

Capacity for change

A review of the Nuffield Foundation
Commonwealth Programme



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The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research.

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Introduction

The Nuffield Foundation is committed to improving science, health, education and social welfare in eastern and southern Africa by increasing professional and academic capacity. Between 2000 and 2008, we awarded £4.3 million to 23 different projects through our Commonwealth Programme. These projects were developed and implemented by UK and African universities and NGOs working in partnership, often together with African government departments.

Following the end of the programme, we commissioned an independent review of the Commonwealth Programme. The purpose of the review was to evaluate the programme, and to gather evidence to inform the operation of its successor; the Africa Programme.

In undertaking the review, we asked four key questions.

- Have the individual projects funded by the Commonwealth Programme met their own objectives?
- Have the projects as a group met the objective of the Commonwealth Programme?
- What lessons from the Commonwealth Programme can we use to inform the operation of its successor; the Africa Programme?
- How did the Commonwealth Programme sit within the overall context of international grant-making?

The review was undertaken by an independent evaluator, Joanna Monaghan from Intandem Consulting, and Sarah Lock from the Nuffield Foundation.

We are publishing the key findings from our review, with the aim of helping applicants to the Africa Programme better understand its objectives and criteria. We also hope the review will be useful for other international grant makers.

More information about the Africa Programme is available at www.nuffieldfoundation.org

About the author

Sarah Lock is a Programme Manager at the Nuffield Foundation. She managed the Commonwealth Programme during its operation from 2000-2008, and now manages its successor; the Africa Programme.

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Summary of findings

1. Success of individual projects

- The projects we funded were successful in establishing ongoing courses and training trainers, but we found less information about the outcomes of the projects, such as any long-term improvement in policy or practice. Where there was information about outcomes, it was positive, although mainly anecdotal.

2. Success of the Commonwealth Programme

- Our grant making and grant management processes were effective in eliciting proposals that merited funding and in supporting their implementation. However, we could have improved these processes by communicating more explicitly about *why* we fund the way we do.
- Our funding criteria and processes did not deliver the flexibility we hoped for in terms of the range of project size, project duration or the support of pilot projects.
- Our thematic scope was wide and led to large numbers of applications in a diverse range of fields; but in practice many of the grants were in science and health.
- The application and mid-term assessment processes within the two-year cycle played a role in strengthening projects, as did our flexibility during grant management in helping grant holders respond to changes in the project environment.
- Grant holders appreciated the support we provided in addition to the funding itself, and welcomed further interventions that would enhance their work.

3. Lessons Learned

- Grants in the areas of science and health were generally the most successful, but overall, the type of work (health, education etc) or the method of training delivery were **less** important in determining success than the way in which the work is carried out. The key success factors were:
 - a. getting government and other local institutional buy-in from the outset
 - b. embedding the training in a planned delivery programme in order to maximise the effective use of skills learned
 - c. providing support for those trained, both from their employers and the training providers.

- The balance of power and the quality of the partnerships between the partner organisations was **more** important than the **type** of organisation (NGO, university or government). The key success factors were:
 - a. the project was a priority for the local partner;
 - b. partners either had, or developed, a broad relationship between their institutions.
- Multiple partnerships were also a feature of some of the most successful projects, and relationships with other southern countries (south-south relationships) were valuable.

4. The Commonwealth Programme's context

- Our support of professional and/or academic capacity building projects is unusual – few other UK funders have a similar focus.
- Our experience of funding in collaboration with other European foundations was positive, and there is scope for further collaborations in the future.

Commonwealth Programme – facts and figures

- We awarded (or earmarked) just under £4.47 million for 23 projects.
- Of this total, £3.54 million was committed to 14 projects via grants of about £250,000 for work carried out over five years.
- We ran competitions for grants every other year. An expert committee shortlisted applications and made recommendations to trustees.
- We made grants totalling £930,000 to 9 projects through our Open Door Programme. These were for smaller amounts of funding, shorter periods of support or pilot projects.
- By 2008, 12 of the 23 projects had ended and 11 were still underway.
- In 2008, we established an additional collaborative funding programme, negotiated and agreed with three other European foundations, to support African research into neglected tropical diseases.

I. About the Commonwealth Programme

Background

We have supported professional capacity building internationally since our inception in 1944 and have focused our efforts in eastern and southern Africa since 1990. We established our Commonwealth Programme in 2000 following a review of our international grant making. Keen to make a more lasting change, trustees decided to fund some larger, longer term grants. However, a proportion of the budget was also reserved for funding smaller, shorter projects. These smaller grants were administered through our Open Door Programme.

The Commonwealth Programme, incorporating both these two funding routes, was jointly funded by the Nuffield Foundation and the Commonwealth Relations Trust. The Commonwealth Relations Trust is a subsidiary trust, with an endowment of £8 million, whose objective is to strengthen relationships between the UK and other Commonwealth countries.

Eligibility

The programme was limited geographically to projects in eastern and southern Africa. Occasionally we made grants to support work relevant to developing Commonwealth countries as a whole.

We looked for projects with the potential to:

- deliver long term development of expertise within the country/region concerned;
- utilise UK expertise and experience in the design and implementation of each project;
- involve new ideas or application of experience in a new area – the programme did not, for instance, provide funding for existing on-going activities.

Application process

We distributed the bulk of funding through a competitive scheme run every two years. We made four rounds of grants in this way, making five year grants of up to £250,000 each. The trustees established a committee to shortlist applications and make recommendations for funding.

The committee was made up of a panel of experts representing the geographical and subject areas, with knowledge of overseas training issues and awareness of other funding possibilities. We asked applicants to submit an outline, and following initial assessment, invited a proportion of these to submit a detailed proposal. Proposals were sent to external assessors for comment and to be short-listed. The committee then interviewed representatives from both the UK and African partner applicants whose proposals reached the final shortlist stage and made recommendations to the trustees.

We awarded larger grants in two stages – an initial grant for two or three years and the remainder following a mid-term assessment. There were three main reasons for this approach:

- to act as a due diligence exercise to assure us that the project was on track to achieve its objective;
- to support grant-holding partners in monitoring and evaluation methods;
- to give the grant-holder the opportunity to make changes to the original plan in consultation with us.

Smaller grants made through the Open Door Programme were considered by trustees as part of their standard decision-making process at quarterly meetings.

Case study 1 – mental health care in Kenya

To address the dire shortages of psychiatrists and psychiatric nurses in Kenya, the WHO Collaborating Centre, in partnership with the Kenyan Ministry of Health, the Kenya Medical Training College (KMTC) and the Kenyan Psychiatric Association, developed a programme to train primary care workers to provide mental health care.

The project aimed to:

- train at least one worker from each primary health care facility;
- provide training for senior health staff to ensure supervision of the work of the primary care staff;
- ensure mental health was included in the district annual operational plans and budgets.

Through the Commonwealth Programme, we provided a series of grants totalling £500,000 over a five year period to support the project. Evaluations at the end of the training showed a statistically significant increase in knowledge amongst trainees. Project staff are also carrying out surveys to examine the impact of the training on the treatment of patients.

II. Methodology

We wanted to address four key questions about the Commonwealth Programme.

- Have the individual projects met their own objectives, in other words, have they been successful in their own terms?
- Have the projects as a group met the objective of the Commonwealth Programme, in other words, has the programme been successful in its own terms?
- What lessons can be learned that can inform the next phase our grant-making in east and southern Africa?
- What is the current context for this kind of grant-making, and how did the Commonwealth Programme fit into that?

We commissioned an external evaluator, Joanna Monaghan from Intandem Consulting, to address the first three questions, and asked her to assess the success of the individual grants, the success of the programme as a whole and to identify lessons for the future. Joanna undertook most of this work from the UK, including a desk-based review of all relevant grant documentation, telephone interviews of the UK grant holders, and postal questionnaires to the African partners. Trainees and stakeholders were consulted through questionnaires and phone calls. We supplemented this with visits to four projects in Kenya and Tanzania, where we held discussions with the African partners and project trainees.

We addressed the final question about funding context internally. Our experience of encouraging other foundations throughout Europe to fund international work and to fund collaboratively was particularly useful in enabling us to collect background data about the funding context. For example, we jointly convene the international interest group of the Association of Charitable Foundations and make a significant contribution to international funding debates within the European Foundation Centre. In 2006, we commissioned a report with two other UK foundations into international funding by UK trusts and foundations – resulting in the publication of the report *Going Global* (Nuffield Foundation, 2007). This was followed up by a seminar on foundation partnerships in international funding in April 2008. We also participated in meetings with the Department for International Development, the British Council and other UK Foundations, to ascertain their funding priorities and the extent of their support for building professional or academic expertise.

III. Findings

1. Have the individual projects been successful?

To assess the success of each individual completed project, the external evaluator looked for immediate results of their activities (outputs) – and for evidence that they had influenced changes in policy or practice (outcomes). Projects still in progress were assessed as to whether they were on track to achieving their planned outputs and outcomes.

Outputs measured included:

- actual numbers of people trained compared with original targets;
- trainees' satisfaction with the course(s);
- numbers of courses established;
- curricula/manuals developed and equipment provided;
- sustainability – meaning the degree to which the initiative has continued beyond the duration of the grant, how long the trainees remain in post and whether courses are continuing;
- the strength of the North-South partnerships.

There were some substantial achievements at the output level:

- Ten ongoing degree, diploma and certificate level courses were established.
- Over 200 professionals had been trained to deliver training or courses to over 4000 professional level and academic staff in the public, academic and NGO sectors.

Of the 12 completed projects, 11 had achieved 75–100% of their planned outputs, with a number exceeding their targets in some areas. Of the 11 projects still in progress, 6 were on track to achieve 75–100% of planned outputs, with the others on course to achieve 50–74%. This last group were at the higher end of this range, indicating potential to move into the 75% plus range with some additional support

We received positive feedback from trainees across all projects regarding their satisfaction with the training provided. Where there was criticism from trainees, this was often around the balance between the theory and practical content of training courses, the length of courses (which were often thought to be too short), the lack of per diems (daily rate of pay), and the lack of follow up or face to face support beyond the training.

Of the completed projects, 11 out of 12 have been able to sustain some or all of the outputs, with 8 demonstrating scale-up or replication of some or all of their activities. Some elements of replication or scale up were also seen in three of the projects still in progress, although some others may require further funding in order to sustain their outputs.

Outcomes measured included:

- changes in the capacity of the local partner; particularly where building institutions at a local level was an explicit aim of the project;
- changes in the practice of those trained;
- the impact of the activities on the end beneficiaries such as communities or schoolchildren.

The external evaluator had more difficulty getting a complete picture of the outcomes of the projects, finding that some grant holders had not monitored changes at this level. Others had tried but their data collection was not systematic enough, and there were often issues with design and/or execution of impact evaluations. Most projects had not sufficiently budgeted for measuring outcomes. However, in 11 of the 12 projects there was anecdotal and some systematic evidence of change in the practice of those trained. In 8 of these projects, there was evidence of improved services to beneficiaries. For all the projects in progress there was some anecdotal evidence of change in practice of those supported, but it was too early to see outcomes at the end beneficiary level.

Case study 2 – paediatric HIV care in Zimbabwe

There are an estimated¹ 120,000 children in Zimbabwe with HIV and 1,000,000 orphans due to AIDS. As in many parts of Africa, church hospitals in Zimbabwe are a significant provider of health care. We funded Mildmay International to work in partnership with the Zimbabwe Association of Church-related Hospitals (ZACH) to train healthcare personnel in paediatric HIV care.

The project trained a core group of managers, doctors, nurses, social workers and counsellors from hospitals in North and South Matabeleland to initiate and support multidisciplinary paediatric HIV/ARV services. This included integrating paediatric HIV care with other HIV related programmes such as services to prevent mother-to-child transmission of HIV and TB clinics and nutrition feeding centres. The core group then began to train others, spreading knowledge throughout the country.

Our £150,000 grant supported this work over three years. Its success led to a £367,000 grant from the European Commission to widen the network of paediatric HIV care and support for orphaned children by bringing on board community leaders, village health workers and school health masters.

2. Has the Programme's operation been successful?

The decision making process

The review concluded that the three stage decision making process successfully identified good applications as well as helping grant applicants strengthen their project plans. An average of 75 outline enquiries were received under each of the four competitive grant rounds, of which an average of 13 were shortlisted and invited to submit a detailed proposal. The ceiling for these competitive grants was £250,000, or £50,000 per year for up to 5 years. Most applicants applied for the full £250,000. Each grant round had a total of £1 million available to award, and in 3 of the 4 rounds there were sufficient strong applications to take up the full allocation.

We received a smaller number of applications between competitions – about 10 per year – with few being strong enough to go forward to trustees. Many of the successful applications resulted from our discussions with other foundations, or as a result of previous work we had funded rather than by 'cold' applications. These applications were considered under the same criteria as the biennial grants, but trustees made decisions based on the individual merit of the applications – there was no specific funding allocation for these kinds of grants.

¹ UNAIDS/WHO Epidemiological Fact Sheets on HIV and AIDS, 2008 Update

We found that applicants were confused by the existence of the two routes and unsure which would be more likely to fund their project. Some grant holders were also unclear why some projects were managed differently to others. Nearly all applicants to the biennial programme applied for the full £250,000. Applications made by this route were permitted where there were detailed plans only for the first stage of the project – the second stage being finalized at the time of the mid-term review. In hindsight these were really two consecutive projects and should have been treated as such.

The programme's broad criteria resulted in a diverse collection of awards. The projects we funded were from a range of fields, though predominantly in science and health. They were implemented by various combinations of universities, NGOs and government ministries. Some grants were part of pan-African initiatives, others had a national level focus, with the remainder working at provincial or district levels. Some grants delivered training directly to practitioners, whilst others focused more on training those who train practitioners i.e. more of an institution-building approach. Training was delivered through a variety of means including support to individuals, cohorts, and occasionally group training for those who work together as a delivery team in the field.

We found that the type of work funded (science, health, education etc) was not a major factor in determining the success of a project, but the majority of grants made were in science, technology, engineering and mathematics (STEM), or health, and have made good progress.

The larger grants were awarded in two stages – an initial grant for two or three years and the remainder following a mid-term assessment. The assessment had two objectives: a due diligence exercise to provide assurance that the project was on track to achieve its objectives, and an opportunity to provide support to the grant holding partners in monitoring and evaluation methods. We found the reviews to be effective and feedback from the grant holders was also very positive about this process.

The grant management process

We found the application and assessment processes within the biennial scheme played a role in strengthening projects. The two stage application process and the feedback of assessors' comments provided organisations with opportunities to give additional thought to the design of their projects and to make improvements. Grant holders also appreciated the opportunity to present their proposals in more detail to the committee in the interviews. Both grant holders and the Foundation found the mid-term assessments useful. Indeed, grant holders who were not subject to this level of assessment felt they had missed out on an opportunity for objective input to their work.

Grant holders felt our flexibility during grant management was important in helping them to respond to changes in the project environment, or to implement changes identified as necessary only after the project had begun. Key elements of this flexible approach were our timescale for delivery, provision of additional funds, or redistribution of funds between budget lines.

In general, grant holders appreciated the support they had received from us at all stages from application through to dissemination and would welcome an increase in this. A few grant holders quoted examples of where we had added value to the project in other ways, for example by convincing another funder to support the project, recommending the grant holder for an award, and attending events. We were also able to offer an independent umbrella for discussions; instigating meetings between a wider group of bodies to develop co-ordination of training and its implementation beyond the named partner organisations.

3. Lessons learned

The review identified three main factors that were most influential in making the Commonwealth Programme effective :

- the design of the projects;
- the types of implementing organisations and partnership;
- the decision making and grant management processes.

The design of the projects

The way in which work is carried out is more important at determining the success of a project than the area of work (education, health etc) or the method of training delivery. The key success factors are:

- getting government and other local institutional buy-in from the outset;
- maximizing the effective use of skills learned through embedding the training in a planned delivery programme;
- providing support for those trained, both from their employers and the training providers.

The projects most likely to succeed were those that involved consultation with a broad range of stakeholders, both at the design stage and throughout the duration of

the project. In particular, the inclusion of government staff as early as possible in the project planning, and keeping them involved through attendance at training sessions or as part of a broad project steering group, increased the likelihood of training being sustained after the project ended.

The most successful training was:

- responsive to a specific set of needs;
- capable of immediate implementation;
- supplemented by post-training support.

Training that was not embedded in a planned programme to improve service provision, or for which trainees were self-selecting, was less successful.

We found the success of projects was enhanced when action was taken to make the trainees' workplace somewhere they wanted to stay after training. Projects were more likely to be able to do this if they could offer trainees:

- the opportunity to use their new skills, including providing access to the resources needed to do their job;
- a role in a motivated team supported by effective management;
- ongoing opportunities for training and development.

In addition we found that where individuals have been trained at a higher level such as PhD or Masters, retaining them in the face of "brain drain" is even more of an issue – if they leave, not only is the financial investment lost, but also the individuals' original skills and expertise. So far, of the 12 trained to these levels under the programme, only one has left her original institution and this was to move to another institution in her home country of Kenya. One strategy to discourage highly trained people from moving overseas was to assist them, or their relevant institution, to attract research funding. Additionally, if trainees are acquiring new research skills, it is important for the project to have the support of trainees' home institutions so they will be given the time they need to complete their research when they are back in the workplace.

Enabling trainees to keep on learning and developing proved one of the more difficult areas for projects to address. A number of methods have been used to support continuing professional development with varying degrees of success. These included mentoring relationships both at a distance and face to face, UK volunteers, workshops, short courses, networks, refresher training and distance education courses. In general a more hands-on approach was needed to make

informal support systems work, at least at the start, rather than leaving the trainees to network and support each other.

The projects had different approaches to monitoring and evaluation, and this had an impact on their success. Not all projects saw it as their responsibility to understand the impact of the training they provided on the end beneficiaries, and some did not even think it was their role to follow up with those they had directly trained – believing their responsibility ended with the provision of the training. We found this had two implications for the success of the project. Firstly, adjustments could not be made to the training to address any difficulties experienced by trainees when they return to their workplaces. Secondly, without systematic evidence of impact it was hard for projects to convince government or other donors they were worthwhile and therefore suitable for replication or scale-up.

The types of implementing organisations and partnerships

The key success factor here was whether the project and the UK partner's input was needed by the local partner. For example, whether it was in their strategic plan, had been part of their thinking for some time or helped them to respond to an important new policy direction.

We also found that relationships between institutions or plans to develop these, were more important than a strong relationship between *individuals* from each organisation. Although many partnerships in this programme had flourished on the basis of personal relationships, this over-reliance on key individuals caused problems if they were unable to devote the time needed to project management. Some projects countered this in the UK by having a range of academics involved, and/or by employing a specific project manager/coordinator to enable the key UK member of staff to focus on the more technical input.

We didn't find any clear evidence that one type of institution i.e. NGOs or universities, was more effective in implementing projects that resulted in change. NGOs were more likely to try to measure impact and to take a more developmental approach to achieving that impact (i.e. providing training and follow up) than universities (who may see themselves solely as training providers). But in terms of local organizations, sustainable change is more likely to be achieved through supporting government or quasi government training or research institutions, and this is best done by universities. Universities are also more likely to be delivering the higher level training that is the Nuffield Foundation's niche.

We found that some of the most successful projects were characterised by multiple partnerships, not only with the local delivery partner, but also government and other external stakeholders, who would be crucial for

sustainability. We also found that South-South relationships, whilst not critical to project success, were helpful in ensuring sustainability and scale-up. Examples of this included regional exchange of trainers for courses rather than relying on UK input, or sharing ideas between universities on the development and delivery of a particular kind of course.

The decision making and grant management processes

Although our decision making process resulted in good projects being funded, there was a low application to success rate. In part this was due to the size of the total budget available and the fact that most applicants applied for the maximum grant. However a large proportion of the outline applications we received did not quite add up to what the programme sought to support, even though they met all or most of the individual criteria in principle. The review concluded this could have been addressed by communicating a clearer rationale for the programme and its funding criteria, and by talking through proposals with prospective applicants at an earlier stage. By doing so, we would have been better able to convey exactly what the programme was looking for in a proposal and to advise in cases where the programme was not an appropriate source of funding.

In light of the fact that most successful applications were in science and health, and the relative success of projects in these disciplines, the review concluded that a more explicit focus on science and health would both strengthen the programme and reduce the number of applications.

The review showed the dual funding route process had not worked as well as had been envisaged. Our intention had been to provide flexibility, by funding smaller or pilot projects as well as larger projects. In practice, this process proved too rigid and complicated. Creating just one funding route, with the opportunity of funding projects of various sizes, including pilot projects, would assist both the applicants and the decision-makers.

There was also evidence that we had played a role in supporting and strengthening the projects beyond the provision of funding, particularly with the larger projects made under the biennial funding route. There is scope for increased engagement with the individual projects and in showcasing the kinds of international projects that foundations can support.

4. Current funding context

Our approach to funding work in Africa is distinct from other funders, and the review of our Commonwealth Programme identified a number of features that made the programme unusual within the wider context.

- We focused on the development of the expertise and experience of practitioners and policy makers at relatively senior levels as opposed to grassroots training such as literacy classes.
- We funded partnerships in which the UK partner is actively involved in the capacity building in contrast to the majority of funding, in which the UK organisation acts as a conduit for money, monitoring and moral support.
- We directly supported the development of service delivery as opposed to the support of advocacy and rights based work.

In the years we ran the Commonwealth Programme, there were few other UK funders supporting professional and/or academic capacity building in Africa. In 2006, together with two other UK foundations, we commissioned a study on UK trusts and foundations' support for international development. The report, *Going Global* (Nuffield Foundation, 2007), focussed on foundations funding international development at a scale between £50,000 and £1 million per annum, which is considered 'small'. We were the only foundation funding through organisations other than NGOs, with nearly all the funding from the other foundations supporting community-based projects, particularly advocacy work. Of those foundations contributing more than £1m per annum, only Wellcome and Leverhulme were supporting capacity building programmes in research. The Department of International Development (DFID), as with most government funders, had been prioritising primary education over the past few decades with very little support for higher level training apart from through its Development Partnerships in Higher Education programme (DePHE), administered by the British Council.

Our last grant made under the Commonwealth Programme lies outside the scope of the evaluation, as it had not begun when the evaluation commenced. Together with four other European foundations, we founded the Neglected Tropical Diseases Fellowships Programme, aimed at building a group of African researchers in neglected tropical diseases and strengthening African research institutions in the process. The other foundations in the consortium are The Calouste Gulbenkian Foundation, Cariplo Foundation, Fondation Merieux, and Volkswagen Foundation. The researchers funded by the programme are involved in biomedical or related public health projects that address urgent and important translational research questions and are based on African needs and priorities, rather than northern research interests.



Funding collaboratively enables us to be part of larger initiatives, either by contributing to a wider pool of funding, by funding the training element of a larger intervention, or by training researchers/evaluators to evaluate the effectiveness of projects. Many of the Commonwealth Programme projects were in effect supported by funding collaborations, as considerable in-kind financing came from the African partner – particularly governments. Some were also jointly funded – where the grant holder secured funding from different sources.

IV. Recommendations

Following consideration of the Commonwealth Programme review, our trustees made a series of recommendations for its successor, the Africa Programme, for the five year period commencing in 2010.

- Provide greater clarity about why we fund in a particular way – to set out the theory of change behind the programme and its funding criteria.
- Focus on science, technology, engineering and mathematics (STEM) and health projects, whilst retaining the possibility of considering interesting proposals in other areas if they are close to our core areas.
- Support a range of project sizes, with phased support for larger projects, within one funding route.
- Place an increased emphasis on the long-term impact of projects, beyond the immediate outputs.
- Increase our engagement with the individual projects and our efforts to showcase the kinds of international work that foundations can usefully support.
- Explore the possibility of further funding collaborations with other funders, particularly other trusts and foundations, where the project is too large or too wide ranging for us to consider on our own.

V. Nuffield Foundation Commonwealth Programme – projects supported since 2000

1. Projects supported under the four biennial grants competitions

International Extension College and Kyambago University, Uganda

Strengthening distance education delivery of in-service teacher upgrading in Uganda

April 2001 – March 2006, **£212,376**

The partnership between the International Extension College and Kyambago University successfully strengthened the delivery of a course upgrading primary teachers with basic training to diploma level. The project achieved its objective of training 279 managers, materials writers and supervisors. Feedback from students on the course showed an improvement in all aspects of its delivery and the examination performance of the students rose by 5%. The unit was upgraded to an institute and is now recognised by institutions in Africa as a resource for developing distance education.

Royal Free and University College Medical School and Tuimaini University, Tanzania

Establishing upgrading courses for medical laboratory technicians in Tanzania

March 2001 – February 2006, **£201,413**

This Tanzanian project established diploma and degree courses in laboratory science, including training two lecturers. At the end of the project, 60 self-funded students were enrolled on the course, but one lecturer had left. This result represented an achievement of 75–100% of planned outputs. In terms of outcomes, there is anecdotal evidence of improved standards in returning students' laboratories. European Union research funding, awarded in part due to the project, has since strengthened Tuimaini's capacity to compete for further research grants and retain staff.

Tropical Health and Education Trust and College of Medicine, University of Malawi

Development of trauma management in rural areas in Malawi

January 2001 – December 2007, **£182,500**

This project in rural Malawi aimed to develop training for rurally-based medical assistants to manage and care for patients with trauma and injury. The project resulted in the graduation of 72 rural medical assistants, upgrading them to Orthopaedic Clinical Officers (OCO). It was also successful in training 346 medical assistants and nurses as support workers for the graduates. There is now at least one OCO in each district hospital in Malawi and anecdotal evidence of changes in practice which are having an impact on patient outcomes.

Dundee University and the Independent Medico-legal Unit, South Africa

Medico-legal training for professionals assisting women and child victims of violence in KwaZulu-Natal, South Africa

February 2001 – January 2006, **£250,000**

The project provided training in counselling, interview techniques and collecting, preserving and presenting medico-legal evidence for staff coming into contact with victims of violence. This included health staff in rape crisis centres and members of the justice, police and social welfare departments. The project trained nearly 2000 professionals in three provinces. This was a more significant output than originally planned and was made possible in part due to additional external funding which enabled the training to be extended to Eastern Cape and North West Province.

Link Community Development and the Eastern Cape Department of Education

Capacity-building for effective secondary school management in Eastern Cape, South Africa

July 2003 – June 2008, **£258,950**

This project in the Eastern Cape facilitated a participatory development planning process in schools in order to prioritise needs and strengthen planning and inspection skills. Of the participating schools, 90% developed functioning finance committees, policies and budgets. There has been improvement in learner performance in all 3 districts (by 27%, 42% and 49%), and increased involvement of parents in decision making and running of schools. The process has since been applied in other provinces and other countries.

International HIV/AIDS Alliance and Young, Happy, Healthy and Safe (YHHS)

Providing sexual reproductive health education to pupils aged 10-15 through schools in Zambia

May 2003 – June 2008, **£290,092**

This project developed a teacher training programme and materials based on local needs identified by pupils, teachers and communities. Approximately 8,500 children were reached through 90 trained teachers in 18 schools, representing 50–75% of the projects' planned outputs. The project was unsuccessful in being 'scaled up' into other provinces (mainly due to US funding policies), but the project model has attracted significant interest from organisations working on HIV/AIDS prevention programmes and the training materials have been used elsewhere.

Riders for Health (UK) and Riders for Health (Zimbabwe)

Transport management training in Africa

April 2004 – September 2009, **£96,000**

The project is supporting Riders' work to strengthen health delivery services in Africa by improving vehicle maintenance and safety. Funding is providing bursaries for NGO health delivery service workers to attend training in motorcycle riding and basic maintenance. With a short extension, it is on track to meet planned outputs – so far 117 people have been supported. Riders have been awarded a grant from the Skoll Foundation, funding expansion of their infrastructure to allow training in other countries.

Institute of Psychiatry, King's College London and the Kenyan Ministry of Health

Developing primary care of mental disorders in Kenya

May 2005 – April 2010, **£504,000**

King's College and the Kenyan Ministry of Health are working together to train primary care workers in mental health care and higher level cadres of health staff in their supervision. The project is on track to achieve its outputs – training materials and treatment guidelines have been developed specifically for primary care staff, and 1,165 primary care workers have been trained and a course run for their 54 mental health “in charges”. Mental health is now in the Ministry of Health's national operational plan and there is good buy-in from the Ministry of Health.

International Centre for Eye Health, London School of Hygiene and Tropical Medicine and Groote Schuur Hospital, South Africa and Kilimanjaro Centre for Community Ophthalmology, Tanzania

Development of African training centres in community eye health in Tanzania and South Africa

April 2005 – March 2010, **£283,360**

This project is developing and establishing two Community Eye Health courses, including providing training for lecturers and supporting some initial bursaries. The project is on track to achieving its planned outputs, which are to have three faculty members successfully complete the Masters in Community Eye Health at ICEH and return to teach. So far, three community eye health courses have been run in South Africa and two in Tanzania, training a total of 76 people, of which 40% were funded by governments or NGOs.

International Health Research Group, Liverpool School of Tropical Medicine and the South African Cochrane Centre

Training of African Cochrane Reviewers

April 2005 – March 2010, **£270,000**

This project aims to train African health researchers and professionals in the science of research synthesis and will assist them initiate and prepare a Cochrane Review. So far, 20 people have attended the initial training with 11 completing their reviews. Three of these reviews have been published in *The Cochrane Library*, putting the project on track to achieve its outputs. A Cochrane Centre branch has been formed in Nigeria with reviewers from this and previous training projects; it will now conduct its own research synthesis training.

Liverpool School of Tropical Medicine and the Pan-African Thoracic Society

Research training in methods for epidemiologic, clinical and operations research

January 2007 – December 2011, **£250,000**

This partnership between Liverpool School of Tropical Medicine and the Pan-African Thoracic Society is training African respiratory health professionals in research methods. It is also creating mentor partnerships with the aim of creating a network of research proficient investigators within Africa. So far two training courses have been held. The first course was attended by 14 health professionals, 9 of whom returned for the second year, during which they were joined by a new intake of a further 17 students. This puts the project on track to meet 50 – 75% of its planned outputs.

School of Ocean Sciences, University of Wales, Bangor and the National Fisheries Institute, Eduardo Mondlane University and Ministry of Fisheries in Mozambique

Developing marine sciences in Mozambique.

January 2007 to December 2011, **£250,000**

The project in Mozambique is establishing a national centre for aquaculture and marine research training, including training key government and university personnel in marine science. It is on track to meeting its planned outputs. Key staff members from the Mozambique partner institutions have successfully completed MSc training and the short practical training begun. The research centre site has been changed, with the advantage of improved aquaculture infrastructure and co-operation with an aquaculture company.

Mildmay International and the Zimbabwean Association of Church Related Hospitals

Paediatric HIV and use of ARVs for multidisciplinary health workers in Zimbabwe

January 2007 to December 2009, **£150,000**

This project in Zimbabwe is training nurses and managers from 12 mission hospitals to enable them to initiate and support multidisciplinary paediatric HIV/ARV services. By half way through the project, 55 nurses and 14 district managers had been trained, making the project 50 – 75% on track to achieving its planned outputs. There is anecdotal information (from field visits and trainee feedback) that wards are now more child-friendly, there is better screening of patients, and better ARV management and counselling.

Nuffield Centre for International Health and Development, University of Leeds and the Centre for Educational Development and Health (CEDHA) in Tanzania

Building educational capacity for training in health management in East Africa

February 2007 to January 2012, **£240,000**

This project is supporting an assessment of the precise professional development and training needs of district health level staff. It is also developing postgraduate curricula to meet those needs and assisting CEDHA's teaching staff to deliver the new courses. The training needs assessment has been carried out, two of CEDHA's lecturers have been trained to Masters level and a third is part-way through a PhD. This puts the project on track for delivering its planned outputs.

2. Projects supported by grants made between the biennial rounds

Sound Seekers and the Ministry of Health, Swaziland

Developing an audiology service in Swaziland

April 2003 – June 2004, **£33,750**

This project successfully achieved its goal of establishing an audiology service for Swaziland. The service offers screening, diagnosis and treatment of ear disease and the provision of hearing aids. A UK audiologist established an audiology clinic at the Government Hospital in Mbabane and a laboratory to maintain and repair audiology equipment and hearing aids. He trained two nursing sisters as audiology practitioners and two technicians were trained in Uganda to run the laboratory.

Hospice Africa UK and Hospice Africa Uganda, Cicetekelo Hospice, Zambia, the Lighthouse project and the Queen Elizabeth Central Hospital in Malawi

[Developing palliative care in Africa](#)

September 2003 – June 2006, **£263,846**

The grant funded four palliative care projects in Uganda, Malawi and Zambia, providing models and/or training pivotal to the development of palliative care policy and practice in Africa. All the projects went on to identify further sources of funding to continue their work and, more widely, this led to the establishment of the African Palliative Care Association which supports the scaling-up of palliative care provision across Africa. These outputs represent 75 – 100% of those planned.

Mildmay International and the Ministry of Health, Zimbabwe/Zimbabwean Association of Church-related Hospitals

[Paediatric training programme for health professionals in Zimbabwe](#)

September 2005 – March 2006, **£58,106**

This was a pilot project to develop the skills of multidisciplinary healthcare workers to care for children with HIV. It achieved its planned outputs – developing a curriculum in paediatric healthcare and management, use of ARVs and running 12 workshops for 318 participants in government and mission hospitals in and around greater Harare. Mildmay International and ZACH received a further grant from the Commonwealth Programme to build on this project.

London Mathematical Society/International Mathematical Union and the African Mathematics Millennium Science Initiative

[Supporting mathematics and its teaching in sub-Saharan Africa](#)

October 2007 – September 2009, **£105,000**

This project is developing professional links between African and UK institutions. It currently has seven links operating between UK universities and African universities in Cameroon, Ethiopia, Ghana, Nigeria, Ivory Coast, Uganda and Rwanda. The links bring with them professional mentoring from UK mathematicians and the opportunity for periodic research travel. Leverhulme Trust is co-funding this initiative, which is 50 – 74% on track to meet its planned outputs.

Evidence for Development and University of Malawi

[Building expertise in the monitoring and evaluations of projects in Malawi](#)

January 2007 – July 2007, **£42,435**

This project introduced techniques to monitor household economy and food security to the Department of Economics, University of Malawi, with the aim of incorporating this into its training of economists working with government, NGOs and international organizations. The project achieved its planned outputs, and also succeeded in introducing the training via a practical field study of household income in one district. DFID was very interested in the study's findings that challenged the current social cash transfer criteria.

University of Cape Town Trust and University of Cape Town

Early Career Development Fellowships in Chemistry

November 2006 – October 2009, **£83,300**

The Fellowships address the need for teaching and research staff to better reflect the demography of South Africa and to replace staff lost to government, industry and retirement. The scheme, co-financed with Atlantic Philanthropies and the Leverhulme Trust, supports talented individuals at various stages of their careers from final honours degree to junior lecturer. Nuffield Foundation funding is supporting four Fellows at present – two at MSc and two at PhD level – and the project is on track to meet its planned outputs.

The Co-operative College and Moshi College of Co-operative and Business Studies, Tanzania

Education for the co-operative sector in Tanzania

January 2007 – December 2007, **£50,000**

The project achieved its aim of identifying gaps in staffing and competency in the colleges in Tanzania. The findings were presented at a regional meeting organised by the International Labour Organisation (ILO). Since then, under DFID funding, the ILO has launched a new programme to mobilise the co-operative movement in East and Southern Africa. Based in Tanzania, the programme offers funding that will be applied for to act on some of the study's recommendations.

Sound Seekers and the Ministry of Health, Gambia

Providing an audiology outreach service to the Gambia

November 2006 – October 2007, **£56,700**

The project achieved its aim of establishing a mobile clinic-based audiology service for isolated communities across Gambia. Two UK audiologists trained three nurses and two technicians to run an outreach service offering screening of hearing, treatment of ear disease, fitting of hearing aids and referral for surgery where necessary.

The Neglected Tropical Diseases Fellowships Programme

2008 – 2011, **£250,000**

Together with four other European foundations, we founded the Neglected Tropical Diseases Fellowships Programme, aimed at building a group of African researchers in neglected tropical diseases and strengthening African research institutions in the process. The other foundations in the consortium are The Calouste Gulbenkian Foundation, Cariplo Foundation, Fondation Merieux, and Volkswagen Foundation. The researchers funded by the programme are involved in biomedical or related public health projects that address urgent and important translational research questions and are based on African needs and priorities, rather than northern research interests. The call for proposals has been developed and executed jointly, but each foundation is responsible for a number of fellowships, depending on its financial contribution. The Nuffield Foundation is funding one junior and one senior fellowship – both to Ugandan scientists working in Uganda.

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