
# Commonwealth Partnerships for Antimicrobial Stewardship: Grant Application Form

This document should be read in conjunction with ***Commonwealth Partnerships for Antimicrobial Stewardship: Call for Applications*** and ***Commonwealth Partnerships for Antimicrobial Stewardship: Questions and Answers*** documents.

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

**This grant application form and the budget template (see separate excel document) should be completed and submitted to** **AMS@thet.org** **by midnight on 4th January 2019. If you do not receive an acknowledgment from us within 72 hours, please assume that your application has not been received and re-submit.**

N.B. The THET office will be shut between 25th December 2018 and Tuesday 1st January 2019 (dates inclusive).

# 1. Summary Details

|  |  |
| --- | --- |
| Lead UK partner institution |  |
| Lead LMIC partner institution |  |
| Previous THET grant ID (if applicable)  |  |
| Project title  |  |
| Please indicate which category of grant you are applying to: |
| ☐ | Category A (new health partnerships)£10,000 - £30,000 | ☐ | Category B (established health partnerships)£30,000 - £75,000 |
| Project budget total (£) |  |
| Project duration |  |
| Project start date[[1]](#footnote-1) |  |

# 2. Partnership

2.1 Tick the box that best describes each lead institution. Please note that if you cannot tick any of the boxes, your application will be ineligible for funding under the CwPAMS scheme.

|  |  |  |
| --- | --- | --- |
| Lead UK Partner |  | LMIC Partner |
| ☐ | NHS Hospital | ☐ | Public/not-for-profit Hospital |
| ☐ | Health Education Institution | ☐ | Health Education Institution |
| ☐ | Regulatory Body (health sector) | ☐ | Regulatory Body (health sector) |
| ☐ | Professional Membership Association | ☐ | Professional Membership Association |

2.2 Please provide contact details for *all* partners involved in this application. If there are more than four partners involved (UK and low and middle-income country partners), **please add more boxes as necessary.**

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| **Lead UK partner (contract holder and overall project lead)**\*Please note that if the lead is not an NHS trust, we would expect them to be a delivery partner |
| Lead UK partner (project coordinator name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email  |  |
| Telephone number(s) |  |

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| **Lead LMIC partner (lead LMIC partner and in-country coordinator)** |
| Lead LMIC partner (project coordinator name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email  |  |
| Telephone number(s) |  |

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| **Additional partner (supporting the delivery of the project)** |
| Additional partner (main focal point name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email  |  |
| Telephone number(s) |  |

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| **Additional partner (supporting the delivery of the project)** |
| Additional partner (main focal point name and position) |  |
| Institution |  |
| Department |  |
| Address |  |
| Email  |  |
| Telephone number(s) |  |

2.3 Please list any other project partners (organisations) or stakeholders that will play a role in the delivery of the project. *(Maximum 200 words)*

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2.4 Please provide evidence of appropriate individual knowledge and expertise in this field, specifying the names of the key people who will be carrying out the work, their roles within the project and their technical expertise (including previous international work, AMS/IPC experience, project management experience, etc.). We expect to see at least five names listed, but please add more boxes if necessary.

|  |  |
| --- | --- |
| Name |  |
| Job title and institution |  |
| Role in project |  |
| Technical expertise *(max. 150 words)* |  |

|  |  |
| --- | --- |
| Name |  |
| Job title and institution |  |
| Role in project |  |
| Technical expertise*(max. 150 words)* |  |

|  |  |
| --- | --- |
| Name |  |
| Job title and institution |  |
| Role in project |  |
| Technical expertise*(max. 150 words)* |  |

|  |  |
| --- | --- |
| Name |  |
| Job title and institution |  |
| Role in project |  |
| Technical expertise*(max. 150 words)* |  |

|  |  |
| --- | --- |
| Name |  |
| Job title and institution |  |
| Role in project |  |
| Technical expertise*(max. 150 words)* |  |

2.5 **If an established partnership**, please describe how the partners have implemented projects together, including through any grants you may have received and how you have developed this proposal together. Please note, by partners we mean the organisations rather than individuals. *(Maximum 300 words)*

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2.6 **If a new partnership**, please describe individual partners’ experience of implementing projects in LMICs, and the history of the relationship between partners to date, including how you have developed this proposal together. Please note, by partners we mean the organisations rather than individuals. *(Maximum 300 words)*

# 3. Justification

3.1 Please describe the health system changes you have previously achieved in LMICs, either as individuals, individual institutions or within your established partnership, in relation to AMS and AMR, as well as IPC, if applicable. We are also interested to hear evidence of improving AMS and changing behaviours relating to antimicrobial use in other settings. *(Maximum 300 words)*

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3.2 Describe how the partnership has assessed the need for this project, and the LMIC health system and / or institutions that were involved in the assessment. This might include a formal needs assessment, desk based research, or face to face/teleconference meetings. *(Maximum 200 words)*

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3.3 Describe the need that was identified through this process and the problem that this project is trying to address. *(Maximum 500 words)*

Please include key contextual issues which are relevant to this application such as:

* The operational environment at LMIC institution(s).
* How the needs are aligned to the LMIC government AMR priorities and plans.
* Any barriers that may prevent women and girls, and people with disabilities benefitting from the project.

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3.4 Explain how your project will complement other health actors’ efforts working in the same field and LMIC country, with particular reference to Fleming Fund activities, and how it is relevant and appropriate to the local context. *(Maximum 300 words)*

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# 4. Project Description

4.1 Clearly describe the changes (outcomes) you expect to see by the end of the project in relation to your project goal. All changes should be SMART (see the Q&A document for an explanation of SMART objectives) and include a target figure. Please name all institutions involved and ensure the changes clearly relate to the purpose of CwPAMS and this grant call. See the grant Q&A document for examples and guidance.

***Category A: please include up to 3 changes***

***Category B: please include up to 4 changes***

 *(Maximum 300 words)*

|  |  |
| --- | --- |
| **Project goal:** |  |

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| **Changes by the end of the project:** |
| 1. |
| 2. |
| 3. |
| 4. |

4.2 Briefly describe how you will achieve these changes (methodology). Please include a couple of sentences on how you will encourage women to come forward for training and involvement in the project. *(Maximum 300 words)*

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4.3 List the main project activities (no more than 20) which will ensure you achieve the changes/outcomes listed above and which strengthen the Health Partnership during the project implementation period, February 2019 - April 2020. Mark an X in the quarter(s) in which the activity will take place. Please review the Q&A document for suggested activities.

***Category A: We would anticipate to see a few activities focussed on setting up the partnership, for example trip costs to build relationships with stakeholders, the development of a Memorandum of Understanding, etc.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | **Quarter 5** |
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4.4 Describe how you will utilise multidisciplinary teams, and in particular how you will engage with pharmacy within the partnership. *(Maximum 200 words)*

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4.5 Please explain how you will ensure that the changes are sustained beyond the lifetime of the project, including other government and non-governmental bodies you intend to approach or collaborate with in the host country. (*Maximum 200 words)*

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4.6 What previous experience, literature, standard practice, policy papers, or work of other stakeholders and health partnerships have influenced your approach? Please also outline how your approach complies with national guidelines, protocols, policies and strategies or WHO policies where national guidelines do not exist (as appropriate). *(Maximum 300 words)*

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4.7 Please fill in the table below with disaggregated data on your proposed project.

|  |  |
| --- | --- |
|  | **Number** |
| Break down total number of health workers trained by cadre.*e.g. Nurses x 5 etc.* |  |
| Of this number, how many will be trained as trainers? (*Please break down by cadre*) |  |
| Estimated number of patients who will access improved service within the project duration. |  |
| Number of UK staff who will volunteer overseas. |  |
| Number of days in total UK volunteers will spend overseas. |  |

4.8 Through the experience of the Health Partnership Scheme, THET has identified several common barriers to change that may affect a partnership’s ability to (a) achieve changes or (b) ensure that changes are sustained beyond the life of the project.

*For example, high staff turnover could be a barrier to change that would affect sustainability as the proportion of trained staff would diminish over time. This could be particularly problematic if the staff are senior management or key individuals to the partnership.*

Please complete the following table. We have included three barriers which need to be considered but encourage you to review the changes you have listed in 4.1 above and consider additional barriers.

Add more rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Barrier to change, where change relates to:****(a) achieving changes****(b) sustainability of changes** | **Impact on project achievements and sustainability** | **Plans to address it** |
| Staff shortages of a particular cadre in the overseas partner institution(s) |  |  |
| Turnover or transfer of trained health workers in the overseas partner institution(s) |  |  |
| Lack of access to prescribing resources |  |  |
|  |  |  |
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4.9 Please describe how you will collect evidence that your project has achieved its changes and goal. Please consider:

* What data will you need?
* Who will collect it, when and how?
* How will you analyse it?
* How will you monitor any unexpected outcomes?
* Will you have a research element to this project?

Please review the Q&A document for further details on the range of designs and methods for impact evaluations employed by the Department for International Development (DFID), which can be used to inform this section. *(Maximum 600 words)*

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# 5. Project Management and Support

5.1 Describe the organisational systems that currently exist or will be put in place to support the implementation of this project. Add more rows as necessary.

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| --- | --- |
| **Systems** | **What, How and Who?** |
| Governance Structures |  |
| Decision Making |  |
| Formal Agreements |  |
| Communication Strategies |  |
| Financial Systems |  |
| Other policies relating to good international development practice |  |
| Other |  |

5.2 Complete the table below outlining the role each partner and stakeholder will play in the delivery of this project and how they will benefit. All partners named in Section 2 should be included here. Add more rows as necessary.

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| --- | --- | --- |
| **Partner/stakeholder** | **Role** | **Benefit to the partner** |
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5.3 What do you anticipate will be the biggest challenge for your partnership in managing this project, and how will you address it? *(Maximum 200 words)*

5.4 Explain how the project will engage short- and/or long-term volunteers in order to deliver project activities. *(Maximum 200 words)*

5.5 Describe the processes by which staff/volunteers will be recruited/selected and managed. If your response suggests that you have policies and procedures in place, THET will ask to see copies of these should your application proceed.

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| --- |
| **General explanation of processes *(Maximum 200 words)*** |
|  |
| **Specific considerations around staff and volunteer safety and conduct *(Delete Yes or No as appropriate)*** |
| Do institutions provide insurance for all staff and volunteers? | Yes | No |
| Will the project be deploying staff and volunteers for short-term visits only? (i.e. less than six months) | Yes | No |
| Within the UK institution(s) are there formal mechanisms in place to support staff who want to take time off to engage in voluntary work? | Yes | No |
| Do you have a duty of care/ safeguarding policy? | Yes | No |
| **If the answer to any of the above is No, please explain what will be done to support staff and volunteers. *(Maximum 200 words)*** |
|  |
| **What are the volunteer learning objectives for your institution, how will you help volunteers achieve them, and how will this be measured? *(Maximum 150 words)*** |
|  |

# 6. Budget

6.1 Detail what you anticipate to be the biggest costs to your project and how you plan to keep them down. This must reflect your budget. Please refer to the Q&A document for guidance. *(Maximum 200 words)*

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**6.2 Please** **complete the budget using the separate excel budget template.** *THET will not be able to accept grant applications which have either used their own template or have not completed the excel budget template provided for this Call. Please refer to the Q&A document for further details.*

# 7. Checklist for scoping study requirements

Based on the scoping study requirements listed in Section 5 of the Grant Call, please use the checklist below to ensure you have included all relevant points. Please use the Comments section to provide more detail if it is not clear elsewhere in the application, or to explain why you have chosen not to include this.

***Category A: It is not necessary to include all these requirements, but please provide a brief explanation of why you have selected some over others.***

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Included Y/N** | **Comments** |
| Application stage |
| Conduct initial scoping/assessments on the state of antimicrobial consumption and behavioural drivers of inappropriate use to inform application |  |  |
| Project activities |
| Where a national action plan is published (Tanzania, Ghana, Zambia), partnerships should consider projects which are proof of concept/pilots that aim to address priorities and contribute to the implementation of the national action plans |   |   |
| A central focus on AMS whilst incorporating and expanding the findings from recent infection prevention and control endeavours |   |   |
| Enhance capacity to undertake surveillance of antimicrobial consumption and support participation in the global PPS programme |   |   |
| Foster links to national stakeholders in host countries, such as the national pharmacy/nursing/medical associations to create long term links and wider dissemination of good AMS practice |   |   |
| Build on initiatives in the four countries for knowledge transfer and bidirectional learning to develop AMS as part of the clinical pharmacy role |   |   |
| Develop relevant tools to support clinical decision making and implement WHO guidelines/guidance or globally developed AMS frameworks  |   |   |
| Training initiatives (if developed) are mapped to WHO Competency Framework for Health Workers’ Education and Training on Antimicrobial Resistance |   |   |
| Consider methods to quantify the issue of unregulated pharmacies and asking volunteers to track relevant data on this |   |   |
| Project approach |
| Multidisciplinary teams led/co-led by pharmacists and model best practice of multi-disciplinary working, especially nurses, pharmacists and doctors working equally |   |   |

1. Grants can begin from 1st February 2019 onwards. All activity must be completed by 30 April 2020. [↑](#footnote-ref-1)