



Department
of Health &
Social Care

RSTMH Early Career Grants Programme - 2019-2021

Programme Completion Review

Published Autumn 2024

**NIHR Global Health Research
Portfolio**

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Programme completion review process

The Programme Completion Review Template is the final review document, and builds upon the Annual Reporting and Annual Review templates to form part of a continuous process of monitoring, review and improvement within NIHR's Global Health Research portfolio. In contrast to the Annual Review (which focuses on the last 12 months), the Programme Completion Review records performance over the lifetime of the programme. It checks progress against pre-defined outputs and outcomes and provides a final assessment of the extent to which the programme has achieved its objectives, an analysis of learning and recommendations for the future.

This monitoring tool is distinct from and answers different questions to a programme-level evaluation, which provides an impartial and independent assessment of what the intervention did, what happened as a result and why. However, the PCR should include any evaluation evidence where it is available (and vice versa).

The review should be completed within three months after programme closure.

A high quality Programme Completion Review will (in accordance with DFID's Smart Rules):

- Be proportionate
- Comment on the validity of the theory of change
- Assess whether the assumptions held
- Be evidence-based
- Draw lessons on key issues which could include: how the programme was designed, quality of DHSC management, partner performance, quality of interaction of other stakeholders, sustainability.
- Provide evidence of learning and adaptation during the programme's implementation and demonstrate how lessons have been shared.

Note that this template may need to be modified for product development partnerships and partnerships which do not operate a funding scheme model. In those cases, 'funding scheme' should be replaced by the partnership or funded programme name. 'Award holders' may also need to be replaced by 'delivery partner' or 'downstream partners' depending on the setup of the particular partnership or funded programme. Other sections of the template may require tailoring depending on the particular contractual outputs and outcomes. For any queries, please discuss with the GHR MEL Manager.

For the purposes of this template, 'delivery partner' refers to the lead administering body or organisation responsible for delivering the funding scheme, partnership or funded programme on behalf of DHSC as opposed to downstream partners.

The process for completing this template involves the following steps:

1. DHSC works with partners responsible for delivering a funding scheme to ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.
2. Delivery partners collate a synthesis of the award level monitoring information and present aggregated funding scheme level findings (and award level wherever specified) within this template covering the lifetime of the scheme. This can draw upon previous annual report/reviews and be supplemented by additional information collected for the final year. Tips on reporting style and content to minimise the need for redrafts and edits include the following:
 - Note that we are interested in a succinct summary of the key relevant points across a funding scheme, rather than a comprehensive account of all award level activities, outputs and outcomes.
 - Any findings or views on performance should be clearly linked to the evidence base.
 - Minimise duplication (where applicable) by cross-referencing responses between sections where there is overlap.
 - Some sections of the template will not apply across all funding schemes, either because of the nature of the funding scheme (e.g. some schemes may not include individual capacity strengthening opportunities as an objective) or because of the timing of the report (e.g. some outputs and outcomes will not yet be applicable). For any sections of the template that are not applicable, please retain the numbered paragraph headings but remove any subsequent template content (e.g. explanatory guidance, tables) and replace with 'Not applicable due to [insert justification]'.
 - Note that the report should be drafted as suitable for publication - if any personal or commercially sensitive information needs to be conveyed, please either include within a separate annex or highlight this within the document so that it can be redacted in the final version.
 - Our corporate text styles are saved in the template. Use the quick styles bar on Word's Home tab to apply them. The bar is in the top right-hand corner of your

screen. To apply saved styles: highlight the text required and click the relevant style in the Styles bar. Scroll down the styles bar for more styles (e.g. for captions, numbered paragraphs and bullet points). The styles saved within the template need to be applied to all sections of your text.

3. This report is then shared with DHSC for comment and feedback.
4. DHSC will then use the programme completion report and additional information gathered through meetings, field visits and any other documentation to complete the programme completion review template - relevant sections are highlighted with green boxes. This will include an assessment of overall funding scheme performance over the entire funding period, identify lessons learnt, time-bound recommendations for action consistent with key findings and will be used as an evidence base for future funding decisions. Please write this summary with a public audience in mind, assuming no prior knowledge of the funding scheme.
5. Programme completion review signed off and published.

Clearance checklist

	Name	Date
Programme completion report sections completed by (within delivery partner organisation)	██████████ CEO, RSTMH ██████████ Grants Manager, RSTMH	29 June 2023
Programme completion report read and review sections completed by (DHSC) with input from transparency sub-team	██████████ DHSC	20 July 2023
Programme completion review shared and signed off by (within delivery partner organisation)	██████████ RSTMH	21 August 2023
Programme completion review signed off by (DHSC)	██████████, DHSC	30 August 2023
SRO sign off for publication	Mike Batley, DHSC	10 October 2023

1. DSHC summary and overview

1.1 Brief description of funding scheme

The Royal Society of Tropical Medicine and Hygiene's (RSTMH) Early Career Grants programme (previously called the Small Grants scheme) enables early career researchers and global health professionals in the field of tropical medicine or global health to undertake clinical or scientific research or fieldwork, as stand-alone projects or distinct elements within a larger project. Grants are up to £5000 each and last up to one year. The programme is aimed at researchers who have not had research funding of £5000 or more in their own name before.

The National Institute for Health Research (NIHR) has been funding the RSTMH Early Career Grants programme since 2019. NIHR funding specifically supports researchers from low- and middle-income countries (LMICs) whose projects include minimal or no lab work. The overall aims of the programme are to support early career researchers in LMICs to conduct applied health research, to develop their skills and networks and to enhance their future funding success. This Programme Completion Review covers the performance and overall learnings from the programme from 2019 to 2021, although the data is focused on 2019 and 2020 cohorts.

1.2 Summary of funding scheme performance over its lifetime (general progress on activities, early outputs, outcomes, impacts across all awards)

In 2019, NIHR funded 30 grants for LMIC researchers, which enabled RSTMH to effectively double its award-giving capacity. In 2020, NIHR increased its funding to support 102 grants, as well as a full-time Grants Manager to oversee the scheme. Delays due to Covid-19 have meant not all awardees have yet submitted their end of project reports, and therefore this Programme Completion Review only includes data from 28 awardees from the 2019 cohort (93%) and 46 awardees from the 2020 cohort (45%).

The programme has been effective at building individual research capacity, enabling awardees to gain skills, experience and confidence while leading their own research projects. Across the two cohorts, awardees have reported improvements in their research skills, particularly around academic writing and team working, as well as project management and grant management skills. The programme has also supported researchers to develop technical skills, such as data analysis, as well as interpersonal skills around communication and leadership.

By enabling awardees to develop these skills, the programme has supported their career progression and, for some, acted as a springboard for other funding opportunities. Across the two cohorts, 18 (24%) have published an article in a peer-reviewed journal, 11 (15%)

have presented a poster at a conference and 11 (15%) have presented an abstract. 9 awardees (12%) have already received a further grant, although the true figure is likely to be higher, as 21 funding applications were still in progress when awardees submitted their final reports. It is likely that the full impact of the programme will be revealed over the coming months and years. RSTMH aims to develop ongoing reporting mechanisms to help track this long-term impact more accurately.

There is also evidence that, despite their small size, some awards are starting to have a real-world impact, with 36 awardees from the 2020 cohort (78%) reporting to have influenced or be in the process of influencing policy and practice at local, national, or international levels. For example, the qualitative findings of one project formed the basis of an implementation strategy to integrate cervical screening as a routine part of HIV care in a community health facility in Uganda. This integrated approach was so successful at increasing screening rate and timely follow-up that it has since been expanded to two more health facilities in the area.

The programme's aim to establish a peer cohort to increase collaboration and networking opportunities has been a challenge for RSTMH due to the geographic spread of awardees and the impact of Covid-19 lockdowns. Feedback from an independent evaluation of NIHR's global health research portfolio suggests that 2019 and 2020 awardees would have valued more opportunities to connect, learn from each other and provide mutual support. Since 2021, RSTMH have begun to establish cohort networking practices, and this is an area of the programme that they are actively working to improve.

1.3 Performance of delivery partners

RSTMH has been a collaborative and responsive partner. They have adapted their processes to improve efficiency and meet NIHR guidelines, for example by implementing online monitoring, creating a new reporting template for awardees, and enhancing their due diligence.

They also responded flexibly and in a timely manner to the challenges caused by Covid-19, granting substantial extensions to awardees impacted by the pandemic, with the necessary extension times guided by the researchers themselves. This was positively received by awardees, who felt it enabled them to deliver quality research and substantially reduced their stress at a difficult time.

RSTMH is a well-established name in LMIC research communities. Its growing global community of assessors and ambassadors has been pivotal to the success of the programme as well as the diversity of awardees, who span 42 countries across Africa, Asia, Central and South America.

The impact of the pandemic caused major delays to projects from 2019 to 2021, disrupting all agreed milestones and resulting in RSTMH having to manage large numbers of awardees from multiple cohorts at once. These long delays, combined with fixed NIHR reporting deadlines, a need to move to automated reporting to accommodate rising demand, and the turnover in the position of Grants Manager, were key challenges in the delivery of the programme and the provision of annual reports to DHSC. During this time, the team did their best to prioritise resource towards the Early Career Grants programme. RSTMH delivers a great diversity of opportunities and value to both its awardees and funders, and this will only improve with a long-term Grants Manager in place.

RSTMH has responded well to DHSC expectations and has been able to support NIHR priority areas in its management and delivery of the scheme. As DHSC is now the majority funder of the scheme, we strongly encourage RSTMH to secure further donors in order to maintain breadth of thematic areas supported, and to secure the longer term sustainability of the programme.

1.4 What are the key lessons identified for wider DHSC/NIHR global health research

1) Co-create a fit-for-purpose annual review process

It has been a resource-intensive process for both RSTMH and DHSC to deliver annual reviews, particularly as the document was developed for very different programmes of activity. A key lesson is that the annual review process should be adapted to this programme and the activities it is seeking to report on, and delivery partners must work with DHSC to co-create a process that suits both parties.

2) Consider a multi-year funding approach

Since 2019, the Early Career Grants programme has been funded on a year-by-year basis. Initial findings of an independent evaluation of DHSC's Global Health Research portfolio are positive about the impact of the programme. This evidence supports a shift to a multi-year funding approach, which offers more stability to delivery partners and enables them to be more transparent with applicants about the funding available and frequency of calls. It also reduces administrative burden for DHSC.

3) Mitigate the risk of DHSC/NIHR being a majority donor

ODA budgets are subject to the impact of global developments. As RSTMH's biggest funder, this put the programme at significant risk. Whilst the RSTMH programme was not affected by budget cuts during Covid-19, we cannot be complacent. The long-term sustainability of DHSC/NIHR priority funding schemes will need to rely on a diversification beyond HMG ODA funders to mitigate against and withstand any future knocks.

1.5 DHSC to summarise key recommendations/learning for future portfolio development, with ownership and timelines for action

Recommendation	Owner	Timeline
RSTMH to start reporting to IATI in line with transparency obligations	RSTMH	August 2023
DHSC and RSTMH to co-create an effective annual review process for 2021 and 2022 cohorts	DHSC and RSTMH	September - December 2023
Review and revise existing Theory of Change	DHSC and RSTMH	September - December 2023
Explore and secure other funding partners who could contribute to Early Career Grants programme. DHSC and RSTMH to agree target to include in grant agreement	RSTMH	2023 - 2024
Develop approach to monitor long-term impact of programme	RSTMH	2023-2024
Develop approach to connect cohorts more effectively, both during and after their awards	RSTMH	2023-2024

2. Summary of aims and activities

2.1 Brief outline of each funding call aims

The Royal Society of Tropical Medicine and Hygiene's (RSTMH) Early Career Grants Programme enables early career researchers and global health professionals in the field of tropical medicine or global health to undertake clinical or scientific research or fieldwork, as stand-alone projects or distinct elements within a larger project. Grants are up to £5,000 each and the National Institute for Health and Care Research (NIHR) funds the majority of the awards each year. NIHR funded 30 out of 50 awards in 2019 and 102 out of 124 awards in 2020, with all grants awarded to researchers from low- or middle-income countries (LMICs).

The initial aims of the funding scheme with NIHR in 2019 were as follows:

- Enable early career researchers and global health professionals in low- and middle-income countries to undertake clinical and applied health research or fieldwork, and access training in grant writing and mentoring.
- 'pump-prime' funding to early career researchers in strategic research areas.
- Increase the quality and number of applications to other NIHR Global Health Research funded schemes.

In 2020, the above aims were expanded and replaced by the ones below to recognise the skills and networks developed through the grants programme, as well as the shared aim to grow the number of awards.

- Enable early career researchers and global health professionals in LMICs to undertake clinical and applied health research or fieldwork.
- Develop research and management skills of early career LMIC researchers through leading a small independent research project.
- Establish a peer cohort of awardees to increase collaboration and networking opportunities.
- Enhance future funding opportunities of LMIC early career researchers.
- Strengthen a beneficial scheme to ensure that a higher proportion of fundable applications receive funding than previous year.

Summary of activities

In 2019 and 2020, the funding from NIHR covered the following activities:

- 132 total grants (30 in 2019 and 102 in 2020) provided to LMIC based early career researchers in 42 countries. Of this group of awardees, 45% were female and 55% were male. Areas of health supported included malaria, tuberculosis (TB), HIV, climate change, anti-microbial resistance (AMR), neglected tropical diseases, co-morbidities and non-communicable diseases.
- 19 month membership of RSTMH for each of the NIHR funded awardees in the scheme. This provides access to all RSTMH member benefits, including discounts to RSTMH events and open access fees, access to the RSTMH Members Area and Members Directory, one of RSTMH's scientific journals, and the opportunity for support, mentorship and other exclusive content.
- The funding of the RSTMH Grants Manager role for 24 months as a trial. This role was made permanent in 2022 due to the growth in the programme and agreement by the Board of Trustees.
- A contribution to the management of the grants programme, which included part of the cost of other roles, such as the Chief Executive, the Communications Manager, Administrative Assistant, and direct costs such as the electronic platform Submittable, bank fees and payment fees to deliver the awards. Other costs to manage the grants programme include the platforms needed for webinars, and monitoring and evaluating the cohorts.
- A contribution to the overheads of RSTMH allocated to the grants programme as one of the society's activities. This contribution is calculated based on the portion of grants funded by NIHR within RSTMH's overall grants programme.

2.2 Did the funding call succeed in delivering all milestones? Please summarise progress against any critical milestones and if they were achieved or not achieved.

Delivery partner's assessment of progress against milestones/deliverables

<p>Summarise the major milestones/deliverables of the award and whether or not they were achieved or not achieved</p>	<p>If achieved: what source of evidence do you have to support completion? If not achieved: what was the cause?</p>
<p>2019 cohort</p>	
<p>30 2019 NIHR awardees received funding, started and completed their projects, and produced final reports summarising the outcomes of their projects.</p> <p>The deadline for the final reports was end March 2021, however all NIHR awardees in 2019 requested an extension of between 3 months and 1 year.</p> <p>The details of deliverables relating to enhanced skills, experiences and networks, and tangible outcomes such as publications, presentations, and additional funding can be found in section 3.</p>	<p>28 of the 30 NIHR awardees completed their projects and submitted their final reports by December 2022 and their results form part of this report.</p> <p>Two reports are not within this report as they were delayed due to Covid-19. As of May 2023, these two reports have been received.</p>
<p>2020 cohort</p>	
<p>102 2020 NIHR awardees received funding, started and completed their projects, and produced final reports summarising the outcomes of their projects.</p> <p>The deadline for the final reports was end March 2022, however all NIHR awardees in 2020 requested an extension of between 3 months and 1 year.</p> <p>The details of deliverables relating to enhanced skills, experiences and networks, and tangible outcomes such as publications, presentations, and additional funding can be found in section 3.</p>	<p>67 of the 102 NIHR awardees completed their projects by November 2022.</p> <p>From this 67, 46 submitted their final reports and are included in this review. The remaining reports were still pending at the time of this review, but are in the process of being received and analysed.</p>
<p>Programme management</p>	
<p>The grants programme has grown in overall size and diversity as a result of NIHR funding. It enabled more grants to be awarded and increased the overall proportion of grants provided to LMIC based early career researchers. It also increased the diversity of health areas being funded, which now</p>	<p>Achieved</p>

Summarise the major milestones/deliverables of the award and whether or not they were achieved or not achieved	If achieved: what source of evidence do you have to support completion? If not achieved: what was the cause?
<p>includes infectious and non-communicable diseases, as well as important topics such as outbreaks and drug resistance, co-morbidities, climate change and conflict.</p> <p>In 2019 RSTMH gave out 50 grants in total, of which 30 (60%) were NIHR funded. In 2020 that increased to 124, of which 102 (82%) were NIHR funded.</p>	
<p>The Grants Manager role, which was first funded by NIHR as a trial in 2019, was made a permanent role at the start of 2022 due to the success of the trial and growth in the grants programme.</p>	Achieved
<p>The number of Global Assessors - a group of internationally based volunteers and subject experts who review applications to the grants programme - has grown. As of May 2023, there are 101 Global Assessors, having doubled in size since 2019 when there were 47.</p>	Achieved
<p>The due diligence for the grants programme has been enhanced and improved as the number of awards has increased, at all stages. Initial due diligence checks of applications are also now shared between the Global Assessors and the Grants Manager which has increased efficiency</p>	Achieved
<p>From 2022, the final report guidelines and processes were amended to fit with the new NIHR reporting guidelines. This change helped streamline the process for awardees and RSTMH.</p>	Achieved
<p>The monitoring and evaluation of 2019, 2020 and 2021 cohorts is underway despite delays due to Covid-19 and lockdown. Monitoring and evaluation has been helped by the use of a new online system for quarterly reviews, which was implemented in 2021 and replaced the former paper-based approach.</p>	Being implemented

2.3 Delivery partner's assessment of how individuals/communities (including any relevant sub-groups) have been engaged and their needs reflected in identifying

research priorities, design/planning, implementation, analysis, and reporting and dissemination - to include:

- (a) Inclusion: Which vulnerable and/or at-risk groups have been identified through community engagement and mapping exercises?
- (b) Participation and two-way Communication: Type and no. of community engagement and involvement activities (e.g. Community Advisory Group, meetings with community leaders or civil society groups, community theatre performances, community media activities etc) over lifetime of funding and no. of people involved/reached (where possible broken down by relevant vulnerable and/or at-risk sub-groups identified under 'Inclusion')
- (c) Empowerment, Ownership, Adaptability and Localization: How have the projects changed as a result of community engagement and involvement and been adapted to the local context and the needs of vulnerable groups?

NIHR-funded awardees conduct applied, community-based research in LMICs as opposed to lab or desk-based projects. The applicants are not asked how they involve communities in the design of their project, which is driven by a desire to keep the application as simple and short as possible for these first-time applicants. However, many awardees do involve communities in their methodology, as part of their interviews and surveys. One awardee from Kenya said "I was able to go into the community and learn about how participants are recruited, consented and subsequently involved in research projects. This not only gave me an appreciation of the work field staff carry out, but also enabled me to appreciate how communities view research work and the personal sacrifice they make when they participate in research studies". This is one of many examples of how awardees talk about their interactions with communities and how it helps to develop new skills, both in directly working with communities and also securing wider knowledge. An example of this wider knowledge is from an awardee from Sudan who mentioned how the project had "strengthened my knowledge in the field of public health mainly in terms of community interaction".

Another way that awardees engage with their local communities is through the dissemination of their project findings, which was cited by 21 (76%) of awardees in 2019 and 75 (60%) of awardees in 2020. The methods used are broad and include both formal and informal meetings with community groups and other stakeholders. Some of the stakeholders cited include local authorities, public health units, district and state health departments and city councils. For some this provides an opportunity to achieve more high level and wide-ranging outputs, for example changes to community practice. One awardee from Cameroon described it in this way: "After the study, we held a series of seminars with key stakeholders in the local communities and districts concerned to present the findings

of the study and to discuss on how the research findings can be exploited for the health benefit of the population".

With the RSTMH Grants and Awards Committee (GAC), the possibility of gathering more information around how awardees engage with communities in the design, methodology and/or dissemination of the research as part of the end of project reports will be explored.

3. Outputs and outcomes

- 3.1 Did the funding call succeed in achieving its overarching aims (as set out in 2.1)? Describe to what extent the call achieved its overarching aims - please provide evidence for all statements.

Section 2.1 shows how the overall aims changed in 2020. The points below are reporting on the updated aims.

1. Enable early career researchers and global health professionals in LMICs to undertake clinical and applied health research or fieldwork

NIHR funding has enabled 132 early career researchers and global health professionals in LMICs to undertake research or fieldwork across the 2019 and 2020 funding rounds. These awards would not have been made without this support from NIHR, due to RSTMH's limited funding.

Since 2019, NIHR has supported RSTMH's early career grants programme to shift from funding primarily UK based researchers to primarily those based in LMICs.

2. Develop research and management skills of early career LMIC researchers through leading a small independent research project

The programme has improved the skills, experience and networks of awardees, as noted in their final reports. Across the 2019 and 2020 NIHR cohorts, 59 awardees (80%) reported an increase in skills, including in the areas of management, scientific and technical, research and interpersonal skills. See section 4.2 for a more detailed breakdown of this.

Skills have also been enhanced through RSTMH membership, which awardees can access for the period of their project and reporting. Awardees have cited benefits of this to include using the Members Directory to identify new contacts and attending RSTMH events at discounted pricing.

3. Establish a peer cohort of awardees to increase collaboration and networking opportunities

Since 2021, RSTMH has organised welcome webinars shortly after awardees receive their funding. This has helped to establish a peer cohort each year since 2021 and has provided an opportunity for awardees to share thoughts and learnings.

RSTMH also organised webinars for awardees to meet other awardees working on the same area of work, for example a webinar on snakebite was delivered in 2021 to bring

together NIHR awardees with all other snakebite awardees to share experiences and make new contacts.

With the growing number of awardees and Covid-19 causing delays in project delivery and completion, RSTMH is continuing to explore new and better ways of bringing awardees together for networking and collaboration.

4. Enhance future funding opportunities of LMIC early career researchers

2 (7%) awardees from the 2019 cohort achieved a further grant after their NIHR award through RSTMH. In the 2020 cohort this number rose to 7, representing 15% of awardees.

RSTMH is exploring the option of establishing an annual reporting process after final reports have come in so as to measure this outcome more comprehensively.

The ambition for the grants programme is that the skills developed as part of the grant projects will enable more awardees to secure funding opportunities in the medium and longer term.

5. Strengthen a beneficial scheme to ensure that a higher proportion of fundable applications receive funding than previous year

NIHR funding has enabled the grants programme to improve in many ways. For example, NIHR funding from 2019 to 2021 contributed towards a new role of Grants Manager. This started as a trial one-year fixed term contract and by early 2022 this role was made a permanent member of the RSTMH structure. As such, all donors now contribute to its overall costs as part of contributions to the management of the programme.

The Grants Manager role has been extremely successful. Having a specialist managing the grants programme has improved efficiencies, enhanced processes, and streamlined all grants activities, which has become increasingly important as the programme has grown. The trial of the Grants Manager role by NIHR enabled RSTMH to recognise and create this as a permanent role more quickly than it would otherwise have done.

Awareness of the programme has greatly increased during the period of 2019 to 2020, as evidenced by the growth in applications. The number of awards has also increased during this period, from 50 in 2019 to 124 in 2020, of which 102 were NIHR awardees, meaning more high-quality applications can now be funded.

The support of NIHR provided confidence in the grants programme which then led to other partners coming on board and funding their own awardees, contributing to even more high quality applications being funded.

The growth of the programme, stimulated by NIHR funding, has also provided an opportunity to improve efficiencies such as automating key processes.

High quality policy/practice relevant research and innovation outputs

3.2 Aggregated number of outputs by output type. Note that we are interested in a broad range of outputs (e.g. assay/cell line/antibody/biomarker, book chapter, whole book, checklists/scales, Cochrane review, conference abstract, conference poster, database, diagnostic test, feature article, guidelines/SOPs, journal abstract, journal article, journal editorial, media, medical device, other, patent licensed, participant materials, policy brief, presentation, press release, project newsletter (self-generated), protocol, questionnaire, service delivery model, service innovation, social media, software/algorithm, therapeutic product, toolkits, training materials etc).

Output type	Total number across all NIHR funded awards (cumulative number since funding began)	2019	2020
Assay/cell line/antibody/biomarker	1	1	0
Book chapter	0	0	0
Whole book	0	0	0
Checklists/scales	0	0	0
Cochrane review	1	0	1
Conference abstract	11	3	8
Conference poster	11	2	9
Database	8	1	7
Diagnostic test	2	1	1
Feature article	0	0	0
Peer reviewed journal article	18	3	15
Non-peer reviewed article	1	0	1

3.3 Lead/senior authorship

	Total number across all NIHR funded awards (cumulative number since funding began)	% of total number of externally peer-reviewed research publications
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	15	100%
Number of externally peer-reviewed research publications with a female lead or senior author	7	46%
Number of externally peer-reviewed research publications with a female lead or senior author whose home institution is in an LMIC	7	46%

Informing policy, practice and individual/community behaviour in LMICs

3.4 Delivery partner's summary of the most significant outcomes of any award level engagement and/or influence of policy makers, practitioners and individual/community behaviour e.g. participating in meetings with policy makers/practitioners/community; research cited in policy debates, policy documentation, legislation, clinical guidelines, health professional education material, patient advocacy publications, media citations.

For each outcome, please indicate:

- which stakeholder group has been engaged with/influenced (i.e. policymakers, practitioners and/or community-level)
- which level the engagement and/or influence has occurred at (i.e. sub-national, national, international level)

As this programme focused on early career researchers delivering small and short projects it is not always possible for awardees to have a direct influence on policy and practice and community behaviour.

Nonetheless, of the 2020 cohort, 19 out of the 46 awardees (41%) indicated some achievements in related areas. They reported to have made an influence at local, national, and international levels. This was achieved through the following examples:

- 12 awardees participated in meetings with practitioners
- 11 participated in meetings with policy makers
- 10 awardees participated in meetings with the community
- Two awardees had their research cited in policy debates
- One awardee produced policy documentation

Additionally, 17 awardees (37%) from the 2020 cohort said that influencing policy makers, practitioners and individual/community behaviour is a work in progress for them. RSTMH has no results for this area from the 2019 cohort, as it was not part of the reporting template at the time. 2019 awardees could be surveyed about this in a future review.

LMIC and UK researchers trained and increased support staff capacity

3.5 Aggregate level summary across awards of individual capacity strengthening supported by at least 25% NIHR award funding

Although this is not measured by the grants programme, one awardee in the 2020 cohort mentioned they had trained an intern as part of their project delivery.

LMIC institutional capacity strengthened

3.6 Delivery partner's summary of evidence of activities and outcomes from across awards demonstrating how NIHR funding has helped to strengthen LMIC institutional capacity to contribute to and lead high quality research and training within a national research ecosystem. For example, this might include (but is not limited to):

- Funding support staff and staff training (that has not already been covered in 3.6)
- Helping to generate sustainable support for locally initiated and led efforts

- Facilitating integration of locally driven initiatives into broader national programmes
- Integrating product development as part of larger health systems strengthening work

RSTMH has no results for this area from the 2019 cohort, as it was not part of the reporting template at the time. 2019 awardees could be surveyed about this in a future review.

This was made an explicit question for the 2020 cohort, with a number of multiple-choice answers to select from. Of the 46 awardees included in this report, 24 (52%) said they had strengthened their institution's capacity. Of these, the most common methods were through improving the skills of research staff and gaining new skills which have been transferred to their institutions. The table below gives a full breakdown of the different capacity strengthening activities cited.

Activity to strengthen institution or organisations capacity	Count for 2020
Improved skills for research staff	19
Gained new skills which have been transferred to their institutions	18
Have helped community efforts	12
Successfully integrated their research results into broader national programmes	8
Improved skills for non-research staff	7
Have successfully developed and integrated a product to be adopted by larger health systems	3

In addition to the answers selected, one awardee commented that his data and other observational information has been directly used for teaching medical students.

Additionally, 14 (30%) awardees said that strengthening the capacity of their institution or organisation is a work in progress.

- 3.7 Aggregated distribution of support staff (collected for the purposes of understanding how wider research support responsibilities are divided between LMIC and HIC institutions)

Awardees are not asked about this area explicitly as they are unable to provide employment to support staff as part of their awards, although many do provide per diems for days of work as field workers.

Equitable research partnerships and thematic networks established/strengthened

- 3.8 Delivery partner's assessment of the extent to which this NIHR funding has contributed towards building or strengthening equitable research partnerships/collaborations and thematic networks (where applicable, including engagement with communities). This may include:
- Outline of how awardees seek to encourage equitable research partnerships/thematic networks
 - Any examples of innovative practice of managing equitable partnerships at the award level throughout the research life cycle?
 - Any evidence across awards of thematic networks being established or strengthened?

There are no results in this section for the 2019 cohort as they were not asked about this explicitly. The 2020 cohort were asked this explicitly as part of the new reporting template, and selected answers from a multiple-choice list. Of the 46 respondents from the 2020 cohort, 22 (48%) awardees said they had built a new or strengthened an existing research partnership or collaboration between their organisation and another; and 11 (24%) awardees said they had expanded thematic networks between their organisation and another.

In terms of work in progress, 14 respondents (30%) said they were in the process of building a new or strengthening an existing research partnership or collaboration between their organisation and another.

- 3.9 Aggregated HIC/LMIC spend across all awards

	Total committed amount (GBP) allocated to:			% of total committed amount to all institutions:		
	2019	2020	2021	2019	2020	2021
UK/HIC institutions	0	0	0	0	0	0
LMIC individuals	144,701	497,684	746,527	100	100	100
All institutions	144,701	497,684	746,527	100	100	100

4. Theory of Change and progress towards longer term impacts

4.1 Progress towards long term impacts

In terms of long-term impact, the RSTMH Early Career Grants Programme Theory of Change cites the following indicators of success:

1) Improved confidence

Improved confidence was cited by 23 awardees (50%) of the cohort in 2020, and by 3 awardees (11%) of the cohort from 2019. It is worth noting that the reporting template was of a different format in 2019 and the cohort reported the most important benefits only, which were mostly in the management and technical areas.

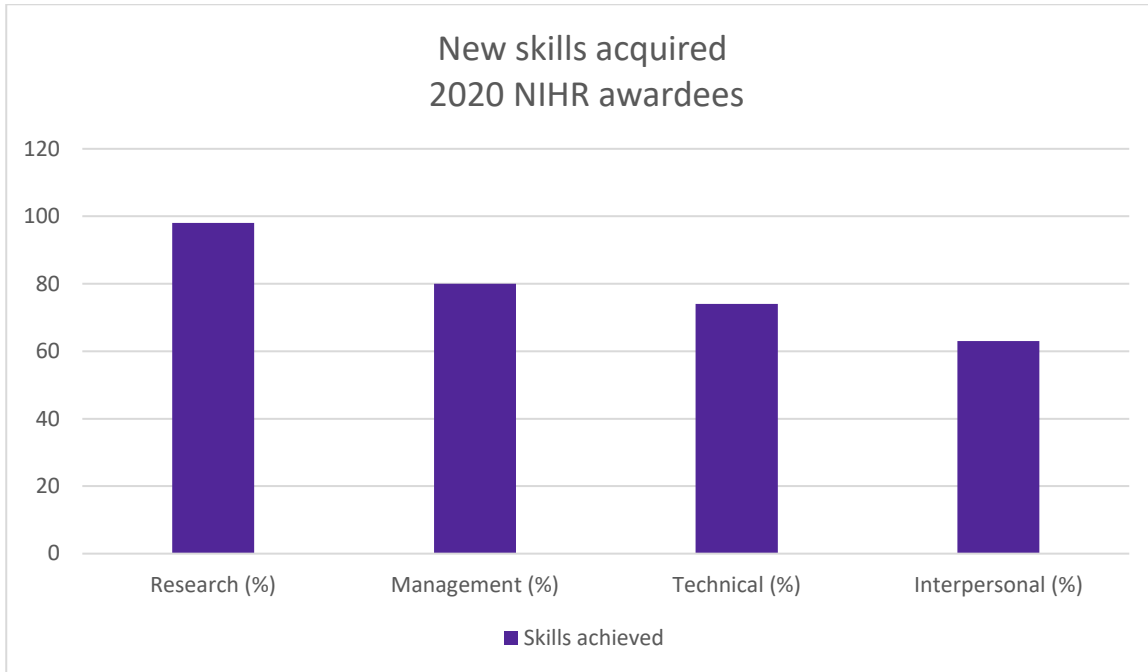
2) Improved skills in research delivery, project management, budget management, managing capacity

Many awardees commented on the new skills that the programme had helped them acquire. The findings are disaggregated by year as the reporting templates were different for the cohorts.

a) 2020 cohort

The 2020 cohort reported high levels of new skills developed through their projects. 45 (98%) of awardees reported developing research skills, 37 (80%) reported new management skills, 34 (74%) reported developing scientific or technical skills and 29 (63%) reported interpersonal skills. See table 1 below.

Table 1



Tables 2 - 5 below show the skills within each of the 4 categories of skills, as reported by the 2020 cohort. The wide range of skills amongst the cohort is a reflection of the diverse range of new activities undertaken as part of the projects.

Table 2

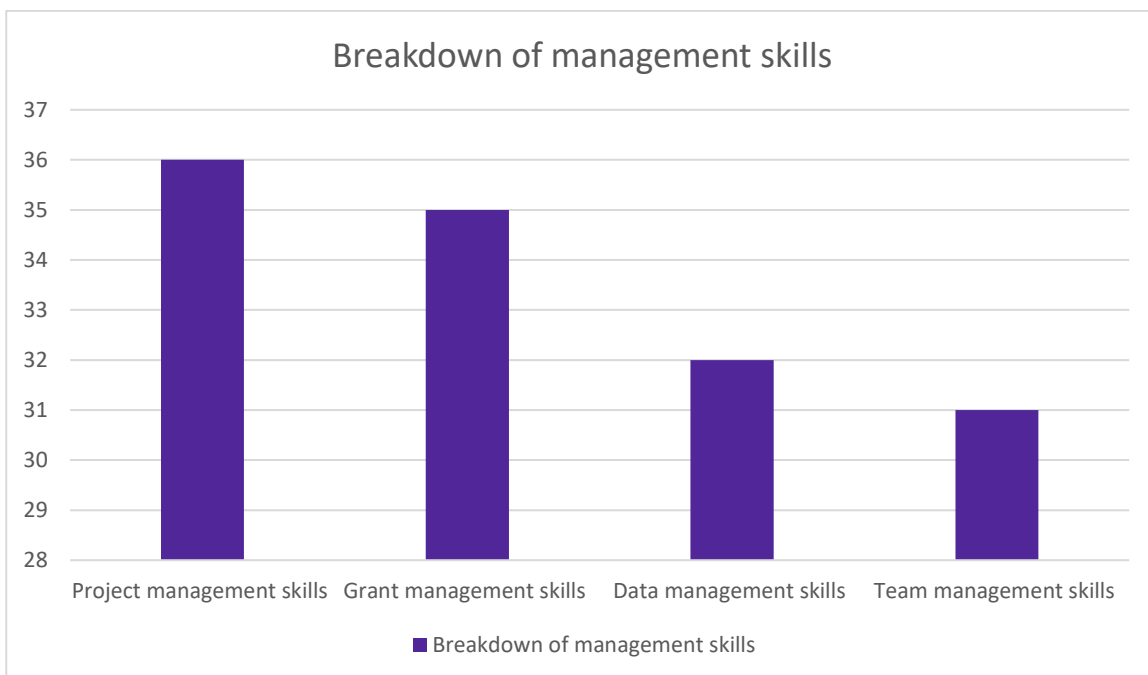


Table 3

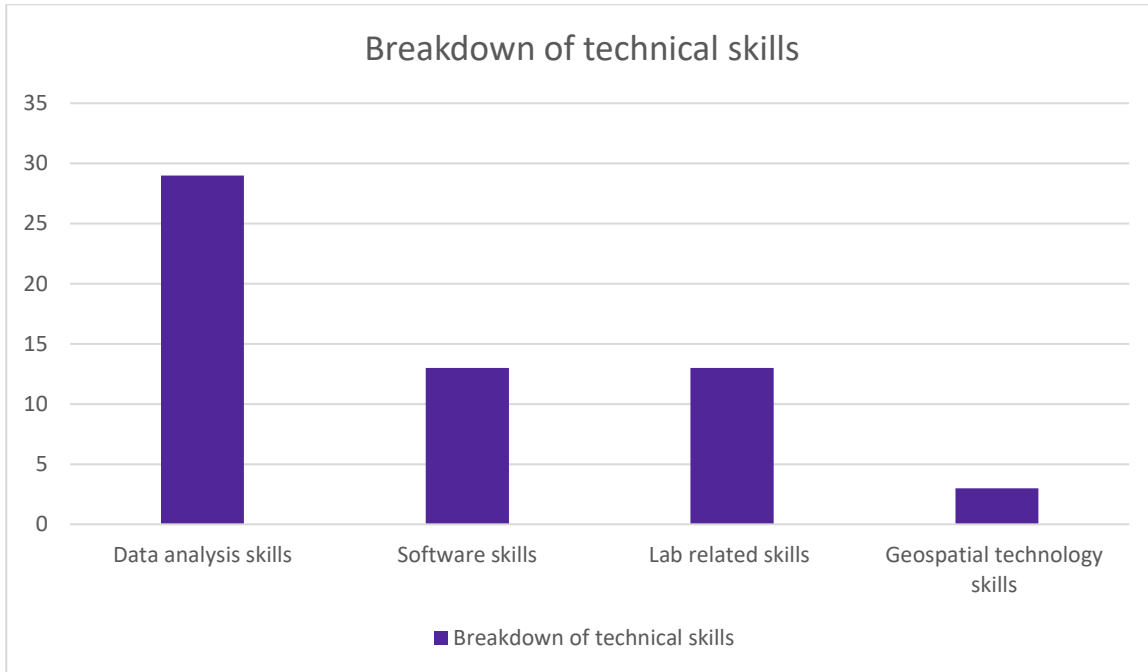


Table 4

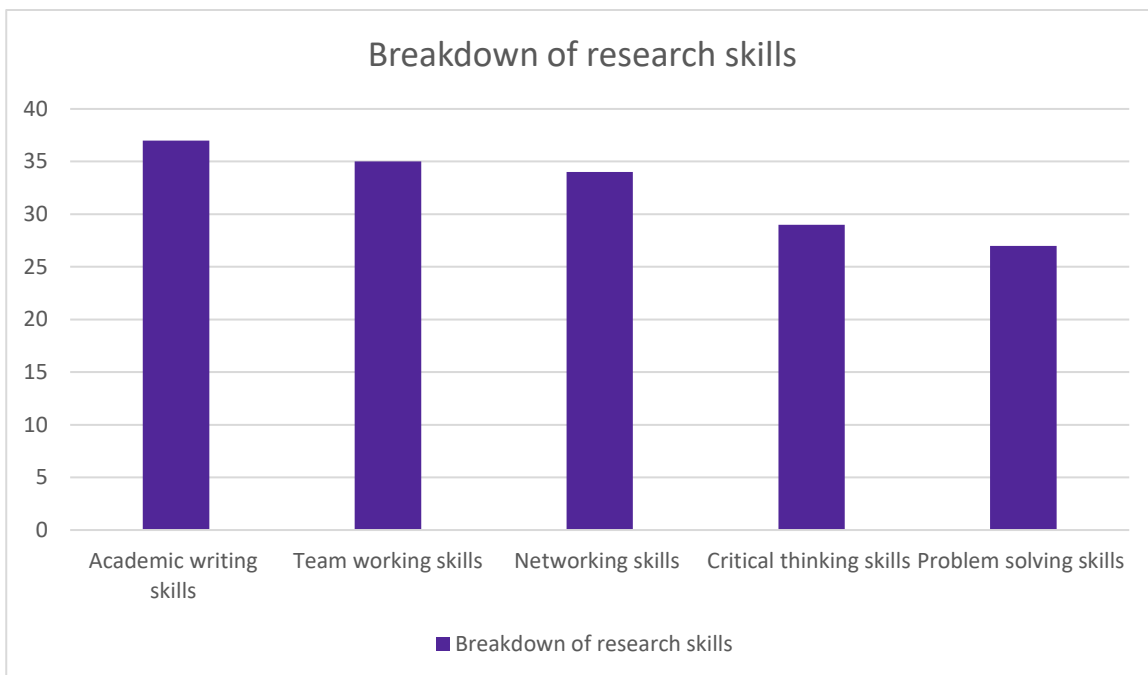
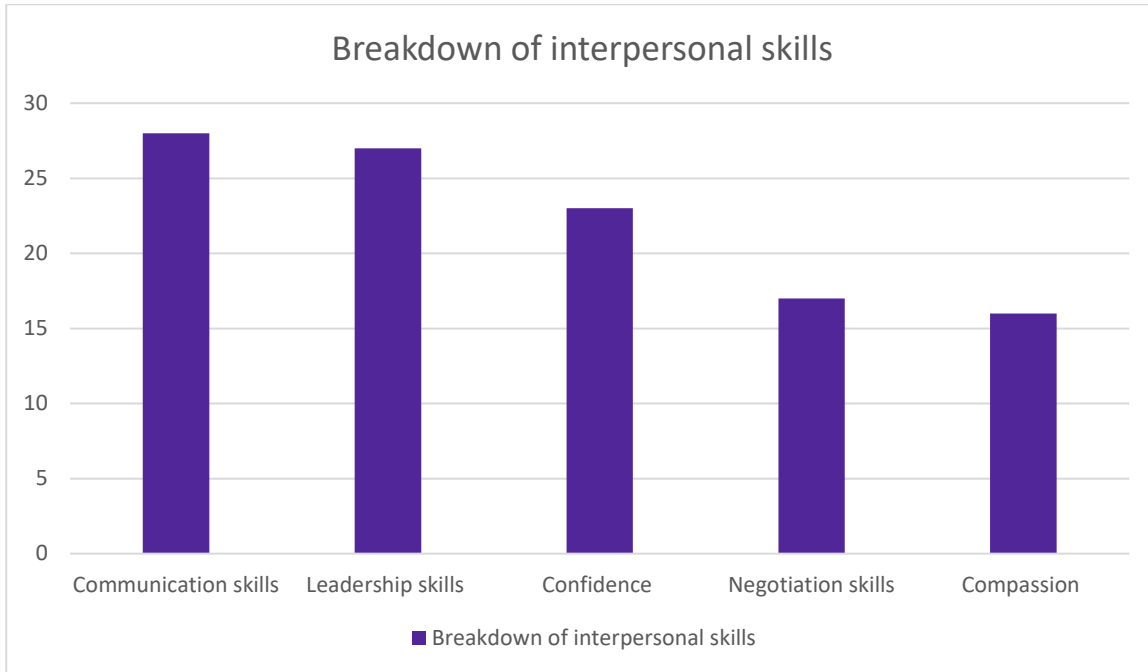


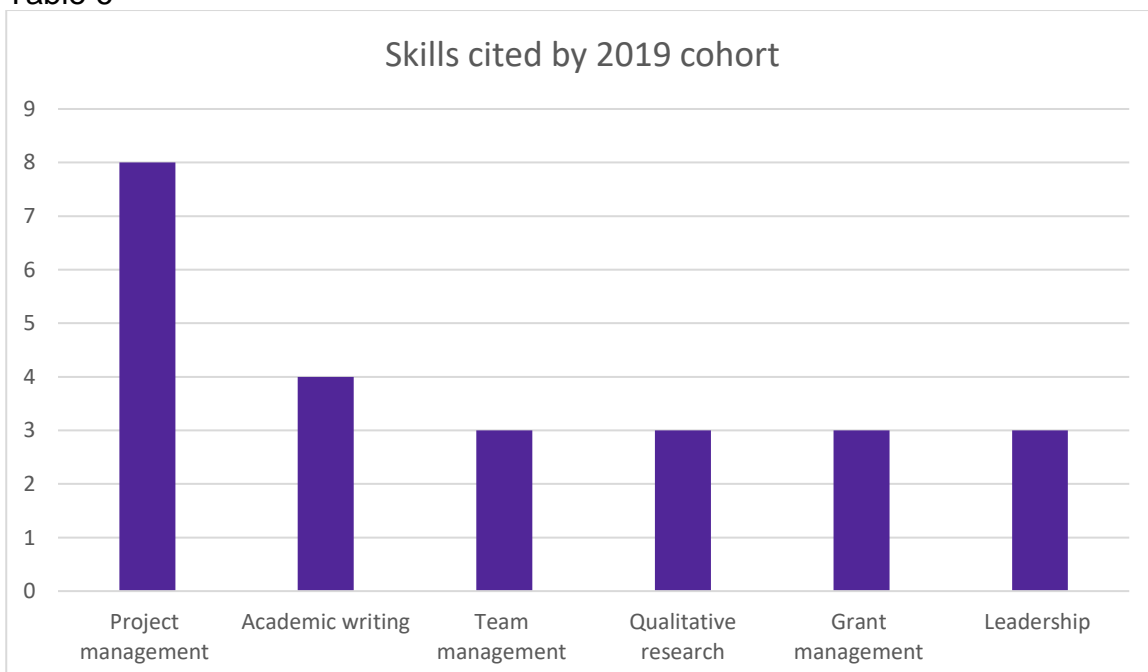
Table 5



b) 2019 cohort

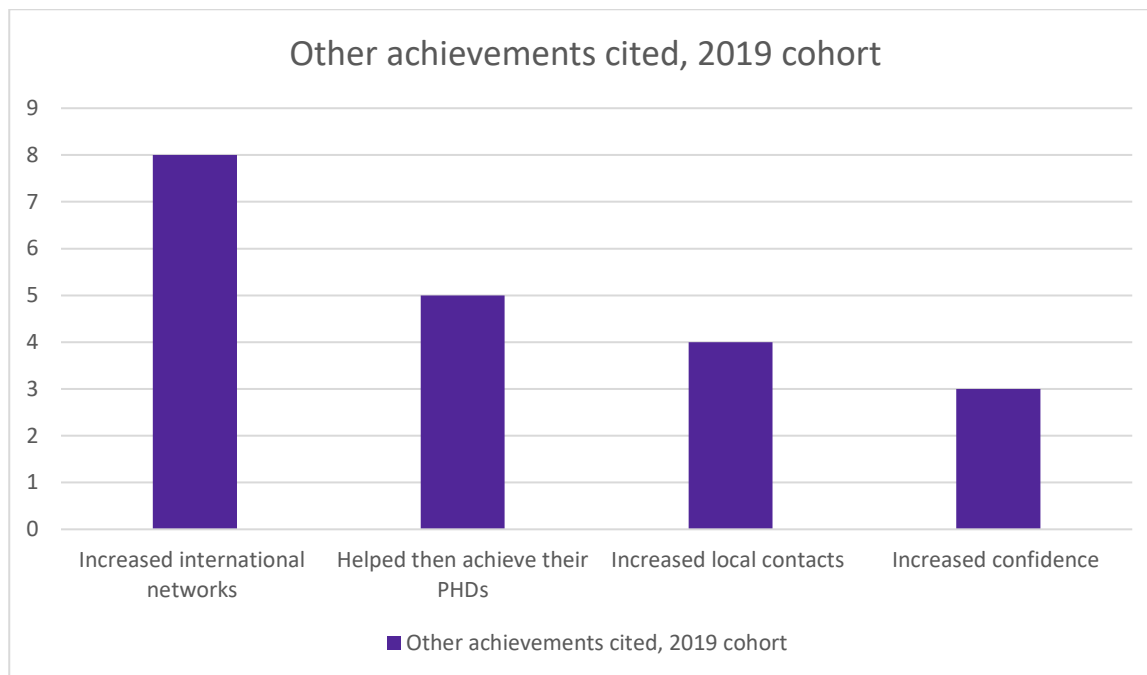
23 of the 28 NIHR awardees (82%), reported that delivering the project increased their skills with the most frequent skills demonstrated below in table 6.

Table 6



They also reported other outcomes and achievements through delivering their projects, with the notable ones listed in table 7 below.

Table 7



Other benefits that were mentioned included:

- gaining a promotion
- becoming editor for a journal
- helped increase their visibility
- enabled them to mentor 3 junior colleagues
- helped them to complete their thesis
- enabled them to provide training to an intern

One awardee said the project enabled them to establish a pulmonary rehabilitation programme in Malawi. Of the tangible achievements mentioned by the cohorts, there were 10 examples of either having their work published or presented that were high profile and great achievements for a first project, including publications in Plos 1, BMC Public Health, and Wellcome Open Research Journal.

3) Improving profile with peers and wider networks

One awardee from the 2019 cohort reported explicitly about the project having improved their personal profile. It was not mentioned in this way by the 2020 cohort of awardees, though it may be implied by other successes such as achieving new roles, publishing their work for the first time, or presenting at a conference. The data for these benefits are listed in section 3.2.

To date, 12 NIHR awardees from 2019 and 2020 have spoken at RSTMH Research in Progress events, which are one day events for those early in their careers to showcase existing and current research to peers, often for the first time. These events also contain mentoring sessions and guidance on skills such as how to get published, funded or communicating your work.

4) Increased network of contacts

From the 2019 cohort, 12 (43%) awardees increased their networks as a result of the grant funding, either nationally or internationally; and 13 (28%) awardees did so from the 2020 cohort.

The feedback from awardees in this report is captured at an average of 3 months after projects have been completed. Although follow up with awardees within this timeframe captures the skills developed, following up over a longer time period would provide a more realistic view of the true outcomes of the projects. Many successes, such as publications in scientific journals, collaborations, new positions, and new grants which the NIHR funded early career grant may have contributed to, can take up to 12 months. This can be seen in section 4.3, which outlines work in progress towards outcomes.

Going forwards, RSTMH will scope ways of conducting annual follow-ups to understand the short- and longer-term impact of the grants to awardees.

- 4.2 Delivery partner's summary of any other noteworthy outcomes beyond those captured above (note that these may include unanticipated outcomes (both positive/negative), outcomes outside health, and any other secondary benefits to the UK or any other countries)

N / A

- 4.3 What are the next steps for projects funded through this funding call? Please provide comment on the likely implications for the research area(s) which may result from the project outcomes, whether there are any further plans for collaboration between partners or any other steps to be taken to ensure these outcomes are progressed (e.g. plans for results dissemination to stakeholder groups).

It is an aim of the grants programme, particularly given its high levels of growth, to be able to capture the full value of the grants to awardees and their careers over a longer period of time. This requires capturing feedback of achievements and career developments immediately after completing their projects, a year after completion of projects, and in the longer timeframe of 2-3 years after the completion of projects. The grants programme currently captures the immediate achievements only, except for cases where grant awardees stay closely engaged with the RSTMH. Capturing insights into medium- and long-term achievements and career developments is a work in progress.

The reporting template used from 2020 onwards captures both current works in progress and achievements that have been finalised. Any works in progress that exist within 3 months of completing the projects are captured, which helps us get a more complete picture of the immediate planned outcomes from the projects. For the 2020 cohort, there were mentions of 50 papers in progress for publication in a peer reviewed journal, 22 submissions for conference abstracts and 15 scientific outputs in development.

Now that the reporting template has been used for a complete cohort, it will be reviewed and refined based on its usefulness for RSTMH reporting, both internally and externally, and on feedback from awardees. Establishing a method for annual review of past cohorts is continuing to be scoped so that future achievements and successes and the real impact of these grants can be captured. It is likely this will take the form of a survey, which would update the outcomes of each cohort. However, it would also be beneficial to include more comprehensive opportunities to learn about the longer-term impact through webinars or in-person events.

5. Value for money

- Delivery partner to summarise their approach towards ensuring value for money in how the research is being undertaken. For example:

5.1 Economy - how are you (the delivery partner) ensuring that funding is being spent on the best value inputs? This may, for example, include contractual requirements, spot checks and audits to ensure that any equipment or supplies of the required standard are being purchased at competitive rates.

Grant applicants provide a detailed breakdown of their budgets, with a cost per item and justification for the amount requested, and maximum ceiling of £5000. There is a comprehensive list in the terms and conditions of the programme of eligible and ineligible costs, including any caps that relate to certain items of spend. Webinars are also organised for those interested in applying to the grants programme.

The project budgets in the applications are checked at two stages. Each application is assessed by two Global Assessors - a group of internationally based global health experts who voluntarily review applications to the grants programme. Part of their assessment includes a review of the cost effectiveness of the budget, through a numerical scoring. They advise whether a full budget should be awarded, or a lesser amount, with reasoning. Any application that requires further assessment is effectively reviewed by RSTMH's Grants and Awards Committee (GAC). This is a group of twelve volunteers, seven of whom are RSTMH Board members, who meet four times a year. They provide oversight of the grants programme, and agree timelines, processes, and policies. During the due diligence process each potential awardee is checked individually by the RSTMH team for eligibility.

At the end of the grant, awardees submit a final report which includes a budget breakdown of spend. Awardees are also required to keep proof of expenditure for a period of six years after the grant has ended for audit purposes. RSTMH has decided to change the way in which spot checks are carried out to highlight variances, due to the increase in the number of reports per year, and the concentration of reports from delayed cohorts. The new reporting template contains a mandatory question to awardees to compare their budget to actual spend by budget line, and to highlight any variances of more than 10%. In the event of an underspend of more than 10%, a refund would be requested. If spend is more than 10% higher than budgeted, then the case would be brought to the GAC. This is an area which needs further clarification with GAC given inflation and currency fluctuations since 2020, and is one of the learnings to be addressed during 2023.

5.2 Enhanced efficiency - how are you (the delivery partner) maximising the outputs (research and innovation outputs, knowledge exchange, strengthened researcher

and support staff capacity, strengthened partnerships/networks) for a given level of inputs? This may include measures adopted to speed up the R&D process and/or knowledge translation, facilitating partnership and network development to support joint activities and minimise duplication.

Awardees are made members of RSTMH through NIHR funding and as such are supported through their projects. Activities include an initial welcome webinar to introduce them to RSTMH and NIHR and tell them about support they can access as well as contacts for additional help and support.

Guidance available to members includes content on how to get published, or to promote work to the media. They have access to the Members Directory in the exclusive Members Area of the website where they can identify and contact other members working in their field or location. The Members Area also has content to help in considering research dissemination, and support is provided where needed.

During their projects, awardees are informed of meetings and events being run by RSTMH which could also provide a platform to showcase their work, including Research in Progress meetings which are in multiple locations in the world and online. At the end of their projects, awardees are encouraged to disseminate their research outputs via publications and conferences including RSTMH events aimed at early career researchers.

5.3 Effectiveness - how are you (the delivery partner) assessing that the outputs deliver the intended outcomes? This may include a summary of your impact evaluation approach.

RSTMH follows the progress of NIHR awardees in a number of ways.

End of project reporting

The end of project reports, which were established for the 2020 cohort and have been used ever since, are a way of capturing the outcomes of the awardees, such as publications and presentations, other scientific developments, skills and networks grown.

As mentioned in section 4, a system for annual follow up is being developed to ensure RSTMH remains in touch with past awardees and learns about future outcomes from the grant award. Many awardees experience a time lag between finishing and starting to disseminate their work, and achieving other outcomes, which is shown in the work in progress data in section 4.3.

Engagement with RSTMH

Alongside an analysis of outcomes reported in the final project reports, RSTMH also captures awardees' key engagements with the Society through the main database of records. These engagements include the submission of abstracts to speak at RSTMH events, applications for travel scholarships, attendance at key RSTMH events, or involvement with the RSTMH journals or voluntary roles.

Integrated systems

A major learning during 2021 was that the growth in awardees makes the manual updating of the main database time consuming and at risk of error, and that this process needs to be better automated. There is need to explore further how best to do this via the platform Submittable, which will allow us to analyse data related to awardee outcomes more efficiently.

5.4 Equity

- Please summarise any activities that have taken place to ensure everyone is treated fairly as part of the application process and within funded research teams, regardless of gender, gender identity, disability, ethnic origin, religion or belief, sexual orientation, marital status, transgender status, age and nationality. This may include, for example, how equality and diversity considerations are factored into the application process and assessment, research team composition and ways of working, and how this is monitored.

Gender

Within the grant application form, information is captured on gender and nationality as this is used for donors to evaluate the diversity of the programme and as part of all RSTMH activities. The gender split for NIHR awardees over 2019 and 2020 cohorts is 45% female and 55% male. One of RSTMH's goals of the grants programme is to achieve equal numbers of male and female applicants, as this balance does not continue at more senior levels. Some of the ways in which RSTMH is trying to achieve this is by better representation on the website via case studies, advocacy and advertising the programme through newsletters such as 'Women in Health'.

Nationality

All NIHR funded awardees are from LMICs. The breakdown of NIHR awardees from 2019 to 2020 by continent is 85% Africa, 12% Asia, 2% South America and 1% Central America. In terms of where the research will be carried out, the breakdown is similar to nationality:

84% in Africa, 11% Asia, 2% South America, 1% Central America with 2% across Europe, North America, and global.

This split across world regions largely mirrors where RSTMH Country and Student Ambassadors are based and this is an area of focus for RSTMH in its strategy.

Country and Student Ambassadors are voluntary roles for 2-3 years and involve representing RSTMH in the country or institution respectively. The role of ambassadors is to disseminate information about RSTMH amongst their networks and advise RSTMH on activities that would be beneficial for their country or peer group. One of the areas of their work is to disseminate information about the grants programme.

Since 2021, the first Ambassadors in Central and South America were recruited and Ambassadors in Asia more than doubled, which saw an increase in the numbers of applications from these regions by more than 10%. Whilst there seems to be a direct correlation between recruitment of RSTMH Country and Student Ambassadors and an increase in engagement in RSTMH activities, especially grant applications, source data is not captured from grant applicants and so this is not evidence based.

Age

In order to prevent discrimination based on age, the definition of early career status was amended 3 years ago, away from an age-related definition, to one based on core competencies and level of funding previously achieved.

Assessment

When applications are assessed by Global Assessors, personal information is blinded. This includes contact details, date of birth, gender, and nationality. This process ensures the risk of discrimination as part of the assessment process is minimised, whilst allowing some personal information such as name and qualifications to remain to enable assessments to be made.

- How are you (the delivery partner) ensuring that the funded research benefits vulnerable groups to improve health outcomes of those left behind? This may be assessed as part of the application review (sample selection, community engagement and involvement, ethical reviews, accessibility of research outputs to intended beneficiaries) and may form part of ongoing monitoring.

As part of their assessment, Global Assessors review the importance of both the research question and the project to the particular field of work. Global Assessors are encouraged

to assess these two areas through an overall assessment of the research question, methodology and intended outcomes. They also take into account the specific location where the project is taking place, and cite these evaluations in their final decision notes to RSTMH. These two areas of review are two of five numeric assessments of the grant application, and each requires a score, which in turn determines whether the grant project is awarded or not. It is the intention of the grants programme that all awarded projects address an unmet health need within global health.

Grant application forms do not define vulnerable groups, or explicitly mention the need for vulnerable groups to be considered. However, Global Assessors do consider which groups would benefit from the project, e.g. patients of a certain profile, and RSTMH would expect those groups in most need of a health improvement to be scored more highly by Assessors.

All NIHR awardees, as part of the grants programme terms and conditions, need to be aware of any ethical considerations of their projects, and enter an ethical clearance process if needed.

5.5 List of any additional research and infrastructure grants secured **by LMIC awardees** during the course of this NIHR funding - including value, funding source, lead institution and country, what % of additional funding allocated to LMIC partners, HRCS code. (leave blank if not applicable)

Award	Funding source	Amount (GBP)
2019 - NIHR Wellcome Masters Fellowship	NIHR Wellcome	120,000
2019 - MRC DFID African Research Leader Scheme	MRC DFID	Not declared
2020 cohort - Covid 19 research support fund	Nigerian Institute of Medical research	Approx 650 GBP
2020 cohort - Career Development Fellowship 2020	European Union	Approx 145,000 GBP
2020 cohort - grant	Total Energies	Approx 25,000 GBP
2020 cohort - grant	Giving Tuesday / Starling Collective	Approx 2,000 GBP
2020 cohort - grant	ARNTD/USAID Small	Approx 30,000

Award	Funding source	Amount (GBP)
	Grants Program	GBP
2020 cohort - grant	International Foundation for Science small grants	Approx 15,000 GBP
2020 cohort - grant	Bill and Melinda Gates Foundation Supplement Grant	Approx 178,000 GBP as part of wider consortium grant of circa 894,000 GBP

As reports are due 3 months after projects are completed there isn't always time for awardees to achieve certain outcomes such as getting published or receiving a next grant. As an example of this, 14 (30%) of the 2020 cohort say they have a funding request for further funding in progress.

When the 2019 cohort submitted their reports in 2021, there were also 7 funding applications in progress. These included PhD and tuition scholarships and for travel to present their work at international meetings.

6. Risk

6.1 Delivery partner to summarise the five most significant (both in terms of potential impact and likelihood) risks that awardees faced in achieving their long term objectives .

Note that a 'risk' is an uncertain event or condition that could impact on an award achieving its objectives - this is distinct from an 'issue' which is an event or condition that has already occurred and impacted on award objectives. Risks can be operational, scientific, technical, organisational, managerial or financial and summarise the strategies to manage and mitigate these risks.

Risk	How was the risk managed/mitigated?	Current status
Delays in starting and completing projects due to Covid - 9 cited Covid related challenges	RSTMH agreed with NIHR to extensions on the reporting timelines RSTMH agreed a new process with the Grants and Awards Committee around extensions to projects Considering other amendments to the project that are required e.g. change in sample method, location - the Committee agrees any substantive changes	Ongoing. The data will continue to be captured and evaluated for any changes needed to processes. Covid now much reduced as a reason for challenges.
Fraudulent payments made	Due diligence has been improved in 2019 and 2020 to include further contact with supervisors before awards are confirmed, through formal institutional emails	New policies are being developed around contact with supervisors for awardees who don't respond during milestone catch ups
Delays in completion of projects for other reasons than Covid	RSTMH has developed a new process with the Grants and Awards Committee (GAC) to provide up to two 3-month extensions with good reason, before extension requests are referred back to the GAC. There are also existing policies around late reports, including follow up with supervisors	Ongoing
2020 conflict related challenges - 7 of the 2020 cohort faced delays in completing their project due to conflict related	Extending reporting deadlines to allow conflicts to stop. Considering other amendments to the project that are required e.g. change in sample methods, local and national locations, timings - the Committee agrees any substantive changes	Ongoing - the GAC are discussing this at the next meeting to develop a policy to respond to this and support awardees

Risk	How was the risk managed/mitigated?	Current status
challenges		
2020 financial challenges due to exchange rate fluctuations, and changes in costs due to economic environment - risks awardees being out of pocket and in debt, or projects not being completed	At the moment issues are managed on a case by case basis and 10% movement on total spend and between budget rows is allowed, within the current caps on eligible costs and within the total amount paid.	Ongoing - to be further discussed with GAC and NIHR as the impact is high for LMIC based awardees

6.2 Fraud, corruption and bribery. Delivery partner to summarise:

- any changes in the lifetime of funding to the anti-corruption strategy applied to managing NIHR funded awards

RSTMH has an anti-corruption policy it works to. For awardees the question about bribery and anti-corruption has been included in the reporting template from 2020 onwards and this information is now a mandatory question for all awardees. In 2020, as noted in the table below, there were no credible allegations of fraud or corruption from awardees to RSTMH.

As RSTMH grants are provided to individuals, not institutions, there is a robust set of due diligence processes followed. During the initial review of applications, RSTMH declines any applications without two references, one of which needs to be from a senior member of their institution on letterhead. During the assessment by Global Assessors, applications are verified to be supported by a supervisor for the grant project, and a senior member of the applicant's organisation. Exceptions to this are flagged as part of the review process, and forms part of the Global Assessors' overall view of the application. Once applications have been shortlisted by NIHR for funding there is a third step of due diligence, including verifying and contacting the supervisor to check they know the applicant, they are supervising the project of the same name, and that the applicant is early in their career. If there is not an institutional email address for the supervisor, contact would be made with the supervisor to secure this, and with the institution to verify their position. Where all due diligence steps cannot be completed applications would be declined.

- Aggregated credible allegations

	Total number of credible allegations:
Made against any NIHR funded awards	0 (please note this was only captured for 2020 awardees as this question was not present on the 2019 reporting guidance)
Made against any NIHR funded awards and investigated by delivery partner	0
Made against NIHR funded awards and reported to NIHR/DHSC	0

6.3 Safeguarding

- Please detail and highlight any changes or improvements you (the delivery partner) have made in the lifetime of funding to ensure safeguarding policies and processes are in place in your project and your downstream partners.

RSTMH has a safeguarding policy that it works to. For awardees, safeguarding reporting has been captured since 2020 through the final reporting template. In this way the awardees report on any safeguarding issues encountered during their projects and how these have been addressed. In 2020, as seen below, no safeguarding issues were reported.

The 2019 cohort were not explicitly asked about safeguarding issues, as the reporting template did not include this. Should any safeguarding issues have arisen, NIHR would have been informed of the details, along with the RSTMH Grants and Awards Committee who oversee the grants programme. RSTMH would also have taken steps to investigate the accusation and brought the results to NIHR and Grants and Awards Committee. Depending on the results of the investigation, RSTMH may have requested for the award to be returned.

Since including the safeguarding question in the 2020 reporting template, RSTMH has learnt that some awardees could benefit from some guidance on this as a concept. This is something to be scoped as an additional activity to support awardees.

- Aggregate summary of safeguarding issues that have arisen during the lifetime of funding

	Total number of safeguarding issues
Raised against any NIHR funded awards	0
Raised against any NIHR funded awards and investigated by delivery partner	0
Raised against NIHR funded awards and reported to NIHR/DHSC	0

6.4 Please summarise any activities that have taken place to minimise carbon emissions and impact on the environment across this funding call.

Within the grant terms and conditions, applicants are asked to minimise carbon emissions and impact on the environment in the design of their projects.

RSTMH has its own internal environmental processes which includes sourcing recycled materials wherever possible and feasible, recycling, using fsc paper, minimising printing, and moving to more automated processes. RSTMH is currently developing a policy around international travel.

7. Delivery, commercial and financial performance

7.1 Performance of awards on delivery, commercial and financial issues

- Delivery partner to complete the finance template comparing final actual expenditure by budgeted expenditure at the award/call level – explain any variances of more than 10% in any category of expenditure below.
- The level of detail required here will depend on the nature of the funding mechanism (i.e. whether NIHR/DHSC are funding at the call or award level). If unclear, please discuss with your NIHR/DHSC lead.
- Outline any major changes that took place and/or are planned and why budgets were over or underspent. As a rule of thumb, the level of detailed explanation required should be proportionate to the level of under or overspend.

At award level, RSTMH reports to NIHR on the actual grant and membership totals once due diligence has been finished, and an adjustment would be made in RSTMH accounts for any differences. Since 2022 the process has been improved so that NIHR is invoiced twice to ensure the balancing payment is accurate for the actual costs.

At grant level, awardees are asked to provide a full breakdown of all spend against each budget row. Spot checks are carried out on the returns and anything with a variance above 10% is noted, and referred to the Grants and Awards Committee for any issues. Refunds are requested for any underspend above 10%.

7.2 Please attach a completed asset register including updated disposal plan.

7.3 Transparency - this question applies to funding schemes which include transparency obligations within their contracts.

- Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (please refer to <https://iatistandard.org/en/iati-standard/>). Yes/No
- If these are not yet met, please outline the reasons why.

RSTMH is working towards better transparency, reporting to IATI and putting the mandatory data in place for NIHR awards in 2023. As this requires some changes to

processes, such as assigning grant numbers and permissions, it will require sign off with the Grants and Awards Committee and Board.

8. Monitoring, evaluation and learning

8.1 Monitoring

- Delivery partner to summarise their monitoring activities across awards throughout the review period (field visits, reviews, engagement with stakeholders including beneficiary feedback) and how these have informed programming decisions.

Due to the large number and diverse locations of grant awardees, online methods have been used to monitor progress as they deliver their projects and write their final reports. As the number of awardees increased in 2020, some additional steps and processes were implemented. From 2021 all NIHR awardees were invited to a welcome webinar, which provided the opportunity for the following activities:

- to meet with contacts at NIHR
- to meet one another and start to develop new contacts
- to hear about NIHR's work and to clarify any reporting requirements of the awards
- to learn about membership of RSTMH and upcoming activities that could be beneficial
- to understand what was required of them during their projects and for their reports.

The welcome webinars have proven very successful, with 123 (76%) of NIHR awardees attending in 2021. The feedback from these webinars has been strong, with awardees saying they felt more informed about both RSTMH and NIHR, and their milestones.

Once projects are underway there is a new automated system for monitoring progress on a quarterly basis. RSTMH implemented this system in 2021 due to the growth in number of awardees and delays in awardees starting their projects due to Covid-19. The delays meant that 2019 and 2020 cohorts were delivering their projects at the same time and more automated systems were needed to be able to monitor a large group of awardees simultaneously.

Awardees are asked to provide feedback to RSTMH as part of their final reports. This includes feedback on the information available on the programme, guidance provided for applicants, the application process, and how RSTMH could further support awardees post their award. As a result of this, changes have been made to simplify terms in the application form and remove unnecessary questions.

RSTMH is in the process of reviewing feedback on the new reporting template, due to the high number of reports currently being submitted by delayed 2020 and 2021 awardees. One of the areas of learning from this has been the need to develop a new process to support grant awardees to publish their research findings, particularly in RSTMH journals.

As the annual review is developed and implemented it will be possible to understand the longer term position and evaluate any additional changes needed to the programme (see section 4.2).

8.2 Evaluation

- Delivery partner to summarise any evaluation activities that have taken place during the funding period (that have not already been covered in section 5.3). Please summarise any key issues and recommendations that have been raised within the evaluation/s.

1) Process evaluation

The programme is evaluated in multiple ways during each programme year. Stakeholders including the awardees, Grants and Awards Committee members, donors and Global Assessors are involved in these reviews.

The RSTMH Grants and Awards Committee meet at least every quarter and at each meeting evaluate an element of the programme depending on the timing. This evaluation includes the application process and terms and conditions, the selection and allocation of Global Assessors, the design of the review process by Global Assessors, the selection of shortlisted applicants for donors, the selection of RSTMH's own awards and the reporting and evaluation process.

During 2019 and 2020, each stage of the process mentioned above has changed considerably based on evaluation and feedback from the stakeholders mentioned. Examples of this include shortening the application and review forms so it is quicker for Global Assessors to review applications, and to ensure information requested is required as part of the reviews. The criteria for reviewing applications for a third time in certain circumstances (for example, where there is a significant difference in scoring between the first two assessments) has also been updated based on evaluations from the Grants and Awards Committee to manage the highest elements of risk. Guidance sessions have changed each year based on visitor and attendee feedback and they are now recorded, to be accessed at any time.

Global Assessors are requested to fill out an evaluative survey at the end of the assessment phase of the programme to capture feedback on their training, the assessment process itself and to capture any changes needed to the process.

After each round, a review is conducted to identify what worked well and what can be improved for the following year's funding round. The Grants and Awards Committee, global assessors, partners and applicants provide feedback to help inform the programme for the following year.

2) Impact evaluation

The timing of Covid and the lockdown which followed, coupled with the redeployment of many health workers to Covid related duties, delayed much of the evaluation of the programme since its growth in 2019, due to the delay in final reports being received.

The 2019 cohort were due to start projects in late 2019 / early 2020 and should have submitted their reports by March 2021. Almost all awardees were delayed by one year, and some by two years. Similarly, the 2020 cohort who due to start projects in late 2020 / early 2021 and have submitted their reports by March 2022. This cohort hit the second year of Covid, and the majority asked for an extension of at least six months. As of May 2023, all 30 awardees from the 2019 cohort have submitted their final reports, as have 79 out of 102 2020 awardees.

The 2021 cohort were mainly able to start their projects as expected. However, this means that RSTMH has three cohorts with outstanding reports, whereas it was planned to have only two cohorts delivering projects with an overlap.

Internally evaluating the impact of projects by RSTMH will be based on information gathered under the new reporting template developed in 2020 (which will also be used for future cohorts).

DHSC, through the NIHR, has also commissioned an evaluation of their ODA funded global health research portfolio. RSTMH early career grants awarded in 2019 and 2020 are within scope of this evaluation and will be evaluated in the context of their contribution to the objectives set out in DHSC's global health research portfolio theory of change.

8.3 Learning

- What learning processes have been used by the delivery partner during the lifetime of funding to capture and share lessons, new evidence and know-how (both internally and across the awards managed)?

The strategic development of the grants programme is overseen by the Grants and Awards Committee (<https://rstmh.org/grants-and-awards-committee>), as discussed in previous sections. They provide oversight of the grants programme, and agree timelines, process, and policies. They meet four times a year and their learnings are captured within each meeting.

Learnings also come through our Global Assessors who, as previously mentioned, give up their time to assess submissions to RSTMH - including grant applications. They provide feedback at the end of the programme about each stage they are involved in.

Online quarterly monitoring processes were established at the start of Covid to keep in closer contact with awardees and ensure any learnings were captured from them during such a unique time for the grants programme.

Learning processes are also carried out by and with the RSTMH team. Quarterly review meetings capture learnings from all activities of the Society and are used to inform work for the coming quarter. Ongoing learning is also captured as part of team weekly meetings, where activity level discussions are had. The Grants Manager role was vacant for 4 months in 2023, which enabled learnings from a larger group of team members, leading to improvements in the use of Submittable, the grants management platform, and analysis of data.

- What are the key lessons identified (for the delivery partner or that apply across awards) during the lifetime of funding that have not already been covered above for this funding scheme? What worked well and what did not? This could include lessons on: working with partners (including donors), best practice/ innovation, project management, managing and mitigating risk/fraud/corruption/bribery/safeguarding etc. Where something was not successful what lessons have been learned?

1) Covid

a) The need for flexibility as donors in uncertain times

Covid-19 and the related lockdown has a significant impact on the awardees and the grants programme as a whole. Awardees found that community-based and field-based studies were delayed due to lockdown, and they were re-deployed as health professionals. All awardees in the 2019 and 2020 cohorts asked for an extension of 3 to 12 months. A key learning at this time for RSTMH was around the importance of NIHR and RSTMH working together to be flexible and supportive to awardees in agreeing the extensions given the changing circumstances.

b) Importance of staying in close contact with awardees

For 2019 and 2020 awardees, Covid-19 and lockdown directly affected their timelines as projects were starting later and finishing later, which had knock on effects for them in terms of planned travel for project studies, and roles changing during lockdown. The main learning here around the need for close contact with awardees, as the end of lockdown did not mean a return to the 2019 situation for awardees. Universities were closed, there was

a backlog of community-based studies, and so it was important to stay in regular contact to understand realistic timings and provide support.

c) The need for flexibility in capacity to manage unexpected changes

The challenges of lockdown and Covid-19 also meant there were multiple cohorts completing projects in 2021, which equated to around 30% more awardees. This caused additional work for RSTMH, and the need for additional capacity to monitor and manage a larger group of awardees through the project phase.

2) Growth of the programme

Secondly the growth in the programme delivered many lessons, as follows:

a) Need for more automated processes to manage a growing programme

Between 2019 and 2020, the grants programme as a whole grew in demand by 78% from 674 applications to 932 applications. The corresponding growth in the number of NIHR awardees was 232% (30 awards in 2019, to 102 in 2020). This growth in managing applications, selecting awardees and delivering funds required a change in processes. Automation was needed in processes such as initial manual checks for eligibility.

b) Adaptation to an international programme

Funding from NIHR, coupled with the recruitment of Country Ambassadors, whose roles have enabled wider dissemination of information about the grants programme internationally, has meant a complete shift in the grants programme from funding primarily UK based researchers in 2018 to the vast majority of awardees now based outside of the UK, in Africa, Asia, Central and South America.

This shift has meant a corresponding shift in other aspects of the grants programme, for example, ensuring the application form contains simplified language appropriate for those without English as a first language. Similarly, there is a need to ensure the Global Assessors' experience matches more closely with the range of applications in terms of locality, discipline and approach.

3) Changes at RSTMH

During parts of 2021 and 2022, it was difficult to recruit a Grants Manager due to a combination of the role being on a fixed term basis, and the uniqueness of the role in overseeing grant management, grant delivery, donor relations and financial processing. The key learning from this was around ensuring all processes are well documented and involving more of the RSTMH team in the grants programme where possible. This has enabled a more holistic set of learnings for the grants programme.

4) Economic impact

Changes in exchange rates and instability of currencies for a global grants programme are not insignificant and these should be factored into the design and policies in more detail going forwards. Without this the burden falls on the awardees who are likely to be badly placed to absorb any losses. Outside of economic challenges and Covid-19, there has been conflict in many countries affecting currency values. These areas are to be looked at by the Grants and Awards Committee as mentioned in section 6.1.

8.4 What recommendations do you have based upon lessons learnt for future funding calls?

1) Automation

With the grants programme growing year on year there is a need to automate as many of the processes as possible, such as the initial sift of applicants, assigning applications to global assessors, and analysing their reviews. This is something that will be discussed with NIHR and internal groups, to ensure all expectations are met.

2) Adaptability to economic situation

A review is needed around the budget elements of the grants projects to ensure a fair response to awardees around changes to costs due to inflation or exchange rate differences. This would be conducted by the GAC.

3) Enhanced cohorts for the longer term

There is a need to scope out ways to establish and support cohorts of NIHR grant awardees into the future, for their career development and to ensure future impact is captured. Due to the international spread of awardees, one such method would be bringing them together through an online platform.

4) Annual review process

Linked to the point above there is a need for an annual process to capture the medium- and longer-term successes of the grant awardees.

5) Safeguarding

Since including the safeguarding question in the 2020 reporting template, RSTMH has learnt that some awardees could benefit from some guidance on this as a concept. This is something to be scoped as an additional activity to support awardees.

6) Publishing in RSTMH Journals

There is a need to develop a process to support grant awardees in publishing their research findings, particularly in RSTMH journals, and so a mapping process is underway for what this might look like in terms of a journey - from being awarded a grant, to publishing in journals.

8.5 Any other comments/feedback/issues to flag to NIHR/DHSC? This could include any suggestions on anything the delivery partner could have done to improve its support for award holders, or on anything that DHSC could have done to better support the delivery partner.

It has been helpful for NIHR to split the payment in 2023 to match actual grant award levels. Before this there were complications around reconciling these figures for the end of year accounts and fund tables.

The timing of the grants programme is ahead of the timing for NIHR decisions regarding funding. There is a desire to provide more transparency to applicants over funds available for that coming year, and any criteria for that funding, to assess likelihood of funding. This is something being reviewed internally and with donors as part of the development of the grants programme, with multi-year partnerships being discussed wherever possible, to enable more planning for the grants programme.

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