



# Health Partnership Scheme

## Paired Institutional Partnerships

### Grant Application Form – Start-up Grants

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#### Introduction

Before completing this application form, please ensure that you have read the *Paired Institutional Partnership Grant Overview & Guidelines – Start-up Grants* document which describes context, eligibility and process for the award of grants in this round of funding.

Please keep within the stated word limits.

#### 1.0 Project partner details

1.1 Contact details – UK Partner	
Name of institution	Liverpool School of Tropical Medicine
Head of institution	Prof Janet Hemingway
Partnership co-ordinator (title, first name, surname )	Dr Ralf Weigel
Position	Clinical Lecturer
Department or Faculty	Education and Training
Address	Pembroke Place, Liverpool, L3 5QA, UK

Phone	+44 151 705 2586
Email	weigel@liv.ac.uk

1.2 Contact details – Overseas partner	
Name of institution	Lighthouse Trust
Head of institution	Dr Sam Phiri
Partnership co-ordinator (title, first name, surname)	Sam Zimba
Position	Training Manager
Department or faculty	Information, Education, Communication/ Training
Address	Lighthouse Trust at Kamuzu Central Hospital, PO Box 106, Lilongwe, Malawi
Phone	+265 1758705
Email	samphiri@lighthouse.org.mw

In cases where there are more than two partners please provide the details of the additional partners on a separate sheet.

1.3 Please check the box that describes your institution's activity:

UK Partner		Developing Country Partner	
<input type="checkbox"/>	Health delivery institution	<input checked="" type="checkbox"/>	Health delivery institution
<input checked="" type="checkbox"/>	Health education institution	<input type="checkbox"/>	Health education institution
<input type="checkbox"/>	Regulatory body (health sector)	<input type="checkbox"/>	Regulatory body (health sector)
<input type="checkbox"/>	Professional Membership Association	<input type="checkbox"/>	Professional Membership Association

1.4	If you are a health delivery institution or a health education institution, please provide the name of your regulatory body

1.5 UK institution or organisation which would receive and manage funds, if different from 1.1	
Name and type of institution	
Head of institution	
Co-ordinator (name, title)	
Position	
Address	
Phone	
E-mail	

## 2.0 Partnership details

2.1 Please describe the history of the relationship between the partners and provide details of contact to date. (max 600 words)

Lighthouse is a Malawian Trust at the premises of Kamuzu Central Hospital (KCH) and part of the public sector. The purpose of Lighthouse is to fight against AIDS in Malawi by providing quality care and support and by working to build capacity in the health sector (<http://mwighthouse.org/>). Established in 1997, it became the largest HIV service provider in the country's health sector. Lighthouse also provides in-service HIV training for testing and counselling and antiretroviral treatment (ART) targeting nurses and clinical officers, to address the challenges health workers face in the HIV response [1]. The training department, consisting of a manager, a facilitation skills officer and an Information Education and Communication (IEC) officer, is able to sustain itself through various funding models. Recipients of training are from different sources and have different modes of payment. Training is conducted on behalf of the Ministry of Health (MoH) where MoH carries the full cost and selects participants. "Open" training is available to any organisation and is available at cost; internal training for the 200 Lighthouse staff members is covered by Lighthouse's own funds. Open and internal training is largely developed and facilitated by Lighthouse staff. While internal training is very popular and has resulted in a creation of a cadre of experienced Lighthouse facilitators, uptake of open training is variable, and the reasons for this are unclear. In summary, Lighthouse Trust is committed to training, has strong links to the MoH and other service providers and has a core group staff experienced in teaching and facilitation of training.

The Liverpool School of Tropical Medicine (LSTM- <http://www.lstmliverpool.ac.uk/>) and health institutions in Malawi are linked through research collaborations such as the Malawi-Liverpool Wellcome Trust Clinical Research Programme at the College of Medicine in Blantyre. Many LSTM researchers and educators have worked in Malawi for different periods of time and are familiar with the constraints Malawian health workers face. Before joining the education department of LSTM in 2010, the applicant worked for eight years as technical assistant to the MoH at the Lighthouse Trust to support and mentor the organisation as a clinical advisor.

Lighthouse Trust wants to strengthen its training function. The recently conducted Institutional review of Lighthouse's operations and structure recommended "Lighthouse should look at expanding training programmes for different levels of health care staff and always be looking for new and innovative ways to do so." In November 2011, Lighthouse invited the applicant and the LSTM educational technologist to meet stakeholders at the MoH, medical and nursing councils to explore opportunities of working together in the field of training. Representatives of both councils found the initiative "timely and welcome" and stressed the need for development and delivery of high quality continuous professional development (CPD) for nurses and clinical officers [2]. (457 words)

2.2 Please explain

- a) why you have chosen to work together (150 words)
- b) which health outcome will your Partnership focus on e.g. maternal mortality (150 words)
- c) what do you think long term goals of your partnership might be at this stage? (200 words)

a) Lighthouse is experienced in providing training in the area of HIV and has systems in place to administer training including registration and accommodation of participants, and training facilities. However, Lighthouse has less experience developing training beyond HIV and the systems in place to ensure high quality of learning and teaching are immature. High quality courses would make Lighthouse training more attractive and are essential to increase uptake of participants.

LSTM offers a range of clinical and public health short- and postgraduate courses and has a track record of successfully establishing overseas Diploma and Masters Courses [3,4]. LSTM is interested to extend the global reach of its activities and has expertise to work with and support partners such as Lighthouse Trust, to help build their capacity to provide training, to ensure quality of education and to assist in developing and piloting innovative teaching methods. (144 words)

b) The topic “Professional conduct and work ethics” is extremely relevant to health workers. In a study, nurses reported a lack of staff meetings, noted that colleagues appeared late for duty and showed lack of respect towards other staff, and felt not acknowledged by hospital leadership that capitalized on mistakes [5]. Discussions about work ethics in a CPD course can raise awareness for these problems helping health workers to clarify their roles at the wards and optimise their work, even with limited resources. Knowing their rights, responsibilities and minimal service standards may mitigate “moral distress” and burn out and improve health outcomes [5]. CPD can be seen as part of good governance and as an activity that aims to maintain and expand the knowledge and skills of professionals to fulfil their potential towards improving the health of the population. It can improve health workers’ professional satisfaction, motivation and performance [6] and allows career development [7]. In so far, CPD and health outcomes are closely linked. (165 words)

c) Our goal is to develop a more strategic approach to developing Lighthouse’s portfolio and quality of teaching that is responsive to the needs of local stakeholders. This would allow more effective use of Lighthouse’s resources with more targeted recruitment of participants. As CPD points recently became a pre-requisite for ongoing professional registration, providing high quality CPD courses would allow Lighthouse to plan for a sustainable intake of health workers to be trained, provided course costs are affordable. Initially, LSTM’s role would be to train Lighthouse’ facilitators in course development through workshops and joint development of curricula to deliver a variety of targeted courses which will be quality assured by LSTM. The focus of the courses will be determined through discussions with Malawian professional councils and other stakeholders. There is a strong interest for e-learning by the Malawian partners and so we will carefully appraise the opportunities information technology offers to enhance the teaching and learning at Lighthouse. Over 3 to 5 years, responsibility of development, delivery and quality assurance of courses will entirely shift to Lighthouse and other in-country staff. (181 words)

2.3 Please check this box to confirm that your Partnership is less than 2 years old

If your Partnership has been in existence for more than 2 years, please see details of the medium and large Paired Institutional Partnership funding [here](#).

### 3.0 Start-up activities

Start-up Grants provide up to £5,000 to facilitate the development of new partnerships.

The activities should be completed within six months of receiving the funds and a completion report should be submitted no later than six weeks following the completion of activities.

3.1 Please list the dates of your planned activities and who will be conducting them.

*It will be expected that the start-up grant will fund a needs assessment. The results of this needs assessment will form part of the final report and should inform whether the partnership will be formalised with a Memorandum of Understanding.*

A template MOU can be found [here](#).

Dates	Activity	Key individuals involved
May 2012	Needs assessment	Paola Gaddi (MSc student), R Weigel, Sam Zimba
May 2012	MOU	Sue Assinder, Sam Phiri
May 2012	Delivery of Pilot CPD	Helen Bromley and Malawian facilitators

*Please add further rows as required.*

3.2 Describe how you will conduct your needs assessment and who will be conducting it (max 500 words).

*For some tips on jointly planning a health partnership, please see [here](#)*

We designed the needs assessment as a two stage process.

1. During our first visit to Lighthouse the professional councils identified availability of high quality CPD activities for nurses and clinical officers as a gap in the country. These courses should be directly health related focusing on the management of specific diseases such as childhood diarrhoea, respiratory diseases and malnutrition or aiming at developing leadership and operational research skills.

However, conducting training in Malawi has particular challenges. Motivation to attend training could be mainly financial (per diems) [8], compromising learning. Furthermore, what is the selection process of the staff to be trained? How is ensured that staff members with responsibilities that match the training subject access the training? Will the training be useful to their daily work? What challenges will the collaborators face when planning and delivering the training?

2. The second stage of the needs assessment will clarify these questions by conducting a pilot two day CPD course at the Lighthouse that acts as a “pathfinder” to inform our future directions. The process includes collaborative development of the course content and delivery methods, identification and registration of course participants and joint delivery (co-administered by UK and Malawian facilitators), and will be guided by a tried and tested tool [4] adapted to the local needs. For this pilot, the medical council specifically suggested the topic “professional conduct and work ethics”.

The draft curriculum for the pilot will be presented to the medical and nursing councils for approval as a CPD eligible course. Thereafter, the course will be advertised within KCH. Heads of departments will be informed about the course availability by the hospital director, and will be asked to support recruiting participants among hospital nurses and clinical officers. During the planned second visit members of LSTM and Lighthouse will discuss details of the pilot implementation such as participant registration and fine tune teaching between the UK and Malawian co-facilitators face to face. Additional meetings will take place with the professional councils, KCH training coordinator and the Lighthouse training department. We will also talk to stakeholders in Blantyre at the College of Medicine and link up with established LSTM projects in Southern Malawi, such as the Malawi Liverpool Welcome Trust clinical research programme as staff working there could help in training Malawian facilitators at the Lighthouse but could also directly contribute to teaching.

An LSTM Masters student will independently observe the pilot course delivery and conduct interviews and focus group discussions with course participants, administrators and all stakeholders involved in planning and conducting of the pilot course. Part of her work will be to review the professional councils’ strategic and organisational plans for CPD, their competency frameworks and guidelines for an appraisal system for nurses and clinical officers. (457 words)

3.3 Please describe how you will use the information obtained from your needs assessment to plan the next stage of your Partnership's activity (max 300 words).

The two stage process of needs assessment has two main purposes. First, it provides a solid foundation for the future work, by building trust, by making roles of partners explicit, by clarifying expectations of partners, and by identifying needs for capacity building of both health workers and Lighthouse training department. Second, through face to face discussion with Lighthouse senior members and other stakeholders we will lay the foundation for a successful larger joint funding proposal to develop a more strategic approach to developing Lighthouse portfolio and quality of teaching.

As a result of the two stage needs assessment we will agree on aims, objectives, key activities and budget and Directors of Lighthouse and LSTM will sign a Memorandum of Understanding. The application for larger funding will be informed by the results of the qualitative study performed by the MSc student. Her observations of the pilot course, interviews and focussed group discussions will give us a better idea about Lighthouse's capacity to deliver training, whether the course was relevant to participants and learning outcomes were achieved. In-depth interviews with members of the professional councils and MoH (HIV department, National TB programme and Reproductive Health unit) will inform us on need, content and format of future training programmes, other potential partner institutions and existence and relevance of policies and guidelines regarding CPD in Malawi. (222 words)

#### Reference List

1. McCoy D, McPake B, Mwapasa V: **The double burden of human resource and HIV crises: a case study of Malawi.** *Hum Resour Health* 2008, **6**: 16.
2. Muula AS, Misiri H, Chimalizeni Y, Mpando D, Phiri C, Nyaka A: **Access to continued professional education among health workers in Blantyre, Malawi.** *African Health Sciences* 2005, **4**: 182-184.
3. Bates I, Ansong D, Bedu-Addo G, Agbenyega T, Akoto AY, Nsiah-Asare A *et al.*: **Evaluation of a learner-designed course for teaching health research skills in Ghana.** *BMC Med Educ* 2007, **7**: 18.
4. Nabwera HM, Purnell S, Bates I: **Development of a quality assurance handbook to improve educational courses in Africa.** *Hum Resour Health* 2008, **6**: 28.
5. Maluwa VM, Andre J, Ndebele P, Chilemba E: **Moral distress in nursing practice in Malawi.** *Nursing Ethics* 2012.
6. McAuliffe E, Bowie C, Manafa O, Maseko F, MacLachlan M, Hevey D *et al.*: **Measuring and managing the work environment of the mid-level provider-the neglected human resource.** *Hum Resour Health* 2009, **7**: 13.
7. Ogenna M, Eilish MA, Fresier M, Cameron B, Malcolm ML, Charles N: **Retention of health workers in Malawi: perspectives of health workers and district management.** *Human Resources for Health* 2009, **7**.
8. Muula A, Maseko F: **How are health professionals earning their living in Malawi?** *BMC health services Research* 2006, **6**: 97.



## 4.0 Budget

Please add more rows if necessary. Please also refer to the Grant Overview for details of eligible costs.

Activity	Cost (in GBP)
Travel	
Return flight to Malawi for three people (3x1200 GBP)	3600
Transport in country	100
Accommodation for 3 people for 6 nights (50 GBP per night)	900
Administrative support for pilot delivery	120
Cost of living (meals) for 3 people for 6 days (10 GBP per day)	180
Communications	50
Workshops/meetings	50
<b>Total</b>	<b>5000</b>

Please submit the following completed documents to [hps@thet.org](mailto:hps@thet.org).

- This application form
- Evidence of institutional commitment to the Partnership and plans outlined in this application. This should take the form of one letter from each institution on headed paper. This letter will most usually be signed by the head of the institution and emailed as a scanned attachment.