Health Partnership Scheme
Large PIP Grant Application Form

THE LARGE AND MULTI-PIP GRANT STREAMS HAVE BEEN COMBINED INTO ONE FUNDING STREAM UNDER THE NEW HEADING "LARGE GRANTS". ALL OF THE FUNDING OPPORTUNITIES AVAILABLE UNDER THE SEPARATE STREAMS ARE AVAILABE IN THE COMBINED STREAM, WITH THE ADDED BENEFIT THAT THE MAXIMUM GRANT ALLOWABLE PER ANNUM IS INCREASED FOR ALL CATEGORIES TO £100,000 pa FOR UP TO 30 MONTHS.

LIST OF ABBREVIATIONS

AAGBI IRC	Association of Anaesthetists of Great Britain and Ireland International Relations Committee
ABHB	Aneurin Bevan Health Board
ALSG	Advanced Life Support Group
BCHASW	Bong County Health And Social Welfare
CPD	Continuing Professional Development
EmOC	Emergency Obstetric Care
EESC	Emergency and Essential Surgical Care
EMNH	Emergency Maternal and Neonatal Healthcare
GIC	Generic Instructor Course
IMEESC	Integrated Management of Emergency and Essential Surgical Care
LANA	Liberian Association of Nurse Anaesthetists
LMDC	Liberian Medical and Dental Council
LNMB	Liberian Nursing and Midwifery Board
NA	Nurse Anaesthetist
MCAI	Maternal and Childhealth Advocacy International
ME	Monitoring and Evaluation
MOA	Mothers of Africa
MoH	Ministry of Health (Liberia)
NGO	Non Governmental Organization
RCoA	Royal College of Anaesthetists
RCOG	Royal College of Obstetrics and Gynaecology
RWHNT	Royal Wolverhampton Hospitals NHS Trust
SEC	Strengthening Emergency Healthcare
WHO	World Health Organization

Instructions for completing the form are in grey boxes at the beginning of every section.

NARRATIVE SHOULD BE TYPED UNDER THE GREY BOXES

1 Summary Details

Please complete the details below. Please note that the minimum project duration is 12 months and maximum duration is 30 months. All projects must start on 1 August 2012

1.1 Project Title	Strengthening health workforce capacity and professional development in maternal and new-born emergency care in Bong County, Liberia.
1.2 Total Budget Requested	£248,656
1.3 Project Duration	30 months
1.4 UK Partner Institution	Aneurin Bevan Health Board, Royal Gwent Hospital, Newport, Gwent. NP20 2UB.
1.5 Overseas Partner Institution	Bong County Health and Social Care, Phebe Hospital, Bong County, Liberia.

1.6 Project Summary

Briefly describe the planned project and summarise the identified needs; intended outcomes and the main activities of the project.
This section should be approximately 300 words.

Project: Bong County, Liberia

1. 2-3 week visits every 3 months of experienced UK anaesthetists* and obstetricians in 2 hospitals will support 8 local doctors in training 8 nurse midwives and 8 nurses over 2 years to undertake obstetric emergency surgery and anaesthesia thereby enhancing comprehensive Emergency Obstetric Care (EmOC)
2. *The first visit by the senior UK anaesthetist will be for 5 weeks followed by a break of two weeks and then returning for another 5 weeks. Subsequent visits by the senior UK anaesthetists will follow the same pattern as the senior obstetricians.
3. UK teams of obstetricians, anaesthetists and paediatricians to undertake 2 week visits to strengthen health workforce capacity and emergency systems through short training courses in emergency obstetric, anaesthetic and neonatal care, including courses to train the trainers.
4. Nurse anaesthetists (anaesthesia and critical care clinicians) and students to be trained to provide critical care

Needs:

High Liberian maternal and neonatal mortalities (990/100,000 live births and 34 /1,000 live births).
Extreme shortage of trained healthcare workers, especially in rural areas.
Poor access to continuing professional development.
Although 3 hospitals in the county (population 357,431 and 8772 square KM) have facilities for obstetric surgery, pregnant women and girls in rural areas do not have safe access to comprehensive EmOC.

Outcomes and Activities:

1. 8 nurse midwife surgeons (obstetric clinicians) and 8 nurse anaesthetists (anaesthetic and critical care clinicians) trained to provide emergency obstetric surgery, anaesthesia and critical care, with WHO surgical and anaesthesia best practices (http://www.who.int/surgery/publications/imeesc/en/index.html), in rural major health centres. Three Liberian obstetricians able to oversee the training of further obstetric clinicians following this project

2. Improved capacity of doctors, nurses, midwives, nurse anaesthetists (anaesthesia and critical care clinicians) to treat obstetric emergencies and undertake neonatal resuscitation through:

- training 280 doctors, nurses, midwives, nurse anaesthetists (NA), nurse-midwife surgeons and NA students on EESS/EMNH(Emergency and Essential Surgical Skills/Emergency Maternal and Neonatal Healthcare) 3 day courses incorporating the WHO Integrated Management for Emergency & Essential Surgical Care toolkit
- 10 doctors, 15 nurse anaesthetists, 8 nurse midwife surgeons and 16 midwives able to train others by completing a Generic Instructor Course (GIC) and becoming competent to teach EESS/EMNH courses
- Mentorship and evaluation of training and trainers by visiting UK specialists.

3. 28 NAs able to provide high dependency care for obstetric and neonatal emergencies, including management of respiratory failure, major sepsis and intravenous fluid management and 3 NAs able to train others following the introduction of critical/high dependency care training into the NA programme

(Word count 348)

2 Partnership

2.1 Eligibility

Tick the box that best describes each institution. Please note that if you cannot tick any of the boxes, your application will be ineligible for funding under the Health Partnership Scheme.

Lead UK Partner			Developing Country Partner	
☒	Health Delivery Institution		☒	Health Delivery Institution
☐	Health Education Institution		☐	Health Education Institution

☐	Regulatory Body (health sector)		☐	Regulatory Body (health sector)
☐	Professional Membership Association		☐	Professional Membership Association

2.2 Project Partners and the Partnership

Please list each partner organisation involved in the project. (Please indicate which UK partner will be the lead UK partner). Indicate the nature of the partnerships; describe what role each partner plays and which activities each partner will undertake in this project. Please specifically provide details of the length of existing partnerships.
This section should not exceed 600 words.

Lead UK partner: Aneurin Bevan Health Board (ABHB)

ABHB has provided experienced personnel for training in BCHSW (over 4 years) and an MCAI consultant anaesthetist to teach in Pakistan and Gambia (over 10 years).

ABHB will provide:

- Paid special leave of two weeks per employee annually, and sabbaticals for consultants.
- Leadership and administrative support.
- Support for all UK volunteers including measures to promote safety.
- Liaise with relevant colleges (see letters of support) about suitability of volunteers.

Mothers of Africa (MOA)

Medical Educational Charity (founded 2005) training staff in sub-Saharan Africa to care for women during pregnancy and childbirth.

Linked to ABHB for 4 years. Working with MCAI/ALSG since needs assessment in Liberia February 2012.

MOA will:

- be project facilitator, and oversee financing of the project within governance arrangements of ABHB.
- receive reports from partners and be contact for THET.
- co-ordinate activities and solutions to problems that arise.
- recruit UK anaesthetic volunteers.
- undertake quality assurance of training and materials for anaesthesia and critical care.
- provide mentorship and apprenticeship for 3 NA teachers of the NA curriculum.

Maternal and Childhealth Advocacy International (MCAI)

International Medical Charity (founded 1995), which has worked in 12 poorly resourced countries to reduce maternal, neonatal and child mortality and morbidity and for 10 years through ***partnerships with Ministries of Health, WHO, UNICEF and UNFPA to strengthen emergency healthcare systems.***

MCAI will:

- Provide support for 8 local doctors to undertake apprenticeship training for 8 nurse-midwives to learn obstetric emergency surgery, according to a defined curriculum based on the surgical standards from the WHO IMEESC toolkit.
- Partner with ALSG, WHO and MOA on EESC-EMNH course delivery. Training materials are already fully developed, incorporating the WHO IMEESC toolkit, following 6 years in The Gambia. (http://www.who.int/surgery/publications/imeesc/en/index.html)
- Undertake quality assurance of EESS/EMNH and Generic Instructor Course (GIC) training and materials.
- Recruit senior obstetric UK volunteers to work in Liberia for 2-3 weeks every 3 months to mentor and support Liberian doctors undertake emergency obstetric surgical training.

Advanced Life Support Group (ALSG)

A Charity established for more than 20 years in 28 countries, dedicated to saving lives through medical education, providing quality assurance on training materials developed especially for Sub-Saharan Africa. ***Partnered with MCAI for 10 years***, in strengthening emergency healthcare in Pakistan and The Gambia.

WHO Geneva's Emergency and Essential Surgical Care programme with **WHO Liberia**, will work with MOA and MCAI (also WHO GIEESC members) to oversee the monitoring and evaluation and the impact of capacity building**.** ***WHO is a partner of MCAI and ALSG in Pakistan and Gambia for 6 years and is*** active and effective for 5 years in Liberia through widespread use of their teaching packages: http://www.who.int/surgery.

Royal Wolverhampton Hospitals NHS Trust (RWHNT) will help recruit senior obstetric trainers for the nurse-midwife surgery component.

Lead Liberian Partner: Ministry of Health Liberia through BCHASW *(partnered with MOA for 4 years)*

BCHASW will:

- continue to develop health facilities where comprehensive EmOC can be provided to improve access for the rural population: 3 additional facilities in next two years.
- facilitate delivery of the project, and ensure co-ordination of activities with other health partners and with MOH and in-country WHO.
- with MOH, assist UK partners in selection of nurse –midwife surgeons and additional nurse anaesthetists for the project.
- work with 8 trained Liberian doctors including one accredited in obstetrics in-country to ensure obstetric surgical training meets 'in-country' requirements.
- with MOH and UK partners set standards for obstetric anaesthesia, obstetric surgery and neonatal emergency care.
- with MOH ensure registration processes for nurse- midwife surgeons and nurse anaesthetists are robust, and that suitable in-country placements are available after successful training.
- ensure implementation of WHO surgical standards

Word count 600

2.3 History of Implementation

Please describe the partnership's experience of implementing projects together. Please also describe any individual partner's experience of implementing projects in developing countries. Please note by 'partners' we mean the institutions rather than single individuals.
This section should be approximately 500 words.

MOA and Phebe Paramedical training programme have worked together over the last 4 years to develop and implement a nurse anaesthesia curriculum.

In Feb 2012 MCAI/MOA, and a lead doctor from WHO Geneva, visited Liberia to meet with potential partners, according to the existing strategy developed for introducing the strengthening emergency healthcare programme into a new country. Direct partnerships with the MOH are an essential component of the strategy. Meetings with the MOH specified where and how they wished us to focus work on reducing maternal and neonatal mortality and morbidity. After a subsequent 'needs assessment' in Bong County, this project was formulated and supported by the MOH and WHO (see letters).

All partners have experience in working in developing countries as follows:

ABHB has for > 12 years supported health links with, for example MOA (4 years including in Liberia), Ethiopia (Gwent Link), and Malawi (Eye Surgery). It has given paid leave to volunteers and raised funds towards these projects.

BCHASW has worked with MOA/ABHB volunteers since 2008, delivering training to NA students and NAs. They have been excellent hosts, ensuring comfortable accommodation, safe in- country transport, and security for staff and volunteers. They have collaborated with MOH, educational institutes and NGOs to co-ordinate activities to meet the MOH operational plan for the county (2011-13). In partnership they have built a new obstetric hospital (CB Dunbar, now providing comprehensive EmOC).

MOA has developed long-term educational partnerships in 6 developing countries, ranging from simple to complex collaborations, flexible and responsive to the needs of the partners. It has demonstrated educational outcomes, and sponsored and taught students who have stayed in -country. Liberian nurse anaesthetist numbers have risen from 22 to 48 since 2008. They have used teaching materials from collaboration with AAGBI, RCoA and the World Federation of Society of Anaesthesiologists (WFSA). They have supported the Liberian Association of Nurse Anaesthetists (LANA) annual conference by providing updates and educational materials. In Feb 2012, they undertook the second AAGBI SAFE (Safer Anaesthesia from Education) Obstetric Anaesthesia course. They have secured funding from the Wales for Africa grants scheme to commence a multi-disciplinary e- learning- based programme in Phebe Hospital. Combined with a grant from the Society of Anaesthetists in Wales, this will allow the development of a solar- powered computer classroom, and upgrading of IT and Wi-Fi services within Phebe compound.

MCAI, in partnership with ALSG, has developed over 10 years the Strengthening Emergency Care (SEC) programme for managing emergencies in pregnant women, newborn infants and children (including major trauma). Developed initially in Pakistan,it has over the last 6 years, been undertaken in The Gambia (partnership with the Reproductive and Childhealth Department of the MOH, WHO Geneva and Gambia, UNFPA and UNICEF).

ALSG is a Medical Education Charity which provides structured training courses, including those designed to train trainers in medical education techniques. Training courses are based on combinations of lectures, workshops, skill stations and scenarios, undertaken by volunteer instructors who have been through a GIC course and who are skilled in the clinical components of the course. **With MCAI and WHO over 10 years,** they have developed the EESC-EMNH course, tailored for use in Sub-Saharan African countries.

Word count 528

3 Project

3.1 Background and justification

Please describe the problem your project is aiming to address, including key contextual issues (policy and operational environment). Clearly describe how your project will address the needs of those in poor and underserved areas. Please give details of the population served and socioeconomic characteristics in the narrative. Please also indicate the population type, below, by marking **X** in the relevant box.
This section should not exceed 600 words.

Rural Population	X	
Urban Population		
Peri-Urban Population	X	
Other		Please Specify:

Problem:

- In 2008 maternal and neonatal mortalities in Liberia were 990/100,000 and 34 /1,000 live births (highest in rural areas).
- 84% of the population below the international poverty line (US$1.25/day) 2000-2009.

Representatives of MOA, MCAI, ALSG, WHO and MOH Liberia (Dr Sherman) undertook a "needs assessment" in Bong County in February 2012 facilitated by BCHASW which revealed:

- 8216 deliveries (In 2011), with 7135 undertaken in health facilities by skilled birth attendants.
- Bong County population is 357,431, area 8,772 sq. kilometres with travelling distances for basic EmOC long and distances for comprehensive EmOC extremely long for women with complications of pregnancy and delivery and ill neonates.
- Tribal Chiefs decided in November 2011 that all women should deliver in a health facility. Those who do not will have their families and any traditionally trained midwife involved sanctioned. This policy should mean that health facility deliveries will go up.
- Most of 37 clinics offering basic EmOC (many at long distances from hospitals where there is

comprehensive EmOC) have single-handed midwives

- 3 hospitals offer comprehensive EmOC and 37 clinics offer basic EmOC but two of the hospitals are very close to each other in distance. A number of maternal and neonatal fatalities due to delays in reaching hospitals were reported.
- There are no critical care services in the county. BCHASW have designated an area in Phebe hospital. BCHASW would like to staff this with nurse anaesthetists.
- As EmOC and other emergency care improves in the county, the importance of simple therapies and context appropriate resources to mitigate the high burden of morbidity and mortality associated with poor post resuscitation care in obstetric and neonatal emergencies must not be forgotten. Appropriate training of nurse anaesthetists in basic critical care is therefore essential.
- The overworked doctors, midwives, nurse-midwives, nurses and nurse anaesthetists do not have ready access to CPD or training in organising, teaching, standard setting and the evaluation of CPD.

In summary, the majority of pregnant women and newborn infants do not have safe access to comprehensive EmOC or critical care thus increasing their risks of death or serious morbidity.

After 9 years of peace, difficulties in neighbouring Ivory Coast and around elections in 2011 led to the postponing of 3 visits by MOA. This highlights the importance of training of trainers and the importance of robust security arrangements for volunteers. In 2012 Bong County is stable and safe.

Impact of Activities:

- Training nurse-midwives (obstetric clinicians) and additional nurse anaesthetists (anaesthetic and critical care clinicians) to provide obstetric emergency surgery is likely to be the most significant intervention, especially for those living in rural areas, as it directly impacts on access issues. This approach is fully supported by the MOH (see letter) and, if successful, scale up and roll out across the country is probable.
- Strengthening the training of nurse anaesthetists and formally introducing critical care training (including neonatal high dependency care) into their programme will mean obstetric patients and neonates suffering emergencies can receive appropriate care. Emphasis will be on development and acquisition of simple inexpensive tools rather than complicated equipment and will encourage NAs close involvement in the management of obstetric and neonatal emergencies. NAs have been identified for this role by BCHASW because of progress observed as a result of training and the essential practical skills of NAs.
- Introducing the EESS/EMNH CPD programme (incorporating the WHO surgical standards) for all healthcare workers caring for pregnant women and newborn infants will enhance quality of emergency care and support staff retention.
- Training and mentorship of trainers will make education sustainable at completion of the project.

Word count 598

3.2 Project Plan

Please complete the table by outlining the project goal, outcomes and outputs. Include the key indicators that will be used to monitor whether the objectives have been achieved. Your plan should clearly contribute to meeting the health needs described in 3.1.

Goal (one sentence)
The overall change to which your project will contribute.

Outcomes (recommend no more than three)
Please list the outcomes, i.e. the changes that will result from the health partnership's project. These often relate to changes in practice by members of the target group, access to services or, in some cases, to health outcomes. The outcomes should contribute to the achievement of the goal and they will be the focus for your project.

Outputs
The direct results of the project e.g. 20 nurses trained in infection control. The outputs should clearly lead to the achievement of the outcomes.

Indicators
Indicators are how you will know whether or not your objective has been met; they are the measures of success. They need to be SMART (Specific, Measurable, Achievable, Relevant, Time-bound); so consider the resources (time, people, data, tools) that you have when determining your indicators.

Sources of information
Where will you look for the data/evidence for your indicator? For example, this could be logbooks, course registers, focus groups, surveys etc.

Section 3.2 Project Plan

LPIP17 Revised Project Plan September 2012

Project Plan		
Goal	**Indicators (goal)**	**Sources of Information**
Reduced maternal and neonatal mortality/morbidity in Bong County, through improved management of obstetric and neonatal emergencies.	Safer management of obstetric and neonatal emergencies Mortality and morbidity data	WHO reports Ministry of Health and hospital data on mortality and morbidity Reports from visiting UK faculty
Outcomes	**Indicators (outcomes)**	**Sources of Information**
1. Improved obstetric surgery and anaesthetic capacity to deliver comprehensive EmOC in Bong County, especially in rural areas.	8 trained pairs of nurse anaesthetists and nurse midwife surgeons (obstetric clinicians) in post offering comprehensive EmOC in rural Bong county by January 2015 Confidence of nurse midwife surgeons	BCHSW/ MOHSW data MCAI/MOA structured interviews at

	and nurse anaesthetists to undertake EmOC surgery in rural posts Confidence of doctors in Bong county to oversee practising nurse midwife surgical teams Establish MCAI nurse midwife surgeon training programme in Bong County	completion of training MCAI/MOA structured interviews of doctors in Bong County at end of program MOHSW register of accredited training programs
Outcomes	**Indicators (outcomes)**	**Sources of Information**
2. Improved capacity, skills and competence of doctors, nurses, nurse anaesthetists, trainee nurse anaesthetists and midwives to care for obstetric emergencies and undertake competent neonatal resuscitation on their own or as part of a team.	Proportion of successful EESS/EMNH candidates implementing WHO best practices in emergency obstetric, anaesthetic and neonatal practise at the point of care in their health facilities Individual resuscitations demonstrating best practice from specially designed and existing log books Number of trained trainers in EESS/EMNH following GIC courses and instructor candidacy Number of EESS/EMNH courses run by in country faculty Proportion of health facilities in Bong county implemented WHO best practice protocols on anaesthesia and obstetric surgical care	MCAI/ WHO M and E data ALSG EESC-EMNH course register Review of EESS/EMNH post course logbooks by WHO EESS MCAI/MOA/ALSG register MCAI/MOA/ALSG Logbooks of successful GIC candidates EESS MCAI/MOA/ALSG register WHO IMEESC toolkit http://www.who.int/surgery/publications/imeesc/en/index.html
Outcomes	**Indicators (outcomes)**	**Sources of Information**
3. Improved capacity of nurse anaesthetists (anaesthetic and critical care clinicians) to deliver basic critical care for pregnant women and newborn infants in Bong County	Confidence of nurse anaesthetists to deliver basic critical care for pregnant women and neonates in Bong County Confidence of 3 NA trainers to deliver basic critical care training Establish nurse anaesthesia critical care training as part of the NA curriculum	MCAI/MOA structured interviews of trained nurse anaesthetists in Bong County at end of program MCAI/MOA structured interviews of NA trainers in Bong County at end of program MOH register of accredited training programs

	Survival rates of critically ill pregnant women and newborn infants in Phebe and CB Dunbar Hospitals	BCHSW Two monthly mortality meetings Completion of personal log book of cases and complications by nurse anaesthetists in Phebe and CB Dunbar Hospitals M and E data collected by WHO
Task shifting for nurse anaesthetists and nurse midwife surgeons formalised.	Ratification of courses by Liberian Medical and Dental Council (LMDC) and Liberian Nursing and Midwifery Board (LNMB). Nurse anaesthetists and nurse midwife surgeons registered with LMDC and LNMB	
Outputs	**Indicators (outputs)**	**Sources of Information**
8 nurse midwife surgeons trained with satisfactory accreditation and completion of MCAI nurse midwife surgeon training programme over a two year period	Number of nurse midwife surgeons recruited, retained and successfully trained (meeting competency framework) after two years Competency framework for nurse midwife surgery agreed	MCAI and Phebe paramedical school registration data MoHSW register of trained nurse midwife surgeons (obstetric clinicians) Jan 2015 Review of personal log books and hospital delivery suite data over a 2 year period to document activity (eg Caesarean sections, manual removal of placenta, emergency hysterectomy for postpartum haemorrhage, laparotomy for ruptured ectopic pregnancy) MCAI Appraisal and assessment data from nurse midwife surgeon trainees MCAI Interview data from nurse midwife surgeon trainees Complication rates for surgery undertaken by nurse midwife surgeon trainees Written approval of competency framework by MoHSW and LMDC and LNMB
Outputs	**Indicators (outputs)**	**Sources of Information**
8 additional nurse anaesthetists trained with satisfactory accreditation and	Number of nurse anaesthesia students recruited, retained and successfully trained (meeting competency	MOA and Phebe paramedical school registration data

completion of the nurse anaesthesia and critical care training programme over a two year programme	framework) in two years. Competency framework for nurse anaesthesia and critical care training agreed	Completion of personal log book of cases and complications by nurse anaesthetists in Phebe Hospital MOA and Phebe paramedical training school appraisal and assessment MOA Appraisal and assessment data from nurse anaesthesia students MOA Interview data from nurse anaesthesia trainees Written approval of competency framework by MoHSW and LMDC and LNMB
Outputs	**Indicators (outputs)**	**Sources of Information**
10 doctors, 130 nurses, 9 nurse anaesthetists, 28 trainee nurse anaesthetists, 8 trainee nurse midwife surgeons and 95 midwives complete EESS/EMNH courses (total 280)	Number of doctors, nurses, nurse anaesthetists, trainee nurse anaesthetists, trainee nurse midwife surgeons and midwives completed course. % change in pre and post course knowledge and skills assessment and retention over time	MCAI EESC-EMNH Course register MCAI knowledge and skills test results
Outputs	**Indicators (outputs)**	**Sources of Information**
10 doctors, 10 nurse anaesthetists, 8 trainee nurse anaesthetists, 8 nurse midwife surgeons and 16 midwifes trained to teach the EESS/EMNH course by undertaking a 2 day Generic Instructor Course (GIC)	Number of doctors, nurse anaesthetists, trainee nurse anaesthetists, trainee nurse midwife surgeons and midwifes completing GIC course and instructor candidacy	ALSG GIC Course register
Outputs	**Indicators (outputs)**	**Sources of Information**
28 nurse anaesthesia students trained in critical care (one year) as a part of current two	Number of nurse anaesthesia students accredited in anaesthesia and critical care	Ministry of Health registration data

year course 3 nurse anaesthesia trainers trained to teach critical care over two years	Number of nurse anaesthesia trainers able to teach critical care at the end of two years	MOA appraisal diaries and Phebe paramedical school of nursing contract descriptions
MCAI nurse midwife surgeon training in Bong County accredited by MoHSW, LMDC and LNMB Nurse anaesthesia critical care training established as part of nurse anaesthesia curriculum	Proof of course accreditation Updated curriculum	MoH register of accredited training programmes. LMDC and LNMB registers MOH register of accredited training programmes. LMDC and LNMB

Activities
In this section please describe the project activities. All activities must clearly contribute to achieving the stated outputs and outcomes of the project. For each main activity briefly outline what will be done; where; who will be involved; how it will be done; and how long it will take. Mark an **X** in the corresponding month(s) that the activity will take place in. Any activities related to monitoring and evaluation please describe in section 3.6 Monitoring and Evaluation.

Activities	Timing of Activities																											
	Year 1												Year 2												Year 3					
1. = surgery/anaesthesia comprehensive EmOC	Month 1-6 (Aug 2012-Jan 2013)						Month 7-12 (Feb 2013-July 2013)						Month 1-6 (Aug 2013-Jan 2014)						Month 7-12 (Feb 2014 – July 2014)						Month 1-6 (Aug 2014 – Jan 2015)					
2. = EESS-EMNH	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
3. = critical care																														
1a. Recruitment of experienced UK obstetricians and anaesthetists volunteering to support 8 Liberian doctors train nurse midwives in emergency obstetric surgery and nurse anaesthetists in anaesthesia and critical care by all partners in the UK.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x												
1b. UK anaesthetists and obstetricians specialist volunteers present in Liberia for mentoring and supporting Liberian doctors and trainees						X			X			X			X			X			X			X				X	X	
1c. Induction training for UK volunteers					X												X													
1d. 2, 3 Development of governance arrangements and policies for protection and safety of volunteers by ABHB including establishment of administrative support by ABHB	x	x	x																											

1e.Renovation of accommodation at Phebe Hospital for volunteers, including arranging vehicle for long term volunteers by Phebe Hospital and providing 24 hour security cover for allocated accommodation	x	x	x	X																										
1f. Selection of 4 + 4 nurse midwives suitable for training as obstetric clinicians based on a number of criteria including, performance at EESS/EMNH course, testing and interview by Liberian obstetricians/MCAI/MOA/WHO/LMDC. LNMB and BCHASW			x	x											x	x														
1g. Selection of 8 additional nurse anaesthetists based on current selection criteria of Phebe paramedical training program and requirements to work in rural Bong county with a nurse midwife surgeon. Recruitment of 3 additional nurse anaesthetists in Phebe/ CB Dunbar to support the additional training.	x	x	x	x																										
1h. Selected nurse-midwife candidates learn relevant anatomy and other key knowledge including basic surgical skills such as suturing etc.					X	X																								
1i. Provide each nurse midwife selected and each trainer (Liberian and UK) with a) a specific manual describing all of the obstetric emergency procedures that will be required and how best to do			x	x	x	x									X	X	X	X												

them. b) the GIEESC tools of WHO Geneva and Liberia c) textbooks of obstetric anatomy d) the curriculum of the course																													
1j. Assessment of relevant anatomical skills and other key knowledge of each nurse-midwife candidate by formal written examination at the beginning of surgical training before they undertake their first operation.					x												X												
1k. Arrival of ALSG instructors to undertake EESC-EMNH and GIC courses in Liberia			X			X			x			x			x			x											
1l, 2, 3. Mortality and near miss morbidity meetings on maternal and neonatal problems with UK visiting senior anaesthetists and obstetricians plus Liberian doctors, midwives and nurses.						x			x			x			x			x			x			x					
1m. Additional and facilitated learning for nurse-midwives by UK based long distance mentorship							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
1n. Provide each nurse-midwife with a logbook into which recordings of every surgical procedure performed by each candidate are made after being observed and signed off by a senior UK and/or Liberian training obstetrician.						x												X												
1o. Hands-on training of nurse midwife surgeons by 8 Liberian doctors supported by experienced UK obstetric						x	X	x	x	X	x	x	X	x	x	X	x	x	X	x	x	X	x	x	X	x	x	X	x	x

trainers																													
1p 2-3 week visits by senior UK obstetrician to support and mentor the Liberian doctors who are training the nurse-midwives in obstetric surgery and to support, monitor and mentor the nurse-midwives being trained						x			x			x			x			x			x			x			x			x	
1q. Examination of the nurse-midwife log books describing each candidate's performance in every obstetric surgical intervention and evaluated by Liberian and/or UK specialist obstetrician by direct observations in the operating theatres and signed off on quality in each candidate's logbook. Assessment of ability appropriately to identify when a specific and appropriate surgical procedure is needed.									x			x			x			x			x			x			x			X	
1s. Assessment of relevant anatomical knowledge of each candidate by formal written examination before surgery starts					X												X														
1t. Assessment of each of 4 candidate's surgical skills at the end of each year of training under examination conditions in the operating theatre over a 3 day period jointly by specialist obstetrician from the UK and by 3 senior Liberian doctors plus representatives of LMDC and LNMB																		x											x		

1u. Decision by senior Liberian doctors and UK obstetrician, representatives of LMDC and LNMB as to which nurse-midwives are safe and competent to be registered by MOH to practice																		x											X	X
1v. Hands on training and support to existing Liberian trainers of nurse anaesthetists and nurse anaesthesia trainers at Phebe and CB Dunbar Hospitals by UK experienced anaesthetic trainers							X			X			X			X			X			X			X				X	X
1w. Continued MOA support for NA curriculum including mentoring for standard setting, examinations, trainees in difficulty	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2a. UK ALSG instructors to undertake 3 day EESS/EMNH training courses (each for 24-28 candidates) followed by 2 day GIC courses, or repeat courses for those who fail the first time. To achieve success in these courses, each candidate has to undergo before, during, and end of course knowledge and skills tests. In addition to an MCQ at the beginning and end of each course, each student is continually evaluated by the instructors during each course and at the end is subject to a test of skills and also performance in a scenario concerning an emergency such as eclampsia or massive post-partum haemorrhage. All candidates will also be tested on neonatal			X			X			x			x			x			x												

resuscitation. Details of how these courses work including publications on them are available on http://www.mcai.org.uk/resources.aspx and details of the course content for The Gambian programme can be found at : http://www.mcai.org.uk/whatwedo.aspx																														
2b. Manuals for the EESC-EMNH course http://www.mcai.org.uk/resources.aspx and for WHO GIEESC teaching materials http://www.who.int/surgery/activities/en/ will be given to each candidate 6 weeks prior to each course beginning for them to study		x		x			X			X			X			X													
2c. To supplement their training, each candidate attending an EESC-EMNH course will receive the following on completion: bag valve mask for neonatal resuscitation, pocketbook of emergency obstetric, neonatal and paediatric care (see http://www.mcai.org.uk/resources.aspx for details) and a CD Rom of emergency obstetric and neonatal care containing over 120 videos of procedures.			X			X			x			x			x			x											
2d. Those candidates who do well in the EESC-EMNH courses and show an aptitude for being good future instructors are chosen to be offered			X			X			x			x			x			x											

training on the GIC course.																														
2e. Manuals for the GIC course will be given to each potential instructor as soon as they are identified http://www.alsg.org/uk/node/17			X			X			x			x			x			x											
2f. MCAI resuscitation logbooks (every successful candidate from EESC-EMNH courses completes a page of these logbooks after providing resuscitation or emergency treatment to a pregnant woman or newborn infant).			X			X			x			x			x			x											
2g. Analysis of resuscitation log books following EESS/EMNH courses and test of knowledge and skills retention at 0, 3, 6, 9, 12, 15, 18, 21 months by WHO, MCAI and ALSG							X			X			X			X			X			X			X			X		
3a.Development of additional critical care training modules for pregnant women with serious complications of pregnancy or delivery or in the post operative period requiring high dependency care and supporting educational materials for nurse anaesthesia program as part of current curriculum MOA in collaboration with AAGBI and Liberian anaesthetists and WHO Geneva and Liberia. Training in critical care will include	X	X	X	X	X	X	X			X			X						X											

ways of treating respiratory failure by non invasive and invasive ventilation, management of shock, management of severe sepsis, of convulsions, safe delivery of intravenous fluids, safe blood transfusion, and management of immediate emergencies arising from major trauma (eg chest drain). E-learning materials will be appropriately utilised and provided for each student on a portable external hard drive, alongside the amended NA curriculum and curriculum specified textbooks.																														
3b. Development of additional critical care training modules for neonates with serious illnesses requiring high dependency care to be undertaken by nurse anaesthetists in collaboration with midwives and nurses on the postnatal wards at Phebe and CB Dunbar Hospitals. Training in the critical care in neonates will address life-threatening complications such as respiratory failure, severe sepsis, convulsions for example due to hypoglycaemia, severe jaundice and hypothermia. A manual put together by 4 international experts	X	X	X	X	X	X		X			X			X			X			X			X						

in neonatal care for poorly resourced countries is already available and will form the basis of the training. New skills such as nasal continuous positive airways pressure (CPAP), safe intravenous fluid management, intravenous antibiotic use, nasogastric feeding, and exchange transfusion will be taught.																														
3c. Analysis of log books from critical care training and tests of knowledge and skills retention at 0, 3, 6, 9, 12, 15, 18, 21 months (in addition to testing already undertaken as part of the NA training)											X			X			X			X			X			X			X	
3d. Additional mentorship for NA trainers and long term volunteers by UK based long distance mentorship							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Development of M and E case study tools, and competency frameworks by WHO Geneva and Liberia, MOH, MOA, MCAI, ALSG.	x	x	x																											
Site visit, monitoring and evaluation of the whole project by WHO lead for Emergency and Essential Surgical Skills Dr Meena Cherian	X												X																	

3.3 Project management and support

Describe in detail the systems that will be put in place or that currently exist to support the implementation and monitoring of this project and indicate your project's governance structure marking **X** in the relevant box. In the narrative, please provide specific details on:

• Governance / steering / coordination structures for the project (including individuals involved);
• How responsibilities are divided between the partners, for instance who has responsibility for day-to-day activities;
• What systems will be used to manage finances in both locations; who will have the main responsibility for this; how will money be transferred between the partners and to others;
• How you will ensure that communication is effective and all partners know what is happening;
• Any formal agreement between partners;
• Details of the key personnel involved.
This section should be approximately 450 words.

Governance structure

Steering Committee, UK	X	
Steering Committee, DC partner	X	
Institution Board		
Other		Please specify:

Dr Sheraton and Professor Southall will be responsible for day to day running of the project, working with ABHB and BCHASW.

The joint UK and Liberian steering committee will govern and coordinate the project and:

- ensure actions outlined in project plan are achieved
- ensure project completion and sustainability
- ensure communication with all stakeholders
- contribute to training and education processes
- resolve emerging issues

hold 3 –monthly Skype meetings minuted by Chris Everett administrator anaesthetic department, ABHB.

Roles of committee members:

1. Progress and coordination of the project including liaison with THET: Dr Sheraton, (Chair Trustees MOA, consultant anaesthetist ABHB) and Professor Southall, (Honorary Medical Director MCAI).

2. Training quality assurance: Dr Phillips (Trustee and medical education lead ALSG), Mrs Ashraf (consultant obstetrician ABHB), and Dr Carling (trustee MOA, consultant anaesthetist ABHB).

3. Monitoring and Evaluation: Dr Cherian (lead EESC WHO) with Dr Ndayimirijem (WHO

Liberia).

4. Financial accountability: Dr Rhona MacDonald (honorary executive director and Trustee MCAI) and Dr Sheraton.

5. Safety and well being of volunteers: Professor Southall and Mr Reeves (volunteer security, formally UK armed forces, recently undertook security assessment Liberia for MOA).

6. Addressing ethical issues arising during the program: Dr Watson (consultant anaesthetist, ABHB) and Professor Southall.

7. Assessment of nurse-midwife surgical training: Dr Hayden, (consultant obstetrician, Chair trustees MCAI),), and Mr Lindsay (consultant obstetrician, MOA representative, programme director obstetric training (Wales)).

8. Assessment of nurse anaesthesia training /critical/high dependency care: Dr Carling, Dr Kate Stephens (consultant critical care ABHB) and Dr Phillips with Professor Southall (neonatal care).

9. Supervision of senior UK volunteers who are undergoing higher professional training in obstetrics, paediatrics (for neonates) or anaesthesia: Dr Nunns (consultant gynaecologist, trustee MCAI), Professor Southall and Dr Carling.

10. Chair of steering committee and responsible for communications, Dr MacDonald, Honorary Executive Director and Trustee MCAI.

The Liberian team will meet each time representatives of the UK steering committee visit: Dr Williams, Director BCHASW, Dr Sibley Director Phebe Hospital, Dr Dolo, lead obstetrician, CB Dunbar Hospital, Dr Sherman, link WHO Liberia and MOH, Mr Fassah, project manager and head of nurse anaesthesia training school.

Memoranda of understanding (MOUs) will be established between the following:

ABHB and MOA

ABHB and BCHASW

MOA, MCAI, ALSG, RWHNT and WHO Liberia, LMDC, LNMB

Financial management

ABHB will ensure financial governance, appointing Drs Sheraton and Watson from the steering committee to sign off expenditure. Most purchasing will occur through MCAI who will receive funds from ABHB. An account will be setup in a bank in Bong County, to provide funds for local activities. There will be two signatories to this account (Drs Williams and Mr Fassah), and books will be kept containing receipts for all expenditure.

Word count 456

3.4 Beneficiaries

In addition to your narrative, please mark **X** to indicate your beneficiaries. In the narrative, please include information about:

• The people who will benefit from the project e.g. lab technicians; hospital managers; nurses and different groups of patients.
• How the different needs of men, women and other groups (e.g. religions, ethnicities, age groups, abilities) will be addressed. These groupings are indicative and may not be directly relevant to your project. However, you should be able to demonstrate that there has been consideration of these matters.
This section should be approximately 250 words.

Nurses / Midwives	X	
Doctors	X	
Clinical Officers	X	
Medical / Nursing Students	X	
Ancillary Health Staff		
Community Health Workers		
Administrative & Support Staff		
Other (not listed) ***These are the most important***	X	Please Specify: pregnant women and girls before, during, and after childbirth and their families and their newborn infants at birth and during the first months of their lives.

The most important beneficiaries of the project are pregnant women and girls, their newborn infants and their families. A woman's life is important whatever her circumstances but when pregnant women survive life threatening complications there are massive benefits to other family members, particularly other children as mothers are usually their main carer. Preventing and successfully managing serious obstetric complications, for example obstetric fistulae, improves the woman's quality of life and acceptance by her husband and the community.

The benefits to the local medical, midwifery, and nursing teams in the proposed interactive team-based methods of training include:

- Opportunities for professional development increase job satisfaction and enhance retention in rural areas
- Team work and teambuilding encourages groups to work together and acknowledge the contributions of each team member's skills that go beyond gender, educational level, and professional status
- Improved morale–encouraging practitioners from Liberia and UK to learn from each other will have profound benefits on both groups

- Confidence and self esteem through acquiring additional knowledge and skills
- Supporting leadership based on appropriate attributes, not on status, gender, or educational level.

The benefits to the UK and wider NHS include:

- Giving the volunteers additional professional skills to succeed within an ever changing NHS
- Improved confidence in meeting and addressing the needs of people from extremely different backgrounds where resources are limited
- Opens minds to new ways of working in teams in which each cadre of health worker contributes equally
- More aware of the role of key influencing factors (such as gender, educational attainment, and socioeconomic status) on the ability to work together
- Obtaining results by working in partnership
- More confidence in basic but crucial clinical diagnostic skills

Word count: 286

3.5 Stakeholders and dissemination

Please identify the key stakeholders and their interest in the project (e.g. other departments, district and national health offices). How you intend engaging and reporting to these stakeholders (there is no need to include details of reporting to the THET HPS Team).
This section should be approximately 250 words.

There will be constant written and personal feedback on the progress of the project to each of the organisations below at 3 monthly intervals. In-country partners will be involved in tracking the project's progress through meetings in Phebe Hospital when UK teams visit.

Association of Anaesthetists of Great Britain and Ireland (AAGBI) International Relations Committee:

Promotes education, research and safety in international anaesthesia.

Role will be to quality assure additional critical care modules added to the NA curriculum and to assist in recruitment (letter).

Royal College of Anaesthetists (RCoA)

Specialist society representing and setting standards for doctors working in anaesthesia in the UK

Role will be helping recruit experienced anaesthetist long-term volunteers supporting nurse anaesthetists training, advising on/approving training requirements for senior UK trainee volunteers (letter).

Royal College of Obstetrics and Gynaecology

Specialist society representing and setting standards for doctors working in obstetrics in the UK.

Their role (see letter) will be helping recruit experienced obstetrician long-term volunteers to support nurse-midwives training, advising on/approving training requirements for UK trainee volunteers.

World Health Organisation –Geneva

Both the Reproductive and Child Health (RCH) and Essential and Emergency Surgical Skills (EESC) Departments of WHO in Geneva support this project (see email from Dr Mason (Director RCH) and letter from Dr Luc. Dr Cherian (lead EESC) visited Liberia in February 2012 with MCAI and MOA to help undertake the 'needs assessment' that led to this application.

World Health Organisation – Liberia

Dr. Ndayimirije , WHO Liberia representative, assisted with the February 2012 'needs assessment' and is fully in support of this programme (see letter).

Word count 259

3.6 Monitoring and Evaluation

Please include details of your monitoring and evaluation plans, providing an outline of methods, who will be involved, how the process will be managed, the timescale, and how as partners you will learn together and share your learning.
This section should be approximately 500 words.

WHO Geneva, WHO Liberia and MoH will lead on monitoring and evaluation (ME), with MOA and ALSG/MCAI. This project is of great importance to WHO and, depending on results, it may potentially roll out and scale up this project throughout Liberia and other low-income countries.

Each training project and subsequent practice has defined outcome indicators, both qualitative and quantitative, which will be used for ME (see section 3.2).

MOA have evaluated anaesthetic training in Liberia (4 years) and ALSG have evaluated EESC-EMNH courses in Pakistan and The Gambia since the onset of the strengthening emergency care programme (SEC). The project will include use of the Kirkpatrick 4 level evaluation:

1. Reaction: what participants thought and felt about the training. *Post course evaluation systems are already in use by ALSG and MOA measuring candidate engagement*

2. Learning : the resulting increase in knowledge/skills, and change in attitudes. ALSG have world-renowned *evaluation systems measuring change in knowledge/ skills. Constant assessment during EESS/EMNH and GIC courses, testing key skills such as neonatal resuscitation, and evaluation of a scenario eg emergency care for massive postpartum haemorrhage or eclampsia allow constant analysis of learning.*

3. Behaviour: transfer of knowledge, skills, and/or attitudes from classroom to emergency care of pregnant women and newborns. *Individual logbooks are used by MCAI in Pakistan and The Gambia*

(6 years) with publications in peer –reviewed journals. Phebe NA training includes logbook use.

4. Results: the final effects that occurred because of participation in a training project. *Improvements in standards of patient care, and health outcomes at a local and population level will be monitored and evaluated by WHO and the MOH at baseline, during implementation, and most importantly after this project has ended when the newly trained nurse-midwife surgeons and anaesthetists will be using their skills in rural areas.*

Analysis of maternal and newborn morbidity and mortality clinical audit meetings at hospital level will be undertaken by MCAI and MOA volunteers with WHO and MOH staff.

Nurse-midwife surgery training will include continuous assessments of the safety of each of the 8 candidates. Every 3 months, the UK trainer and a Liberian surgeon/obstetrician will observe their performance and examine their logbooks of operative interventions.

ME of critical care training will include continuous assessments of the materials, teaching and students, including clinical safety. Every 3 months, the UK trainer and head of the nurse anaesthesia school will appraise the students using data from multi source feedbacks, case book discussions, mini clinical exercises, direct observation of procedures and logbooks. Remedial action plans will be actioned and documented if required. Continuation of training will be decided according to examinations and policies in the NA curriculum.

Final testing for the safety of each individual nurse-midwife and NA will be made by MOH, BCHASW, LMDC, LNMB leading to registration to undertake obstetric emergency surgery and anaesthesia.

Data, information and lessons learned will be fed back to WHO by the partner responsible for the ME of each training component and shared and disseminated through 3 monthly steering committee meetings (section 3.3). The committee is mandated to take action if necessary, especially over safety or ethical issues.

Ultimately, ME data will be published in a peer-review journal to share and disseminate as widely as possible to influence practice and policy.

541 words

3.7 Sustainability

Please outline whether the same activities need to continue when HPS funding ends. If so, who will support them and how? What benefits will continue after the programme ends and how?
This section should be approximately 250 words.

Task shifting: nurse-midwife surgeons and NAs are more likely to remain working in rural areas long-term than doctors and so are the focus of this project.

This is the first time that health professionals already trained and experienced as midwives will be trained to undertake obstetric emergency surgery. The existing lack of comprehensive EmOC in rural Liberia can only be met by task shifting and this approach is likely to succeed and be sustainable.

Support: The mentoring and support Liberian trainers and trainees receive throughout the project will help to ensure that trainees have the skills and confidence and peer support to continue to work in rural areas.

Training of the trainers: aims to provide through the GIC course a team of Liberian trainers in emergency obstetrics, neonatal and anaesthetic care who will continue to educate Liberian health workers after the end of the project. This approach has been successful in the ongoing Gambia programme undertaken by MCAI, ALSG, WHO, UNFPA and UNICEF and is vital for sustainability. We also hope that Liberian obstetrician/doctors will continue training nurse-midwives in surgery after the project has ended with support from this UK team.

Commitment of Liberian MOH and WHO: shown by their letters of support, indicates this project is the first step in a sustainable approach to improving maternal and neonatal health care in Liberia. As detailed in the ME section (3.6) both will use this project as the basis for similar work in other areas of Liberia or other countries.

Commitment of MOA, ALSG and MCAI: these partners intend to continue to work on strengthening emergency health care in Liberia after the end of this project.

Word count 269

3.8 Value for Money

Describe how value for money will be achieved in terms of efficiency and effectiveness. How will the partners ensure that the funds spent will yield the optimum benefits?
This section should be approximately 300 words.

The objectives of this project are to provide a sustainable solution to the lack of obstetric, neonatal, and anaesthetic capacity in rural areas, and to address preventable causes of maternal and neonatal mortality and morbidity. The focus will be on quality emergency care to incorporate patient safety, clinical effectiveness and improved health outcomes.

The performance of the programme, including appropriate use of funds, will be monitored and evaluated by the partners via the log frame, and via the 3 -monthly steering committee meetings. The partners have extensive experience of ensuring value for money with other projects overseas

The existing lack of comprehensive EmOC in rural Liberia can only be met by task-shifting, and this approach has proven to be cost effective in other health cadres. Task shifting has the greatest chance of succeeding, and crucially, will **not** require a large financial investment by the Liberian MOH.

Education via these partnerships represents good value because the senior UK trainers and other

consultants provide their expertise free-of-charge, through goodwill. If they charged for this work, the budget would be substantially increased. Volunteers only costs are travel and inexpensive local subsistence.

Accommodation will be provided in existing houses in the Phebe hospital compound, which will require minor renovation.

Equipment and supplies will be procured on the basis of cost effectiveness and BCHSW already have a well set-up training centre at Phebe hospital, with classrooms that are ideal for training small groups (ALSG approach) so little extra costs will be incurred.

Through our partnership with WHO Liberia, we are seeking WHO transport and help with security, which will limit costs.

Funds will ensure that nurse midwife surgeons and anaesthetists are mentored and supported at every stage of the training, which should help ensure their retention so that the Liberia population will continue to benefit from their skills gained as a result of this project.

Word count 311

3.9 Risks

Please complete the grid, outlining:
Risks within the partnership (e.g. key personnel moving on, changing institutional priorities, conflict between partners) and how you will manage them;
External risks and how you will manage them (e.g. ICT breakdown, problems with visas, political uncertainty).

Risk identified	Plans for mitigation
In partnership Changing institutional priorities	Discussions with key stakeholders (WHO and Liberian MOH) have ascertained their long-term commitment. There is also overlap between the key personnel and activities of MOA, MCAI and ALSG which should mitigate against this potential but extremely unlikely situation.
In partnership Conflict between partners	MCAI, MOA and ALSG have been working so well together that such conflict is extremely unlikely. MOUs will be drawn up for all stakeholders in the project prior to commencement (see section 3.3) to help prevent this. The regular steering committee meetings will be a forum to discuss any potential problems between

	partners.
External Political instability in Liberia	Clear security plans in place for protection and safety of volunteers. Early warning of potential political problems by local staff will be ensured.
Visa problems and difficulties bringing training equipment into Liberia	Partnership with Liberian MOH will help negotiate any problems
Project Information, communications and technology problems	Back up generator provided by Phebe hospital and hard copy of some ME data (eg logbooks)
Unable to recruit senior UK obstetricians and anaesthetists for long term volunteering	It is likely that there will be senior obstetricians who are willing and able to commit to visits of 2-3 weeks in length, particularly those who are recently retired, or whose Trusts will allow professional leave or annualised hours.
Poor performance of nurse midwife surgeons and nurse anaesthetist candidates	Extreme care taken over selection of candidates by specific criteria and advice from Gwent Link who have experience in training mid-level healthcare workers in surgery in Ethiopia. Nurse-midwives must have considerable previous experience in hospital midwifery and will be selected only after their performance in the EESC-EMNH course has been assessed and found to be of high quality.

4 Budget

4.1 Budget Summary table and notes

Please complete the table below; it should be a summary of what is included in your full staged budget.

Budget Categories and Line Items	Year 1 Total	Year 2 Total	Year 3 Total	Project Total
A. Project Management				
Non-UK	860	1060	240	2160
UK	7800	9400	5200	22400
B. Equipment and	14800	2054	0	16854

Refurbishment				
C. Travel				
Local	1200	2400	1200	4800
International	40184	43222	23890	107296
D. Training and Capacity Development	31601	27758	4643	64002
E. Monitoring and Evaluation	3496	10648	17000	31144
F. Contingency				
TOTAL FUNDS REQUESTED	99941	96542	52173	248656

4.2 Full Staged Budget

The attached spread sheet needs to be completed in British Pounds.
When completing the spread sheet please note:

A: Project Management
In this section record any cost related to running the project. This would include, but not be limited to: rent of office space; communication costs; and project equipment. Disaggregate the costs by non-UK and UK. **Costs in this section cannot exceed 10% of the budget**.

B: Equipment and Refurbishment
In this section record any costs for the purchase or hire of equipment for the purposes of the project. This may include medical as well as other equipment (vehicles etc.). Equipment associated with project management should be allocated to section A (i.e. laptops, mobile phones etc.). This grant will fund minor structural or refurbishment costs and these should be recorded here. **Combined equipment and refurbishment costs cannot exceed 20% of the budget**.

C: Travel
Please list all costs relating to local and international travel. This should include all travel for capacity building, monitoring and evaluation and training. All trips should correlate with the activities described in the workplan.

D: Training and Capacity Development
This section is for costs related to training (not travel related to training) including, but not limited to: materials; venue hire; and training subsistence costs.

E: Monitoring and Evaluation
This section should include all costs relating to monitoring and evaluation activities (excluding travel) such as focus group discussions, survey costs, and evaluation materials.

F: Contingency
Costs in this section cannot exceed 1.5% of the budget.

5 Contact Details

5.1 **Contact details – Lead UK Partner**	
Name of Institution	**Aneurin Bevan Health Board, Royal Gwent Hospital, Newport NP20 2UB, UK**
Head of Institution	Dr Andrew Goodall Chief Executive
Project Co-ordinator (title, first name, surname). ***All correspondence from THET will be sent to the UK Project Co-ordinator only.***	Dr Tei Sheraton
Position	Consultant Anaesthetist Aneurin Bevan Health Board Chair of trustees, Mothers of Africa
Department or Faculty	Department of Anaesthetics
Address	188 Cyncoed Road, Cardiff, CF23 6BQ.
Phone	+44 (0)7731103423
Email	sheratont@aol.co.uk Tei.Sheraton@wales.nhs.uk

5.2 **Contact details – Overseas partner**	
Name of Institution	Bong County Health and Social Welfare
Head of Institution	Dr Garfee Williams
Project Co-ordinator (title, first name, surname)	Dr Garfee Williams
Position	Consultant Paediatrician, Phebe Hopsital Medical Director Phebe Hospital
Department or Faculty	Phebe Hospital and School of Nursing
Address	Suakoko, Bong County.

Phone	+ 2316588369
Email	garfeew@yahoo.com

5.3 **UK organisation which would manage funds, if different from 5.1.** *Filling this section in does not mean we automatically agree to a different organisation managing the funds but we will consider it on a case-by-case basis.*	
Name and Type of Organisation	Mothers of Africa UK registered charity number: 1114509
Head of Organisation	Dr Tei Sheraton
Co-ordinator (name, title)	Dr Tei Sheraton
Position	Chair of trustees, Mothers of Africa
Address	Department of Anaesthetics, Aneurin Bevan Health Board, Royal Gwent Hospital, Cardiff Road, Newport. NP20 2UB. UK.
Phone	01633 234165
E-mail	Tei.Sheraton@wales.nhs.uk