# Application Form: diaspora volunteering Bursaries for Health Partnerships

This form should be read in conjunction with the **Diaspora Volunteering Bursaries for Health Partnerships Overview document**.

Please be as clear and succinct as possible and ensure that any acronyms and technical terms are fully explained.

**The project outline should be completed and submitted along with the budget to** [**grants@thet.org**](mailto:grants@thet.org) **by 17:00 (BST) on Friday 24th June 2022. If you do not receive an acknowledgment from us within two working days, please assume we have not received your application and re-submit.**

## 1. Summary Details

1.1 Partnership summary

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| **Lead UK partner** | East London NHS Foundation Trust |
| **Lead LMIC partner** | Butabika National Psychiatric Referral Hospital |

1.2 Project details

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| --- | --- |
| **Project goal** | To improve quality of delivery of care and training in child and adolescent mental health (CAMH) on Children's Ward, Butabika Hospital |
| **Project start and end dates** | 1 September 2022- 31 January 2022 |
| **Country of implementation** | Uganda |
| **Total Budget Requested**  (up to £10,000) | £9,983 |

## 2. Partnership

2.1 Please provide contact details for thekey partners involved in this application. If there are more than two partners involved (UK and LMIC), add more boxes as necessary to include all.

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| **Lead UK partner** | |
| Name of institution | East London NHS Foundation Trust |
| Project co-ordinator (title, first name, surname) | Dr Alyson Hall  Mr Edmund Koboah |
| Position | Dr Alyson Hall - Retired Child Psychiatrist  Mr Edmund Koboah - Global Health Partnerships Manager |
| Department/faculty | Global Health |
| Address | East London NHS Foundation Trust, 86 Old Montague Street, London, E1 5NN |
| Email | [hallyandoli@doctors.org.uk](mailto:hallyandoli@doctors.org.uk)  e.koboah@nhs.net |
| Telephone number(s) | 0207426 2598  07855812489 |
| **Lead LMIC partner** | |
| Name of institution | Butabika National Psychiatric Referral Hospital, Kampala |
| Project coordinator (title, first name, surname) | Dr Harriet Birabwa |
| Position | Senior consultant psychiatrist, Ugandan lead for Butabika East London Link |
| Department/faculty | Psychiatry and senior management team |
| Address | Butabika Hospital, PO Box 7017, Kampala, Uganda |
| Email | htbrabwa@yahoo.com |
| Telephone number(s) | +256 776 644 381 |

2.2 Please list any other project partners or stakeholders that will play a role in the delivery of the project. (*Maximum 100 words)*

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| School of Psychiatric Clinical Officers (PCO), Butabika: CAMH training on children's ward for CAMH professionals, PCOs and other professionals, administration of finance for project  Mbarara University of Science and Technology: Institution responsible for training CAMH professionals in Uganda and awarding advanced diploma in CAMH  School of Psychiatric Nursing, Butabika: responsible for training of student nurses in CAMH on Children's ward  Division of Psychiatry, Ministry of Health, Uganda. |

2.3 History of partnership and project implementation

Please provide a brief overview of your partnership, how you have worked together previously, for how long and in which clinical areas. Please note, by partners we mean the organisations rather than individuals. *(Maximum 150 words)*

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| **Butabika East London Link**: partnership between Butabika National Psychiatric Referral Hospital and East London NHS Foundation Trust, established 2004. Aim: capacity building of Ugandan mental health services through collaboration in training and development activities.  **2006- CAMH Training:**  Butabika, Mbarara, Ugandan PCOs  **2007-9 Development of children’s ward at Butabika**  **2008 National Strategy for CAMH 2008 with MOH**  **2010-11 Commonwealth Fellowships** Fourlead professionals trained in UK to develop CAMH training programme  **DFID/THET funded projects:**   * **2012-15** Development and Implementation of Multi-disciplinary Training Programme in CAMH for Mental Health Professionals in Uganda * **2015-17** Development of sustainable CAMH training programme by supporting transition of CAMH training course to university accredited Advanced Diploma led by Ugandan trainers * **2017** Development of CAMH policy guidelines for Ministry of Health * **2018** Implementation of CAMH policy guidelines   Since 2018 Link has continued to support the Diploma and the children's ward by electronic means and fundraising but no visits were possible because of COVID.. |

## 3. Volunteer Placements

3.1 Please briefly describe your proposed project and explain how it has been defined as the most appropriate response to the needs of the LMIC facility. *(Maximum 200 words)*

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| Butabika children's ward has always been under-resourced to provide specialist inpatient and outpatient services and the national CAMH training base. During THET funded projects 2012-18, UK CAMH professionals provided training, supported Ugandan professionals delivering CAMH Diploma and undertook M&E. The ward benefited enormously from long term volunteers, mainly psychologists, until 2020 when COVID disrupted the last placement.  Isolation during the pandemic and loss of key staff while patient numbers increased dramatically have affected team functioning and morale. Clinical training for the Diploma recently resumed on the ward as training institutions reopened. The relatively inexperienced multidisciplinary team receives little support from senior CAMH professionals elsewhere, crucial for professional development and ward practice.  This project would recruit 1-2 project leads, an experienced professional from the Ugandan diaspora and senior nurse in in-patient care to assess the developmental needs of the staff with emphasis on inpatient care and training delivery. Ideally two CAMH professionals would be present together for 2-3 months with the project lead(s) providing support and supervision to focus on :  · Coordinating training and supervision of Diploma trainees while improving quality of PCO and student nurse placements and staff development  · Ward procedures- inpatient reviews, ward rounds etc  · Safeguarding  · Medication practice and protocols |

3.2 Please provide a clear project activity timeline, including any deliverables and targets where applicable. Please add more rows if necessary.

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| **Project Activities** | **August 2022** | **September 2022** | **October 2022** | **November 2022** | **December 2022** | **January 2023** |
| Advertising for volunteers and local leads, liaison with Trust management | x |  |  |  |  |  |
| Discussions with Butabika management, MOH and CAMH colleagues | x | x |  |  |  |  |
| Selection and preparation of volunteers and local leads. Liaison with ward team and CAMH trainers. Identify Ugandan leads |  | x |  |  |  |  |
| Initial visit to Butabika by project lead(s) to identify target activities and challenges, purchase equipment |  |  | x |  |  |  |
| Baseline M&E |  |  | x |  |  |  |
| Two volunteers placed at Butabika |  |  |  | x | x | x |
| Project lead reviews achievements and plans action for sustainability with ward team , management and CAMH professionals |  |  |  |  |  | x |
| Project report |  |  |  |  |  | x |

3.3 Please provide more details on the volunteer placements:

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| How many NHS volunteers from England would you plan to involve in this project? | 3-4 |
| How many hours a week do you estimate them contributing? Please disaggregate by volunteer if necessary. | Two project leads 1-2 weeks in Uganda each plus 1-2 hour /week in UK  Two long term volunteers 1-2 hours per week plus 2-3 months in Uganda |

3.4 Please explain how this placement and its impact will be sustainable. *(Maximum 150 words)*

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| Previous UK input to the children's ward resulted in sustained change alongside some setbacks but the overall picture was of gradual improvement. Post-pandemic, training of nurses, PCOs and multidisciplinary staff recently resumed creating huge demands on the depleted team while patient numbers have increased to 120-200 outpatient attendances/week and thirty inpatients.  To sustain the project's impact Butabika senior management, especially Assistant Commissioner of Nursing, will be involved from the outset to gain support for changes implemented. Procedures established to maximise efficiency and stability of the team and introduction of specific responsibilities should improve morale and motivation to sustain change. As systematic clinical training and supervision have suffered, Principals of School of Nursing and PCO School will be involved.  The complex needs of children are not always appreciated within mental health or reflected in career pathways. Ugandan lead professionals and project leads will need to enlist support from MOH to further develop Butabika as the national CAMH training base and improve the career structure for the speciality. |

## 4. Volunteer Management and Support

4.1 Please confirm your organisation will be able to provide the following for volunteers:

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| x☐ | Matching the volunteers to the placement |
| ☐x | Pre-commencement training/orientation |
| ☐x | Duty of care policy |
| ☐ x | Safeguarding procedures |
| ☐x | Managing the volunteers during placement, including working conditions, safety and considerations related to COVID-19 (e.g Working from home policy) |

4.2 Please describe how you will recruit and select the volunteers, including members of the diaspora. *(Maximum 200 words)*

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| |  | | --- | | The Link has longstanding involvement with the large Ugandan diaspora in mental health in East London. Many work in the Trust or neighbouring trusts and include CAMH professionals involved in previous projects. Since hearing of this bid this week a number are already expressing interest. We envisage that ideally there should be two project leads, one from the diaspora and a senior nurse experienced in adolescent in-patient care. They could be the same person. We also intend to recruit 2 CAMH professionals as longer term volunteers from different disciplines.  The Link has established electronic procedures for recruitment of volunteers to new projects from within the Trust and a network of contacts in other trusts and Ugandan diaspora. We would invite telephone enquiries and expressions of interest with submission of CVs. Shortlisted candidates would be interviewed by Zoom by 2-3 individuals familiar with the ward. We have a long history of successful recruitment of both short term and long term CAMH volunteers for previous projects and some unfunded placements. The challenge may be selecting leads from the diaspora and an adolescent inpatient senior nurse - there will need to be some flexibility about availability, length of placement, professional background and experience . | |  | |

4.3 In what ways will the volunteers and/or the NHS in England benefit from involvement in the project? (*Maximum 100 words).* If necessary, please refer to the HEE Toolkit for Evidence: <https://www.thet.org/resources/toolkit-collection-evidence-knowledge-skills-gained-participation-international-health-project/>

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| Volunteers will benefit from involvement in this project by using the learning and experience gained to contribute to personal/professional development in the NHS, e.g. enhancement of personal and professional communication at all levels within the NHS, improved project management skills, development of leadership skills. In addition, volunteers will contribute to service improvement within the NHS by understanding and appreciating the practicalities of project and healthcare service implementation, including clinical and non-clinical management, in low resource settings. Bringing this learning back, will allow volunteers to be creative and flexible whilst working in the NHS, which can support job retention. |

## 5. Monitoring, Evaluation and Learning

Please describe your approach to monitoring, evaluation and learning in the box below, and include

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| **Objectives** – *what significant changes do you expect to see by the end of the project?* | **Indicator and targets** – *what data will show that you have achieved this change, and what**is your target?* | **Data collection** – *who will do this and when?* | **Data analysis** – *who will do this and when?* |
| Improved training and supervision of new cohort of Diploma trainees | Each trainee has allocated supervisor  Each trainee presents one case weekly | Patrick Otim, course coordinator Oct/Nov 2022  Becky Akello/Patrick Okori weekly | Project lead Jan 2023 |
| Improved quality of PCO and student nurse placements and staff development | Allocation of training responsibility to members of ward team and delivered | Ward manager and PCO weekly | UK volunteer December 2022 |
| Improved opportunities for individual staff and team development | Majority of ward team attends monthly CAMH case presentations | Becky Akello/Patrick Okori | Project lead or UK volunteer Jan 2023 |
| Improved frequency and quality of inpatient reviews in ward round with increased attendance of multidisciplinary team | Ward round held every week  100% admissions presented and discussed weekly  100% inpatients reviewed with discharge planning weekly | Ward manager/PCO    UK volunteer weekly    UK volunteer weekly | Project lead/ UK volunteer Jan 2023 |
| Improved implementation of safeguarding procedures | 2 staff present on ward all time  Safeguarding procedures always displayed in staff office  Safeguarding issues reported to ward manager and hospital management  Askari/ guard present on the ward to admit staff, visitors and out-patients at all times | UK volunteer weekly (including weekends)  UK volunteer weekly    Ward PCO and UK volunteer weekly  Ward manager and UK volunteer weekly | Project lead/ UK volunteer Jan 2023 |
| Medication practice and protocols reviewed and implemented to improve patient management | Revision of medication list  Staff using medication protocol for managing all conditions including acute disturbance  Reduced number of patients observed sleeping in day time | Hospital pharmacist Dr Rukundo and Dr Nalugya Sept/Oct 2022  UK volunteer weekly    UK volunteer weekly | Project lead by November 2022  Project lead or UK volunteer Jan 2023 |

## 6. Budget

6.1 Please complete the table below showing expected costs (up to £10,000). Please be as specific as possible and add more rows if necessary. Refer to the Overview document for details of eligible and ineligible costs.

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| --- | --- | --- | --- |
| **Category** | **Sub-category** | **Details (please provide a breakdown of all costs you are including)**  **Ugandan costs have been converted using exchange rate £1:4,700 UGX** | **Cost (£)** |
| **Project management**  (up to 40% of the total) | Volunteer management (e.g. recruitment, induction) | Ugandan staff time – 200k per month x 4 months = 800,000/= (£170), (management including finances) | £170 |
| Monitoring, Evaluation and Learning | Allowance for 5 Ugandan staff involved in M&E @100,000/= per month (£20x4x5) | £400 |
| Communications | Internet data: UK volunteers 200,000/= per month for 5 months - Total 1,000,000 | £213 |
| Other (please specify) |  |  |
| **Technology** (required to support engagement with volunteers) | Projectors | 2x Epsom 3,600 Lumes  @ 2,200,000 | £936 |
| Dongles | Airtel MiFI @123,000/= x4 Total 2,400,000/= | £105 |
| Laptops/computes/tablets | 2x Laptop Dell Vostro 350@ 2,400,000 Total 4,800,000/= | £ 1021 |
| Other (please specify) |  |  |
| **Capacity development activity costs** | Supplies required to implement trainings or QI projects | Markers, 5 flipcharts  Whiteboard 700,000/= | £52  £148 |
| Purchase of equipment for training (e.g. mannequins) | Materials for trauma treatment | £100 |
| Printing of training materials |  |  |
| Other (please specify) | Updated textbooks | £400 |
| **Communication** | Printing of guidelines developed for dissemination with the institution |  |  |
| Data allowances for key staff or to support trainings | Ugandan coordinators @20,000/= x5 for 4 months Total 400,000/= | £85 |
| Other (please specify) | Phone credit for volunteers 2 x 3 months @70,000/= per month Total 420,000/= (£90) Ugandan staff 5x 30,000/= per month X4  600,000/= (£127) | £217 |
| **Travel** | (please specify) | Flights for 4 people UK to Entebbe x £550  Total £2,200  Entry Visas: 4 x £40 = £160  Subsistence for 4 people for total of 148 days @ £15  Total £ 2,220  Accommodation 148 nights x 40,000/= = £1,260  Volunteer Anti-Malarials - 180 days @£1.20 per tablet = £216 | £6,056 |
| **Contingency** (e.g. bank charges) | (please specify) | ELFT Finance bank charges for two quarters – 2 x £40 = £80 | £80 |
| **Total** | | **£9,983** | |

## 7. Contracting

Both lead partners must sign below to confirm that they support this proposal and that the following eligibility criteria are met:

* A Memorandum of Understanding is currently in place between the lead partners, or will be put in place during the project
  + The contract holder (lead UK partner) has a finance policy and fraud/anti-corruption policy in place
  + The contract holder (lead UK partner) has, or commits to having within the project lifetime, a safeguarding policy in place

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| --- | --- | --- |
|  | **Lead UK partner** | **Lead LMIC partner** |
| **Name** | Dr Nick Bass | Dr Harriet Birabwa-Oketcho |
| **Institution** | East London Foundation Trust | Butabika Hospital |
| **Signature** |  |  |
| **Date** | 29/07/2022 | 29/7/2022 |