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**Grants Program**

**Guidelines**

**APPLICATION DEADLINE: 15th MARCH 2024**

**Introductions**

TongaHealth is tasked under the Tonga Health Promotion Foundation Act 2007 as the guardian of the Fund to ‘*make grants from the Fund for activities, facilities, projects or research programmes related to the promotion of good health, safety and the prevention and early detection of non-communicable diseases.’*

TongaHealth’s grant program aims to provide funds for projects that are specifically designed to promote good health and reduce the risk of developing non-communicable diseases (NCDs) like diabetes and heart diseases and associated risk factors such as physical inactivity, unhealthy diet, excessive alcohol drinking, tobacco smoking and taking illicit drugs.

**Purpose of the grant**

The purpose of the grant is to facilitate the implementation of health promotion actions that are aligned with priorities outlined in the National NCD Strategy ([TUIAKI ‘I HE ‘AMANAKI KI HA TONGA MO’UI LELEI Persevering Together Through the Crisis to a Healthier Tonga (tongahealth.org)](https://www.tongahealth.org/_files/ugd/5ce0eb_c152d65e1f6d431991c65860818c15d1.pdf)

**Priority areas**

Funding is available for projects that fall within one of the following areas:

* - healthy children and youth[[1]](#footnote-1)
* - behaviour change communications
* - multisectoral partnerships

**Target groups:**

Through the Grants Program, TongaHealth aims to enhance quality of life for all Tongans, especially for those who:

* Live in rural or remote islands
* Experience barriers to participate in health promotion and/or community activities

It is expected that all funded projects will be:

* Inclusive of all ages, ability, gender, income and cultural background
* Accessible, safe and age appropriate
* Prevention based with a focus on long-term outcomes

**Grant value:**

Small grant projects: TOP 5,000 – 10,000 (involving one group or community)

Medium grant projects: TOP 11,000 – 20,000 (involving 2 – 3 groups or communities)

Large grant projects: TOP ≥ 20,000 (involving districts or island groups)

**Eligibility criteria**

**Who should apply:** Organisations with the ability to successfully plan and deliver a project to meet the health needs of one or more priority group. Applications will be accepted from:

* Government ministries
* Incorporated non-government organisations that have been operating for at least two years.
* Applicants must not have any current projects with TongaHealth. Current projects must be closed first before any new proposal be considered.
* *Individuals are not eligible to apply.*

**Selection Criteria**

Grants will be assessed on how well you meet the following selection criteria:

* Alignment with the priority areas and actions in the National NCD Strategy and identifies a demonstrated need
* Project is feasible, will reach its intended audience and likely to achieve the expected benefits and outcomes for participants
* Complements other prevention initiatives
* Involves partnerships and is not a duplication of services
* The budget is realistic and supports project design and key activities
* Organisation has the capacity and ability to do the work as proposed.
* Activities and outcomes are likely to last beyond the life of the funding (i.e. be sustainable).
* Value for money
* The application is complete. All questions are answered and responses provide enough information for the review body to make a recommendation.

**How to apply**

1. Read carefully the application guidelines provided above.
2. Ensure that your organization is eligible to apply.
3. Ensure that your project must aligned with the priorities in the National NCD Strategy.
4. Contact the TongaHealth Program Team with any questions or if you need assistance with completing the application form.
5. Complete the grant application form (see below).
6. Get letters of support from your organisations or Ministry senior executive (CEO/Director), as well as from any partners that will play a significant role in the proposed project.
7. If you are not a government ministry, attached copy of Certificate of Incorporation with your application.
8. Submit the completed application to TongaHealth Office before the **15 March 2024** (contact details below) or via email at program@tongahealth.org.to . No late applications or changes will be accepted after the closing date.

**Next steps**

The application review process will take at least at least 2-3 months after the closing date:

1. **Application close 15th March 2024**
2. Confirmation of eligibility & shortlisting
3. Expert review and recommendation
4. Board decision
5. Applicants notified

Successful applicants will be notified by email. Please ensure that contact details of responsible person are correct. TongaHealth may call a meeting with all successful applicants to go over the conditions and reporting requirements of the grant agreement before the agreement is signed.

**Contact Us:**

If you have any questions, please contact the TongaHealth Program Team on email: program@tongahealth.org.to or phone number and address below:

**Tongatapu**

Phone : +676 25721

Address: TMA Building, Vaiola Hospital, Taufa'ahau Rd, Tofoa, Nuku’alofa, Tonga

**Vava’u**

Tonga Health Project Officer: Ma’ata Fakasi’i’eiki

Phone: 7745712

Address: Otto.G.Sanft Vava’u LTD Building, Neiafu, Vava’u

**Ha’apai**

Tonga Health Project Officer: Silivia Tukutau

Phone: 7200506 / 8767676

Address: Ha’apai 13 Office, Lotofoa, Ha’apai Island

**‘Eua**

Tonga Health Project Officer: Linda Helu

Phone: 7701118 / 8815716

Address: Government Representive Office, ‘Ohonua, ‘Eua Island

**Niuatoputapu/Niuafo’ou**

Phone: 7767349

Address: Government Representative Office

**Grant implementation timeframe**

Successful proposals need to be completed within the implementation timeframe specified in the agreement and reports submitted no later than one month after completion of project activities.

## TONGAHEALTH Grant Application Template

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| **1.Applicant Details** |
| **Name of Organisation** |  |
| **Address** |  |
| **Name of Applicant**(*Person who completed this application)* |  |
| **Contact details of Applicant****Email:****Phone:** |    |

**2.Project Details**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Proposed Start Date:** |  |
| **Proposed End Date:** |  |
| **Total Funds applying for (TOP):** |  |

Please complete this application form, use the helpful hints provided to guide your application.

Delete the helpful hints provided before submitting your application.

**3.Background**

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| ***Helpful Hint****Describe the problem that the project is trying to address, using evidence to support your points.** *What is the problem and who is affected by this problem?*
* *Why is it important to address this problem? Include data to support your case (WHO STEPS reports, academic journal articles or data your organisation has collected.*
* *What are the underlying issues that cause the problem? Which of these underlying issues is being addressed through this project and how will it be addressed?*
* *How will this project contribute towards achieving the key results in the Tonga National Strategy on the Prevention and Control on NCDs 2021-2025*
* *Who are the intended beneficiaries of the project?*

*Maximum ½ pg* |

**4.Project details**

**4.1 Goal**

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| ***Helpful Hint****What is the ultimate result or long-term change among the intended beneficiaries you want to achieve through this project? It should be one sentence only. Think about how you will measure this change.* *Example – The children of (target location) are meeting the WHO guidelines of doing 30 minutes of physical activity each day.*  |

**4.2 Objectives**

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| ***Helpful Hint******Objective statements should be SMART (specific, measurable, achievable, relevant and time-based)*** *and consist of one sentence each. Objectives should contribute towards achieving the goal of the project. There should be no more than 3 objectives for each project.* *Be clear, brief.* *The objectives should describe the immediate (changes in knowledge, skills, attitude, access, awareness, consensus, etc) and intermediate changes (changes in behavior, practice or performance) and outcomes that the project aims to achieve during the duration of this project.* *Example* 1. *To improve student knowledge on the importance of being physically active (immediate changes).*
2. *To increase the number of secondary school students in (target location) participating on health education sessions at the end of the project (intermediate changes)*
 |

**4.3 Project Key Activities**

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| ***Helpful Hint****List the key activities of the project, at least one activity for each objective. Activities should describe what you plan to do by when and with whom to achieve your goal and objectives list above.* *Example*1. *Develop, print and distribute the education materials to students and teachers*
2. *Conduct weekly health education sessions in the target school with the Sports Coordinator.*
3. *Conduct education sessions for parents so they can support students’ learning*
 |

**4.4 Target Area & Beneficiaries**

*Briefly describe the main beneficiaries of the project?*

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| ***Helpful Hint****Describe the geographic location or setting (where – school, church, village or island, etc.) and intended beneficiaries (who – women, children, youth etc.) of your project.* *How many people you think will benefit directly (they benefit because they participate in the activities themselves) or indirectly (they benefit because someone else participated, for example children would benefit if they access to health education sessions and their mother’s attended healthy cooking training and received vegetable seedlings).* |

**4.5 Sustainability of the Project**

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| ***Helpful Hint****Describe your plans to continue achieve the goal(s) of the project or continue to improve the lives of beneficiaries beyond the life of this grant.* *How will you make sure that your project does not cause unintended harm? For example, minimize harm on the environment by minimizing plastic waste.* |

**5. Gender, Equity and Social Inclusion**

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| ***Helpful Hint****Describe how your project plans to meet the needs of vulnerable groups such as children, women, elderly, people with disabilities, people living in remote areas/islands, etc.*  |

**6. Project Team**

*Who are the key people involved in this project? Please provide their names, their position and a brief description of their relevant skills and expertise plus their role in the project.*

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| --- | --- | --- |
| **6.1 Name, Title/Position** | **Skills & Expertise** | **Role in the Project** |
| *E.g. Sports Coordinator* | *Coordination skills in several projects…..* | *Coordinate programs and make sure activities are implemented**Conduct monthly meeting and update progress….* |
|  |  |  |
|  |  |  |
| *(add more rows if necessary)* |  |  |

**6.2 Evidence of other successful projects**

*In addition, please provide a brief summary and evidence (can be an attachment) of other projects that you have successfully completed within the last 12 months.*

**7. Project Logic**

*Please complete the project logic to show how your activities are going to lead to the desired changes.*

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| ***Helpful Hint****Project logic is a visual diagram showing how you think your project will work (achieve its goals/outcomes). The project logic should align with the “Project Details” section above.* ***Read the tips and examples in the template below and delete them when filling in this table.*** |

**Immediate Outcomes**

***Change in capacity of beneficiaries as a result of the outputs produced E.g. Change in knowledge skills, attitude, access, awareness, consensus as a result of the training.***

*E.g.1. To improve student (new) knowledge on the importance of being physically active (immediate changes).*

**Outputs**

***Products, goods and services resulting from the activity (what did the activity produce). Outputs are written in past tense.***

*E.g.*

*1. Health education materials printed*

*2. Weekly health education in school conducted*

*3. Education sessions for parents conducted*

**Intermediate Outcomes**

***Change in behaviour, practice or performance of beneficiaries as a result of the immediate***

*E.g.*

*1.To increase the number of secondary school students in (target location) participating on health education sessions at the end of the project (intermediate changes)*

*OR*

*Students become more active (behaviour)*

**Activities**

***What the project is going to do (section 4.3)***

*E.g.*

*1. Develop, print and distribute health education materials.*

*2. Conduct weekly health education in schools*

1. *Conduct education sessions for parents so they can support students’ learning*

**Ultimate Outcomes (Goals)**

***Change in state, condition, wellbeing of beneficiaries.***

*The ultimate outcome should be the same as the goal in the project details section above.*

*E.g. more students meeting the WHO recommendations of doing at least 30+ minutes of physical activity most days of the week.*

**8. Activities & Timeline**

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| --- | --- | --- | --- |
| **No.** | **Main Activities** | **Sub activities** | **2024** |
| Feb | Mar | Apr | May | June | (…..) |
| 1 | *E.g. Develop, print and distribute health education materials.* |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |   |  |
| 4 |  |  |  |  |  |  |   |  |
| 5 |  |  |  |  |  |  |   |  |

## Budget

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| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Activities** | **Budget Items** | **Unit Cost ($)** | **Quantity** | **Total Budget ($)** | **% total budget** |
| 1. | *E.g. Develop, print and distribute health education materials.* |
| 1.1 |  | *E.g. Printing*  | *10* | *5* | *50* |  |
|  |  |  |  |  |  |  |
|  | **SUB-TOTAL** | **$0** | 0% |
| 2. |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **SUB-TOTAL** | **$0** | 0% |
| **3.** |  |  |  |  |  |  |
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|  | **SUB-TOTAL** | **$0** | 0% |
|  | **TOTAL GRANT BUDGET** | ***$50*** | **100%** |

**10. Justifications of the Budget for the project**

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| ***Helpful Hint****Please justify and provide narrative clarification of each budget item demonstrating the necessity of the costs and how they related to the projects activities no. (e.g through references to the activities on Section 9 (Budget) above. Use the reference number of each activities).* |

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| --- | --- | --- |
| *Activities No.* | *Budget Items* | *Justification of the estimated costs* *Provide the justification of each items* |
| *1.1* | *E.g Printing* | *(Quotation from local printing company and what type of printing (brochures/charts/banners etc) and why is this printing important to the project outcomes)* |
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|  |  |  |
|  | *(add more rows if necessary)* |  |

**11. Risk Management**

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| ***Helpful Hint****A risk is a possible event that will affect at least one project outcome if it occurs. It is important to identify risks to a project and also identify how to manage the risks (“Risk Management Plan”) to minimise the impacts on the project, and the likelihood that risk will/may occur**Think about anything that could happen that would prevent your project from achieving its outcomes. These could relate to financial, environmental, political, organisational or social events. Any risks that would affect children or other vulnerable group’s safety in the project.* |

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| **Risks** | **Description** | **\*Likelihood** | **^Impact** | **Risk Management Plan** | **Responsible Person** |
| *E.g Cancellation* | *Health education session cancelled by the school* | *likely* | *low* | *Maintain regular communication with the School Principal*  | *Sports Coordinator* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | *(add more rows if necessary)* |  |  |  |  |

**Note:**

**\*Likelihood:** *How likely is it that the risk will occur?*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood→** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost Certain** |
| Frequency | May occur in exceptional circumstances. | Could occur at some time. | Should occur at some time. | Will probably occur in most circumstances. | Expected to occur in most circumstances |
| Probability | Occurs every 5 months or more (1%) | Occurs every 2-5 months (10%) | Occurs every 1-2 months (50%) | Once every 2 months (75%) | At least monthly (99%) |

**^Impact:***If the risk did occur, what would be the degree of impact on the project? This could be financial, public relations, organisations, legal or some other impact are of significance in your organisation.*

|  |  |
| --- | --- |
| **Impact↓** | **Eg. Financial Rating** |
| Severe | Above $10k/grant amount |
| Major | $5k to $10k |
| Moderate | Up to $5k |
| Minor | Up to $500 |
| Very Low | Below $100 |

**12. Monitoring and Evaluation Framework**

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| ***Helpful Hint****The Monitoring and Evaluation Framework is a plan for how you will measure whether your project is achieving the desired results. It is based on the Program Logic so the Expected Results column should contain the same information as the Program Logic.* *Remember to be realistic - you will need to report against this M&E Framework in your project’s quarterly/progress and end reports.**Read the tips and examples in the template below and delete them when filling in this table.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expected results** | **Indicator***Indicators identify what will be measured to demonstrate if the project is achieving the expected results (its outcomes). It should consist of a unit of measure (# or %), a unit of analysis and a context.* | **Baseline** *This is the specific value for the indicator at the start of the project.* | **Targets** *This specifies a particular value, or range of values, that you would like to see in relation to the indicator by a specific date in the future.* | **Data source** *Individuals, organizations or documents from which data about your indicators will be obtained.* | **Collection method and frequency** *How will you collect data to measure your indicators? E.g. Participant enrolment forms, surveys, interviews etc.**How often will information for the indicator be collected?*  | **Responsible officer** *Who is responsible for collecting the data to measure the indicators? This should be the specific role, not the person who is in charge overall.* |
| **Ultimate Outcome** |
| *E.g. more students meeting the WHO recommendations of doing at least 30+ minutes of physical activity most days of the week.* | *% of students who were physically active at least 30 - 60 minutes per day*  | *18.3% (2017)* | *30% (2022)* | *GSHS Survey* | *Survey*  | *MOH* |
| *(add more rows if required)* |  |  |  |  |  |  |
| **Intermediate Outcomes**  |
| *1.To increase the number of secondary school students in (target location) participating on health education sessions at the end of the project* | *% of students participating in physical activity* | *30%* | *50%* | *School records* | *Collect records at end of each sessions* | *Sports Coordinator* |
| *(add more rows if required)* |  |  |  |  |  |  |
| **Immediate Outcome** |
| *E.g.1. To improve student (new) knowledge on the importance of being physically*  | *% students with improved knowledge on the benefits of physical activity* | *tbd* | *tbd* | *Pre& post test results* | *Interview/ Survey at beginning and end of sessions* | *Sports Coordinator* |
| *(add more rows if required)* |  |  |  |  |  |  |
| **Outputs** |
| *Eg.1 Health education materials printed and used in the weekly education sessions.*  | *Number of education materials distributed*  | *0* | *At least 10 education materials* | *Registry of students in the health education session*  | *Count number of materials used in the program* | *Sports Coordinator*  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *(add more rows if required)* |  |  |  |  |  |  |

**13. Other requirements**

*Please provide the following:*

 Support letter/endorsement from related project partners

 Support letter/endorsement from my organisation’s or department’s senior executive (CEO/Director) 

 Copy of Certificate of Incorporations/ Business License for the organisations (For NGOs, Private businesses and incorporated groups).

 Corporate Plan of the organization/ministry either annual or multi-year plan.

 Copy of successful previous project reports.

If the applicants had a previous project with TongaHealth: All reporting requirements are completed and submitted to TongaHealth and all projects are ‘Closed’.

1. Covers cost effective lifecourse approaches providing children with a good start in life and engaging young people and preparing them for the future [↑](#footnote-ref-1)