

GRANT-MAKING POLICY

1. The Objects of the James Percy Foundation (“the Charity”)

The Objects for which the Charity is established are for the public benefit:

- a) the advancement of education through all lawful means including (but not limited to) the promotion of education for women, children and young people;
- b) the relief of poverty; and
- c) the promotion of health and relief and prevention of sickness, disease or physical or mental disability.

2. Priorities for support

2.1 The number of projects that can be supported is, of necessity, limited to the distribution amount available in any given year and to one third of the distribution amount for any given year per charitable organisation¹.

2.2 To achieve the aforementioned objectives, the Trustees have determined that the priorities for funding over the next years (hereinafter referred to as the “Priority Interventions”) will be:

a) For education-related projects:

- Pre-primary classes.
- Supplementary classes (primary and secondary).
- Incentives for teachers i.e. paying a variable part of a teacher’s salary that is conditional on their attendance or their students’ performance, etc.
- Recruiting additional teachers on short-term contracts.
- Improving child nutrition - see nutrition programmes below.
- Subsidising school fees for girls and other groups that have a higher than average likelihood of not completing their education.
- Conditional cash transfers provided this leads to improved learning outcomes.
- Merit-based scholarships for primary and secondary schools.
- Raising parents’ awareness of the importance of education.
- Teacher capacity-building.
- Facilitating access to the internet through libraries.
- Supplying learning materials (as part of a larger programme).

b) For health-related projects (primarily focusing on children):

- Community-based monitoring.
- Capacity-building.
- Water, sanitation and hygiene (WASH) programmes, including (i) chlorine dispensers near water sources, (ii) community led total sanitation (emphasising behaviour change, particularly the community’s responsibility to share in the creation of open defecation free communities) and (iii) boreholes and public

¹ In exceptional circumstances, this annual limit may not apply.

hand pumps (i.e. a standard rural water supply scheme consisting of borehole wells equipped with hand pumps).

- Nutrition programmes (primarily for women during and after pregnancy and children from birth up to the age of 5 (with a stronger focus on children under the age of 2), including (i) fortified foods and micronutrient supplements, (ii) vitamin A and zinc supplements, (iii) school meals (as part of an education intervention) and (iv) high-quality and affordable nutritious foods that complement breast milk from six months old.
- Family-planning interventions that facilitate access to and stimulate demand for contraceptives by raising awareness of the benefits of family-planning. Family-planning interventions should be adapted to the local cultural context.
- The following malaria-related interventions: (i) long-lasting insecticide-treated bed nets and (ii) Affordable Medicines Facility-malaria programmes.
- School-based de-worming interventions.
- Tuberculosis interventions that use the DOTS strategy.
- Vaccine-related interventions that (i) increase access to child immunisation through the Global Alliance for Vaccines and Immunisation (“GAVI”) or one of its partners and/or (ii) provide incentives for vaccines.
- The following enteric and diarrheal disease-related interventions (i) increasing access to rotavirus vaccines (through GAVI or one of its partners) and/or (ii) expanding access to ORS and zinc and stimulating demand for them.
- The following pneumonia-related interventions: (i) increasing access to pneumococcal vaccines (through GAVI or one of its partners) and/or (ii) increasing access to meningococcal vaccines (through GAVI or one of its partners) and/or (iii) community-level antibiotics distributions.
- Interventions that enhance frontline health workers’ skills in terms of maternal, neonatal and child health, such as training and encouraging demand for traditional birth attendants.
- Interventions that bring accurate health information to those that are at-risk and help dispel myths and misinformation, helping people adopt better practices and stimulating demand for the necessary health products and services.

- 2.3 All the Priority Interventions will directly or indirectly help to relieve poverty.
- 2.4 The Priority Interventions were selected by identifying the most cost-effective interventions that address the Charity’s objects as per the recommendations of various think tanks, including the Copenhagen Consensus (<http://www.copenhagenconsensus.com/>), 3ie (<http://www.3ieimpact.org/>), the Abdul Latif Jameel Poverty Action Lab (<https://www.povertyactionlab.org/>) and Innovations for Poverty Action (<http://www.poverty-action.org/>). Any interventions that the Trustees felt incapable of fully understanding or monitoring were disregarded.
- 2.5 The Priority Interventions were selected in December 2013 and will be reviewed every two to four years. The Trustees may use any appropriate selection method when reviewing the Priority Interventions.
- 2.6 In addition to the Priority Interventions, other interventions may be considered on a case by case basis, if the Trustees consider that said interventions meet the below-defined project selection criteria.
- 2.7 Furthermore, the Charity may fund other interventions as part of a holistic programme that includes at least one of the Priority Interventions.

3. Priority Countries

- 3.1 The Trustees will only consider programmes that are to be implemented in the following countries (hereinafter referred to as the “Priority Countries”)²:
- a) Ethiopia.
 - b) India.
 - c) Malawi.
 - d) Rwanda.
 - e) Tanzania.
 - f) Zambia.
- 3.2 The Priority Countries were selected using the following criteria:
- a) Worldwide governance indicators for (i) government effectiveness, (ii) rule of law and (iii) control of corruption;
 - b) Over 50% of the population living below \$ 2 (PPP) per day;
 - c) In East Sub-Saharan Africa or India;
 - d) English as one of the main languages.
- 3.3. The Trustees will review the Priority Countries whenever they deem that this is necessary and at the same time as they review the Priority Interventions at the latest. The latest review of the Priority Countries was performed in June 2016. The Trustees may use any appropriate selection method when reviewing the Priority Countries.

4. Types of Grant

- 4.1 The Charity will mainly award project-specific grants.
- 4.2 The Charity may consider awarding unrestricted grants (for example, when an organisation only implements one type of intervention and preparing a specific project proposal would therefore waste resources).

5. Project Selection Criteria

The key assessment criteria for projects are as follows:

Partners

- a) Proposals will only be considered from potential partners that are charitable as defined by the applicable law in the potential partner’s country of incorporation. Proposals from non-charitable organisations may be considered in exceptional circumstances and where the purposes for which the grant is sought are: (i) charitable; (ii) for the public benefit; and (iii) not for private benefit that is more than nominal or incidental to the charitable purposes.
- b) The Grant-Selection Committee (GSC) must be convinced that the potential partner has the capacity and resources required to implement the proposed project.

² In the case of unrestricted grants, these geographical restrictions may not apply

General

- c) Eligible projects must focus on at least one of the Charity's Priority Countries³ and Priority Interventions.
- d) The Trustees must be able to understand and evaluate all proposed interventions.
- e) The GSC will rely on evidence and data, whenever possible, to make decisions. In circumstances where no such evidence/data is available, the GSC will place additional emphasis on criteria i) and j) herebelow and may require a larger set of indicators than for other proposals.
- f) The potential partner must use relevant recent data to demonstrate a genuine need for the project. The GSC will verify the validity of such data, whenever feasible, and perform its own research in this respect. The GSC will only proceed to evaluate the merits of the project proposal once the need for such project has been established.
- g) The GSC must be convinced of the cost-effectiveness (expected impact per \$ spent) of the proposed project. In this respect, the GSC will, where possible, look for comparable projects in order to better assess whether the cost of the proposed project is reasonable.
- h) The potential partner must provide a reasonable explanation of how they calculate any indirect costs they may charge.
- i) The GSC must be convinced by the design and feasibility of the project proposal and must receive a clear and realistic budget. The potential partner should provide evidence of the effectiveness of the approach that they would like to adopt in a similar context; if this is not possible, the potential partner will be required to explain the rationale behind the project strategy and indicate a clear way to evaluate its effectiveness.
- j) The potential partner must provide clear plans for monitoring and evaluating achievement against agreed outcomes, which must be specific, measurable, realistic and time-bound.
- k) The potential partner must present a realistic assessment of the sustainability of the proposed project and report thereon in annual reports.
- l) Prior to funding any project an in-country field visit must be performed in order to meet the project team and validate their capacity to implement projects successfully. If an in-country field visit has been performed within the last two years, this requirement may not apply.
- m) The Charity is open to co-funding projects.

³ With the exception of unrestricted grants.

6. Collaboration Workflow

- 6.1 The potential partner or the GSC will make initial contact in order to review funding possibilities.
- 6.2 If any funding possibilities are identified, the potential partner will be asked to submit a concept note.
- 6.3 **Templates:** If the Charity is sole funder of a potential project, the potential partner will be asked to use the Charity's templates (concept note, project proposal and reports). However, for co-funded projects, the Charity may allow the potential partner to use their own templates, if they provide all key information requested in the Charity's templates. This will be reviewed on a case by case basis.
- 6.4 If, following submission of a concept note, the GSC decides to continue the grant-selection process, it will perform a due diligence review (with assistance from the partner organisation).
- 6.5 Following a satisfactory due diligence review the potential partner will be asked to submit a project proposal.
- 6.6 The GSC will review the proposal and seek further clarifications from the potential partner, as necessary.
- 6.7 Following review, the GSC will, if appropriate, submit the proposal to the Trustee Board for review and approval. The Trustee Board may approve project proposals at meetings or by any suitable electronic means by simple majority of votes cast.
- 6.8 Following trustee approval, the potential partner and Charity will enter into a partnership agreement.
- 6.9 The GSC and/or the Trustee Board may end the grant-selection process at any time if they feel that the potential partner and/or project proposal do not meet the criteria outlined in 5 above.
- 6.10 **Field visits:** after review of the project proposal and before submitting a project to the Trustee Board for approval an in-country field visit must be performed as per 5.1 hereinabove; a maximum of one field visit per year will be performed following project approval. A field visit report will be prepared and submitted to the Trustee Board for review when the Trustee Board is asked to approve the project proposal/subsequent grant instalment.

7. Reporting requirements

- 7.1 If a project proposal is approved, the partner will be required to submit biyearly and annual Project Reports in accordance with the schedule specified in the project proposal.
- 7.2 The final report will outline the project's overall impact throughout the grant period and will be referred to as the "Completion Report".

- 7.3 Failure to submit satisfactory reports at the time specified may jeopardise the continuation of the Charity's support.
- 7.4 All reports must include recent indicator measurements, which allow the Trustees to evaluate the effectiveness of the project.
- 7.5 The Trustees expect the Charity's partners to adopt a measure-learn-adapt approach. Therefore, in addition to providing recent indicator measurements in every report, the Charity's partners are expected to indicate how they will amend their project in order to achieve the expected results, if such amendments appear necessary. The Trustees may decide not to approve the payment of subsequent grant instalments, if they feel that a partner has not adopted this approach (see 9 - Termination herebelow).
- 7.6 The Charity's partners must provide promptly to the Charity all information relating to (i) changes to their organisation, (ii) changes to project implementation and/or (iii) any projected or actual budget issues relating to the project and specify any implications that said changes/issues may have on project implementation.

8. Grant Payment

- 8.1 Grant instalments will be paid (i) on approval of the project proposal and signature of a partnership agreement (first instalment) and (ii) with the approval of the Trustee Board following consideration of the biyearly and/or yearly Project Reports (as necessary) (subsequent instalments).
- 8.2 **Underspend:** For any underspend of less than £10,000 (or the equivalent in the relevant currency) per grant period, the Grant-Selection Committee may approve the re-allocation or request the return of such underspend without the need to consult the Trustee Board. For any underspend of more than £10,000 per grant period (or the equivalent in the relevant currency), the Trustee Board must approve the reallocation and/or return of such funds at a meeting or by any suitable electronic means. A simple majority of votes cast will be required for any such decision.

9. Termination

- 9.1 Following approval by the Trustee Board, the Charity will only terminate its support for a project if:
- a) The project outcomes fall seriously short of the objectives;
 - b) Significant changes are made to the project and the Charity reasonably considers such changes unacceptable.
 - c) It discovers that the project is not as set out in the project proposal;
 - d) The partner fails to comply with its reporting requirements.
 - e) It considers that, in light of new information that was not readily available to the Charity upon signature of the partnership agreement or the discovery that the partner misrepresented the project or any other significant information, it can no longer support the partner.
 - f) The Charity considers that, as a result of further due diligence, it is no longer able to support the project.
 - g) It has reasonable cause to believe that its partner is applying funds for purposes that are not charitable or within the objects of the Charity;

- h) The partner commits fraud and/or negligence and/or a breach of the partnership agreement.
- 9.2 The terms and conditions of project termination and the return of any unspent/misspent funds will be set out in the partnership agreement.
- 9.3. If the Trustee Board decides to terminate a project, it will specify whether it would be willing to consider future project proposals from the partner whose project was terminated.