# Commonwealth Partnerships for Antimicrobial Stewardship 2

# application form: CategorY A

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 along with the budget,** [**AMS Action Plan, CwPAMS AMS Assessment Tool**](https://drive.google.com/drive/u/0/folders/1NefreVCTXC3W26twpGxDtitiaHv3JkKW) **and letters of support should be completed and submitted to** [**grants@thet.org**](mailto:grants@thet.org) **by 5pm (GMT) on Thursday 15th December 2022.**

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 CwPAMS grant ID** |  |
| **Project title** |  |
| **Country** |  |
| **Project budget total (£)** |  |
| **Project duration** |  |
| **Project start date[[1]](#footnote-2)** |  |
| **Project summary:** 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) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |
| **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) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |
| **Additional partner (supporting the delivery of the project)** | | |
| Additional partner  (main focal point name, role/position and profession) |  | |
| Institution |  | |
| Address |  | |
| Email |  | |
| Telephone number(s) |  | |
| Please indicate whether you would like to opt-in to future funding announcements and other opportunities from THET | | Y/N |

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 of the partners above, as well as other key stakeholders, will play in the delivery of this project. Please note that by project partner, we mean the institution rather than the individual.

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.

Where applicable, please delineate in the second column which institution is the hub and which institution(s) are the spokes.

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| **Project partner (institutions)/**  **Stakeholders** | **Hub/Spoke/ N/A** | **Roles and responsibilities in the delivery of this project** | **Project team members (name, role/position, profession and technical expertise)** |
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2.5 Please describe any previous work undertaken in the partner institutions (including in the UK) in relation to AMS, AMR, IPC, and microbiology, if applicable.

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| **Project partners/**  **Stakeholders** | **Significant AMS / AMR / IPC / Microbiology achievements (if applicable)** |
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2.6 Please describe the projects, and any other relevant work, your partnership has completed together, including through any grants you may have received. *(Maximum 300 words)*

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## 3. Justification

3.1 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 using the [CwPAMS AMS Assessment tool](https://drive.google.com/drive/u/0/folders/1NefreVCTXC3W26twpGxDtitiaHv3JkKW), desk-based research, or face to face/teleconference meetings. *(Maximum 200 words)*

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3.2 Describe the opportunity, or opportunities that your partnership has identified, the problem that this project is trying to address, and how this builds on or differs to previous CwPAMS work. *(Maximum 400 words)*

You might want to include contextual issues which are relevant to this application such as:

* The operational environment at the institutions 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.
* Other AMR or AMS interventions currently being delivered/in planning

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3.3 Explain how your project will complement other health actors’ efforts working in the same field and LMIC, including 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 (goal) you expect to see as a result of your project and the data collection plans for evidencing these changes, 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, the AMS interventions identified and action plan drafted, and on benefits to the NHS.** See Section 15 of the call Q&A document for guidance and a list of indicators we would expect partnerships to contribute to.

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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, April 2023 - December 2024. Mark an X in the quarter(s) in which the activity will take place. Please ensure you include all the mandatory activities outlined in the Call for Applicationsdocument and review the Q&A document for further details.

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| **Activity** | **Implementation site/s** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** |
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4.3 Please fill in the table below with an estimate of the disaggregated data of your proposed project.

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|  | **Type** (e.g. cadre/facility) | **Number** |
| Total number of health workers trained, disaggregated by cadre.  *e.g. Pharmacists x 5 etc.* |  |  |
| Number of implementation sites, disaggregated by level/type of facility (e.g. tertiary hospital). |  |  |
| Estimated number of patients who will access improved service within the project duration. | N/A |  |
| Number of NHS staff who will volunteer by cadre. |  |  |
| Number of days in total NHS volunteers will spend on capacity development activity. | N/A |  |

4.4 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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4.5 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:

* Integration with other Fleming Fund activities
* 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
* Use of behaviour change and ‘Train the Trainer’ approaches
* 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) and the Q&A section 10.2 for further GESI resources and 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 refer 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 refer 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 Contingency planning: In case of disease outbreak or other crises, 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 and Communication between partners |  |
| Financial management and counter fraud measures |  |
| Risk monitoring and management |  |
| Other (e.g. 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 the volunteer management processes the partnership will use when engaging short- and/or long-term NHS volunteers (especially pharmacists), with clear learning objectives for themselves, to deliver project activities. Please describe below 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 three ‘Es’ below, please detail how your project will achieve Value for Money. Please refer to the Section 10.2 in 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?* |  |

**6.2 Please** **complete the budget using the separate excel budget form.**

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

1. Grants can begin from April 2023 onwards. All activity must be completed by 31st December 2024. [↑](#footnote-ref-2)