Global Health Partnerships
*FORMERLY THET*

# REMOTE INTERNATIONAL MENTORING PARTNERSHIP SCHEME (RIMPS)

*Implemented by Global Health Partnerships (formerly THET) with funding and technical support provided by Dr Helen Crawley*

# IMPACT REPORT 2024-2025

# Foreword

We are delighted to be able to share the impact and lessons from the Remote International Mentoring Partnership Scheme, a fully online programme designed to foster peer-to-peer connections between health practitioners working across borders, and explore the possibilities and pitfalls of mentoring remotely.

Since the reduction to overseas aid by several Western governments in 2024 and 2025, international development has been shaped by increasing financial pressure, disruption to international travel, and political instability. In this environment, it has never been more important to understand how online collaboration can support global health, while also being honest about its limitations.

By creating time and space for health workers to explore different health systems and develop fresh ideas together, the programme has demonstrated the continued value of partnership-based learning, even in constrained circumstances.

Perhaps most importantly, the professional relationships formed through RIMPS contribute to global stability, trust and cooperation in ways that formal structures alone cannot achieve. At a time when the world can feel as though it is pulling apart, these connections between health professionals matter deeply. They build understanding, resilience and shared purpose, often quietly and without fanfare.

I am especially encouraged that so many participants intend to continue their mentoring relationships beyond the life of the programme. That continuity is one of the greatest successes we could have hoped for and speaks to the genuine value participants have found in these partnerships.

This report celebrates those relationships, and serves as inspiration for how global health collaboration might continue to evolve in challenging times. Global Health Partnerships is indebted to all participants, but particular thanks are reserved for Dr Helen Crawley, whose vision, technical assistance, and funding made this possible.

**Richard Skone James**

Director of Programmes – Global Health Partnerships

# Acknowledgements

Global Health Partnerships (GHP) extends its sincere thanks to all those who contributed to the design, delivery and success of the Remote International Mentoring Partnership Scheme (RIMPS). We would also like to thank all partner organisations and participating health professionals whose commitment, adaptability and openness made remote mentoring meaningful across a wide range of contexts, including fragile and conflict-affected settings.

Special recognition is due to Dr Helen Crawley, whose vision, technical expertise and dedication were central to the development and implementation of RIMPS. Her contribution shaped the programme at every stage, and we are deeply appreciative of the insight, care and leadership she brought throughout. Her work has left a lasting legacy for future remote collaboration initiatives.

We would like to thank Dr Becky Self for her valuable contribution to the design of the RIMPS guidance (G-RIMPS) for organisations and for leading the participant interviews that helped inform this report.

Finally, we thank all mentors, mentees and organisational leads who invested their time and energy in building respectful, trusting and productive professional relationships. Many participants generously shared their experiences beyond the mentoring relationships themselves, including by supporting associated research and contributing to developmental webinars and learning activities. The fact that many of these partnerships will continue beyond the formal end of the programme is a powerful reflection of the value of the scheme and of the shared commitment to global collaboration and learning in health.

# Programme overview

The Remote International Mentoring Partnership Scheme (RIMPS) is a structured remote mentoring initiative connecting UK health professionals with health workers in Low- and Middle-Income Countries (LMICs) to strengthen workforce capacity, professional confidence and leadership in healthcare delivery.

Developed in response to reductions in international support for LMIC health workers and the growing demand for virtual engagement opportunities, the programme piloted an innovative, low-cost mentoring model that generated significant learning relative to its scale, while remaining capable of operating in challenging and low-resource environments, including conflict-affected and fragile settings.

Between January 2024 and July 2025, ten Health Partnerships were awarded small grants of approximately £3,500 each to design and deliver remote mentoring projects tailored to local needs. Each partnership aimed to support up to twelve mentees. Active partnerships were implemented in Ethiopia, Myanmar, Somaliland, Tanzania, Uganda, Yemen and Zambia.

Through structured mentoring relationships, RIMPS enabled health workers to build professional confidence, develop leadership capacity and strengthen skills relevant to the quality of care they provide. A core feature of the programme was its emphasis on bi-directional and collaborative learning, with mentors and mentees jointly exploring clinical, educational, leadership and system challenges.

This approach supported professionals working in geographically, geopolitically and professionally isolated settings, creating trusted spaces for reflection, problem-solving and professional connection that might otherwise not have been possible. The flexible design of the programme allowed partnerships to adapt to connectivity challenges, workload pressures and shifting contexts, while sustaining meaningful cross-border engagement.

> *"It's often mentoring that helps translate learning from projects, training or research into day-to-day practice within partnerships."*
>
> - Dr Sonny Aung, RIMPS recipient

**Situating RIMPS in the evidence base**

RIMPS draws on established models of remote professional development in LMIC health systems. Project ECHO's tele-mentoring approach demonstrates that structured virtual learning communities can extend specialist expertise to underserved settings (Arora et al., 2011). The WHO's 2020 guidance on digital education for health workforce capacity further supports technology-enabled mentoring as a scalable, low-cost intervention. RIMPS aligns with GHP's Principles of Partnership in its emphasis on mutuality, equity and shared learning between UK and LMIC professionals.

> *"What I'm trying to do now is act as a sounding board, and then try and use mentoring skills to help them to make the decisions that are right for them."*
>
> *Dr Stephen Holmes, Mentor, UK*

RIMPS also demonstrated that mentoring can provide the connective thread that maintains partnerships over time, enabling the application of learning in practice and supporting professional, leadership and research development between funding cycles and periods of formal project activity. Alongside delivery, the programme placed a strong emphasis on capturing and sharing learning. Summaries of challenges, successes, resources and ideas were produced through bi-monthly developmental webinars for organisational leads.

Implemented through partnerships between UK and LMIC institutions and supported by donor funding, RIMPS illustrates how digitally enabled mentoring can contribute meaningfully to health workforce strengthening and system resilience. With a total programme budget of £62,500, the programme demonstrates how a modest, low-cost investment can deliver substantial professional development outcomes across diverse health system contexts.

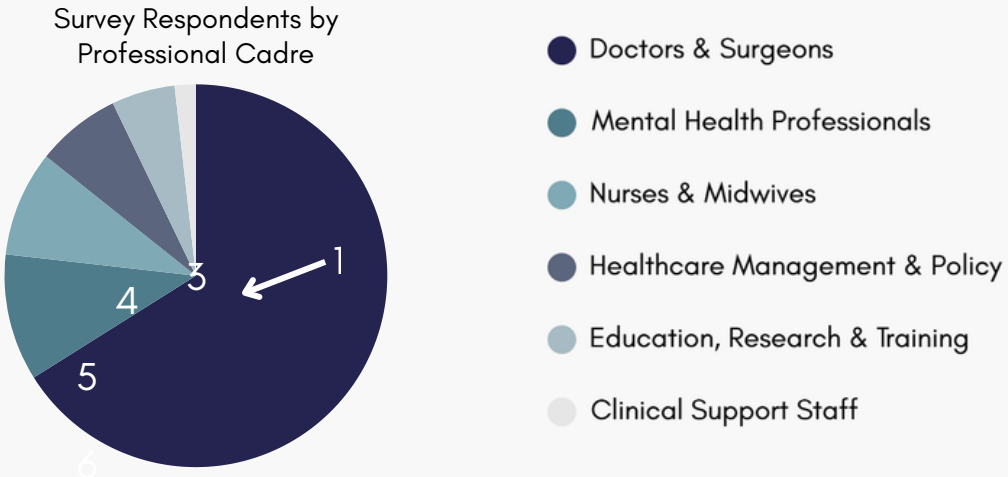
# Programme impact

## Reach and Participation

The programme engaged a diverse group of health professionals across multiple countries and specialities. A total of 58 participants completed the end-of-programme evaluation survey, providing insight into both individual and institutional impact. Notably, 49 participants reported that they intend to continue their mentoring relationships, suggesting sustained professional connections and lasting collaboration.

Partnerships included doctors, nurses, educators, researchers, and allied health professionals. Mentoring partnerships spanned neonatal and critical care nursing, diabetes care, oncology, oral health and education leadership. This breadth demonstrates the adaptability of the mentoring model across both clinical and professional development contexts.

**How we assessed impact**
Findings draw on an end-of-programme survey (58 of 72 participants; 81% response rate), supplemented by participant interviews and final partnership reports. All outcome data is based on self-report; no independent beneficiary follow-up was conducted.



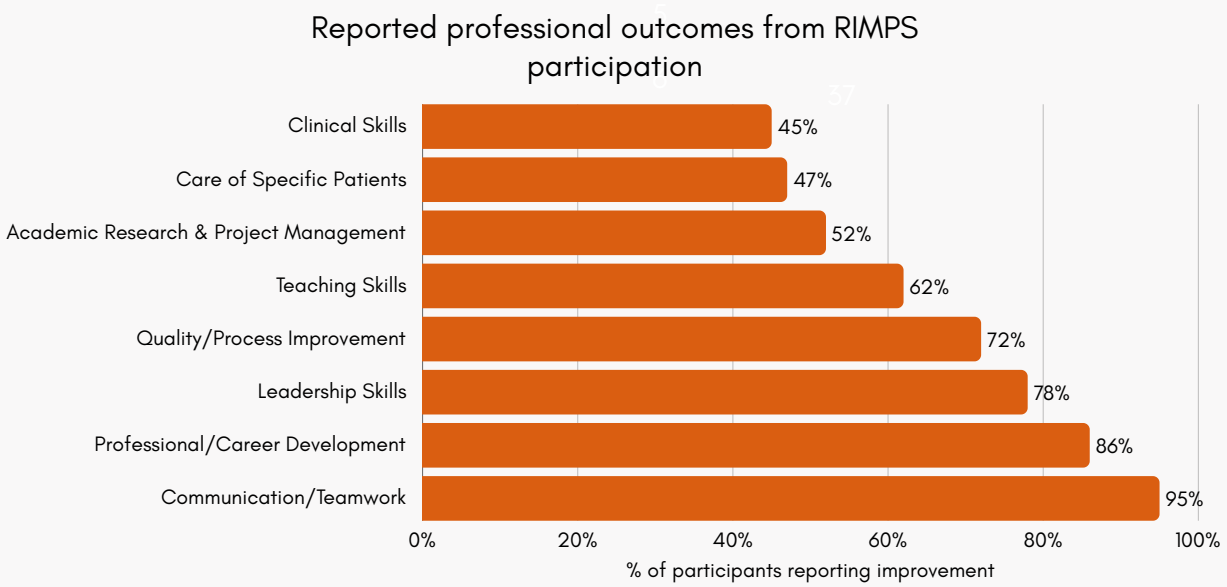

RIMPS has also contributed to wider uptake of mentoring as a deliberate and planned intervention, both as a standalone approach or integrated within broader health and education programmes. For example, learning from the RIMPS partnership is likely to inform the design of a subsequent remote surgical mentorship programme led by the Royal College of Surgeons of England in Yemen. Reflections from mentors and mentees on programme structure, duration, matching and contextual adaptability were used to strengthen the next iteration, demonstrating how learning from RIMPS has been applied to refine and scale mentoring approaches beyond the life of the scheme.

Together, these findings indicate growing recognition of mentoring as a flexible, low-cost mechanism for strengthening capacity, leadership and professional support across diverse settings

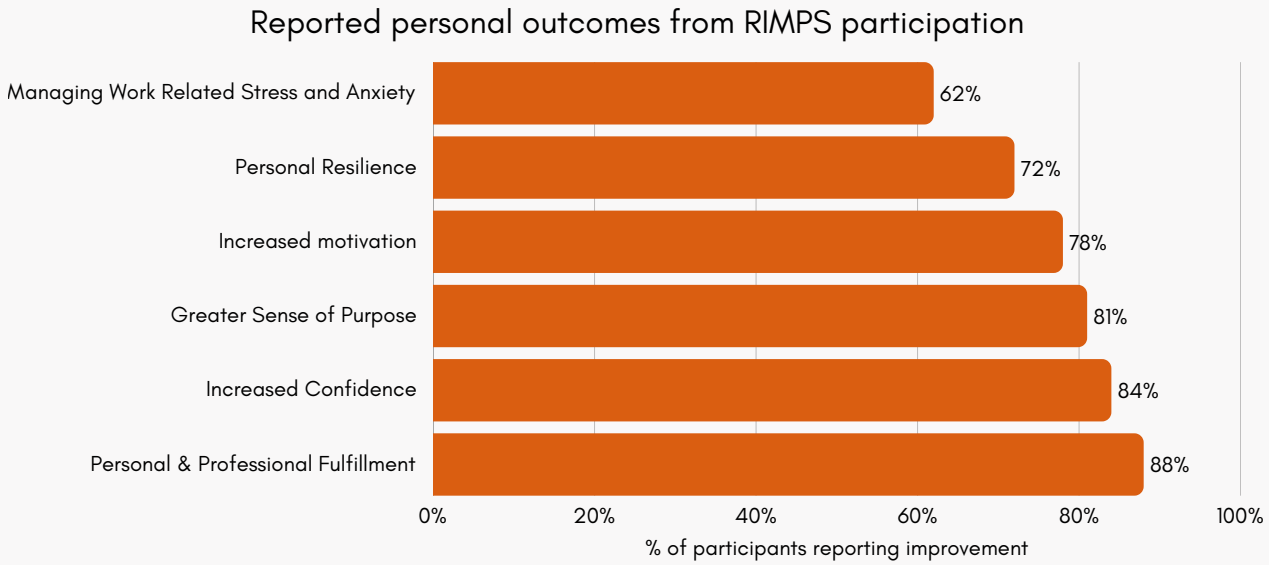
# Professional and Personal Development outcomes

The survey data highlights two distinct but closely linked areas of impact: professional development outcomes and personal development outcomes, both of which were strongly influenced by participation in the mentoring relationships.

**Professional development outcomes** were consistently positive across a broad range of competencies. Improvements were most pronounced in communication and teamwork (95%), followed by professional and career development (86%), leadership skills (78%) and quality or process improvement (72%). These findings suggest that mentoring relationships contributed not only to technical and clinical learning, but also to the development of core skills required for effective practice within complex health systems, including collaboration, leadership and service improvement.




Alongside these professional gains, participants also reported substantial **personal development outcomes**, reflecting the more holistic value of mentoring. A high proportion of respondents described increased personal and professional fulfilment (88%), increased confidence (84%) and a greater sense of purpose (81%), alongside improvements in motivation (78%) and personal resilience (72%). These outcomes highlight the role of mentoring in strengthening individual wellbeing, motivation and professional identity, particularly for those working in challenging or isolated contexts.




Taken together, the findings demonstrate that the impact of the programme extended beyond technical skill development to support both the professional capabilities and personal resilience of participants. This dual impact reflects the inherently relational nature of mentoring, where professional learning is closely intertwined with confidence-building, motivation and a sense of connection to a wider professional community.

These figures reflect tangible shifts in professional confidence and leadership capacity. A Ugandan clinical psychologist (mentee) shared that the mentoring relationship ***"enhanced a lot on my confidence and knowledge"***. A Ugandan nurse (mentee) reflected that the programme ***"enabled me to learn leadership skills and problem-solving skills from my mentor"*.**

Importantly, the benefits were bi-directional. As mentees developed confidence and leadership skills, mentors also described significant professional learning. A UK-based doctor (mentor) explained that the experience ***"gave me insight to how medicine operates in low economic areas, and I learned lots about how to navigate with less equipment and less resources"***. Similarly, a UK-based psychologist (mentor) described the programme as ***"a wonderful experience where the learning and personal/professional development is reciprocal".***

Participants also highlighted the importance of investing time in building strong mentor-mentee relationships, noting that creating space for open discussion of real professional challenges strengthened the relevance and value of the mentoring process.

Beyond individual development, there is evidence of ripple effects throughout the institutions. In Ethiopia, a participant established a student mentorship division at Mekelle University, adapting learning from the programme into an ongoing institutional structure. This demonstrates how mentoring relationships can catalyse locally led initiatives that extend beyond the original mentor-mentee pairing and embed learning within national institutions.

## Contribution to Learning and Evidence

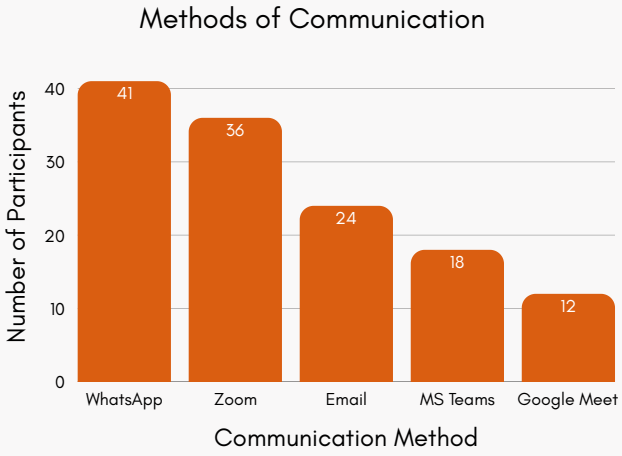
In addition to supporting individual mentors and mentees, RIMPS contributed to wider learning on remote relationships within global health partnerships. Shortly after the programme was proposed, Dr Helen Crawley identified its potential as a basis for academic enquiry and undertook an academic research degree focused on remote mentoring and partnership dynamics. Participants from RIMPS and other similar schemes contributed to the research through interviews and surveys. Initial findings, shared at a learning and sharing event in March 2026, have provided useful insights for individuals and organisations designing or delivering remote mentoring programmes.

Learning generated through RIMPS was also consolidated into organisational guidance (G-RIMPS) to support the establishment and strengthening of remote international mentoring schemes. It is designed to be accessible to everyone, whether they have experience in establishing HPs and mentoring programmes or are completely new to the process. Informed by academic and grey literature, expert input and practical experience from across RIMPS partnerships, G-RIMPS distils evidence-based principles and real-world learning into an accessible and practical resource. By offering a replicable framework that can be adapted to different contexts, it supports health workforce development beyond the life of the programme while maximising the return on a modest investment.

## Digital Innovation and Accessibility

The programme demonstrated the potential of remote mentoring to overcome geographic and travel barriers. Ninety-three percent (93%) of participants reported that digital technology positively supported their mentoring experience, enabling regular engagement across countries and time zones.

The digital model enabled cross-border collaboration between health professionals without the need for international travel, creating opportunities for knowledge exchange that may otherwise have been difficult to achieve. It also allowed partnerships to continue in fragile, and conflict affected contexts where travel and in-person exchange can be challenging.




## Health System Strengthening

While centred on individual mentoring relationships, the programme also demonstrated wider health system relevance. In Tanzania, mentoring dental therapists strengthened the workforce capacity, which has the potential to improve access to oral healthcare for approximately 860,000 people in underserved areas. This illustrates how targeted mentoring has the potential to contribute to improved service delivery at scale.

*The mentoring strengthened surgical decision-making and professional competence among junior surgeons. This was particularly important for surgeons working under extreme pressure in Yemen.*

- Dr Raoof Saleh MD, Senior Consultant General Surgeon, MSF Surgery Advisor, RCS England Country Advisor in Yemen

Across partnerships, mentoring supported leadership development and institutional improvements. Participants reported increased visibility, professional confidence and engagement within their organisations. For example, institutions such as The Uganda Cancer Institute reported strengthened networking through the mentoring model and Dar Al-Shifa Charity Clinic in Yemen described expanded professional connections developed through participation in the programme. These networks demonstrate how mentoring can broaden institutional engagement and create foundations for continued collaboration.

A Yemeni doctor (mentee) described how the programme ***"provided opportunities for professional growth, cross-cultural exchange and skill development"***, reinforcing the link between both individual advancement and system-level benefits.

## Sustainability

Sustainability was embedded throughout the programme design and implementation. In Ethiopia, mentoring approaches were incorporated into institutional training and professional development structures at Mekelle University, supporting longer-term continuation and local ownership.

*"Through the mentorship, I actually got to feel empowered to do more....I would want it to continue... it's really very, very important to develop the career."*

*- Daniel Oyet, Mentee, Uganda*

*Mentoring is one of the few things that keeps partnerships alive between funding cycles. Even when formal projects end, those relationships and conversations continue.*

- Dr Sonny Aung, RIMPS recipient

The organisational guidance developed through the programme provides a practical resource for replication and future mentoring initiatives, enabling learning to extend beyond the life of the project. Furthermore, participation contributed to enhanced institutional engagement and professional connectivity within organisations such as The Uganda Cancer Institute and Dar Al-Shifa Charity Clinic, strengthening internal capacity and external professional linkages within each institution's context.

49 out of 58 survey respondents (85%) intend to continue their mentoring relationships beyond the project

# CASE STUDY

## Building surgical capacity through remote mentorship in Yemen

***How structured remote mentoring can strengthen clinical capacity and quality improvement in fragile and conflict-affected settings***

In a context of ongoing conflict and severely constrained training opportunities, The Royal College of Surgeons of England (RCS England) and the Yemeni Society of Surgeons collaborated to pilot Yemen's first structured remote surgical mentorship programme. The partnership paired 20 UK-based consultant and senior trainee surgeons with 20 Yemeni junior surgeons and surgical residents across four major hospitals, delivering tailored one-to-one mentoring over six months.

### Key achievements

The successful delivery of 110 one-to-one mentoring sessions, providing consistent support to early-career Yemeni surgeons working under extreme pressure.

Evidence of cascading impact, with mentees sharing new skills and approaches with colleagues and junior trainees, strengthening learning within surgical teams.

A demonstrable improvement in clinical confidence and decision-making, with an estimated 500+ patients potentially benefiting from improved surgical practice.

Despite political instability, unforeseen delays, and persistent challenges such as unreliable internet access, the partnership successfully established and sustained remote mentoring relationships. Each mentor–mentee pair completed five structured sessions focused on clinical decision-making, professional development, leadership, and workplace communication.

> *This was not simply a series of online calls. It was a structured mentorship framework with defined mentor–mentee relationships, providing regular professional guidance despite operating in a fragile healthcare context…The programme proved that structured international mentorship is both feasible and impactful, even when physical mobility is limited.*
>
> *Dr Raoof Saleh MD, Senior Consultant General Surgeon, MSF Surgery Advisor, RCS England Country Advisor in Yemen*

One notable example highlights the programme's practical impact: following a difficult surgical case, a Yemeni mentee worked with her UK mentor to explore the use of risk-assessment tools such as the UK National Emergency Laparotomy Audit (NELA). With mentor support, she adapted this learning to the Yemeni context and began introducing the concept within her department, marking an early step toward local audit and quality-improvement practice within the hospital setting.

Learning from this partnership has also been shared more widely through publication in RCS England's journal, *'The Bulletin'*, contributing to broader understanding of how remote mentoring can support surgical capacity building in fragile and conflict-affected settings.


Sharing the learning at the Future of Surgery Festival, April 2026

# Equity, Inclusion and Partnership dynamics

## Gender Dynamics

Gender patterns observed across participants highlight both opportunities and structural challenges associated with remote mentoring. Of the 57 survey respondents, 36 were male and 21 female, with men more represented in mentor roles (16 male mentors compared to 9 female mentors). The strong response rate from surgeons has likely influenced this, with the majority of surgeons being male. Women were slightly better represented among mentees (11 female compared to 17 male). This suggests that remote mentoring can support access to professional development and international collaboration, particularly for women.

These patterns reflect wider workforce dynamics across cadres: for example, doctors and surgeons were predominantly male (26 male compared to 11 female), while all nurses and midwives in the sample were female. Such gendered distributions may shape mentoring dynamics, including perceptions of authority, confidence, and participation within relationships. Participant feedback also indicated that gender, alongside language and cultural context, could influence the ease of communication and engagement. Together, these findings underline the importance of adopting an intentional approach to gender equity in programme design, including supporting progression from mentee to mentor roles, considering gender in pairing where relevant, and ensuring mentoring approaches remain inclusive and responsive to participants' needs.

## Towards more equitable and collaborative partnership

Beyond participation, the programme demonstrated a strong emphasis on bi-directional and collaborative learning, with both mentors and mentees contributing knowledge, skills and contextual insight. Rather than a one-directional transfer of expertise, mentoring relationships were characterised by shared problem-solving, mutual learning and reflection.

Participants described gaining insight into different health systems, adapting approaches to local contexts, and learning from each other's experience. This reflects a more interdependent model of partnership, where value is created through exchange rather than transfer. There was also emerging evidence of broader collaboration, including opportunities for Global South–Global North and Global South–Global South learning, which would further extend the reach and relevance of the mentoring model.

> Mentoring is not one-directional — both partners learn, adapt and shape the relationship.

# Challenges and learning

**Strengthening in-country mentoring capacity**

A further area of development identified through the programme was the importance of building mentoring capacity within participating countries. Survey responses highlighted examples of participants sharing learning with colleagues, supporting junior staff, and beginning to take on mentoring roles within their own institutions.

This shift highlights the potential for mentoring to move beyond individual relationships and contribute to longer-term system strengthening. Supporting participants to develop mentoring skills, and recognising the evolving role of individuals as both learners and mentors over time, will be key to ensuring sustainability and local ownership. Strengthening in-country mentoring capacity not only extends the impact of individual partnerships but also helps embed mentoring as an ongoing, locally driven component of professional development and health system improvement.

**Operational and Coordination Challenges**

As with any multi-country initiative, the programme faced challenges that provided valuable learning. Some partnerships experienced delays due to administrative processes, coordination challenges and staff changes, highlighting the importance of strong and clear communication.

**Structure and flexibility of Effective Mentoring Relationships**

Ensuring clear expectations and structured engagement between mentors and mentees proved essential for maintaining momentum and building effective relationships. Participants emphasised the importance of defining expectations early in the partnership, including agreeing ground rules and supporting mentees to identify their objectives at the outset. Workload pressures on healthcare professionals sometimes affected participation, demonstrating the need for flexibility in scheduling and programme design.

**Digital Access and Connectivity**

In some contexts, connectivity limitations required participants to join group calls from shared laptops, illustrating both the practical barriers faced in low-resource settings and the adaptability of participants in overcoming them. Where institutions invest in reliable infrastructure and leadership actively supports participation, these barriers can be significantly reduced. Wider organisational buy-in, including protected time for participants and dedicated connectivity resources, is key to ensuring equitable access across all settings.

# Participant voices

> Through mentorship I have acquired new skills and knowledge in management of patients, which has reduced re-admissions and shortened hospital stays.
> **Mentee, Uganda**

> It contributed to improving clinical decision-making, enhanced communication, and introduced new approaches to problem-solving in patient care.
> **Mentee, Yemen**

> It's given me insights into how a very different healthcare system works — and hopefully vice versa to my mentee as well.
> **Mentor, United Kingdom**

> As a mentor, it was rewarding to contribute to the mentees' development and witness their confidence and competence grow over time.
> **Mentor, United Kingdom**

> Remote mentorship allowed me to connect with senior surgeons and benefit from their guidance regardless of geography.
> **Mentee, Yemen**

> It created opportunities to connect people who would not normally have the chance to engage.
> **Organisational Lead**

> It gave me access to experienced mentors who offered insightful guidance and support, helping me grow both professionally and personally.
> **Mentee, Yemen**

> Getting the opportunity to connect with a colleague in another country was a privilege and would not be possible without remote mentoring.
> **Mentor, United Kingdom**

# Looking Forward

Building on the programme's success, there is scope to expand mentoring partnerships to additional types of health professionals and regions. Future iterations could also strengthen local mentoring capacity by supporting participants to take on mentoring roles within their own institutions and professional networks, enabling mentoring skills and leadership development to cascade more widely across the health workforce.

There is already evidence of this shift within RIMPS, with some participants moving fluidly between mentee and mentor roles. This approach reflects the concept of the **"Mentee-or"**, coined by Helen Crawley, which places the learner at the centre of the relationship and recognises mentoring as a dynamic, bi-directional process. By moving away from traditional mentor-centric models, this approach supports more balanced, inter-reliant relationships and reinforces sustainability and local ownership, and facilitates cascading through explicit development of the learner's mentoring skills.

Expanding opportunities for peer learning between participants and strengthening connections between institutions could further enhance collaboration and knowledge exchange. Maintaining the flexibility and accessibility of the remote mentoring model will be important to ensure the programme remains inclusive and responsive to the needs of participants across different health system contexts.

Continued collaboration between UK and LMIC partners will be key to sustaining and expanding these mentoring relationships, ensuring that the learning and professional connections established through RIMPS continue to strengthen health workforce development beyond the life of the programme.

*"The partnership I've made with my mentee, we've carried it on. We're keeping in contact... I wanted it to last as long as we want it to last, really... which we have done."*

*Katie Seager, Mentor, UK*

In summary, RIMPS has demonstrated that structured, partnership-based remote mentoring can deliver meaningful professional development, leadership growth and strengthened institutional engagement. Aligned with the needs of LMIC partners and supported by committed UK health professionals, the programme provides a replicable and adaptable model for digital health workforce development. As health systems continue to navigate workforce pressures and resource constraints, RIMPS offers a compelling example of how innovative, collaborative approaches can contribute to sustainable and locally relevant health system strengthening.

# Recommendations for Future Programmes

Feedback from participants highlights several opportunities to strengthen future remote mentoring programmes, while building on the strong foundations established by RIMPS.

**Be clear on structure of the mentoring from the outset.**
Clear programme frameworks, including defined objectives, timelines and expectations, support more consistent engagement. Participants recommended structured orientation sessions for both mentors and mentees, early agreement on goals, and clear guidance on how mentoring relationships can be most effective.

**Enhance mentor–mentee matching and engagement.**
Careful pairing of mentors and mentees, including alignment of interests, language and, where appropriate, cultural or contextual factors. This was seen as critical to success. Participants also emphasised the importance of commitment from both parties, with regular scheduling and support to maintain engagement over time.

**Extend programme duration and continuity.**
Many participants felt that longer programme duration would allow mentoring relationships to develop more fully and support deeper learning. There was also strong interest in sustaining mentoring beyond formal programme timelines, reflecting the value of continuity.

**Increase opportunities for collaboration and shared learning.**
Suggestions included introducing group sessions, joint discussions, and peer-learning forums to complement one-to-one mentoring. Early joint sessions involving both mentors and mentees, as well as regular learning exchanges, could help build stronger connections and shared understanding, and develop communities of practice.

**Strengthen digital and practical support.**
While remote mentoring was widely valued, participants noted ongoing challenges related to connectivity and access to reliable platforms. Investment in appropriate technology, alongside practical guidance on remote working and digital collaboration, would enhance programme effectiveness.

**Integrate opportunities for in-person or hybrid engagement where possible.**
Where feasible, participants highlighted the added value of occasional in-person interaction or exchange opportunities to strengthen relationships, deepen learning and enhance engagement.

**Embed continuous learning and feedback mechanisms.**
Participants recommended strengthening feedback systems, including regular check-ins, progress monitoring and opportunities to reflect on learning. Sharing resources, supporting digital portfolios, and recognising achievements were also highlighted as ways to sustain motivation and impact.

**Embed gender equity considerations within programme design and delivery.** Future mentoring programmes should take an intentional approach to addressing gender dynamics, recognising both the opportunities and structural inequalities highlighted through participation data. While remote mentoring appears to support access for women, particularly at mentee level, potential underrepresentation of women in mentor roles suggests the need for targeted efforts to strengthen progression pathways into leadership positions. This could include proactively recruiting and supporting female mentors, creating opportunities for mentees to transition into mentoring roles, and considering gender as one of several factors in mentor–mentee matching where appropriate. Programmes should also remain sensitive to how gender intersects with professional hierarchies, culture and communication, ensuring that mentoring relationships are inclusive, equitable and responsive to the diverse contexts in which participants operate. Embedding these considerations into programme design, delivery and monitoring will help maximise both participation and impact across different groups.

## Contact:

For more information on RIMPS, please contact grants@globalhealthpartnerships.org

For more information on research outputs or other resources, please contact Helen Crawley by email helen@hscrawley.com or by LinkedIn https://www.linkedin.com/in/helen-crawley-phd-retired-gp-international-development-advisor/

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*Note: this review draws primarily on end-of-programme survey responses from 58 participants, some participant interviews and final partnership reports; no independent beneficiary follow-up was conducted.*

## Annex 1 - Summary of Grants awarded under RIMPS

| Lead UK Partner | Lead LMIC Partner | Country | Project summary |
|---|---|---|---|
| Knowledge for Change | Mnazi Mmoja Referral Hospital | Tanzania | Strengthened diabetes and diabetic foot care in Zanzibar through UK-Tanzania mentoring partnerships. |
| Birmingham City University | Livingstone University Teaching Hospital | Zambia | Improved support and professional development opportunities for neonatal and critical care nurses. |
| The Christie Hospital, NHS | Uganda Cancer Institution | Uganda | Expanded oncology mentoring and international collaboration across nursing, radiotherapy and medical physics. |
| University of Central Lancashire | Mekelle University | Ethiopia | Developed leadership skills and mentoring support for early-career health professionals. |
| International Network for Training, Education, and Research for Yemen (INTERYem) | Dar-al-Shifa Charitable Clinics | Yemen | Built professional support networks for Yemeni healthcare workers through remote mentoring and training. |
| Bridge2Aid | Tanzanian Dental Association | Tanzania | Improved clinical confidence and mentoring support for Dental Therapists working in rural Tanzania. |
| Kings College London | University of Hargeisa | Somaliland | Enhanced professional development opportunities for Somaliland health professionals through targeted mentoring. |
| Health Education Support Group (HESG) | Seven medical schools affiliated to NUG in Myanmar, operating independently of military junta | Myanmar | Supported clinical educators in Myanmar to deliver a new integrated medical curriculum during conflict. |
| Sheffield Health and Social Care NHS Foundation Trust | Gulu Regional Referral Hospital | Uganda | Advanced development of remote mentoring plans within a long-standing Uganda-Sheffield mental health partnership. |
| Royal College of Surgeons of England (RCS England) | Yemeni Society of Surgeons (YSS) | Yemen | Strengthened surgical training and professional support for surgical trainees through international mentoring. |