# Commonwealth Partnerships for Antimicrobial Stewardship Extension: 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, the budget template (see separate excel document), the AMS assessment (a separate template can be downloaded** [**here**](https://drive.google.com/drive/folders/1k95RERxXE0bDNlxriOguSAdQTBVFZW4o)**), and letters of support should be completed and submitted to** [**grants@thet.org**](mailto:grants@thet.org) **by noon on Thursday 2nd September 2021.**

If you do not receive an acknowledgment from us within two-working days, please assume that your application has not been received and re-submit.

## 1. Summary Details

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| **Lead LMIC partner institution** | |  | | |
| **Lead UK partner institution** | |  | | |
| **Previous THET grant ID** *(if applicable)* | |  | | |
| **Project title** | |  | | |
| **Country** | |  | | |
| **Please indicate which category of grant you are applying to:** | | | | |
| ☐ | Category A  £10,000 - £20,000 | | ☐ | Category B  £10,000 - £20,000 |
| **Project budget total (£)** | |  | | |
| **Project duration** | |  | | |
| **Project start date[[1]](#footnote-2)** | |  | | |
| **Project summary:** Following baseline AMS assessment, briefly describe the planned project and summarise the rationale, identified needs and opportunities (for both lead partners), intended outcomes and the main activities of the project. *(Maximum 300 words)* | | | | |
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## 2. Partnership

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

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| --- | --- | --- | --- | --- |
| **Lead UK Partner** | |  | **Lead LMIC Partner** | |
| ☐ | NHS Hospital or Trust | ☐ | Public/not-for-profit Hospital |
| ☐ | Health Training/Education or Academic Institution | ☐ | Health Training/Education or Academic 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. Please note that a partner here is defined as an organisation that is formally and institutionally involved in the project and partnership (i.e. the relationship is, or will be, formalised through an MoU or contract, and is not just the involvement of one individual associated with the organisation).  If there are more additional partners involved (UK and LMIC partners), please add more boxes as necessary.

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| --- | --- |
| **Lead LMIC partner** | |
| Institution |  |
| Lead LMIC project lead  (name, role/position, profession) |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |
| **Lead UK partner**  \*Please note that if the lead is not an NHS trust, we would expect them to be a delivery partner | |
| Institution |  |
| Lead UK project lead  (name, role/position, profession) |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |
| **Additional partner (supporting the delivery of the project)** | |
| Additional partner  (main focal point name, role/position and profession) |  |
| Institution |  |
| Address |  |
| Email |  |
| Telephone number(s) |  |

2.3 Which partner institution will be responsible for signing the contract with THET? (i.e. lead UK partner or lead LMIC partner)

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2.4 Complete the table below outlining the roles and responsibilities that each partner and key stakeholder will play in the delivery of this project. Please note that by project partner, we mean the institution rather than the individual.

Please also add details on the project team (individuals) involved in each institution **in the third column**.

All partners named above, and any other stakeholders who must be engaged for the project to be successful, should be included here. Add more rows as necessary.

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| **Project partner (institutions)/**  **Stakeholders** | **Roles and responsibilities in the delivery of this project** | **Project team members (name, role/position, profession and responsibilities)** |
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2.5 Please describe the health system changes each partner and key stakeholder have previously achieved in LMICs, either as individuals, individual institutions or within your established partnership**, in relation to AMS, AMR, IPC, and microbiology,** if applicable. We are also interested to hear evidence of improving AMS and changing behaviours relating to antimicrobial use in other settings. Please note that by partner, we mean the institution rather than the individual.

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| **Project partners/ Individuals /**  **Stakeholders** | **Health system changes achieved in past projects in relation to AMS, AMR, IPC and microbiology** |
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2.6 **If an established partnership**, please describe the projects, and any other relevant work, your partnership has completed 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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2.7 **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)*

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2.8 If your partnership was involved in the first round of CwPAMS, please summarise what you have achieved through your CwPAMS project. *(Maximum 300 words)*

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## 3. Justification

**3.1 Please complete the AMS assessment template provided in *Annex 1*.**

3.2 Describe the opportunity, or opportunities that your partnership has identified, and the problem that this project is trying to address. *(Maximum 400 words)*

Please make reference to any points in your AMS assessment (provided in *Annex 1*), you might want to include contextual issues which are relevant to this application such as:

* The operational environment at the institution(s) the project will be delivered.
* The health system, or part thereof, in which the relevant department(s)/institution(s)/location(s) is situated.
* Relevant stakeholders, their needs, and whether these needs could overlap/clash.
* How, and how well, needs are currently being met.
* How the needs are aligned to the LMIC government AMR priorities and plans.

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3.3 It is expected that all applicants submit a baseline assessment using the CwPAMS AMS assessment tool (see *Annex 1*) to inform their action plan. Please describe the approach (methodology) you have taken to conduct this AMS assessment. This might include desk-based research, or face to face/teleconference meetings. Please include details of how stakeholders and beneficiaries have been involved and consulted. *(Maximum 200 words)*

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3.4 Explain how your project will complement other health actors’ efforts working in the same field and LMIC, 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) and overall achievements you expect to see through your project by completing the monitoring and evaluation plan below. All changes should be SMART (see the Q&A document for an explanation of SMART objectives). Where appropriate, please include disaggregated data on the number of health workers and service users you expect to reach. Please name all institutions involved and ensure the changes clearly relate to the purpose of CwPAMS and this grant call.

If you expect to see more than three changes, at either output or outcome level, then please add additional rows where relevant. If you would like to use more than one indicator for your goal or each change then please feel free to do so.

Please note that all projects must include, as a minimum, indicators on the AMS assessments completed, on the AMS interventions identified and action plan drafted, and on the volunteers survey conducted. The volunteers survey will be provided by CPA at the start of the programme.

See the grant Q&A document (page 10) for guidance and a list of indicators we would expect partnerships to contribute to (page 13).

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| **Project goal** – what is the overall aim of your project? | **Goal Indicators**– how will you know you have achieved your goal? (Please include a target figure where appropriate) | **Data collection plans:**  i. What is the data collection tool?  ii. Who will collect the data, when and how?  iii. How will you analyse it?  iv. Will you have a research element to this project? | **Barriers to change** – please detail any anticipated barriers to achieving this goal, and how you will overcome these. |
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| **Outcomes** – what changes do you expect to see by the end of your project? | **Outcome Indicators**– how will you know that this change is happening? (Please include a target figure where appropriate) | **Data collection plans:**  i. What is the data collection tool?  ii. Who will collect the data, when and how?  iii. How will you analyse it?  iv. Will you have a research element to this project? | **Barriers to change** – please detail any anticipated barriers to achieving this outcome, and how you will overcome these. |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **Outputs**– what changes do you need to occur in order to achieve your outcomes? | **Output Indicators**– how will you know that this change is happening?  (Please include a target figure where appropriate) | **Data collection plans:**  i. What is the data collection tool?  ii. Who will collect the data, when and how?  iii. How will you analyse it?  iv. Will you have a research element to this project? | **Barriers to change** – please detail any anticipated barriers to achieving this output, and how you will overcome these. |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

4.2 List the main project activities (no more than 20) that will ensure you achieve the changes and outcomes listed above and which strengthen the Health Partnership during the project implementation period, October 2021 - May 2022. Mark an X in the quarter(s) in which the activity will take place. Please review the Q&A document for further details.

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

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| **Activity** | **Quarter 1**  **Oct-Dec 21** | **Quarter 2**  **Jan-Mar 22** | **Quarter 3**  **Apr-May 22** |
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4.3 Describe how you will utilise multidisciplinary teams, including a UK team of multidisciplinary NHS volunteers, and in particular how you will ensure that pharmacy professionals in both UK and LMIC are core members within the delivery of your project. *(Maximum 200 words)*

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4.4 Explain how any outcomes, learning or otherwise, for the UK partner institution will be incorporated into change initiatives in the UK? *(Maximum 200 words)*

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4.5 Please explain how your changes will be sustained beyond the lifetime of the project, and how buy-in and local ownership will be ensured. *(Maximum 300 words)*

You might like to include:

* Any use or consideration of behaviour change and ‘Train the Trainer’ approaches
* How relevant institutions (i.e. the lead LMIC partner, or other government and non-governmental bodies) will take ownership of changes, and how senior leadership at institution level from LMICs will be engaged
* Considerations of both sustaining institutional and systemic impact
* How the project will build the capacity and increase leadership of the LMIC partner(s)

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4.6 All partnerships must consider how their project will overcome barriers, or advance issues, related to Gender Equality and Social Inclusion (GESI). Please explain how you will do so, with reference to both healthcare workers and service users. Please see the [GESI AMS training](https://www.youtube.com/watch?v=ROoRLBPrRXg&list=PL9qDtywmdsRCkPvSWPXt2bIXJhbcKsT0c&index=1) for additional information *(Maximum 500 words)*

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| What barriers do women and girls, people with disabilities, and other socially disadvantaged people face in the context of AMR/AMS? *(please reference to both healthcare workers and service users)* |  |
| How will your project address these issues? |  |
| How will the partnership ensure that GESI-related barriers to participate in or benefit from the project will be overcome? *(please reference to both healthcare workers and service users)* |  |
| How will you track progress in addressing issues related to GESI? |  |

4.7 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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4.8 Considerations around COVID-19: please explain what alternatives to international travel have been considered and provide contingency plans for all project activities relying on international travel and in-person interaction. Please include how the budget for these activities might be repurposed. *(Maximum 300 words)*

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## 5. Project Management and Support

5.1 Describe the organisational systems, structures and processes that currently exist within, and between, your partnership. If they do not exist but you plan to develop them, please include these and make it explicit. Please refer to THET’s [Principles of Partnership](https://www.thet.org/principles-of-partnership/) for further guidance. Add more rows as necessary.

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| **Systems** | **What, How and Who?** |
| Governance Structures |  |
| Decision Making |  |
| Communication (between partners) |  |
| Other (e.g. financial systems, formal agreements, other policies) |  |

5.2. Please describe your individual and organisational project management experience and capacity, including any experience with reporting, volunteer/staff management, budget and financial management, and monitoring, evaluation and learning. *(Maximum 200 words)*

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5.3 Explain how the partnership will engage short- and/or long-term NHS volunteers (especially pharmacists), with clear learning objectives for themselves, to deliver project activities and describe the processes by which volunteers will be recruited, inducted, managed, and debriefed. *(Maximum 300 words)*

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| Recruited |  |
| Inducted |  |
| Managed |  |
| Debriefed |  |

## 6. Budget

6.1 According to the four ‘Es’ below, please detail how your project will achieve Value for Money. Please refer to the Q&A document for guidance.

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| --- | --- |
| **Economy** – *how will costs be kept as low as possible for the appropriate level of quality?* |  |
| **Efficiency***– how well will costs be converted into outputs?* |  |
| **Effectiveness***- how well are the outputs achieving the intended effect or outcome?* |  |
| **Equity***– how will benefits from the project be distributed fairly and how have you budgeted for addressing GESI?* |  |

**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 Project Activities REQUIREMENTS

Based on the project activity requirements listed in Section 5 of the Grant Call, please use the checklist below to ensure you have considered 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.

|  |  |  |
| --- | --- | --- |
| activity | INCLUDED Y/N | COMMENTS |
| Application stage | | |
| *Mandatory* - Conduct and submit initial scoping/assessments on the state of antimicrobial consumption surveillance, antimicrobial stewardship and behavioural drivers of inappropriate use of their target institutions to inform the application (using a CwPAMS baseline assessment tool available to download [here](https://drive.google.com/drive/folders/1k95RERxXE0bDNlxriOguSAdQTBVFZW4o) to ensure uniform data gathering across all countries following award of grant). |  |  |
| Required project activities | | |
| *Mandatory* - Conduct and feedback data on at least one Point Prevalence Survey (PPS). |  |  |
| *Mandatory* - Develop a 2-3 years AMS action plan taking into consideration AMS assessment and PPS, with support from CPA. Action plans should consider possible AMS interventions and CwPAMS tools and resources. |  |  |
| *Mandatory* - Develop the capacity of health workers, including pharmacists, in AMS. |  |  |
| *Mandatory* - Develop and sign a Memorandum of Understanding (MoU) for future work together (if not already in place). |  |  |
| *Mandatory* - Towards the end of the project, conduct and submit an assessment on the state of antimicrobial consumption surveillance, antimicrobial stewardship and behavioural drivers of inappropriate use, for each of their target institutions, using the CwPAMS AMS assessment tool. |  |  |
| *Category B only – one or more of the below:* Roll out their CwPAMS initiative to another health institution in their vicinity |  |  |
| *Category B only:* Incorporate a One Health element into existing outputs and outcomes |  |  |
| *Category B only:* Branch out to also start working with community pharmacy services |  |  |
| *Category B only:* Embed work through strengthening capacity of clinical microbiology through use of local laboratory and diagnostics data, and improve links between clinicians and laboratory staff |  |  |
| Project approach | | |
| *Mandatory -* A central focus on AMS, whilst incorporating and expanding the findings from recent infection prevention and control endeavours where possible. |  |  |
| *Mandatory -* Multidisciplinary teams led/co-led by pharmacists that model best practice of multi-disciplinary working, especially nurses, pharmacists and doctors working equally. |  |  |
| *Mandatory -* Training initiatives (if developed) are mapped to [WHO Competency Framework for Health Workers’ Education and Training on Antimicrobial Resistance](http://www.who.int/hrh/resources/WHO-HIS-HWF-AMR-2018.1/en/%22%20/t%20%22_blank). |  |  |
| *Non-mandatory -* Foster links to key national stakeholders in host countries, such as the national pharmacy/ nursing/ medical associations, and enable wider dissemination of good AMS practice. |  |  |
| *Non-mandatory -* Build on in-country initiatives for knowledge transfer and bidirectional learning to develop AMS as part of the clinical pharmacy role. |  |  |
| *Non-mandatory -* Support implementation of relevant national, WHO or CwPAMS guidelines/guidance or globally developed AMS tools.  Where none available, develop relevant tools/resources.  Please list which CwPAMS tools will be implemented and how: e.g. Antimicrobial prescribing app, AMS Game, AMS explainer video – further details available [here](https://drive.google.com/drive/folders/1k95RERxXE0bDNlxriOguSAdQTBVFZW4o?usp=sharing). |  |  |

1. Grants can begin from mid-October 2021 onwards. All activity must be completed by mid-May 2022. [↑](#footnote-ref-2)