# Commonwealth Partnerships for Antimicrobial Stewardship

## Call for Applications: Questions and Answers

### 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 those overseas.

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.

The Tropical Health and Education Trust (THET) has developed 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 Department for International Development (DFID) funded Health Partnership Scheme, which THET manages, it has been possible to demonstrate that this model of partnership and capacity development offers an effective, sustainable and value for money approach to strengthening national capacities, whilst also resulting in the strengthening of the UK workforce that is involved in this work.

## What is the difference between an established health partnership and a new health partnership?

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[1].

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 Links Manual.

## Can you provide more details on the Commonwealth Partnerships for Antimicrobial Stewardship Scheme?

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 THET in partnership with the Commonwealth Pharmacists Association (CPA). The programme supports health partnerships between UK health institutions and those in Ghana, 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 £600,000 is available for up to 12 partnerships. Partnerships will apply for funding for projects that will last 15 months, from February 2019 to April 2020.

## Who is managing CwPAMS?

**The Tropical Health and Education Trust (THET):**

THET has a vision of a world where everyone has access to 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. In 2017 we supported the training of over 22,000 health workers.

[1] https://www.thet.org/principles-of-partnership/

**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 will do 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.

https://www.flemingfund.org/

## 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 a scoping study conducted by the CPA. The scoping study 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.

## What resources will be available for this call for applications and 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. It also provides support through learning events, publications, online resources and policy and advocacy work.

All UK partners will also benefit from pre-deployment induction training covering:

- The Fleming Fund and the role this project has in supporting its aims.
- The context of the country in which health partnerships will be working.
- 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.
- Current initiatives and good practice in relation to AMS in LMICs.
- Surveillance and current priorities in relation to the country they are working in – including training on collection of surveillance data via the global point prevalence study (PPS).
- Capacity building – training of trainers on the use of tools and frameworks to monitor the performance of healthcare professionals around AMS.
- Best practice and theory in relation to behaviour change interventions.
- Existing guidance and protocols and how these have been or could be adapted in different contexts.

CPA will 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 and documents. Partnerships will also be offered the opportunity to receive direct support from health psychology volunteers, overseen by Manchester Implementation Science Collaboration's Change Exchange[2] in issues around behaviour change. Support to develop and deliver baseline assessments and evaluation frameworks will also be available from the CwPAMS team and partners.

[2] http://www.mcrimpsci.org/the-change-exchange/

## 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 make any further suggestions about how we can strengthen our project?

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.
- 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.

## What are the implications on how we approach our partnership and project?

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.

## Can you define the project and partnership criteria more clearly?

**Project Requirements:**

1. The project clearly contributes to the overall aims of this CwPAMS grant stream.
    - Please see our answer to the question: 'Can you provide more details on the Commonwealth Partnerships for Antimicrobial Stewardship scheme?' for more details on the purpose of CwPAMS.

2. 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 **at the end of April 2020**, with final reports due in May 2020.

3. 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.

4. The project uses a UK team of multidisciplinary NHS volunteers including pharmacists, with clear learning objectives for themselves.
    - 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.

5. 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. We encourage you to align your approach with the tables included in Annex 1 which come from the DfID Working Paper 38.[3]

6. The project demonstrates value for money.
    - DFID defines value for money (VFM) as *maximising the impact of each pound spent to improve poor people's lives.*[4] 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.

7. 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.

8. The project takes account of existing national plans and strategies.
    - THET will look for evidence that your project is in line with the LMIC country 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.

9. The project demonstrates critical reflection on previous work and builds on lessons learnt.
    - THET will look for evidence that your partnership, whether new or established, has incorporated lessons from previous work into the proposed project. For the latter this should include work conducted in and through your partnership.

10. The project pays careful attention to issues of equity, e.g. access of women and girls and people with disabilities to training and services.
    - 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.[5]

[3] https://www.gov.uk/dfid-research-outputs/dfid-working-paper-38-broadening-the-range-of-designs-and-methods-for-impact-evaluations

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

[5] 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: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

**Partnership requirements:**

11. Stakeholders in both the UK and LMIC, including pharmacy on both sides if feasible, 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.

12. 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.

13. 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're a new partnership you will need to demonstrate how you expect it to evolve going forward in relation to the PoPs.

14. 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.

15. The UK institution can evidence effective AMS within their own institution and/or effective AMS interventions overseas.
    - Relevant effective AMS interventions overseas by the UK partner should be demonstrated where applicable.

## How will THET assess the project and partnership criteria?

The review panel will score your application against the project and partnership criteria, using the weighting below. Please note that the scoring will not determine whether or not your project is funded, but it will provide the basis for a discussion of all applications received.

| Area | Weighting |
|---|---|
| **Project objectives**<br>1. The project clearly contributes to the overall purpose of the CwPAMS and the three main objectives of the grant stream.<br>2. The project has a clear goal that is achievable with the resources and time available.<br>3. The project has clear learning for UK volunteers and will bring benefits to the UK NHS.<br>4. The project considers the findings of the scoping and looks to address gaps highlighted including AMS surveillance and pharmaceutical care workforce capacity.<br>5. The project has a well-structured evaluation approach to measure progress against objectives. | **25%** |
| **Project approach**<br>6. The project is aligned with the LMIC health priorities and plans.<br>7. The project considers behavioural determinants of engagement with AMS and how to effectively overcome these.<br>8. The project pays careful attention to issues that may hinder achieving effective AMS in the local context.<br>9. Stakeholders in the LMIC community and / or LMIC and UK health systems including pharmacy teams in UK and LMIC are actively involved in project design and management.<br>10. The approach to the project is appropriate and relevant to the local context.<br>11. Where relevant, the project seeks to utilise competency frameworks and other tools already available from the WHO.<br>12. The project takes into account the scoping study requirements listed in section 5 of the call document.<br>13. The project demonstrates value for money.<br>14. The project is based on recognised good practice.<br>15. The partnership has a clear understanding of other health partnerships operating in the field and is taking opportunities for learning and collaboration. | **30%** |
| **Capacity to deliver**<br>16. The partnership demonstrates commitment to the Principles of Partnership.<br>17. The partnership has the capacity to deliver the project.<br>18. The partnership includes a multi-disciplinary team including pharmacy with mix of skill sets suited to meet local needs of host organisation.<br>19. The partnership has effective plans to enhance skills in UK staff across different cadres.<br>20. The project has a clear methodology and resources for measuring success, including engagement with researchers where possible. | **25%** |
| **Track record**<br>21. The project builds on successful health systems strengthening interventions, either as individual institutions or in partnership with each other. | **20%** |

| | |
|---|---|
| 22. The UK institutions demonstrate commitment to AMS in the UK.<br>23. The project demonstrates critical reflection on previous work, where relevant, and builds on lessons learnt. | |

## 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). Please see the example below. References to national or regional goals beyond the scope of the partnership will not be helpful. Please formulate the goal in a single sentence.

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.

Under the changes, or outcomes, we do not expect to see activities or inputs (e.g. number of healthcare workers trained), but the long-term results of those inputs (e.g. number of healthcare workers demonstrating improved practice). Again, these must be SMART, with a target figure identified for each change.

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

Project goal: *xx 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.*

## Please explain how to fill out the budget template

Budget lines should be broken down (in description in column A) where possible. For example, instead of 'Flights', 'Flights, 5 x £600', or instead of 'Trainee subsistence', '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 F if you do.

In Column B, please identify which changes from Section 4.1 in the grant application form the item line in Equipment, International Travel and In-country implementation is attributed to. It is acceptable to include more than one change per budget item. We would expect to see something like:

| **Item** | **Section 4.1 Change** |
|---|---|
| Return flights Manchester to Zambia * 2 | 1 |
| Accommodation for trainees – 3 nights * 5 people | 1 and 2 |
| Venue hire for training – 2 days | All changes |

Please use the Budget Narrative (column J) to justify value for money, including an explanation of the key cost drivers and how these will be controlled. If you have secured matched funding for the project, please detail this in the 'Additional income' section at the bottom of the budget.

**Annex 1:** Extracts from DFID Working Paper 38

| Table 6.4 How an IE is conducted: Standards and Criteria over the Evaluation Life-cycle (Reliability, Robustness and Transparency) | |
|---|---|
| ***Choice of designs & methods***<br><br>***Reliability*** | Are designs and associated methods put forward that are established, well documented and able to be defended?<br>Do the chosen designs take into account Evaluation Questions and intervention attributes?<br>Are they able to explain how an intervention contributes to intended effects for final beneficiaries?<br>Do the EQs allow for success and failure (positive and negative effects) to be distinguished? |
| ***Proper application of designs and method***<br><br>***Robustness*** | Are the ways that designs and methods are applied clearly described and documented?<br>Does the application of designs and methods and subsequent analysis follow any protocols or good practice guidelines?<br>Is the evaluation team knowledgeable about the methods used? |
| ***Drawing legitimate conclusions***<br><br>***Transparency*** | Do conclusions clearly follow from the findings?<br>Has the evaluation explained the effects of the programme?<br>How are evaluative judgements justified?<br>Have stakeholder judgements been taken into account when reaching conclusions?<br>Are the limitation of the evaluation and its conclusions described? |

| Table 6.5 Technical standards and criteria to judge the quality of IE designs and methods<br><br>(Validity and Rigour) | | |
|---|---|---|
| ***Contribution*** | ***Explanation*** | ***Effects*** |
| Is the design able to identify multiple causal factors?<br><br>Does the design take into account whether causal factors are independent or interdependent?<br><br>Can the design analyse the effects of contingent, adjacent and cross-cutting interventions?<br><br>Are issues of 'necessity', 'sufficiency' and probability discussed? | Does the evaluation make it clear how causal claims will be arrived at?<br><br>Is the chosen design able to support explanatory analysis (e.g. answer how and why questions)?<br><br>Is theory used to support explanation? (e.g. research-based theory, Theory of Change), if so how has theory been derived?<br><br>Are alternative explanations considered and systematically eliminated? | Are long term effects identified?<br><br>Are these effects related to intermediate effects and implementation trajectories?<br><br>Is the question 'impact for whom' addressed in the design? |
| Please attach any protocols, guidelines or quality assurance systems used in connection with this design<br><br>Please also provide previous reports or publications that illustrate how this design has been used previously for IE purpose. | | |

# Questions and Answers from the Launch of Commonwealth Partnerships for AMS events and webinar

1. **In the suggestions section of the Q&A you mention assessing "the capacity for eHealth", can you clarify whether you're encouraging partners to develop eHealth solutions themselves?**

   *Partnerships are free to develop apps, for instance, if they think it's 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.*

2. **Are you specifically looking at hospital pharmacy as opposed to community pharmacy?**

   *Yes, the focus of this call is on hospitals, however partnerships should consider what's also going on in the local community and whether they're able to affect change there.*

3. **The timescales for putting together a proposal and delivering a project, particularly for new partnerships, are very narrow. Do you expect new partnerships to deliver on all of the scoping study requirements?**

   *We appreciate that there is a lot of work to do to put a proposal together in the timeframes allotted. This document in particular is a useful guide for those seeking to establish a new health partnership*

   *We do not expect new partnerships to address all of the scoping study requirements (as found in the Grant Overview document) and we expect to see a smaller scale of change. You should consider what you think is feasible within the amount of funding you're applying for.*

4. **Do you need Letters of Support from each partner organisation involved in the project? Who within these organisations should provide the letter of support?**

   *Yes, we require a Letter of Support from each 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.*

5. **How will this scheme ensure there is no duplication of efforts, particularly in relation to other AMR and Fleming Fund activities in Ghana, Tanzania, Uganda and Zambia?**

   *As stated in the Q&A document, partnerships will need to demonstrate in their application how their project will complement existing projects rather than duplicate them. In addition, THET's country offices will be working closely with Mott MacDonald and national governments to ensure that partnership work feeds in effectively to the AMS programme in each country.*

6. **Do you foresee funding for this scheme being extended?**

   *There is no current commitment for this scheme to receive funding past May 2020, however if deemed successful we hope there will be additional funding that will subsequently be available for partnerships to continue their work.*

7. **There are cadres of health worker, other than pharmacists, both involved in AMR and who prescribe antibiotics. Often there is also a lack of clinical pharmacists in the four countries. Do partnerships have to train pharmacists?**

   *We expect projects to take a multi-disciplinary approach, both in terms of those receiving training and in the composition of UK volunteer teams. It is important, however, that pharmacists are included on both sides.*

8. **How can THET and CPA help match organisations interested in new partnerships or those interested in being involved in an established partnership?**

   *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). In the first instance, please refer to the partnerships website, where applicable, and in the second instance please contact ams@thet.org to ask whether we can facilitate an introduction. Please be aware that due to GDPR, we are not able to include a list of contact details on our website as we do not currently have permission to do so.*

   *CPA have links with each National Pharmacy Association of the four target-countries of this call and can introduce interested parties to overseas organisations interested in being involved in this scheme. Please contact amr@commonwealthpharmacy.org to proceed.*

9. **If an academic institution has a health partnership but with no current hospital involvement would that be classed as an established or new partnership?**

   *Established*

10. **If a new partner organisation is included in an existing eligible partnership between the UK and one of the priority countries, is it new or established?**

    *Established*

11. **Can existing partnerships with no previous experience of addressing AMS apply for the higher level of funding?**

    *Yes*

12. **Can an established health partnership with a non-priority country apply for the larger level of funding?**

    *No, in this instance we would class this as a new health partnership.*

13. **Do projects need to take place in all four countries?**

    *No, projects can take place in one of the priority countries. If partnerships wish, however, they can submit proposals for multi-country partnerships as long as they're in the four priority countries.*

14. **Why are UK NGOs not eligible to apply, other than as a Managing Agent on behalf of a health partnership?**

    *The donor of this programme, the Department of Health and Social Care, is particularly interested in the health partnership model, with involvement from the NHS, as a delivery mechanism for this scheme and for addressing antimicrobial resistance challenges in relation to antimicrobial stewardship.*

    *Health partnerships are often more likely to find themselves ineligible for other funding streams, despite the efficacy of their work. Therefore this funding allows health partnerships to continue enhancing the capacity of the national health workforce overseas.*

15. **Where can I access the slides from the presentations?**

    *The slides from the presentations can be accessed here.*

16. **Do partnerships need to indicate whether they would like behaviour change input and does this need to be built into their own budgets?**

    *No, partnerships do not need to indicate this at application stage. The partnerships selected to receive input from the behaviour change health psychologists will be decided upon after the*

*selection process. As such, partnerships also do not need to build this input into their own budgets.*

**17. Where in the application should we demonstrate the UK partner's AMC expertise?**

*This can be detailed in section 3.1 of the Grant Application Form.*

**18. 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).*

**19. Can a UK NHS Trust or Health Board apply? Can a national NHS programme also apply?**

*Yes, as long as there is clear joint-leadership from an NHS hospital(s).*

**20. Is this grant call predominantly focussed on secondary care?**

*Yes, however the scoping conducted by CPA found that inappropriate supply of antimicrobials is also predominant in primary care and other community settings, with the extent of this often not well-quantified. Therefore, incorporation of ways to assess community use of antimicrobials are also welcome within the grant call, providing project activities focus on staff in hospital-settings.*

**21. Addressing disability and gender is not always feasible within a health partnership, for instance where there is no categorisation of disability within a country beyond disabilities that are clearly visible? In instances such as these, can you put in the application whether it's not feasible to address issues related to inclusion of marginalised groups?**

*Yes, you can state whether you expect this to be the case but you must demonstrate that careful attention has been paid to issues of equity for you to have come to that conclusion.*

**22. How can we sell this 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.*