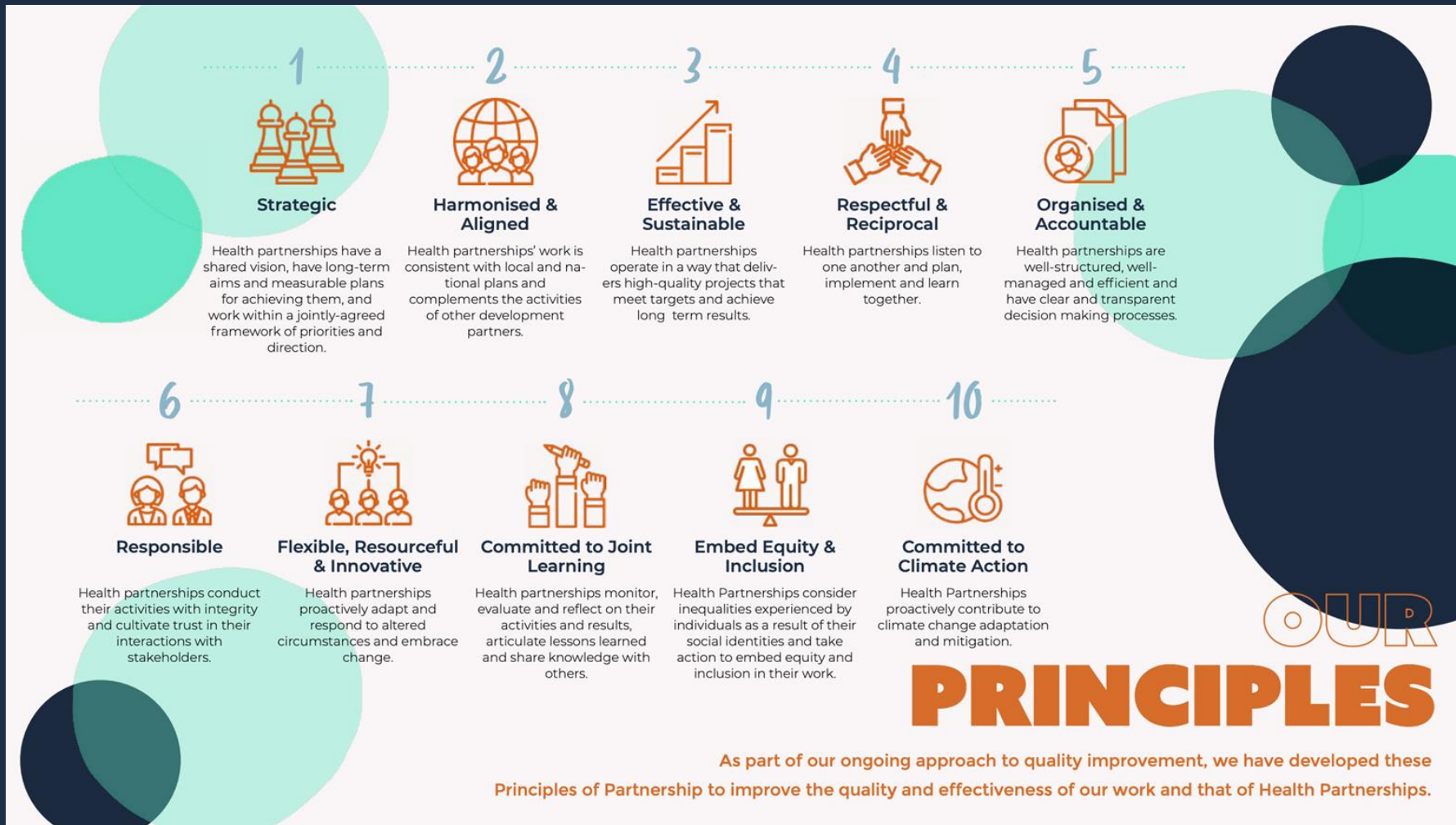
They are long-term, sustainable and mutually beneficial.

Partners co-develop programmes that address organisational and national priorities.



Principles of Partnerships (PoPs)

Over the years we have developed hallmarks of best practice, along with tools and resources. All HPs are grounded in GHPs ten Principles of Partnerships:



Connecting with Partners

GHP encourages existing or new Health Partnerships to apply

- New Health Partnerships:
 - **Connections Form** to be filled out for those seeking partners

How to form a partnership: <https://www.thet.org/resources/how-to-form-a-health-partnership/>



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Global Health Workforce Programme



GHWP – Rationale:

NEED

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.



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GHWP Phase-2 - Overview

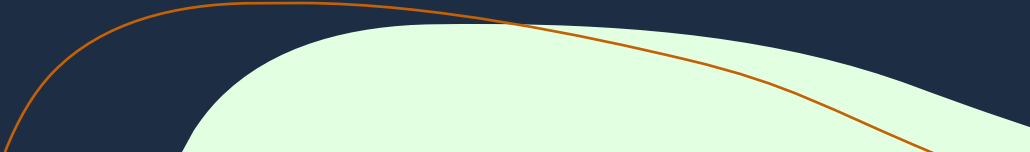
Funder: UK Department of Health and Social Care

Fund Manager: Global Health Partnerships (GHP-formerly THET)

Dates: April 2025 to 31st January 2026

Aim: To develop the health workforce (HWF) in Ghana, Kenya, Nigeria, Ethiopia, Malawi and Somaliland, supporting them to build stronger, more resilient health systems for post-pandemic recovery and to make progress toward universal health coverage.

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 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.
- 

GHWP Phase-2 Grant overview

Grants are available to:

- **Health Partnerships (HPs)**
 - Include 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 in the partnership, if applicable, as additional partners.
 - **South-South partnerships:** include, as a minimum, a lead partner from one of the three extension countries: Ethiopia, Malawi, Somaliland. The co-lead partner can be from Ghana, Kenya, Nigeria, Ethiopia, Malawi or Somaliland.
- Identify the lead partners as a **contract holder**, and the other as the **co-lead**. These two partner institutions must jointly write and submit the application and share accountability and ownership of the project.
- Any organisation is eligible so long as **Official Development Assistance rules are followed**. Please note that government departments are not eligible to receive funding.



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Connecting with Partners

For **South-South Health Partnerships** interested in seeking partners in Ghana, Kenya and Nigeria: look at the GHWP Phase 1 partners on our website and contact us if you'd like to get their details:

- <https://www.thet.org/wp-content/uploads/2024/04/Global-Health-Workforce-Programme-Grantees.pdf>



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GHWP Phase-2 Grant overview

	No. available (in total)	Size of grant
Large grants	10 - 12	£100,00- £200,000
Small grants	10 -12	< £50,000

Project dates: 1st April 2025 – 31st January 2026

Timeline

Date	Phase/Activity
May to July 2024	Scoping study
22 November 2024 - 12 January 2025	Grant application phase
January -February 2025	Grant selection phase
March 2025	Grant award and contracting
April 2025	In-country launch events
April 2025-January 2026	Grant implementation
February-March 2026	Final reporting and closure
March 2026	In-country completion events



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Grant management

Provided by GHP :

- Run competitive grant selection process
- Conduct due diligence assessment on selected grants
- Arrange contracting and schedule payments
- Run inception meetings and provide grant holder welcome pack with a suite of resources
- Oversee quarterly grant holder narrative and financial reporting
- Organise an event for learning and sharing
- Conduct monitoring and audit visits to grant holder sites
- Provide bespoke advice and support to grant holders



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National oversight

National Oversight Mechanism (NOM) developed in each country

Composition: representatives from the Ministry of Health, FCDO country office, WHO country office and others

Activities:

- Oversee linkages to UK investments and in country HSS/health workforce development initiatives
- Assess grant applications and provide feedback to the selection panel
- Meet quarterly to review grant process and share updates on developments in health systems



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In-country national stakeholder coordination

Beyond the NOM, GHP will:

- Engage national and local stakeholders through the in-person in-country launch events, including other MoH officials and district health authorities and key health workforce development institutions
- Share information on the grant holder activities and results
- Organise meetings/presentations between grant holders and national stakeholders, leveraging existing technical working groups and other coordination mechanisms
- Advocate the ownership of new processes/curricula etc. at the national/regional level to ensure sustainability



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Scoping Priorities and Country Specific Parameters



GHWP-Phase-2 Scoping Assessment

Five-Day Assessment: Conducted in each Phase-2 Extension country.

- **Objective:**

- Identify and validate national health workforce priorities (HWP).
- Align these priorities with health systems strengthening, universal health coverage (UHC), and principles of gender, access, and equity.

- **Outcome:**

- Development of a brief scoping report summarizing key priorities.
- Validation of the report by the Ministry of Health (MoH) in each country.

- **Key Focus:**

- Foster multidisciplinary and multi-stakeholder engagement.
- Agree on HWP priorities.
- Assess the suitability of the partnership model to address identified needs.



Scoping Assessment: Approach & methodology

Rapid Desk Review:

- Analyze key health workforce (HWF) documents, policies, and reports.
- Identify critical issues, challenges, and priorities.

Stakeholder Engagement & Data Collection:

- Engage stakeholders and collect data both prior to and during in-country scoping assessments.

Data Synthesis & Reporting:

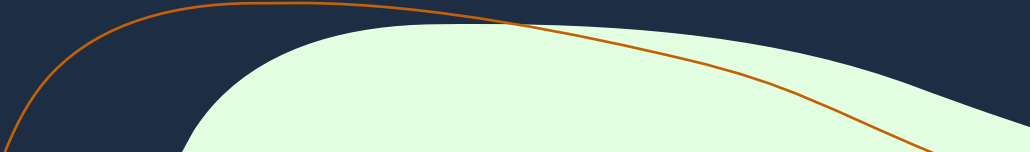
- Compile and analyze assessment data.
- Produce summary country reports highlighting key findings

Identified Priorities - Ethiopia

Regulation and accreditation of HWF education and training [linked to HRHSIP Strategic Outcome 3]

- Strengthen the capacity of responsible bodies to accredit and regulate HWF education institutions and programmes .

HWF education and training [linked to HRHSIP Strategic Outcome 1]

- Support the **University Reform** process within Addis Ababa University.
 - **Strengthen the governance, provision, and quality** of HWF pre-service education (PSE)
 - Improve **quality of postgraduate specialist medical training** e.g.,
 - Strengthen capacity for the delivery of **quality residency programmes for nursing and midwifery cadres**
 - **Develop Continuing Professional Development Courses (CPD)/In-service training) short courses** to address gaps in pre-service education,
- 

Identified Priorities - Ethiopia

HWF management [Linked to HRHSIP Strategic Outcome 2]

- Design and deliver interventions to support occupational health (especially in relation to NCDs due to occupation), HWF wellbeing and safety.
- Further, enhance working conditions, in service training, and curricula for occupational health - contributing to HW motivation, performance and retention.

Research to generate evidence to inform policy and practice [Linked to HRHSIP Strategic Outcome 4]

- Support health managers and health workers, and university faculty and students to develop research skills and competencies to lead and conduct research (implementation, qualitative and clinical), expanding routes and platforms for the publication and dissemination of results findings for policy and practice.



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Ethiopia specifics for HPs

➤ **Engagement with Regional/Zonal Health Bureaus:**

- **During Project Development:** Applicants must inform regional or zonal health bureaus about their project intentions.
- **Project Relevance:** Clearly explain how the intervention aligns with the health care development goals and priorities of the Federal Ministry of Health (MoH).
- **Recommendation:** Start engaging with the relevant bureau during the application design phase.

➤ Sign a Memorandum of Understanding (MOU) with the relevant regional or zonal health bureau, to include roles and responsibilities .

➤ **Scope-Based Requirements:**

- **National Projects:** An MOU must be signed with the MoH if the project spans more than two regions.
- **Regional Projects:** An MOU must be signed with the local regional or zonal health bureau if the project is limited to one region.

➤ If applicants encounter bureaucratic challenges, the THET Ethiopia office can assist in resolving these issues.

Ethiopia specifics for HPs...continue

- Additionally, upon award of a grant and in the first 2 months, In this cases by 30th of May 2025, the successful applicants will need to present their project proposal with the budget breakdown to the Finance Bureau (National/Regional) for sign-off.
- The portion of funds which will be spent in Ethiopia should respect the following breakdown:
 - 20% of in-country budget for Administration: administration staffing costs, transportation, office costs, mobile & communications, furniture.
 - 80% of in-country budget for Programme costs. Any staffing, transportation, furniture costs that will be utilised for programme activities (trainings, workshops) can be included here.



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Identified Priorities - Malawi

□ *Regulation and quality improvement of HWF education and training*

- Strengthen the **capacity of health professional regulatory bodies** and health professional associations to improve health worker education, training and practice

□ *HWF education and training*

- **Strengthen the governance, provision, and quality of HWF pre-service education (PSE)**
- Improve quality of **internship training** for selected health workers (e.g. Doctors, Clinical Officers, Pharmacists) and **postgraduate specialist medical training**

□ *HWF management*

- Scale up occupational health and workplace wellbeing programmes (e.g. modelled on the existing Care for Carers programme) to enhance health worker performance, motivation and retention.

□ *Research to generate evidence to inform policy and practice*

- Strengthen capacity of health workers and managers in research and knowledge generation, translation and sharing

Identified Priorities - Somaliland

1. Regulation and quality improvement of under- and post-graduate health worker education and practice

- **Strengthen regulation capacity and processes:** Capacity strengthening of Somaliland National Health Professional Council to regulate health education programmes and practice

2. Under and postgraduate and specialist education and training

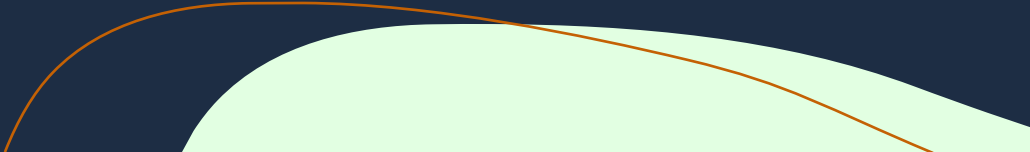
- **Strengthen the governance, provision and scope of priority under and post graduate health worker education and training**
- **Develop and maintain a Continuing Professional Development (CPD) system** to maintain and improve health worker knowledge, skills and competencies
- **Strengthen research capacity:** supporting facility-based multidisciplinary research teams, university faculty and students to lead and conduct implementation

3. HWF governance and leadership

- Strengthen capacity of health system and HWF leadership, planning and management e.g. national, regional and district level

Somaliland specifics

GHP Somaliland office will provide in-country security and logistical support to all grant holders which includes but not limited to;

- Pre-trip meetings/briefings and Pre-departure and in-country inductions for every volunteer
 - 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)
 - There are outlined in-country security and logistics-related costs on application document that applicants need to budget for with in their application in their project budgets which will later discussed with country office, if adjustment is needed.
- 

Project Requirements and Selection Criteria



Core project requirements

- Contribute to the **GHWP programmatic outcomes**
- **Build local and national ownership and sustainability** into their partnership activities.
- Incorporate **bi-directional learning** and evaluate the impact of their project towards all partners.
- Contribute to the **scoping report priorities** identified (large grants mandatory, small grants encouraged)
- 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).



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Selection Criteria

- 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 a whole 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 (see GHP 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.

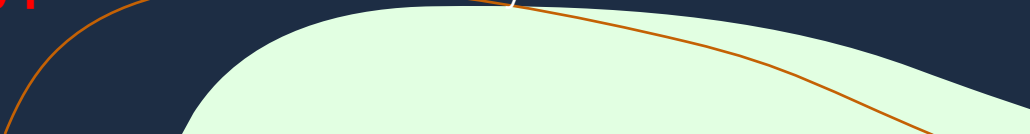


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Selection Criteria

- 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 recognized 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.**
- The partnership demonstrates alignment with the Principles of Partnerships (PoPs), 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.

Funding restrictions – grants will fund:

- Local and international travel and associated costs.
 - **GHP encourages applicants to consider conducting work remotely where appropriate.** 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** (at least 20% of the total budget).
 - Monitoring, evaluation and learning costs (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.
 - **Applicants must budget for in-person attendance of lead in-country partners** at the in-country launch event in the capital.
- 

Funding restrictions – grants will not fund:

- Sitting allowances (for individuals to attend training).
- Entertainment costs.
- Costs relating to the delivery of health services.
- Non-economy class travel.
- Capital costs.

Reporting requirements

Quarterly (large grants) or bi-annual (small grants) reporting through a monitoring, evaluation and learning logframe, a narrative report and a financial report.

- 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



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Application Form



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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).

Name of Lead Partner 1 – Contract Holder	
Country of Lead Partner 1	
<i>Note this must <u>be</u>: UK, Ethiopia, Malawi or Somaliland.</i>	
Name of Co - lead Partner 2	
Country of Co-lead Partner 2	
<i>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.</i>	

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

Lead Partner 1		Co-lead Partner 2	
<input type="checkbox"/>	NHS Institution	<input type="checkbox"/>	NHS Institution
<input type="checkbox"/>	South/ LMIC Institution	<input type="checkbox"/>	South/ LMIC Institution

1.3 Project summary

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. <i>(Maximum 300 words)</i>	
<i>**Please note this summary will be used as part of the application selection process for our National Oversight Mechanism members and Technical Experts**</i>	

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.

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.			

4.7 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)*

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)*

6. BUDGET

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

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

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

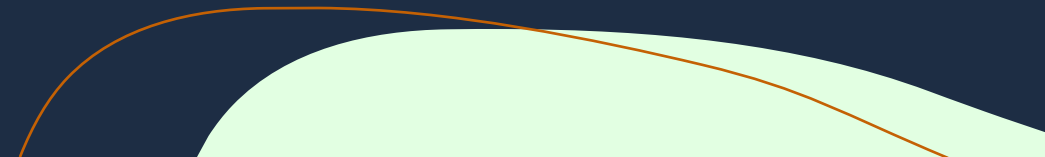
Global Health Partnerships will not be able to accept grant applications which have either used their own template or have not completed the excel budget form provided for this Call. Please fill out the funding flow tab.

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.

Queries/clarifications/edits required	

Due diligence assessment form



Due diligence supporting documentation

- Code of conduct/code of ethics
- Anti-fraud, bribery and corruption policy
- Anti-bullying and harassment policy
- Financial management procedures manual/policy
- Procurement policy
- Gender diversity and equal opportunities policy
- Safeguarding policy
- Most recent audit report



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Governance

Ref	Area to be assessed	Lead contract holder	Co-lead partner
Governance			
1.1	Does the organisation have in place a fully functioning non-executive Board with committees in place? How often does it meet?		
1.2	Does your organisation receive any other funding from other UK government contracts or agreements? If yes what is the total value?		
1.3	Is your organisation legally registered? Please provide the business license and/or registration document in support of your application.		
1.4	Does your organisation have VAT and/or TIN certificates? Please provide them in support of your application.		
1.5	Is your organisation compliant with national tax regulations?		



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Partnership Activity

Ref	Area to be assessed	Lead contract holder	Co-lead partner
Due diligence			
4.1	Are all partners and downstream delivery partners registered in their country of operation? Where not, please explain their role in the project.		
4.2	Are any downstream partners receiving £10,000 or more of project funds (including holding funds)? Please list them.		
4.3	Where downstream partners are receiving £10,000 or more of project funds, what due diligence process will be followed?		
Management frameworks/contracts			



Risk management			
1.6	Does the organisation have a risk framework/register? Who manages it?		
1.7	How are risks monitored and mitigated against?		
Ethics			
1.8	Have there been any reported cases of fraud in the last 3 years? If so, how was it managed and what was the outcome?		
1.9	Is financial information made publicly available? If so, how?		
1.10	Does the organisation report to the IATI Standard ?		
1.11	Is there a code of ethics, or similar, signed by employees? Does the organisation adhere to a set of ethical standards?		
1.12	Does the organisation commit to following the Ethical Trading Initiative Base Code? https://www.ethicaltrade.org/eti-base-code		
1.13	Does the organisation adhere to Principles 1 and 2 of the UN Global Compact? https://www.unglobalcompact.org/what-is-		



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Monitoring and management		
4.7	How will the lead partners manage the disbursement of funds to, and receipt of funds from, in-country offices, partners or downstream delivery partners in a timely, transparent and accountable manner?	
4.8	Are site visits and / or spot checks made to downstream delivery partners during operational project delivery?	
Safeguarding		
4.9	What safeguarding protocols are in place? Please describe how you monitor safeguarding risks and what you would do if a safeguarding issue arose. For reference, please see the THET Safeguarding Toolkit	
4.10	How are the organisation's own policies regarding safeguarding (including those related to the code of ethics, bullying & harassment, abuse, child and vulnerable adults) communicated to all downstream delivery partners?	
4.11	Does your partnership as a whole have a safeguarding protocol in place? If not will you commit to implementing a partnership safeguarding protocol ?	
4.12	Does the proposed grant involve working with children or vulnerable adults?	



How to apply

Applicants should submit the following documents to grants@thet.org by **12th January 2025, 17:00 GMT**

- Application form
- Budget form (with funding flow completed)
- Letters of support from both lead partner institutions
- Due diligence assessment form

*Please also review the sub-grant agreement and capture your queries on section 7 of application form



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Application Process and Timeline

22nd November 2024	Call for applications launched
3rd December 2024	Application webinar
12th January 2025	Application submission deadline
13th January– 10th February 2025	GHP review including due diligence assessment
End of February-March 2025	Grants awarded
March 2025	Contracts issued
1st April 2025	Grants begin
April 2025	In country launch events
31st January 2026	Grants close



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Q&A Session



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Further support

All documents and information can be found on our website

<https://www.thet.org/global-health-workforce-programme-extension/>

If you have any additional questions, please email us at
grants@thet.org

