COMMONWEALTH PARTNERSHIPS FOR ANTIMICROBIAL STEWARDSHIP, EXTENSION

CALL FOR APPLICATIONS: QUESTIONS AND ANSWERS

ADDITIONAL INFORMATION ON THE COMMONWEALTH PARTNERSHIPS FOR ANTIMICROBIAL STEWARDSHIP EXTENSION SCHEME (CWPAMS EXTENSION)

The Commonwealth Partnerships for Antimicrobial Stewardship Scheme (CwPAMS) is a grant-making programme funded by the UK Department of Health and Social Care's Fleming Fund and delivered by the Tropical Health and Education Trust in partnership with the Commonwealth Pharmacists Association (CPA). The programme supports health partnerships between UK health institutions and those in Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia in order to strengthen the capacity of the national health workforce and institutions in those countries to address antimicrobial resistance (AMR) challenges. The programme aims to help tackle the following Fleming Fund objectives:

- Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
- Advocating the application of data to promote the rational use of antimicrobials.
- Collating and analysing data on the sale and use of antimicrobial medicines.

A total of £250,000 of funding is available under this call, for grants of £10-20,000. Partnerships will apply for funding for projects that will last 6-7 months, from October 2021 to May 2022.

WHO IS MANAGING THE PROGRAMME?

THE TROPICAL HEALTH AND EDUCATION TRUST (THET):

THET has a vision of a world where everyone has access to quality healthcare. We achieve this by training and educating health workers in Africa and Asia, working in partnership with organisations and volunteers from across the UK. Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK charity with this focus. Over the past six years we have partnered with over 130 NHS Trusts, Royal Colleges and academic institutions. We work closely with the British government, and are an organisation in Official Relations with the World Health Organization.

THE COMMONWEALTH PHARMACISTS ASSOCIATION (CPA):

The CPA is a UK-based charity that advances health, promotes well-being and improves medicines-related education and use for the benefit of the Commonwealth. By supporting the development of safe and effective systems of medicines management, maximising the skill level and encouraging the better utilization of the pharmacy workforce, the CPA seeks to encourage the optimisation of medicines and health-related advice given to the public, with the aim of improving health outcomes and reducing health inequalities throughout the Commonwealth.

WHAT IS THE FLEMING FUND?

The Fleming Fund is a £265 million government commitment of Official Development Assistance to support countries in collecting high quality data relevant to AMR that is shared nationally and globally. By supporting the collection of AMR surveillance data, and other relevant data, we will collectively be better able to understand the scale and scope of AMR in order to effectively tackle the issue of resistance.

The Fleming Fund does this through the following objectives:

- Supporting the development of National Action Plans for AMR.
- Developing and supporting the implementation of protocols and guidance for AMR surveillance and antimicrobial use.
- Building laboratory capacity for diagnosis.
- Collecting drug resistance data.
- Enabling the sharing of drug resistance data locally, regionally, and internationally.

- Collating and analysing data on the sale and use of antimicrobial medicines.
- Advocating for the application of data to promote the rational use of antimicrobials.
- Shaping a sustainable system for AMR surveillance and data sharing.
- Supporting fellowships to provide strong national leadership in addressing AMR.

These objectives are achieved through funding a number of projects with a diverse range of delivery partners, each focussing on a specific set of objectives and outputs.

More information can be found on https://www.flemingfund.org/.

WHAT IS A HEALTH PARTNERSHIP?

Health partnerships are long-term partnerships between UK health institutions and their counterparts in low-and middle-income countries (LMICs). Partnerships aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience between partners in the UK and LMICs.

Health partnerships often begin through an informal or personal connection between individuals in two institutions. It is the process of widening this connection, deciding to work on a project together and understanding the need to formalise and institutionalise the relationship that marks the beginning of a health partnership.

Health partnerships seek to address priority gaps and needs identified by the LMIC partners, and usually focus their activities on a series of projects. Often the projects implemented by health partnerships support human resources for health development through the training and education of healthcare workers in the LMIC partner institutions. Activities, especially when the partnership has been well-established over a number of years, can then broaden to include strengthening aspects of a health system, such as clinical pathways and policies, and a scale up of their activities.

THET has developed nine Principles of Partnership (PoPs), which are hallmarks of good practice for health partnerships and the way they manage projects, such as working consistently within local and national plans and planning and implementing projects together with a clear commitment to joint learning.

Through the UK Foreign, Commonwealth and Development Office (then DFID)-funded Health Partnership Scheme, which THET managed, it has been possible to demonstrate that this model of partnership and capacity development offers an effective, sustainable and value for money approach[1] to strengthening national capacities, whilst also resulting in the strengthening of the UK workforce that is involved in this work[2].

HEALTH PARTNERSHIPS

WHAT ARE THE DIFFERENCES BETWEEN ESTABLISHED AND NEW HEALTH PARTNERSHIPS?

ESTABLISHED PARTNERSHIPS

In the context of this programme, we define an established health partnership as one that has been working together for over 6 months, is formalised and institutionalised, and can clearly demonstrate adherence to THET's Principles of Partnership.

NEW PARTNERSHIPS

A new partnership has either been working together for less than 6 months or has not yet started working together but has intentions to do so. It does not need to demonstrate adherence to all of THET's Principles of Partnership but must demonstrate a commitment to do so and have a clear strategy of how the partnership will become formalised and institutionalised. For guidance on setting up a health partnership, please refer to THET's Guidance for New Health Partnerships.

Both new and established health partnerships are eligible to apply under this Call for Applications.

[1] See evaluation of the Health Partnership programme.
[2] See International Health Partnerships: how does the NHS benefit?

HOW CAN THET AND CPA HELP MATCH ORGANISATIONS INTERESTED IN NEW PARTNERSHIPS OR THOSE INTERESTED IN BEING INVOLVED IN AN ESTABLISHED PARTNERSHIP?

THET is implementing an Expression of Interest process to broker new partnerships. Please complete this survey, we collate the results and share relevant contact details of institutions looking for partners to all respondents. Respondents can then start establishing relationships to apply for a CwPAMS grant. Please note that the survey might close before the end of the Call for applications, to allow partners enough time to establish a relationship before submitting an application.

Additionally, THET has published a list of health partnerships in Ghana, Tanzania, Uganda and Zambia that have received funding from THET in the past (see here). Please refer to the partnerships website, where applicable, to get in touch with the relevant people. Please be aware that due to GDPR, we do not have permission to include a list of contact details on our website or share contact details without permission.

WHAT TYPE OF INSTITUTIONS CAN BE PART OF A HEALTH PARTNERSHIP UNDER THIS PROGRAMME?

In the context of this programme, the Lead UK Partner must be:

- An NHS Hospital/Trust or
- A UK health training/education or academic institution (e.g. a University, a Medical College, a Faculty of Public Health etc.) or
- A UK regulatory body (e.g. General Pharmaceutical Council, Healthcare Improvement Scotland etc.) or
- A UK professional membership association (e.g. a Royal College/Society etc.).

In the context of this programme, the Lead LMIC Partner must be:

- A public/not-for-profit hospital (e.g. a regional hospital, etc.)
- A health training/education or academic institution (e.g. a University, a Medical College, a Faculty of Public Health etc.) or
- A regulatory body (e.g. a Pharmacy Council etc.).
- A professional membership association (e.g. a Pharmacists Association/Society etc.).

Additionally, please note that:

- Private not-for-profit health institutions cannot be a Lead partner but can be an additional partner.
- While community pharmacies cannot be a Lead partner, project implementation can take place in community pharmacies, therefore they are eligible as an additional partner.
- Non-governmental organisations (NGOs) are not eligible to apply as Lead partner for this grant call, however, we acknowledge that some Health Partnerships have a charitable arm to support fundraising activities, and these charitable entities are eligible to have a role as Managing Agent for a grant. The applicants must be able to show that the project will be delivered by the eligible UK and LMIC health institutions and not the NGO.
- NGOs are not eligible as LMIC partner institutions unless they are a not-for-profit clinic or hospital.
- Private for-profit institutions are not eligible to apply, except community pharmacies as stated above.

ARE MULTI-COUNTRY PARTNERSHIPS ELIGIBLE FOR A CWPAMS GRANT?

Yes, applicants can submit proposals for multi-country partnerships as long as they are in the eight priority countries.

ONE OF THE LEAD PARTNERS WAS PART OF A CWPAMS PROJECT, BUT WILL NOW WORK WITH A DIFFERENT PARTNER, WHICH CATEGORY SHOULD THEY APPLY TO?

They should apply under Category A, this would be considered a ‘start-up’ project.

THE PARTNERSHIP WAS PREVIOUSLY FUNDED THROUGH CWPAMS, BUT WILL NOW EXPAND THEIR WORK TO ANOTHER COUNTRY OR BRING IN ANOTHER PARTNER, WHICH CATEGORY SHOULD THEY APPLY TO?

They should apply under Category B, this would be considered an existing project.

IS IT POSSIBLE FOR VARIOUS HOSPITALS OR HEALTH PARTNERSHIPS TO DO A JOINT BID AND THEREFORE FOR VOLUNTEERS AND HEALTH WORKERS FROM VARIOUS HOSPITALS AND OTHER HEALTH INSTITUTIONS TO BE INVOLVED?

Yes, this grant stream allows for multi-partner partnerships. The application form has space for including additional partners. If someone from another institution wishes to provide technical input to a project on an individual basis, their institution does not need to be listed as a partner (however if the individual will be part of the outcome that brings benefit back to the NHS, the application will need to consider how they can demonstrate this if their institution is not formally involved).

HOW CAN WE SELL THE HEALTH PARTNERSHIP APPROACH TO OUR EMPLOYERS?

Volunteers from the NHS can accrue a number of benefits. These include:

- opportunities to develop frugal yet innovative solutions to share with the UK
- improved leadership capacity
- increased job satisfaction and better staff retention
- improved understanding of digital technology in health
- greater understanding and experience of working with limited resources and appreciation of the cost of resources within the NHS
- opportunities for professional development.

AMS ASSESSMENT TOOL

IF WE ARE AN EXISTING CWPAMS PARTNERSHIP, DO WE STILL NEED TO COMPLETE THE CWPAMS AMS ASSESSMENT TOOL?

Yes - the CwPAMS AMS assessment tool should be completed by all applicants, regardless of whether they have been involved in the CwPAMS programme previously.

OUR PARTNERSHIP WILL IMPLEMENT THE PROJECT IN MORE THAN ONE INSTITUTION, DO WE NEED TO COMPLETE THE CWPAMS AMS ASSESSMENT TOOL FOR EACH TARGET INSTITUTION?

Yes – a separate CwPAMS AMS assessment tool should be completed for each delivery institutions that will be part of the CwPAMS programme. i.e. separate forms are required for each institution. If e.g. a partnership will work with two healthcare facilities, then two separate forms should be submitted. Healthcare facilities that have been part of CwPAMS should also complete a baseline assessment.

SCOPING STUDIES

WHAT SPECIFIC CHALLENGES DID THE SCOPING STUDY FIND?

The Call is designed around the Fleming Fund's strategic priorities with a particular focus on promoting the rational use of antimicrobials, to support ongoing antimicrobial resistance surveillance initiatives, and recommendations from the scoping studies conducted by the CPA. The scoping studies found that:

- In order to get an accurate picture of the current state of antimicrobial stewardship (AMS) there is a need to expand on the current capacity of healthcare institutions in host countries to collect data around antimicrobial use.

- Antimicrobials are often prescribed inappropriately and not in keeping with the guidelines of their countries.
- There are several initiatives already set up in the host countries focused on surveillance of AMR and infection prevention and control (IPC) but not AMS.
- Delivery of pharmaceutical care can involve different cadres, in particular in remote settings where there are limited staff available.

HIGHLIGHTS

- All countries have developed a NAP document. This reflects prominence of the issues surrounding AMR and political will to tackle it.
- There are a notable number of IPC and Water Sanitation and Hygiene (WASH) activities being implemented in the eight countries.
- There is a notable increase in digital health across all the eight countries.
- There is potentially notable inclusion of pharmacists into the development of the NAP and other national policy/strategy documents.

GAPS

- There is paucity in documented evidence on AMR and antimicrobial use surveillance, antimicrobial stewardship and monitoring and evaluation of the NAP implementation. Increased political motivation to tackle AMR should be matched with technical workforce capacity and expertise to do so.

RECOMMENDATIONS

The following recommendations are **proposed as requirements** based on the above findings from the scoping review and would be supportive in promoting AMS interventions across the eight countries.

- Development of national AMS guideline document/strategy. (Currently only Kenya has an AMS strategy).
- Increasing the number of health facilities with AMS programmes. Most countries have piloted AMS programmes in specific health facilities and have not expanded nationally.
- Incorporation of AMS in the pharmacy curriculum for pre-service and in-service training. This should involve an increase in education and training for **all** healthcare professionals on AMS. In the literature review and focus group discussions, there was evidence of insufficient training such as through online platforms with a standardised curriculum.
- Prioritisation of AMS programmes in the national health budget. Most countries during the scoping studies mentioned there is not enough funding for programmes as well as human resources for in-country implementation of programmes.
- Identification of national action plan indicators which need to be improved or upgraded.
- Increased capacity of technical working group on AMS. The focus group discussions indicated that sometimes they are side-lined for other health interventions.
- Provision of technical support to increase workforce and streamline processes to improve Monitoring and Evaluation (M&E) for the national action plan on AMR. Most countries did not have enough literature on the status of implementation on AMS.
- Updating hospital/healthcare clinical guidelines to include antimicrobial stewardship principles and integrate the AWaRe classification of antibiotics. Generation of evidence that can contribute to the guidelines and inform clinical practice would be a key outcome from a CwPAMS programme. These customisable guidelines can also be incorporated into existing digital and eHealth applications such as DHIS-2 to optimise prescriptions. The shift towards digitisation can potentially improve antimicrobial prescribing through ease of access to information and records.
- Improvement of regulations on sales of prescription-only antibiotics. There were notable gaps in the policies that govern sale of antibiotics especially in community pharmacies. It is important to harness advances in digital technology where possible.

- Provision of incentives to support AMS programmes and further inclusion/collaboration of these programmes into/with IPC, WASH, TB and other health programmes in all healthcare facilities.
- Prioritisation of institutionalising and subsequent decentralisation of One Health activities to the sub-national level for implementation as this would foster operation and capacity building.
- Increasing the national AMU and AMR surveillance programmes as well as AMR/AMS awareness campaigns targeted at the stakeholders and MDAs in the animal, food processing, agriculture and environmental health sectors to enhance coverage.
- Involving pharmacists and pharmacy associations further in the implementation of national AMS activities.
- Strengthening and fostering of partnerships and opportunities that ensure inclusion of all the relevant stakeholders/actors (nationally and internationally) in the implementation of AMS activities.
- Encouraging more AMR and/or One Health-driven research collaborations between government and non-government stakeholders, which would enhance the implementation of the NAP.
- Conducting a comprehensive ethnographic study on the use and misuse of antimicrobial drugs in human and animal health, agriculture and the environment to adequately inform programming.
- In the new countries scoped, it was noted that there is a need for easy access to prescribing information through an app and this was highlighted as an area which will be key to supporting antimicrobial stewardship.

CAN YOU MAKE ANY FURTHER SUGGESTIONS ABOUT HOW WE CAN STRENGTHEN OUR PROJECT AND ALIGN IT WITH THE SCOPING STUDIES?

The scoping study identified some non-mandatory activities that health partnerships might like to include in their applications:

- Assess the capacity for eHealth within the healthcare institution and how this can support AMS, in particular in remote settings. Partnerships are free to develop apps, for instance, if they think it is appropriate, however if you wish to consider an eHealth element to your project we strongly encourage partnerships to see what eHealth solutions already exist and to utilise these if they are appropriate.
- Explore opportunities to harness surveillance data on antimicrobial use (within and around focus facilities) to help understand how patterns of use may be affecting AMR.
- Consider how findings could be used to inform policy making and practice, including National Clinical Guidelines.
- Consider how to align with ongoing AMR surveillance initiatives at partnering institutions.
- Involve linked health workers – pharmacy technicians, community health workers, and nursing assistants to build AMS as part of pharmaceutical care skills.

In addition the following recommendations were made by the scoping studies which maybe suited for longer term projects:

- Development of national AMS guideline document/strategy. (Currently only Kenya has an AMS strategy).
- Increasing the number of health facilities with AMS programmes. Most countries have piloted AMS programmes in specific health facilities and have not expanded nationally.
- Incorporation of AMS in the pharmacy curriculum for pre-service and in-service training. This should involve an increase in education and training for all healthcare professionals on AMS. In the literature review and focus group discussions, there was evidence of insufficient training such as through online platforms with a standardised curriculum.
- Prioritisation of AMS programmes in the national health budget. Most countries mentioned there is not enough funding for programmes as well as human resources for in-country implementation of programmes.
- Identification of national action plan indicators which need to be improved or upgraded.
- Increased capacity of technical working group on AMS. The focus group discussions indicated that sometimes they are side-lined for other health interventions.
- Provision of technical support to increase workforce and streamline processes to improve Monitoring and Evaluation (M&E) for the national action plan on AMR. Most countries did not have enough literature on the status of implementation on AMS.

- Updating hospital/healthcare clinical guidelines to include antimicrobial stewardship principles and integrate the AWaRe classification of antibiotics. Generation of evidence that can contribute to the guidelines and inform clinical practice would be a key outcome from a CwPAMS programme. These customisable guidelines can also be incorporated into existing digital and eHealth applications such as DHIS-2 to optimise prescriptions. The shift towards digitisation can potentially improve antimicrobial prescribing through ease of access to information and records.
- Improvement of regulations on sales of prescription-only antibiotics. There were notable gaps in the policies that govern sale of antibiotics especially in community pharmacies. It is important to harness advances in digital technology where possible.
- Provision of incentives to support AMS programmes and further inclusion of these programmes into IPC, WASH, TB and other health programmes in all healthcare facilities.
- Prioritisation of institutionalising and subsequent decentralisation of One Health activities to the sub-national level for implementation as this would foster operation and capacity building.
- Increasing the national AMU and AMR surveillance programmes as well as AMR/AMS awareness campaigns targeted at the stakeholders and MDAs in the animal, food processing, agriculture and environmental health sectors to enhance coverage.
- Involving pharmacists and pharmacy associations further in the implementation of national AMS activities.
- Strengthening and fostering of partnerships and opportunities that ensure inclusion of all the relevant stakeholders/actors (nationally and internationally) in the implementation of AMS activities.
- Encouraging more AMR and/or One Health-driven research collaborations between government and non-government stakeholders, which would enhance the implementation of the NAP.
- Conducting a comprehensive ethnographic study on the use and misuse of antimicrobial drugs in human and animal health, agriculture and the environment to adequately inform programming.
- In the new countries scoped, it was noted that there is a need for easy access to prescribing information through an app and this was highlighted as an area which will be key to supporting antimicrobial stewardship.

AMS educational needs and skills development will not be sufficient to enhance AMS capacity in low resource settings. Projects should therefore reflect and address other aspects of health worker capacity and the local and national healthcare environment and context. This could be informed by behavioural science including approaches to address barriers to behaviour change.

In terms of healthcare workers, the project should consider:

- Whether healthcare workers have the motivation to act on AMR and whether they perceive it as important to adopt AMS.
- Whether they have the managerial support, workplace culture and resources to act.
- Whether other building blocks of the health system such as leadership are sufficiently developed.

In terms of the local healthcare environment, the project should demonstrate an understanding of the local health system, particularly within the community in which it is based, considering:

- The restraints of the health facilities and potential barriers to effective AMS.
- Their priorities and what would motivate and deter them from being involved in an AMS partnership.
- What activities are already taking place and how your project can build on this.
- How other initiatives might relate to the data the project gathers and how this is considered in the evaluation.

Strategies should not only draw on the knowledge and priorities of the LMIC partners, but where appropriate also the knowledge of other local institutions, such as community groups, NGOs, government agencies and research bodies.

PROJECTS' OBJECTIVES

CAN YOU GIVE EXAMPLES OF WHAT YOU MIGHT EXPECT US TO ACHIEVE FROM OUR PROJECT ACTIVITIES?

1. **Institutions and workforce demonstrate improved knowledge and practice related to IPC, AMS and prescribing practice. For example**:
   - Improved prescribing practice, which might be demonstrated by reduction in prescriptions for antimicrobials, reduced consumption of broad spectrum antibiotics, increased adherence to treatment guidelines.
   - Improvements in the gathering of data on the use of antimicrobials and of antimicrobial resistance, such as through measuring overall consumption, as well as auditing use.
   - Improvements in the use of microbiology data.
   - Development or upskilling of an AMS team/programme and antimicrobial champions to promote change at managerial level.
   - Development of AMS mechanisms and tools to support clinical decision making.
   - Enforcement of protocols, policies, strategies associated with improved AMS.
   - Training on AMS that considers all health workers involved providing antimicrobials - this could include other healthcare professionals in the hospital as well as community outreach.
   - Strengthened role for and recognition of the importance of pharmacists in tackling antimicrobial resistance.
   - Increased multi-disciplinary team working together on common aim of AMS.

2. **Evidence of effective AMR interventions and tools to support this are being used by partners. For example:**
   - Strengthened record-keeping and data collection, including on prescribing practice, antimicrobial use, antimicrobial resistance, in targeted health facilities.
   - Evidence of improved stock-keeping of antimicrobials through robust data collection and storage systems.
   - Evidence of the use of the data to inform decision-making.
   - Evidence of how AMS interventions are contributing to improvements in the management of antimicrobials.
   - Health facilities participate in the global point prevalence study on antimicrobial use (http://www.global-pps.com/).
   - WHO AMS guidance being adopted (and where appropriate) adapted in the health facility (and beyond).
   - Health facilities adopt policies for AMS based on findings of partnership.
   - Evidence of uptake of clinical tools and training resources in partner health facilities and in other locations.

3. **NHS staff demonstrate improved leadership skills and a better understanding of the global context of AMR in their work. For example:**
   - Evidence of the strengthened capabilities and competencies of NHS volunteers, including:
     - Increased awareness of AMR in a global context
     - Increased leadership skills
     - Ability to handle complex budgets and manage projects
     - Problem solving in situations with limited budgets available
   - Evidence of how these strengthened capabilities are being used in the NHS.
   - Evidence of new practices being adopted back in the NHS.

CAN YOU DEFINE THE PARTNERSHIP AND PROJECT CRITERIA MORE CLEARLY?

PARTNERSHIP REQUIREMENTS

*Stakeholders in both the UK and LMIC, **including pharmacy teams on both sides,** are actively involved in project design and management.*

Your partnership should not only involve the active engagement of the LMIC lead partner, but should also engage with relevant stakeholders and institutions within the relevant country health systems (and in the community where relevant), recognising the importance of a wide range of expertise from multidisciplinary teams in both the LMIC and the UK. THET will look for evidence that the partnership has engaged with the institutions that can provide the access, knowledge and influence to achieve changes in line with the aim of this grant stream.

The partnership has a clear understanding of other health partnerships and health actors operating in the field and is taking opportunities for learning and collaboration, as well as avoiding duplication.

You will need to show that you know what other health partnerships and health actors in the country of operation are already working on in relation to the issues you are looking to address and ensure that there is no duplication or significant overlap between their work and your proposed project. The project should consider other ongoing or previous initiatives that could be built upon, in particular in relation to the themes of this grant stream. THET would also expect you to demonstrate strategic thinking, identifying opportunities for your partnership to work with others to enhance your impact and learn from others.

The partnership demonstrates commitment to the Principles of Partnership (PoPs).

You will need to give us an indication of when, why and how the partnership was first established and a sense of how it has evolved since its inception (not just a description of lead individuals or one of the partners involved, but how the partnership as a whole has evolved). If you are a new partnership you will need to demonstrate how you expect it to evolve going forward in relation to the PoPs.

The partnership has the capacity to deliver the project.

- THET will look at the capacity, knowledge and skills your partnership has to successfully complete the project. This is not limited to clinical expertise, but also includes experience in project management, financial management, education and working internationally in similar low-resource settings.
- You will also have to demonstrate a commitment to equal level team working between different cadres of healthcare workers.

PROJECT REQUIREMENTS

The project clearly contributes to the overall aims of this CwPAMS extension programme.

Please see our answer to the question: 'Can you provide more details on the Commonwealth Partnerships for Antimicrobial Stewardship Extension scheme?' for more details on the purpose of the CwPAMS Extension.

The project has a clear goal that is achievable within the limited resources and time available.

- THET and CPA will look for information demonstrating that the type of activities and approaches that you plan to implement are relevant to the project goal and changes you expect to achieve.
- THET will need to see a description of your project with activities, expected changes and project goal that contribute to the overall aims of CwPAMS and are achievable and measurable within the timeframe. Please note that all grants will be expected to end **mid-May 2022**, with final reports due in by 1st June 2022.

The approach to the project is appropriate and relevant to the local context.

- THET will look for evidence that you have consulted with agencies and organisations that are crucial for planning and implementing your project. This may include government bodies, National Pharmacy Associations and community-based organisations.
- Applicants should consider the method which they are using to deliver their project and whether this is appropriate for the local context. For example, if equipment is being bought as part of the project, do those who will be using it know how to use it, is it possible to get replacement parts or repair the equipment if it malfunctions. Applicants should consider factors such as access to internet, language, or the climate and weather of a context.

*The project uses a UK team of multidisciplinary NHS volunteers **including pharmacists**, with clear learning objectives for each of the volunteers, and can demonstrate volunteers' engagement with the programme.*

- In your application, THET will look for evidence that your project utilises multidisciplinary NHS volunteers which must include pharmacists.
- Your application should be explicit about what UK volunteers involved in the project can gain through their involvement to improve their leadership skills and what they expect to learn for their own professional and personal development. This could cover clinical and non-clinical knowledge, skills and experience and how their volunteering experience could help them improve their work back in the UK.

The project has a clear methodology and resources for measuring success, and considers evaluation in its approach.

- You will have to demonstrate that you have a system of procedures and adequate resources in place to collect and analyse information allowing you to determine the successes of your work and the progress achieved by your project against expected objectives.
- The partnership should consider the economic case, progress monitoring, and behaviour change.
- Your approach should also demonstrate how progress will be monitored in order to change trajectory in response to unanticipated outcomes as required.
- Measuring improvements in clinical pharmacy capacity and culture should be considered within the evaluation approach.

The project demonstrates value for money.

- FCDO defines value for money (VfM) as *maximising the impact of each pound spent to improve poor people's lives*.[3] THET will look for evidence that your project demonstrates the different elements of VfM assessment including economy (keeping costs low), efficiency (getting the most out of an activity for the money spent and in a timely way), effectiveness (maximising the change achieved), and equity (addressing the greatest needs). For more information, please refer to our VfM and Health Partnerships website page.

The project is based on recognised good practice and is informed by available literature and resources.

- In addition to good practice on AMS, THET will look for evidence that your project adheres to international guidelines and best practice for international development and good project management. These should relate, among others to Safeguarding, Duty of Care, Fraud, Bribery and Corruption, and Procurement. Please find more information on this page.

The project takes account of existing national plans and strategies and responds to the country's priorities identified in the scoping recommendations

- THET will look for evidence that your project is in line with the LMIC national health priorities, policies and strategies stated by the government where your project will be implemented. In this case, reference to published government policies are helpful to include in your application.

The project pays careful attention to gender equality and social inclusion (GESI) issues, e.g. access of women, girls and people with disabilities to capacity development and services, and takes a GESI sensitive approach.

- You will need to describe the specific barriers that women, girls and people with disabilities face in accessing health workforce strengthening initiatives (as health workers) or accessing health services (as service users). You will need to explain how you will tackle those barriers and how these groups will be able to influence the projects.[4] Please refer to the Gender Equality and Social Inclusion toolkit for further information.

[3] https://www.gov.uk/government/publications/dfids-approach-to-value-for-money-vfm

[4] According to the United Nations Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

WHAT DO YOU MEAN BY "THE CHANGES YOU EXPECT TO SEE BY THE END OF THE PROJECT"? *(SECTION 4.1 IN THE GRANT APPLICATION FORM)*

The **goal** refers to the overall change to which your project will contribute, within the scope of the health partnership. It must be SMART (specific, measurable, achievable, relevant, time-bound). The project goal refers to the overall change that your project will bring about as a result of your outputs and outcomes. References to national or regional goals may be helpful, but it needs to be clear how these are relevant to the project and how project activities, outputs and outcomes feed into this goal.

Please formulate the goal in a single sentence.

Outcomes are the changes you will have caused through your project. They should be a direct result of the outputs and the activities achieved through the project. Outcomes can be considered as mid-term results. They are not seen immediately after the end of the project activity but after some time, when change at the ground level can be seen because of the project activity.

For example, an outcome of a workshop would be health workers showing continued improvement in behaviour, with an indicator of the number of health workers demonstrating better practice 3 months after capacity development.

Outputs are changes which are achieved immediately after implementing an activity. Outputs are generally easily measurable through capturing quantitative data.

An example of an output would be health workers showing improved knowledge after they attend a training workshop. The indicators for this output could then be the number of health workers trained, and the number of health workers demonstrating improved knowledge immediately after.

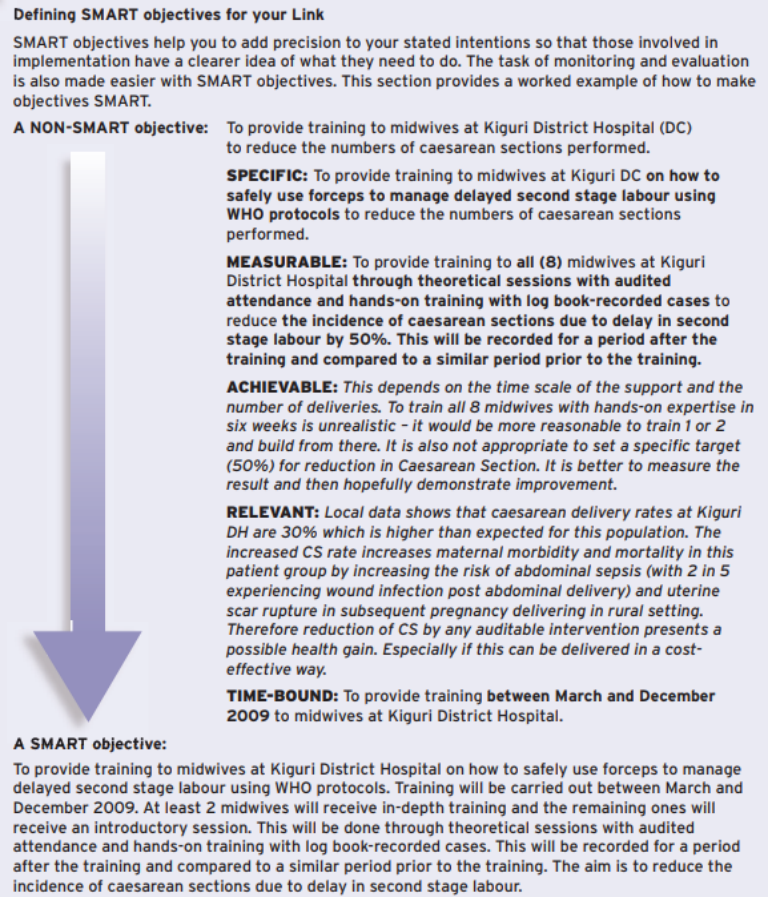
Indicators are signs of progress – they are used to show whether the project is on its way to achieving its objectives and goals. Each output, outcome and goal statement should have at least one indicator which will allow progress towards achieving that change statement to be demonstrated and measured. Good indicators should be clear and concise, focusing on a single issue that provides relevant information and data which is feasible to collect. Indicators should be SMART (specific, measurable, achievable, relevant, time-bound).

Please see the example below to help guide you in completing section 4.1 of the application form.

Project goal: X *hospital has a sustainable AMS programme that reduces the inappropriate antimicrobial use, increases compliance to clinical guidelines, and decreases resistant pathogen strains.*
Expected changes by the end of the project:

1. *At least 75 staff report or demonstrate improved antimicrobial prescribing practices 3 months after training.*
2. *Agreed actions from first audit are complete.*
3. *Hospital has taken part in the Global Point Prevalence Surveys.*
4. *Second AMS audit shows improved AMS processes and increased guideline compliance that is reflected with microbiology data.*

Example of defining SMART objectives:



Defining SMART objectives for your Link

SMART objectives help you to add precision to your stated intentions so that those involved in implementation have a clearer idea of what they need to do. The task of monitoring and evaluation is also made easier with SMART objectives. This section provides a worked example of how to make objectives SMART.

A NON-SMART objective: To provide training to midwives at Kiguri District Hospital (DC) to reduce the numbers of caesarean sections performed.

SPECIFIC: To provide training to midwives at Kiguri DC **on how to safely use forceps to manage delayed second stage labour using WHO protocols** to reduce the numbers of caesarean sections performed.

MEASURABLE: To provide training to **all (8)** midwives at Kiguri District Hospital **through theoretical sessions with audited attendance and hands-on training with log book-recorded cases** to reduce **the incidence of caesarean sections due to delay in second stage labour by 50%. This will be recorded for a period after the training and compared to a similar period prior to the training.**

ACHIEVABLE: *This depends on the time scale of the support and the number of deliveries. To train all 8 midwives with hands-on expertise in six weeks is unrealistic – it would be more reasonable to train 1 or 2 and build from there. It is also not appropriate to set a specific target (50%) for reduction in Caesarean Section. It is better to measure the result and then hopefully demonstrate improvement.*

RELEVANT: *Local data shows that caesarean delivery rates at Kiguri DH are 30% which is higher than expected for this population. The increased CS rate increases maternal morbidity and mortality in this patient group by increasing the risk of abdominal sepsis (with 2 in 5 experiencing wound infection post abdominal delivery) and uterine scar rupture in subsequent pregnancy delivering in rural setting. Therefore reduction of CS by any auditable intervention presents a possible health gain. Especially if this can be delivered in a cost-effective way.*

TIME-BOUND: To provide training **between March and December 2009** to midwives at Kiguri District Hospital.

A SMART objective:

To provide training to midwives at Kiguri District Hospital on how to safely use forceps to manage delayed second stage labour using WHO protocols. Training will be carried out between March and December 2009. At least 2 midwives will receive in-depth training and the remaining ones will receive an introductory session. This will be done through theoretical sessions with audited attendance and hands-on training with log book-recorded cases. This will be recorded for a period after the training and compared to a similar period prior to the training. The aim is to reduce the incidence of caesarean sections due to delay in second stage labour.

PLEASE EXPLAIN HOW TO FILL OUT THE BUDGET TEMPLATE

Budget lines should be broken down where possible. For example, instead of 'Flights' you should write 'Flights, 5 x £600', or instead of 'Trainee subsistence' you should write 'Trainee subsistence, 20 pp x 3 days x £10'. Extra rows can be added under each section if necessary - please pull down the formula in column D if you do.

Please use the Comment section (column H) to provide further explanations on the costs. If you have secured matched funding for the project, please detail this in the 'Additional income' section at the bottom of the budget.

APPLICATION PROCESS

LETTERS OF SUPPORT

We require a letter of support (on letterhead) from each lead organisation involved in the project. As health partnerships should be institutionalised, those who should sign the letter should be in a senior position and have authority for releasing staff to engage in the project.

SUPPORT FOR APPLICANTS

THET will be holding a webinar on Friday 30th July 2021 at 11am (BST) which will offer the chance for applicants to ask any questions which they have which are not answered in the Call documents. Please register for the webinar here.

All applicants are advised to read the Call documents before attending the webinar. The webinar will be available on THET's website throughout the Call application window.

SUPPORT FOR GRANT HOLDERS AND GRANT REQUIREMENTS

WHAT SUPPORT CAN BE EXPECTED FROM THET AND CPA?

In addition to grant giving, THET provides support for project planning, resolving project management challenges, reporting and monitoring evaluation and learning. CPA and THET also provide support through learning events, publications, online resources and policy and advocacy work.

All partners will also benefit from an inception workshop covering:

- The Fleming Fund and the role this project has in supporting its aims.
- The principles of effective international development and partnership (including THET's Principles of Partnership).
- Project planning.
- Monitoring and evaluation and the specific focus on the monitoring and evaluation of this programme.
- Best practice for financial management.
- Current initiatives and good practice in relation to AMS in LMICs.
- CwPAMS tools and resources.
- Embedding dissemination and shared learning

CPA will, in addition, offer a suite of technical assistance options to partnerships including technical support on key issues relating to AMR, AMS, pharmacy and IPC, and signposting to key resources (e.g. PPS training) and documents.

COULD YOU PROVIDE MORE INFORMATION ON THE GRANT HOLDER REQUIREMENTS FOR THE DURATION OF THE PROGRAMME?

CONTRACTING PERIOD (OCTOBER 2021):

- Complete THET's due diligence process
- Finalise budget
- Sign grant agreement (including a certificate of agreement to share PPS data on Antimicrobial Consumption and Resistance)

INCEPTION PERIOD (OCTOBER-NOVEMBER 2021)

- Attend a half-day pre-commencement workshop held virtually on Thursday 14th October 2021, from 9am to 1pm (BST)
- Attend inception project meeting with grant manager
- Finalise workplan
- Develop MEL plan
- Signed MoU between Lead partners (if not already in place)
- Develop policies if not already in place (e.g. safeguarding, procurement and fraud, bribery and corruption policies)

PROJECT IMPLEMENTATION

Partnerships are expected to complete all the required activities listed on page 6 in the Call for application document.

MID-PROJECT:

- **Project progress meetings:** virtual meetings with THET and CPA to track progress and identify challenges/delays

REPORTING:

- **Final narrative report (due 1st June 2022):** partnerships will be expected to report to THET on any indicators that are relevant to their project, although the volunteering data (see 'Volunteers survey' below) is compulsory. In addition to the volunteering data and the required indicators mentioned in Q4.1 of the application form, we would expect grant holders to report on the following indicators in their MEL plan and report:
    - # of LMIC healthcare staff trained in AMS, antimicrobial prescribing practise and consumption surveillance (based on WHO competency framework)
    - # of LMIC healthcare staff demonstrating improved knowledge after training

  - # of LMIC healthcare staff able to demonstrate how to practise their new knowledge
  - # of new or revised documents related to AMS and antibiotic prescribing developed
  - # of guidelines and protocols rolled out in the LMIC healthcare institutes through awareness campaign, training, printing and sharing
  - Total number of volunteering days contributed by NHS staff to strengthen AMS in LMIC healthcare institutions
  - All data must be disaggregated by cadre and gender.
- **Final financial report (due 1st June 2022):** partnerships will be expected to submit a financial report to THET, including a list of itemised transactions. They will also be required to provide some receipts, in line with THET's spot-checking policy.

VOLUNTEERS SURVEY:

- Partners will be required to gather data on CwPAMS volunteers' engagement with the programme, through pre- and post-engagement surveys and include these in their report. This survey will be provided by CPA:
  - # of volunteers who can name 5 barriers to functional AMS in LMICs
  - % of UK volunteers (NHS staff) demonstrating improved competencies in implementing AMS in LMIC settings
  - % of UK health institutions actively including returned volunteers' skills and experiences in their NHS institution

EVENTS:

- Partners will be expected to attend a sharing and learning event at the end of the programme (late June 2022) and any other virtual programme trainings offered as part of the programme.

For any other questions, please contact the THET Grants Management Team at grants@thet.org. Unfortunately, we are unable to respond to telephone queries at this time.