

**Application to Scottish Government Malawi Development Programmes Funding Round 2018**

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| Applicant Organisation Name:  **NHS Tayside Emergency Medicine –Malawi Project** |  | Office use only | Application ref: |
| Project ref: |

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| Project Title  **Scottish Emergency Medicine –Malawi Project** |

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| **Declaration** |  |

I apply on behalf of the organisation (insert name) NHS Tayside EM-Malawi Project for a grant as proposed in this application in respect of expenditure to be incurred over the proposed funding period on the activities described within the application form and supporting documentation.

I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.

This form should be signed by an individual authorised by the applicant organisation to submit applications and sign contracts on their behalf.

Signature Print Name

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| Macintosh HD:Users:barryklaassen:Desktop:BK_Sig[1].JPG |  | Dr Barry Klaassen |

Position Date

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| Consultant in Emergency Medicine  EM-Malawi Project Lead |  | 1STMay 2018 |

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| Main Contact person during application assessment process:  Name: Dr Barry Klaassen  Email: barry.klaassen@nhs.net  Phone:01382 425744 |

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| **CHECKLIST** |  |

**Your Application consisting of:**

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|  |  | Part 1 - the Application Form (this document) |
|  |  | Part 2 – the Logical Framework (excel spreadsheet format provided – both logframe (proposal) and activities worksheet tabs completed)  Part 3 – the Budget (excel spreadsheet format provided – with all worksheet tabs completed |

Please ensure the following **essential documents** are attached to your application. Your application will be ineligible without these.

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|  |  | Letters of support showing confirmation of all partnerships from organisations in the relevant countries, which also includes their perspective on the research, consultation and project planning process. |
|  |  | A copy of your Equal Opportunities/Diversity policy - a hyperlink is acceptable. |
|  |  | Project Manager’s CV in Scotland (not longer than 2 A4 pages). |
|  |  | Project Manager’s CV for **Lead** Partner in country (not longer than 2 A4 pages) |
|  |  | A copy of any MoU, Partnership Agreement, formal contract or other agreement. |
|  |  | A copy of your organisation’s constitution - a hyperlink is acceptable. |
|  |  | A copy of your organisation’s safeguarding policy |
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All completed signed applications should be submitted by email to:

[applications@corra.scot](mailto:applications@corra.scot) to be received no later than **12pm on Friday 11th May.**

An automated email acknowledgement will be issued by the Corra Foundation and if you do not receive this, you must contact the Corra Foundation on 0131 444 4020 prior to the closing date.

Emails should show the applicant organisation’s name as the subject of your email.

**Only those documents (not the whole application) which are not available electronically need to be sent in hard copy and must be received by Friday 18th May.**

Please send to:

Corra Foundation

International Development Fund – Malawi

Riverside House

502 Gorgie Road

Edinburgh EH11 3AF

**These deadlines are all absolute and all documentation required must be submitted on time.**

**SCOTTISH GOVERNMENT**

**MALAWI DEVELOPMENT PROGRAMMES 2018**

**Please read the Guidance Notes before completing this application**

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| **Section A:** | **APPLICANT INFORMATION** |

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| **1.** Name of organisation. |
| NHS Tayside Emergency Medicine –Malawi Project |

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| **2.** Contact details of organisation. | |
| Address: | NHS Tayside Headquarters  Ninewells Hospital and Medical School  Dundee |
| Postcode: | DD1 9SY |
| Telephone: | 01382 660111 |
| Fax: |  |
| Website: | www.nhstayside.scot.nhs.uk |

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| **3a.** Is your organisation a registered charity? If yes, what is your charity number? |
| Yes X NoCharity No SCO 11042 |
| **3b**. What is the status of your organisation? |
| Company limited by guarantee  SCIO  x  Other (please specify) NHS Trust Board |
| **3c.** When was your organisation formally constituted? NHS Tayside 1998 ; EM-Malawi Project 2010 |
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| **4.** Please provide details of the number of people based in your organisation in Scotland.  Within NHS Tayside EM-Malawi project team currently | |
| Full time | - |
| Part time | - |
| Volunteers | 4 strategy team 10 NHS volunteers |
| TOTAL | 14 |
| Board Members | - |

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| **5.** Describe how your organisation is governed/managed; include a list of the current trustees/board members with a mini-bio for each detailing their skills and experience. How often they meet and how decisions are made. **Max 200 words.** |
| EM-Malawi Project team work entirely within the governance and management structure of NHS Tayside Health Board. We adhere fully to all the policies of this parent organisation. Previous grant awards have been managed by NHS Tayside Financial services within a separate Project endowment fund.  **Dr Barry Klaassen** Project Lead; Full time Consultant in Emergency Medicine Chief Medical Adviser British Red Cross Trustee Scotland Malawi Anaesthesia 1 of the senior EM Consultants instrumental in developing current Tayside EM service. Extensive experience in Life Support training nationally and Internationally  **Ms Gwen Gordon** Project Lead Nurse; Part Time Director of Nurse Education Former full time Charge Nurse in Emergency Medicine extensive clinical experience emergency medicine trauma and orthopaedics. Led many projects internally such as early warning systems , early cognitive function assessment  **Dr Russell Duncan** Full time Consultant in Emergency Medicine Training Programme Director for higher trainees in EM extensive experience instructor life support in particular Trauma life support  **Ms Linda Imrie** full time senior Charge Nurse in Emergency Medicine.  This group forms the strategy team for Project All work together daily there is a high level of mutual trust and regard for each members expertise. This is the management team of the project, form concensus decisions based on collective clinical experience and listening /meeting Malawi partners and representing partner views in planning.  meet infrequently between projects , every 2 months or so when project live |

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| **6a.** Please confirm your organisation has an equality and diversity policy in place.  **Please note without this policy, your application will be ineligible.** | **Yes** |
| **6b**. Please confirm your organisation has a safeguarding policy in place. Please note the Scottish Government expects this policy to protect **anyone** connect to the project, as well as organisations having clear processes in place if the organisation becomes aware of specific incidents.  **Please note without this policy, your application will be ineligible.** | **Yes** |
| **6c**. Please confirm you have carried out due diligence on all proposed partners on this project, providing details of all checks carried out, including the dates. Please include details here regarding any policies your partner organisation has with regards to safeguarding, including the process in place to report any suspected misconduct which may arise involving any aspect of the project. | |
| The Ministry of Health in Malawi following the success of our pilot project in Blantyre invited our collaboration in further development of EM in Malawi. they have arranged contact with the Hospital Directors in Lilongwe , Mzuzu and Zomba . These Malawian partners are senior Ministry officials, medical doctors and are subject to the standards and operational policy of the Malawi Ministry of Health accountable to the Director of Clinical services and the Minister of Health  Whilst we envisage our partners in each department to be senior clinicians and Matrons responsible for the running of the newly established unit They are accountable to the Hospital Director and Hospital Lead Matron, who in turn are responsible to the Ministry of Health. Safeguarding, misconduct or serious incidents are the responsibility of the Hospital Director | |

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| **7.** Please give details of how your organisation actively engages with the diaspora community, including input at board and senior management level. **Max 150 words** |
| Scotland Malawi Partnership members since 2010  Active role in several events which involve Diaspora including Heath link, Cross party group meetings and youth congress were we shared our experiences and expertise in Malawi with Diaspora and SMP membership.  Had recent meeting and discussion with SMP Malawian youth Ambassador currently undertaking Masters degree in Global Health in Edinburgh  In April 2018 was present with the Diaspora to Welcome H.E President Mutherika to Scotland gave short presentation representing Health projects within SMP and attended Presidential address to Scottish Parliament |

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| **8.** Is your organisation a member of, or affiliated with, Scotland’s International Development Alliance, the Scotland Malawi Partnership (SMP), the Scottish Fair Trade Forum (SFTF) or other network/membership/special interest group for international development? (please specify) |
| Member Scottish Malawi Partnership (SMP)  Support Scottish Fair Trade Forum  Member of Dundee University International Partnership (DUIP)  NHS Scotland Global Citizen Champions part of Scotland Global Citizenship Programme Board |
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| **10**. Is there anything you would like to explain about these figures? |
| The EM-Malawi Project funds are financially managed on our behalf by NHS Tayside as a restricted endowment fund and subject to all financial governance of the parent organisation. This was set up in 2010 to facilitate the financial management of our first Scottish Gov funded project in Blantyre. That project which ran from 2010-15 was successful in utilising all monies awarded.  The residual balance in the fund comprises individual donations and fund raising activities including 2 successful Trauma team for Malawi Balls and donations from EM Scotland charity football tournaments and gala dinners.  Expenditure in 2016 inc travel, conference fees and accommodation for our Malawian Leads and Scottish team to attend International Conference of Emergency Medicine in Cape town at which we had a plenary and 3 poster presentations. Also inc SMP annual membership fee  Expenditure in 2017 inc travel, accommodation, Incurred by strategy team visit to Malawi  The project strategy team consider for this next stage of the project essential to have a vehicle for the project given the large distances between project sites, to enable safe and cost effective transport in country for Scottish personnel.  We understand Scottish Government fund cannot be used for vehicle purchase so we propose to use the current non-government sourced funds to purchase this proposed vehicle with.  We have found the administration of project funds through an NHS Tayside restricted endowment fund to be successful. Recent revelations about potential mis-appropriation of Endowment funds for core NHS funding has never occurred with our restricted fund and we have confidence in the financial security of EM-Malawi project funds. |

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| **11.** Please outline your organisation’s experience of working in Malawi. Specifically, how long has your organisation been working in-country and what is your relationship with the Government at district and national level?Please give details of successful outcomes, learning and independent evaluation of previous projects. Where possible, please provide hyperlinks to published reports. **Max 300 words.** |
| The project strategy team led the previously funded Project 2010-15 to establish the first Adult Emergency and Trauma Centre (AETC) in Blantyre. The Project Lead and Lead Nurse spent several months each year of the project in country working closely alongside Malawi partners to establish and define the project. For duration of project we developed training programme for all staff and recruited experienced Scottish clinicians and Nurses to work along-side Malawian staff, mentoring them on shop floor  The establishment of this first department resulted in improved reception, prioritisation, treatment and management of adult emergency patients with a marked reduction in death rates on admission  In fact worthy of note the latest edition of travel guide “Bradt Malawi” recommends the AETC at Queen Elizabeth Hospital Blantyre as a site for “quality Emergency care for the traveller “  We remain in contact with the Blantyre Lead clinician and Matron and the Hospital Director at Queen Elizabeth Hospital  Project Lead is Trustee of Scotland Malawi Anaesthesia group and has delivered clinician training in Critical Care in Malawi since 2006  Following the success of our Pilot project (2010-15) we have met with officials on a National level inc former Minister of Health and current Director of Clinical Services and Chief Nursing Officer for Malawi at their invitation to take forward the improvements to Emergency Health care as we hope to do |

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| **12.** Scottish Project Manager details: this is the person who will have overall responsibility for monitoring the progress of the project, keeping track of the budget, liaising with in-country partners to produce project reports and providing responses to ad hoc requests for information from the Scottish Government. | |
| Name: | Mrs Gwen Gordon |
| Organisation:  (if different from Q1): |  |
| Position in organisation: | Lead Nurse EM-Malawi project / Clinical Nurse Educator NHS Tayside |
| Address (if different from Q1): |  |
| Telephone: | 01382 660111 ext 34591 |
| E-mail: | gwengordon@nhs.net |

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| **13.** Please outline your Scottish Project Managers previous project management experience, providing details on their ability to manage a project effectively. **Max 250 words.** |
| Key member of EM-Malawi project strategy team instrumental in all key aspects of developing methodology support and training for pilot project in Blantyre 2010-15 and presently Lead nurse for project  Has comprehensive (40 years) clinical emergency care experience senior charge nurse in major EM centre in Dundee. Was involved in the management of the transfer of Dundee EM services from old Royal Infirmary to Ninewells Hospital in 1998 and played significant part in managing change to Tayside wide EM service joining Perth and Dundee.  During her charge nurse role managed the development of Early warning scoring within service and management of cognitively impaired confused patient. Until her retirement from clinical practice (2017) to assume part time Clinical Educator role within Tayside she was a senior responsible for developing the mentoring less experienced staff  Gwen is the lead Nurse in EM-Malawi project in which she has been instrumental especially empowering Malawi Nurses .  She understands all the aims and objectives this scaling up to deliver 3 other emergency units will require. In the pilot project she maintained all notes, minutes and details of developments throughout the term of the project. She collaborated with the development of reports, papers and posters detailing the project impact  she will manage this larger project effectively as she has demonstrated with the pilot project . |

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| **14.** If your organisation is including salary costs in the project budget for the Scottish staff, please tell us which staff members you anticipate being involved and how many hours a week you would expect them on average to spend on this project. Briefly describe their role and responsibilities in relation to the project. **Max 250 words.** |
| The only salaried Scottish member of staff is the proposed Scottish Project Manager (SPM)  By having lead nurse for project as project manager we will gain a great deal of project knowledge seamlessly into the Manager role  Anticipate 3 days /24 hrs per week for non deployment weeks During this time manager roles would inc volunteer recruitment and pre deploy training, procurement of essential clinical teaching equipment, booking travel and accommodation, arranging Malawian visits to Scotland , liasing with project leads and Project Assistants in Malawi , arranging the development and equipping of fit for purpose teaching facility at each site with purchase in country of IT equipment where possible. keep log frame and mid term end of year data up to date help project lead write annual reports for Scottish Gov. Liase with other Scottish project teams and actively collaborate were possible.  During deployment: either strategy team visit, clinical support weeks or strategy end visit to each dept (approx. 10 weeks per year ) full time/ 40 hrs per week .  Having SPM also as strategy team lead nurse will allow for high level of partner to partner contact with Malawi Project Leads and Project Assistants in each centre which will be a strength to our project |
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| **Section B:** | **PARTNER INFORMATION** |

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| **15.** Contact details of lead partner organisation for this project.  Because our project design is scaling up of previous EM-Malawi Project by replicating the development in Blantyre on 3 other hospital sites all 3 Hospital Directors will as project progresses assume lead partner  We at Ministry of Health request plan to start with Lilongwe    … **Dr Jonathan Nkoma Hospital Director** | |
| Organisation: | Kamuzu Central Hospital (KCH) |
| Type of organisation: | Government Hospital Malawi Ministry of Health and Population |
| Address: | PO Box 149  Lilongwe  Malawi |
| Postcode: | - |
| Telephone: | +265 753 555 |
| Mobile: |  |
| Email: | jonathanngoma@yahoo.co.uk |
| Website: |  |
| What is your relationship with this partner? Please including the number of years you have worked together. | Current Hospital Director at KCH introduced to us by Ministry of Health Director of Clinical services 1 year ago  Have had a couple of meetings with him and key staff in KCH all key stakeholders are aware of our pilot project in Blantyre and are supportive of us helping them achieve similar in their Hospital |
| What kind of agreement do you have in place | Memorandum of Understanding (MOU) X  To be in place at start of Project phase with each hospital  Please ensure a copy is included with your application. |

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| **16**. **Lead Partner’s** **Project Manager details**: this is the person who will be responsible for overseeing the project in-country and liaising with the Scottish Project Manager to provide timely reports and to ensure that the Scottish Project Manager can respond to ad hoc requests for information from the Scottish Government. | |
| Manager’s Name: | SEE RESPONSE TO 17/18 |
| Name of Organisation: |  |
| Position in organisation: |  |
| E-mail: |  |

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| **17.** Please provide clear examples of previous joint delivery of projects with your lead partner in the last three years. If the partnership is new, please give details of how the partnership has came about **Max 250 words** |
| This is a new partnership but clearly the Hospital Director and all his Heads of Departments are aware of the impact and success the AETC in Blantyre achieved 2010-15.  We have support for the scaling up of this from Malawi Ministry of Health and Enhanced Emergency care is a key component of Malawi’s Health Sector Strategic Plan 2017-23. Our proposed development of 3 further emergency units at the Central Hospitals of Malawi is a timely and co-ordinated collaborative delivery for better emergency care across Malawi We offer the in country experience of developing a sustainable Emergency service in each of the 3 hospitals similar to that in Blantyre this is well received by our lead partners.  SEE LETTERS OF SUPPORT |
| **18**. Please describe how you have collaborated with the lead partner organisation in developing this application for funding, briefly describing roles and responsibilities. **Max 150 words.** |
| Several positive meetings with Dr Ngoma and his Head of Nursing and Heads of key departments last year  We envisage to approach this in same way as in Blantyre Project, warmly welcomed by all  methodology includes strategy visit at beginning of partnership, meet all key stakeholders, establish impact of emergency and trauma unit by SWOT analysis, upon commencing our support request a signed MoU by each hospital team.  We require a lead clinician and matron for each hospital Emergency unit, who will collaborate and work operationally alongside the Scottish Team and each department to provide a Project Assistant from its staff to be a point of contact for our Scottish Project manager. We are not planning to appoint a Malawian project manager but will have in budget a Project Assistant at each hospital for the duration of our deployment  At the end of each department’s tranche of training and support we will have for all key stakeholders an end review visit were we can share measurements of impact and success  As the project develops over its 4.5 year time frame we will replicate these collaborations at each of the hospital sites |
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| **19.** Please outline your lead partners experience of working in Malawi. Specifically, how long has the organisation been working in-country and what is their relationship with the Government at district and national level?Please give details of successful outcomes, learning and independent evaluation of previous projects. Where possible, please provide hyperlinks to published reports. **Max 300 words.** |
| **L**ead partners in each hospital are Malawian Clinicians all employed by Malawi Ministry of Health, with close Government ties locally and Nationally  All 3 Hospital Directors are medical graduates of the College of Medicine in Malawi and have worked in the national health service since graduation  We have been partnered by Ministry of Health with the Hospital Director of each unit as we require the support and strategic management of the most senior clinician on site to galvanise the project with colleagues across the hospital site |

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| **20.** In addition to your lead partner, please give details of all additional partners involved in this project. In particular, where your project proposal involves a renewable energy element, please give details of which organisation has a proven track record in delivering renewable energy for development to lead on this aspect.  Please add additional rows as required | | | |
| **Name of organisation (please include the type of organisation as well as registration number)** | **Length of relationship with partner** | **Examples of previous joint delivery** | **Type of agreement in place** |
| Dr Frank Sinyiza Hospital Director, Mzuzu Central Hospital, (MCH) Mzuzu Malawi  Dr Martias Joshua Hospital Director Zomba Central Hospital, (ZCH) Zomba Malawi | New  Relationshi**p** | **-** | Memorandum of Understanding (MOU) X  To be completed when project starts at each hospital location signed by Hospital Director |
| Dr George Chithope –Mwale, Director of Clinical Services Ministry of Health Lilongwe Malawi | 2 years | High level discussions re Malawi need for improved Emergency and Trauma care and how our project fits with Ministry strategic plan | Memorandum of Understanding (MOU) X  To be signed by Ministry of Health at beginning of Project |
| Dr Andrew Gonani Hospital Director Queen Elizabeth Central Hospital Blantyre Malawi  Dr Grace Banda, 2nd  Lead Emergency Physician Queen Elizabeth Central Hospital (QECH) Blantyre Malawi  Matron Feggie Bodole Lead Matron Queen Elizabeth Central Hospital(QECH) Blantyre Malawi | 8 years | Successful development support and training of first dedicated Adult Emergency and Trauma centre AETC in Malawi  Through Scottish Support and training has at end of period of support a self sustainable service delivering timely improved care with significant reduction of death rate on admission | Memorandum of Understanding (MOU) X  Signed in 2010 at start of project |
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| **21**. Please provide a list of specific due diligence checks in relation to all your partner organisations. Please include the planned timings for these checks, or if already complete, when these were carried out. In addition, please include details of how equal opportunities/diversity is promoted within the organisation. **Max 250 words** |
| We work specifically with Ministry of Health and Senior Clinicians in Country, we respect their appointment processes and work with the Hospital Directors, Hospital admin staff managers, Heads of Departments, Matrons and clinicians and nurses.  While sometimes staff who have been trained are moved to other posts which can be frustrating we recognise the severe shortage of human resources in Malawi and are committed to appreciate every member of staff we have allocated to undertake our emergency training  Anecdotally it appears there is evidence appointments are equitable for example we encounter many female staff in senior /head of service roles |

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| **22.** Are you planning to collaborate or work with any Scottish Government applicants / existing grant holders on this project? Please include details below, including the organisations name, how you plan to / have linked up for this proposal and how you intend to collaborate through this project. **Max 300 words** |
| The focus of our project is the scaling up of our previous successful Model of care and replicating it in 3 other central hospitals, this should ambitiously at the end of the project not only have developed 4 successful and sustainable major Emergency and Trauma centres at different sites, but also to deliver for Malawi a national Emergency and Trauma Network  That aside as Members of Scotland Malawi Partnership, Dundee University International partnership and NHS Scotland global citizen programme board we are aware of other Scottish projects with whom we have some cross shared commonality of purpose and potential for co-operation /collaboration to enhance both partners work  Have had discussion with First Aid Africa who have successfully received small grants funding for project in Mzuzu We aim to develop the Emergency unit at Mzuzu Central Hospital and will collaborate./support their initiative. Dundee based Scotland Malawi Anaesthesia has delivered critical care training to all anaesthetic clinical officers in Malawi over years. Such training is generic and has obvious cross over to emergency care, will support /collaborate with any further initiatives by SMA and their community clinic link from Dundee’s Westgate health centre in Zomba, when we develop Emergency care at Zomba hospital . St Andrew University project increasing the capacity of laboratory services is something we would support as aids accuracy of emergency diagnosis ,although bedside test for malaria and HIV are the essential point of care testing Ministry required to support for our project. Have had communication with St Andrews lead and plan to collaborate to support improvement of laboratories to meet demand of improved clinical services |

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| **23.** If your bid is being submitted by a consortium of organisations, please state this here. Please provide a copy of the consortium agreement detailing how consortium partners will work together and how the overall programme will be co-ordinated and managed. If there is no consortium agreement at this time, please explain why and detail when the agreement will be in place? **Max 150 words.** |
| **NO** |

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| **Section C:** | **PROJECT INFORMATION** |

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| **24.** Project Title to be used in all future correspondence (this should be short, concise and media friendly) |
| SCOTTISH EMERGENCY MEDICINE –MALAWI PROJECT |

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| **25.** Please indicate which thematic area your project aims to address. |
| X Health  Civil Society and Governance  X Education  Sustainable Economic Development  Renewable Energy |

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| **26.** Describe in one sentence the overall objective of this project**. NB: for successful projects this will be used for publicity purposes.** |
| To develop fit for purpose and sustainable Emergency and Trauma Units at all Central Hospitals in Malawi – replicating the significant improvement to delivery of essential Emergency care as experienced at Queen Elizabeth Central Hospital Blantyre (the pilot for this project), with the aim of delivering in Malawi , for the first time, a National Emergency and Trauma network. |

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| **27.** Project period (maximum 54 months). Projects must be complete by 31 March 2023. |
| Will the project start in October 2018? Yes X No  If no, what is the planned start date:  Planned end date: 30th March 2023 (must not be after 31 March 23):  Therefore total length: \_\_\_\_\_\_\_\_4\_ financial years \_\_\_\_\_\_6\_\_\_ months |

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| **28.** What is the total project cost? |
| £1,057,414.00 (includes £50,000 budget from self funds to purchase essential project vehicle) |

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| **29.** What are the total funds you are requesting from the Scottish Government? |
| £1,007,414.00 |

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| **30.** Purpose of this application |
| **A new initiative**  **Expansion or scaling up of previous/existing work** X  **A new phase of existing SG IDF 2015-18 project** |

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| **31.** Where in Malawi will the project be based?  NATIONWIDE SPREAD OF PROJECT | |
| Location (Region and District): | Kamuzu Central Hospital, Lilongwe, Central Region, Malawi  Mzuzu Central Hospital Mzuzu , Northern Region, Malawi  Zomba Central Hospital Zomba, Southern Region , Malawi |

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| **32.** Please tell us about your project, including:   * How the project came about * What challenges the project seeks to address & the overall intended impact the project aims to achieve * The project design - what activities will be carried out and by whom   Max 550 words |
| Access to recognisable emergency care in Malawi is currently limited to population served by Queen Elizabeth Central Hospital (QECH) in Blantyre with our previous Scottish Government funded project and the co-located Paediatric Emergency department that pre-dated our development.  For the remainder of Malawians essential emergency care is non-existent. Emergency patients at all other central hospitals, (up to 3000 patients a day per dept), congregate at “Out Patients “, where there is no triage or prioritisation, no effective emergency treatments offered and essential emergency care is delayed or not provided at all.  This proposed project will greatly increase the equitable access to essential emergency care to significantly larger percentage of the population irrespective of wealth, Age, gender, religious belief or disability.  Following the success of our project at QECH in Blantyre (2010-15) we plan to build upon the methodology used and experience gained including all Malawian Partner feedback to refine and improve the level of support and training offered.  The development of a new emergency service at the front door of any hospital has a considerable impact on how all specialities deliver their speciality care. For each of the central hospitals the Scottish Team will perform a pre operational strategic visit where we will engage with all stakeholders and medical specialities, undertake SWOT analysis for each speciality and under the chairmanship of the Hospital Director engage, inform, educate and collaborate with all colleagues re the changes likely to all service delivery.  The Scottish team will also deliver pre-operationally to the multidisciplinary staff of the proposed new emergency service workshops to develop the philosophy of the new unit, team building workshops, triage workshops and resuscitation skills training.  When operational our team will deliver the mainstay of our support and training in the form of true shop floor mentoring where experienced Scottish Clinicians and Nurses work alongside Malawian colleagues supporting their clinical work. We repeat these episodes of support to a total of 16 weeks of shop floor support for each department. During this contact we will also develop multidisciplinary departmental teaching programme for each site to provide continuous professional development. In collaboration with the departmental leads we will identify staff members as local trainers and develop them with train the trainer course(s).  Following feedback from Malawian colleagues this project proposes to bring up to 4 key personnel from each site early on in collaboration to Scotland, to experience Emergency services at a Scottish hospital to share the shop floor environment we are hoping to develop in Malawi  At the end of our support we will conduct a final strategy visit to each site looking at the impact of the new unit, sharing objectives met, audit data and collating for all hospital speciality leads on site positive impact of the service and give guidance for future developments. |

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| **33.** Who are the beneficiaries on this project? Please include details of both direct and indirect beneficiaries on the project. **Max 250 words** |
| The direct beneficiaries of this project will be the whole population served by the geographic areas of Malawi covered by the 4 central Hospital we are targeting. This project will give access to all of the population in Central region, Southern Easterly region, Southern region and Northern region, irrespective of wealth, age, gender, religious belief or disability which will be almost the entire population of Malawi.  At the end of this project all such persons will have access to timely emergency and trauma care, prioritised on clinical need, with improved treatments and decreased mortality rates.  The other direct beneficiaries of this project are the Clinicians and Nurse who work in the new Emergency and Trauma centres. Not only do they benefit from enhanced Emergency care knowledge and skills but also enhanced systems of working and increased resilience to cope with heavy workload. They enjoy improved status amongst peers in other specialities and across the hospital  Indirectly there are benefits that Emergency skills are shared from New Unit across other specialities and wards in each hospital. Also leads to improvement in Emergency care teaching in Medical and Nursing colleges. Recruitment to new units will improve.  Indirectly population are better more effectively treated with emergency and trauma care they can return to work quicker contributing effectively to economic and civil society within Malawi  Having better standards of national Emergency care will lead to increased confidence in Malawi as a tourist destination which will in turn further boost the economy |

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| **34.** What needs analysis have you and your partner(s) carried out to decide what the priorities and activities should be for this project? Tell us about what level of consultation with community groups, civil society organisations took place, as well as any meetings with local government agencies. Tell us about any other research/statistical data used to inform the process. **Max 400 words.** |
| Demand for Emergency care and trauma care is increasing within Malawi. The population continues to rise, increased urbanisation, exponential rise in road traffic collisions and trauma, on going burden of HIV epidemic, all contribute to an increased need for effective Emergency services across the country (from WHO Health report on sub-Saharan Africa)  Ministry of Health in Malawi acknowledges urgent need for improvement to Emergency Medical Services and have specified it within 2017-2022 Health Sector Strategic Plan. We have at invitation discussed the lack of Emergency care nationally and how we can make a difference at central hospital level, with a former Minister of Health, the Ministry of Health Officials including Director of Clinical Services , Chief Nursing Officer  The Director of clinical Services and his Ministerial team recognise the positive impact in Blantyre from our pilot unit (AETC) and request we scale up and replicate in 3 other central hospitals Contact with the respective Hospital Directors and their Heads of Department demonstrate unanimous support for our approach and methodology  Once our Pilot department in Blantyre was operational communities groups and local townships were attracted to the improved care, which could have led to overcrowding within AETC and paradoxically reduce access for critical emergency care. Our Partners engaged with community clinics and once satisfied they had medical and other supplies re-directed less acutely unwell attendees to their local facility for appropriate level of care |

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| **35.** How were marginalised and vulnerable groups (i.e. women and girls, people with disabilities) actively engaged in this needs analysis process? **Max 250 words** |
| Emergency care is a human right for all irrespective of wealth, gender, age disability, religion.  Our initial pilot and our proposed project will be based within the Malawian Government Central Hospitals where equitable access to free health care is the right of all who attend including all the above vunerable groups  In Blantyre we noticed the beginnings of some frequent attenders particularly amongst the extremely poor, homeless, those with mental health issues, or physical disability …… none were turned away ; within the very limited resources available, they were helped and while on site ( from another Scottish project ) psychiatric support services were becoming available with psychiatric nurses based in the Emergency department assessing and supporting this vunerable group |

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| **36.** Taking into consideration Q 35, how will you make sure that the most vulnerable and marginalised groups in the community/target group will benefit from this project? **Max 200 words.** |
| Through total inclusivity to include all strata of the society and give access to emergency health care to all when they need it in as timely a fashion as possible , although in reality this is always limited by limits of resources available in country but equality of access is a tenant fully supported within Emergency care |

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| **37.** Please list the roles and responsibilities of your organisation and all partners in delivering the project. Please include details about responsibilities for management and coordination of work between partners - rows may be added to accommodate additional partner organisations as required. | | | |
| Organisation/ Location | Role | Responsibilities | Frequency and method of contact |
| EM-Malawi Tayside Strategy team | Provide adequate numbers of experienced Emergency Doctors and Nurses to deliver at each of the 3 sites;    Provide teaching equipment to allow the development of the teaching at each site  Furnish and equip a fit for purpose seminar room within new department at each site to facilitate sustainable training programme | Pre-operational Strategy visit and workshops team building/triage and resuscitation skills  Training and support visits 16 weeks shop floor support/mentoring and develop training programme per site  Train the trainers courses at each site  End of project strategy visit to feedback and share impact to-date | **1-2 weeks face to face**  **4 x4 week blocks per hospital shop floor presence**  **1 week meetings feedback to key stakeholders face to face** |
| Hospital Director and Heads of Services each Central Hospital | Lead local engagement with Scottish Team  Lobby Ministry of Health to ensure adequate supply essential equipment , drugs and staff to operate new unit | Identify site within hospital for new Emergency and Trauma centre  Facilitate partner engagement with all in hospital specialties to maximise collaboration with Scots team | **At all times throughout period of engagement** |
| Ministry of Health  Director Clinical services  Chief Nursing officer | Support the development of 3 more emergency and trauma units in Malawi | ensure sufficient staffing level nurse and clinicians to maintain all new units  ensure sufficient new equipment, medicines and consumables to maintain essential services on each site | **Through out project period and beyond** |

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| **Section D:** | **EVIDENCE AND COHERENCE WITH IN-COUNTRY DEVELOPMENT PROGRAMMES** |

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| **38.** Where does this project fit with national and/or regional development frameworks? **Max 250 words** |
| Internationally access to Emergency and trauma care is a basic human right, as fundamental within healthcare as a right as access to safe maternal care or child health care. We see Emergency and trauma care as a major component within UN Sustainable Global Goal 3 Health and Wellbeing  Nationally in Malawi following the success and sustainability of our pilot AETC in Blantyre the Malawian Ministry of Health have expressly included enhanced emergency and trauma care within their 2017-2022 Health Sector Strategic Plan. While this plan is targeting improved roadside emergency care systems clearly the development of a network of Central Hospital Emergency and Trauma Centres is also require to receive the injured which makes this project a timely scaling up of such health care nationally  Locally within each of the other 3 Central Hospitals the reception of emergency and trauma patients is inadequate. The Hospital Directors and Heads of in-patient services in each of these Central Hospitals recognises the advantage to their patient population of a similar AETC as Blantyre to enhance the reception, treatment and resuscitation of the critically ill and injured, optimise care delivered and reduce death rate on admission and within local hospital improvement plans the development of an AETC in partnership with Scottish Experienced Project team is a priority |

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| **39.** How does this project consider and align with the Scottish Government International Development Strategy? **Max 250 words** |
| Improving health remains a key Scottish Government International Development Strategy. Our previous Scottish Government funded project in Blantyre was successful in delivering a seismic improvement in the delivery of emergency care on that site. This proposal aims to use the experience gained, methodology developed training and supporting this pilot, to support the provision of emergency care to all other central hospital across the country.  This proposed project will harness Scottish Emergency Medicine and Emergency Nursing expertise with experienced Scottish clinical staff working alongside Malawian colleagues mentoring and developing them within the service on all 3 hospital sites. The project team will also collaborate/ share good practice with similar Scottish clinical projects contributing effectively to Scottish Government strategy of project collaboration. See answer box22  With our previous funded project we have an Emergency Service in Malawi well established, this will, if clinical duties allow, provide us with a small cohort of trained local expertise with valuable experience of the provision of Emergency care in Malawi that can be shared with colleagues at the other hospitals enhancing the partner to partner role  This project aligns to UN Sustainable Global Goal 3 Health and well being and Global Goal 4 Education  This is an ambitious project and to develop fit for purpose services at 3 hospitals will take 4 -5 years. We believe as a project team with a proven track record for success we can accomplish this, and are truly excited at the prospect of delivering a national emergency service in Malawi |
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| **40.** Whichof the Sustainable Development Goals (SDGs) will your project aim to address? | | | | |
| Please identify up to three SDGs in order of priority. ‘1’ for primary focus, ‘2’ for secondary focus and ‘3’ for tertiary focus. | **1.** No Poverty |  | **2.** No Hunger |  |
| **3.** Good Health and Wellbeing | **1** | **4.** Quality Education | **2** |
| **5.** Gender Equality |  | **6.** Clean Water and Sanitation |  |
| **7.** Affordable and Clean Energy |  | **8.** Decent Work and Economic Growth |  |
| **9.** Industry, Innovation and Infrastructure |  | **10.** Reduce Inequalities | **3** |
| **11.** Sustainable Cities and Communities |  | **12.** Responsible Consumption and Production |  |
| **13.** Climate Action |  | **14.** Life Below Water |  |
| **15.** Life on Land |  | **16.** Peace, Justice and Strong Institutions |  |
| **17.** Partnerships for the Goals | **3** |  |  |

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| **42a.** How has your organisation identified that this project does not duplicate the work of others e.g. National/Local Government; International/National NGOs or other donor funded projects in the area?  **Max 200 words** |
| By establishing Memoranda of Understanding with each Central Hospital’s senior clinical teams and Directly with The Ministry of Health should any others offer help support and collaboration with emergency medical services they we would as lead partner in developing these services be involved in initial discussion to channel effectively other support and prevent duplication of effort  Since our Pilot project developing AETC in Blantyre we are not aware of any other organisation showing interest in developing or duplicating our work Officials in Malawi Government and at each hospital recognise us as the team with experience of developing ETC in Malawi and this with other more formal measures (MoU) mitigates this risk |
| **42b.** If there are similar initiatives in the area, how will your project work with them to ensure they are complementary and to avoid duplication? **Max 250 words** |
| There are no similar initiatives to our scaled up EM-Malawi Project as proposed  Other project do generically similar critical care training which if offered can compliment our training but not replace it  We would actively, openly and transparently collaborate with any like minded projects that can enhance our training offered see answer to Q 22 |

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| **43.** Please let us know what impact the implementation of your project might have on climate change (positive and negative) and the actions you intend to take to mitigate against this? **Max 250 words** |
| Our project is based on a mentoring role with Scottish Emergency care expertise being delivered by an experienced Scottish team in Malawi. To deliver this expertise to the Malawian Hospitals requires air travel to Malawi and listening to the needs of our Malawian partners we also require to fly Malawian staff to Scotland to experience advanced emergency care in Scotland. A strength of our project is the direct people to people nature of the support, but the price for this is significant requirement for air travel to and from Malawi  To mitigate we will ask those travelling to do so for a significant period of support to reduce multiple flights, we will also lessen the footprint by team member transporting within own luggage allowance essential teaching equipment from UK reducing need for freight /excess baggage. Travel within Malawi will be shared as much as possible and we will endeavour to buy IT equipment and stationary in country  In Blantyre we were supported with a refurbishment of old hospital admin building as the new AETC. Builders recycled hard wood timber that was over 50 years old we would ensure similar measures occur that would minimise need for further local deforestation |

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| **44.** Please complete the risk assessment table below to demonstrate how you have considered any potential risks in your planning (i.e. risks affecting the project over which the project has limited or no control e.g. collapse of currency/drought etc. Insert extra rows if necessary. | | | | |
| **Assumptions** | **Risks** | **Likelihood of happening**  (Low, Medium or High) | **Mitigating action(s)** | **Recovery plan** |
| Hospital area will be available and suitable to house new E TC | Within crowded premises no room to develop ETC | Medium | Advanced warning as possible to Hospital Director to be site ready | Can be flexible with start of support and training but only by 4-6 months |
| Enough Clinical and Nursing staff available to operate the new ETC | Insufficient staff to provide 24 hour cover in new unit  And support its operation | Medium to high | Early identify staff for unit. support HD as may need to lobby Ministry for HR support | Work with available staff use any local staff who can be reallocated to ETC |
| Adequate drugs and consumables in ETC | Infrequent /poor drug and other item resupply | Medium to high | Establish early ETC links with pharmacy support HD to lobby Ministry to access WHO supplies | Be flexible in approach to treatments use available drugs to best usage and use drugs carefully and appropriately role model this approach to partners |
| Adequate volunteers from EM Speciality to support and train the 3 new units | Due to local NHS pressures poor uptake of recruitment of Scots volunteer to man project | Low to medium | Early and wide access within EM in Scotland flyers to all depts. And clinical leads Use NHS Scotland Global H link | If Scotland fails to step up to this widen recruitment to EM in England and other devolved nations |
| Stable economic climate although recognised as 1 of poorest nations in Africa | Economic and currency collapse fuel and basic goods shortages | Medium | Flexible approach to how project evolves if need long distance eg Mzuzu and no fuel switch to develop easier accessable site | In such times malnutrition will become more prevalent almost a greater need for robust emergency services than ever  Support partners to develop servies to meet demand consider using NGO contacts to utilise in country aid agencies to support |

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| **45.** The Scottish Government intends to support sustainable development outcomes. Please explain what sustainability looks like for this project, and how this will be integrated into your project design. **Max 500 words.** |
| 1. **Initial strategic visit by Scottish Project Team**  Strategy team for project visit first site meet with key stakeholders, inc Hospital Director Senior Admin team all speciality Heads of Departments and lead Clinician Lead Matron for Project. Outline proposal and impact of ETC on hospital perform SWOT analysis for all specialities gain all stakeholder views and input    Deliver workshop training ETC staff develop ethos for new service, train in Triage /prioritisation and resuscitation skills. Develop training programme for the department; essential topics and allow local lead for future training topics, ideally training for nurses, clinicians and multidisciplinary team  Collect data relevant clinical parameters inc time to treat, death rate on admission and others before ETC opens pre data set  2**. Support and training in ETC**  This is the mainstay of our Scottish support and training; teams of Scottish Nurses and Doctors deliver within ETC , in all clinical areas, support and mentoring of Malawian colleagues working together sharing the clinical caseload this activity is repeated for a total of 16 weeks per site. importantly role model a daily routine handover from night team , clinical review any resus cases , Emergency dept ward round and teaching /shop floor support  During this time Scottish team share delivery of teaching programme and train some Malawian staff as trainers and support them with delivery of training  We also undertake a staff questionnaire to determine staff satisfaction with Scottish Team approach  Towards end of establishment of ETC repeat audit/data collection of clinical parameters to determine if improvement post ETC data set  This level of shop floor mentoring allow Malawian staff to be familiar with Emergency care delivery such that when we are not present they continue to work in that way as taught  3. **End Strategy visit by Scottish Project team**  Strategy project team revisit meet all key stakeholders again share pre ETC post ETC data which will be presented gender disaggregated. Repeat SWOT analysis for new department showing change of delivery of care. In the intervals between support and training team visit observe if departmental staff are developing unit for themselves good indicator of self sustainability, encourage ownership and changing service as necessary to suit local needs  These 3 phases of support are then replicated on second site and then finally third site. Strategy project team keeping email and occasional visits were possible to all developed ETC’s to re-check they are still delivering sustainable emergency care  With the Blantyre AETC pilot we found following this level of support the staff and departmental leads had a clear enough vision of the service they were still able to sustain and indeed develop a recognisable Emergency service, despite severe resource and Staff limitations. |

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| **Section F:** | **PROJECT MONITORING** |

Applicants are requested to complete the attached logical framework with clear milestones and targets as well as planned activities (alongside the baseline) which can provide monitoring information from which the progress for this project will be assessed. **All monitoring and evaluation should be gender disaggregated, to show the impact on men and women separately.**

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| **47.** What percentage of your budget is allocated to Monitoring, Evaluation and Learning? Please note we would expect at least 5% of the budget to be dedicated to MEL **Max 50 words** |
| Project budget allocated to MEL is 10.4%  This comprises Scottish Project Manager salary for 4.5 years  Malawian Project Assistant PA salary for 4 years  Lap top computer for PA  Stationary /sundries to allow audit/data collection and surveys |

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| **48.** Who is responsible for Monitoring, Evaluation and learning for this project?  **Max 200 words.** |
| Prime responsibility for monitoring evaluation and learning will be the Scottish Project Manager (SPM)  SPM will collaborate with Malawi Project Assistants we will plan to recruit 1 to each Hospital site ideally from a motivated member of the ETC staff group. During delivery of support and training we will with admin support from departmental Project assistant collect pre and post data set of recognised performance indicators to be able to measure impact of new unit. This work will be overseen by SPM and shared with Strategic project team  Teaching programme attendance and content will also be monitored as will the delivery/teaching by Malawian trainers who have attended teach the trainer course  SWOT analysis pre and post delivery of support and training will be responsibility of Strategic Project Team led by Lead Clinician and SPM |

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| **49.** Describe the MEL methods and approaches you will apply to your project, including specific plans for data collection. This should include details of how data will be disaggregated. **Max 350 words.** |
| Monitoring Evaluation and Learning for this project will be continuous The process due to the nature of the project will be repeated 3 times to establish 3 new ETC ‘s over 4.5 years  We aim to recruit an enthusiastic staff member from each of the proposed unit s as Project Assistant Their role for the duration of our direct support and training will be to collect from their hospital key performance indicators that we can use to demonstrate the impact of ETC development  This data collection will be performed Before establishment of the new unit and then after it is operational    We will audit the death rate for emergency admissions to each hospital expecting as in Blantyre pilot project the death rate to fall with ETC operational  We will look at before and after ETC the key performance indicators such as: time for triage, 4 hour treatment target and sepsis 6 target (–the delivery of 6 key factors in first hour of attendance ) As patients are age and gender defined/registered we will be able to gender disaggregate and report on these KPIs for males and females in differing age groups  Our Scottish Project Manager who is also our Project Lead Nurse will travel in country on visits will meet PAs and work closely with them mentoring them in their Admin role  At the start of each hospital engagement we will undertake Project Strategic team visits We will undertake meeting with all key stakeholders and perform SWOT analysis for each speciality in relation to how the new ETC will affect them. We will also listen and evaluate local partners perspectives and needs to custom the ETC to what is required locally. At the end of our period of support and training the ETC will be established and we will repeat for key stakeholder s SWOT of ETC to demonstrate /evaluate progress and impact |

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| **50.** What processes will the project use to promote effective learning within the project? Describe the internal learning approaches within your project and how relevant learning will be disseminated to stakeholders (e.g. beneficiaries, government agencies, other organisations working in the relevant sector and beyond). Please include details of any evaluations or reviews planned, and how learning from these will be used to develop the project. **Max 350 words.**  During our first Project team visit on each site we will engage, listen and learn from all key local stakeholders as to their ideas and needs with ETC, we will promote active learning as we perform SWOT analysis for each speciality this will help engage all stakeholders with process  For the ETC staff Clinicians and Nurses we will develop for them with their clinical leads a fit for purpose Emergency care teaching programme and also train some of them as trainers to deliver some of the training initially with our support. We will actively encourage formal feedback after each session and engage staff in determining future topics once core emergency topics have been covered  Effective departmental learning will be enhanced by our providing and equipping a fit for purpose seminar room with modern digital audio-visual teaching equipment for their departmental use  Prior to ETC operational we run a series of workshops for all the staff of the new unit .The modules include team building, developing a philosophy for the new unit- what values do they want to embody? ,triage training and resuscitation skills training We also role model how a structured day in ETC should look …all of which has formal feedback so we can learn from process and develop to best suit local need    During our supporting visits experienced Scottish staff work alongside Malawian colleagues supporting them manage the caseload and will provide our mentoring training role. Not only will we share on a 1 to 1 basis key emergency knowledge and skills at the bedside we also share non-technical skills such as empathy and compassion. We evaluate this aspect of learning via staff satisfaction questionnaire  At the end of the project strategy team revisit to engage with , key stakeholders and ETC leads to re analyse SWOT hopefully showing improvement we also engage with departmental staff particularly looking in the interim how the have changed roles, departmental layout , activities within ETC to show they are still functioning, but also taking ownership and developing the service for their local need ..in other words showing sustainability . |
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| **51.** Please outline plans for external evaluations or reviews of the project. Please give details of these, including how learning from these will be used to develop the project and improve overall accountability on the project **Max 250 words.** |
| We will ask all of our shop floor Scottish Clinicians and Nurses who volunteer to support the project from various and numerous Hospitals across Scotland or indeed, rest of UK, to give us feedback on their experience. Some who have several visits to a specific ETC, perhaps early on and then nearing the end of the period of support will be selected to evaluate and review that specific unit with whom we will share the data collected and analysed  At our Pilot Project AETC at Queen Elizabeth Central hospital in Blantyre we have a lead Clinician and Lead Matron who continue to run the first Adult Emergency and Trauma centre in Malawi.  One of our aims with this scaling up of ETC’s across Malawi is the development of an Emergency and Trauma network in Malawi. We are keen to engage Dr Banda and Matron Bodole in evaluating the new ETC’s as they become operational and we will share the data collected and invite them as external partners to do so.  This feedback will all be reflected on by the Project Strategy team and Malawian Partners and used as evidence of project effectiveness and on going project modification /refinement |

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| **52.** How will you publicise the work undertaken by your project externally? Please describe who you will target and what media and methods you will use to highlight the work of your project or to share results and learning. **Max 250 words.** |
| In collaboration with our Malawian Partners we will support them in data collection, analysis and production of scientific papers posters and oral presentations that could be delivered at local, national and international Emergency care meetings and published in peer reviewed journals – African Journal of EM , UK EM Journal to name a few  Our previous pilot project in Blantyre resulted in presentations at hospital level, national level and 3 posters and a plenary presentation at the International Conference of Emergency Medicine(ICEM) in Capetown SA in 2016  The Scottish EM-Malawi Project Team through local publication in National Scottish Newpaper’s have receive informal interest from 2 documentary film makers to film our project if successful we will only persue a feasibility study into this if successful with our funding application |

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| **Section E:** | **PROJECT BUDGET** |

Applicants are requested to complete the Excel budget spreadsheet with details of the project budget. The section below is for the additional information that is required to support your budget as presented.Guidance on completing the budget spreadsheet is included in the accompanying Guidance Notes.

Please note that the information contained in the implementation budget tab should link directly to the logical framework outputs and activities.

**All budget spreadsheets must have a completed notes section**

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| **53.** Please provide justification for any staff costs **other than those** in Scotland or in country of operation. **Max 200 words** |
| Our only staff cost are    Scottish Project Manager role undertaken by our Lead Nurse for the project since 2010  For duration of project on each hospital site we will appoint a local Project Assistant to support data collection audit of practice and work closely with SPM  No other staff roles to justify |

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| **54.** Any Scottish staff costs over and above the 10% administrative limit must relate specifically to expertise which is not available in the project country, and which will be shared via the project to build capacity in-country. If you are proposing the inclusion of Scottish expertise costs, please provide clear justification here, including how you have established that this expertise is not available in-country, and the role this expertise will play in delivery of the project. **Max 300 words.** |
| The only Scottish Staff cost will be The Scottish Project Manager and the proposed salary costs fall below the administrative limit (9.2%)  If the cost was marginally above the admin limit the expertise of this individual in Emergency Nursing care and this EM-Malawi project in particular, would justify the cost, as no one in-country has anywhere near this level of knowledge or skill.  The design of this project maximises the expertise in emergency care delivered by recruiting, in significant numbers, experienced clinical and Nursing staff from Scotland and UK . |

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| **55.** Please provide full justification for all international travel detailed in your budget spreadsheet. **Max 200 words** |
| The success of our pilot Project, within the time-frame of the project we developed a sustainable, multidisciplinary co-ordinated approach to Emergency and trauma care, despite the significant local resource limitations. The design success to achieving this was the person to person approach during the support phase with Scottish Staff working alongside Malawian staff –a true mentoring role  Ambitiously in scaling this pilot project up to deliver 3 similar ETCs in the same time frame we need to scale up the numbers of experienced EM staff willing to engage with Malawian partners  We have modest capital costs, 5.2% of budget, and modest Scottish Staff costs 9.2% of budget.  With no in country expertise to deliver the successful mentoring we need to recruit, in significant numbers to deliver blocks of mentored support and training and to deliver this within the timeframe we need to transport multiple volunteers  With the other scheduled visits, Initial Project visit, pre-operative visit and end of Project visit , Important sharing of information, data, ideas, values and developments are undertaken as well as some critical initial staff training and are essential in creating the well functioning ETC from an area devoid of recognisable emergency care |

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| **56.** Please provide justification for all in-country travel in your budget. **Max 200 words** |
| Our ambitious aim of this project to scale up to deliver within the time frame, 3 major ETCs, giving Malawi for the first time a national Emergency and Trauma network requires us to travel the length and breadth of the country.  Our Pilot unit is in the south in Blantyre, the first new ETC we plan to support is in Lilongwe in Central Region , then sequentially Mzuzu in the Northern Region and Zomba in the South East. The distances between sites are large. We do not plan to fly internally and passenger trains are none existent  While we are not planning to use Scottish Government funds for purchasing a vehicle, The Project Strategy Team propose to use our own donations from Fund raising events to purchase a suitable vehicle.  We believe this will afford us the most cost effective means of transportation around Malawi, with only modest fuel, maintenance and insurance costs.( cheaper than hire). We also consider having our own vehicle increases safety of Scottish Staff while in country.  After the term of the project 5 years or so we will not abandon the vehicle in country but will gift to someone who would benefit from its use |

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| **57.** Please provide justification for any capital expenditure over £250 in your budget. Please give details of plans for maintenance of capital items as well as how they will be replaced by the project and how readily these items can be purchased in country. **Max 250 words** |
| In order for the project to operate in country some capital cost are required for each ETC site.  Usually within the office area/lead clinician office we require computer, Printer, desk and laptop for ETC Project Assistant. this equipment will facilitate necessary data collection and audit of key performance indicators as well as manage the day to day running of the project see Q49.  Each ETC requires a teaching seminar room typically these are fitted with smart board screen, fixed digital projector with laptop and portable model with Laptop to allow teaching in other areas  All this project and teaching IT equipment and installation cost was purchased in Malawi for Pilot project at time of purchase extended warranty was also taken for all IT equipment to ensure a level of maintenance locally  Essential Health equipment to be purchased is essential to training and teaching triage, prioritisation on clinical grounds and the deteriorating patient what signs to look out for All this equipment is unavailable in Malawi the Monitors on stands auroscope/ ophthalmoscopes we propose to use are robust and mains charged so not dependant on battery life . Scottish Team will transport within own luggage allowence as not available in Malawi replacement when required will have to be by similar donation |
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| **58**. Please confirm whether you have applied for or secured additional or matched funding for this project from other parts of the Scottish Government or external sources. **Please note any external funding should be in place no later than 1st October 2018.**  NO APPLICATION NOR SECURED ADDITIONAL OR MATCHED FUNDING SOUGHT | | | | | | | |
| **Matched Funding Source and Status** | | **Matched Funding Amount** | | | | | |
| Funding source | Are these funds secured? | **2017/18** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **Total** |
|  | Yes  No | £ | £ | £ | £ | £ | £ |
|  | Yes  No | £ | £ | £ | £ | £ | £ |
| **TOTAL MATCHED FUNDING** | | £ | £ | £ | £ | £ | £ |

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| **59a.** Will there be any other non-financial support for this project, i.e. in-kind contributions? |
| Yes X  No |
| **59b.** If yes, please give details of what these might be.  In Previous project Scottish Staff participating brought useful instruments, consumables including gloves, neck collars to gift to the new department we plan to co-ordinate such gestures to equip the ETCs appropriately  Tayside, Life support courses last time donated Train the trainer booklets from Resus Council UK to gift to all Malawian staff selected for train the trainer course, we have been promised similar this project  Significantly an International Engineering company with offices in Scotland and worldwide have offer free of charge building expertise to develop/build any hospital site that needs remedial development before we can set up ETC. We await success with funding application before we explore this generous offer further. |

All completed signed applications should be submitted by email to: [applications@corra.scot](mailto:applications@corra.scot) to be received no later than **12 noon on Friday 11th May. An automated email acknowledgement will be issued by the Corra Foundation and if you do not receive this, you must contact the Corra Foundation on 0131 444 4020 prior to the closing date.**

**Emails should show the applicant organisation’s name as the subject of your email. These deadlines are all absolute and documentation required must be submitted on time.**

Corra Foundation

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November 2017