



OVERSEAS PARTNERS TOOLKIT



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Introduction

This toolkit is designed to give guidance to those who wish to establish a VISION 2020 Link with an academic training medical institution in the UK, for human resource and skills development in line with the National Prevention of Blindness Committee and VISION 2020 plans and goals for your country.



The VISION 2020 Links Programme

The VISION 2020 Links Programme originated as part of the 'VISION 2020: The Right to Sight' initiative. This is a global initiative established in 1999 by the World Health Organisation and the International Agency for Prevention of Blindness to eliminate avoidable blindness worldwide. One of the key strategies of VISION 2020 is human resource development. The VISION 2020 Links Programme provides training and support to develop the expertise of eye specialists overseas and enable them to prevent more people going blind.

In the first five years of the VISION 2020 Links Programme eighteen institution-to-institution links have been established (sixteen in Africa and two in Indonesia). There is continued interest in establishing links between academic/training institutions in Africa and the UK and also in developing 'south-south' links. The VISION 2020 Links Programme plans to continue facilitating these developments.

Purpose of the Toolkit

This toolkit is primarily a guide to developing a link within the VISION 2020 Links Programme but could be adapted to suit other specialties such as ear care, orthopaedics or obstetrics and gynaecology. For wider links, the Tropical Health and Education Trust (THET) has developed 'The International Health Links Manual' which provides practical details for establishing multidisciplinary links between health institutions.

(For further information see www.thet.org.uk).

Purpose of VISION 2020 Links

VISION 2020 Links offer an excellent opportunity for the professional development of all cadres of eye care staff including:

- MMed training support and sub-specialist clinical training
- Enhancing the quality and range of ophthalmic care including development of mid-level cadres
- Management and IT support for patient care and record-keeping
- Alternative approaches to health care delivery



*"This is not about giving people a UK **product** but about a process of **working together** to meet a need"*

- Nigel Crisp, 'Global Health Partnerships' February 2007

Steps to a VISION 2020 Link

First Steps

1. Obtain acceptance, agreement and ownership by senior staff in your hospital/ training institution in Africa, for example the Medical Director, the Dean and members of the Eye Department to develop a VISION 2020 eye link with a UK institution.
2. Fill in the Needs Assessment questionnaire provided by ICEH and begin email contact/discussions with the VISION 2020 Links Programme Manager. As part of the questionnaire you are asked to identify two key priorities, which will be the main focus in the initial three-year activity plan. However, when deciding your two key priority needs it is important that these reflect the overall VISION 2020 goals within your country and district (see Needs Assessment questionnaire in Section 1 on page 7). Please send ICEH a copy of your country's National VISION 2020 Plan, for information.
3. Check whether there are any existing links between your institution and other partners. A list of existing links with your institution and eye departments both local and international, as well as any other health partners, needs to be made available to both ICEH and the link partner (see Needs Assessment questionnaire in Section 1 on P. 7).
4. With this information, the VISION 2020 Links Programme Manager will identify a suitable UK 'match' for the VISION 2020 link.
5. The VISION 2020 Links Programme will ensure that there is acceptance, support and ownership by the UK Hospital/University/ NHS Trust of the links concept, and in particular the development of an ophthalmic link.

Setting up a Links Steering Group

1. The next step will be the establishment of a Links Steering Group. Both institutions will require this (recommended membership for the group is shown in Section 2 on page 12).
2. Identification of a Coordinator, and space if possible, to facilitate and coordinate the communications required to run the link (both institutions require this, see Section 3 on page 14. This will include the timely procurement of visas for travel to the UK. Guidance for visa applications is shown in Section 4 on page 16.

Exchange Visits

1. As part of the formal Needs Assessment process of the VISION 2020 Links Programme there are two exchange visits: one from the UK team to see your institution and situation and vice versa. The facilitation of both visits will be through the VISION 2020 Links Programme.

2. As part of the initial exchange visit to your institution, the Ministry of Health or Prevention of Blindness Committee chairman should be included in the visit schedule (see Section 5 for a template example of a visit schedule on page 18).
3. This is followed by a visit of your team to the UK institution in order to further develop ideas and plans to consolidate the link. This should include your Medical Director/Chief Executive or senior hospital manager as well as the head of the ophthalmology department.
4. During the visit of your team to the UK, the VISION 2020 Links Programme will work with you and your counterparts in the UK institution to develop a three-year activity plan that relates directly to your agreed priority needs from the needs assessment form.

Memorandum of Understanding (MOU) and Activity Plan

1. During the return visit to the UK, both Partner Institutions will sign a statement of intent, often referred to as a Memorandum of Understanding (MOU) (see example in Section 6 on page 20). The MOU is a statement of intent rather than a formal legal document but it is important to seal the relationship and the desire to work together for the next three years.
2. The Medical Director and/or the Dean of your institution together with the Chief Executive and/or Medical Director of the UK institution should sign the MOU. This is a good opportunity to promote the link in the UK, which could assist fundraising.
3. An example of a three-year Activity Plan is shown in Section 6, following the MOU. This document sets out precisely what activities will be undertaken, when they will happen, who is responsible, how they will be monitored, and how much they will cost.
4. Once the three-year Activity Plan is developed, assistance is offered from the VISION 2020 Links Programme to help formalise this into a funding proposal. This document will be used by both Steering Groups to approach funding organisations. Section 7 includes an example of a funding proposal, a list of potential sources of funding, some tips and hints for successful fundraising, and links to fundraising websites set up by links partners.

Monitoring, reporting and evaluation

1. Monitoring of the Activity Plan by Link Steering Groups in both institutions is important. Sharing the minutes of the meetings with the partner institution assists communication.
2. The Activity Plan will identify a number of exchange visits by key personnel in each institution in order to train or receive training. These visits to the link institution should be followed up with a brief one-page report, which is submitted to both institution steering groups and the VISION 2020 Links Programme (see sample visit report in Section 8 on page 29).

3. An Annual Report which contains a financial summary and a narrative review of the training activities carried out under the Activity Plan needs to be sent to the VISION 2020 Links Programme each February (see Section 9 pages 34-37 for format and submission details).
4. In the middle of the third year of the Activity Plan a visit of both Link Coordinators should take place at one of the institutions to evaluate together the past progress and achievements and develop the next three year plan. The VISION 2020 Links Programme can assist and facilitate this next phase (see evaluation form and a sample second phase activity plan in Section 10).

Equipment

Equipment and Consumables: although the link is not primarily about supply of equipment, these items are often required when developing new sub-specialist services such as children's eye care services. As part of its support to the programme, your hospital will need to organise the purchase of necessary equipment. It may be possible to use the link training as leverage with the Ministry of Health/Government to persuade them to provide the equipment. Additionally an NGO who provides funding to the eye department should be encouraged to collaborate by supplying appropriate equipment to back up the training. Invitations to join the steering group will strengthen this development.



Training Materials

As the VISION 2020 Links Programme has been underway since 2004, there exist various types of training materials used within the links. In order to avoid duplication of effort we encourage all link partners to review existing training materials held in a central repository available on the International Centre for Eye Health website. Any new materials produced by your link would also be appreciated and will be added to this site for sharing.

Section 1

Needs Assessment

This questionnaire is designed to identify two key main priorities which you would envisage the link could assist your Institution's Eye Department for the next three years. This may be revised again for the following three year plan giving opportunity to re-look at priorities and developments.

Please include a copy of your National VISION 2020 Plan with the completed questionnaire as part of the Needs Assessment process. Please send this back to the VISION 2020 Links Programme if you would like to be considered for a link. The questionnaire is in this toolkit.

Needs Assessment Exchange Visits

The Needs Assessment Exchange Visits are described earlier on in this toolkit and are important to the decision by both link partners to become a 'VISION 2020 Link' for the coming three years (and can be extended for the following three years etc.) There is an engagement questionnaire which both link visiting teams are required to complete to show understanding of commitments to establish a successful link. This engagement questionnaire is in this toolkit. The identified link coordinator for each institution will submit these documents to the VISION 2020 Link Programme immediately after each exchange visit.

VISION 2020 Links Programme

Needs Assessment Questionnaire

This information will be used by the VISION 2020 Links Programme to find you the most appropriate Institutional link 'match' with a UK Institution.

<i>Please complete the following section:</i>		
NAME OF INSTITUTION:		
HEAD OF INSTITUTION:		
HEAD OF EYE DEPARTMENT:		
Total number of hospital beds		
Total number of Ophthalmic beds		
Population of your district or coverage area		
STAFF:		
How many ophthalmologists work in your department/centre?		
How many ophthalmic nurses work in your department/centre		
How many optometrists work in your department/centre?		
How many low vision experts work in your department/ centre?		
How many other eye care professionals, work in your department/centre? (E.g. ophthalmic assistants, refractionists, equipment technicians)		
NAME TITLES:	TOTAL NUMBER:	
SURGICAL STATISTICS 2008/9:	TOTAL:	% IOL
No. of cataract operations in your department?		
No. of cataract operations on outreach by your department?		
No. of childhood cataract operations performed in your department?		
No. of glaucoma operations in your department?		
No. of retinal detachment operations performed in your department?		
No. of corneal graft operations performed in your department?		

Training Courses 2008/9:

Please provide information about courses offered in your centre/department. If more than five courses are offered please continue on the back of the sheet.

COURSE TITLE	LENGTH:	WHO ATTENDS?	HOW MANY ATTEND?
1.			
2.			
3.			
4.			
5.			

Current Equipment:

Please complete the table stating what equipment you have with any comments.

EQUIPMENT	YES	NO	HOW MANY OF EACH?	STATE WHETHER IN GOOD WORKING ORDER?
Perimeter				
Slit lamps				
Cataract surgical sets				
Operating Microscope				
Laser				
Phaco machine				
<i>(add more if necessary)</i>				

Services:

DO YOU HAVE LASER SERVICES?	YES/ NO
If yes please describe:	
DO YOU HAVE LOW VISION SERVICES?	YES/NO
If yes please describe:	
PLEASE DESCRIBE YOUR ACCESS TO EYE EDUCATIONAL RESOURCES (BOOKS, JOURNALS, OTHER TEACHING AND LEARNING MATERIALS)?	
PLEASE DESCRIBE YOUR ACCESS TO INTERNET?	
DETAIL THE SPECIFIC LINKS YOUR INSTITUTION ALREADY HAS ESTABLISHED WITH OTHER INSTITUTIONS, INDIVIDUALS AND NGO'S	
Please indicate beside each link if they are international, national or local links	
1.	
2.	
3.	

Future Priorities

What are your TWO main priorities for development of your department/centre? If you wish, use the checklist below to help you decide:

SPECIALITY	COMMENT
Cornea	
Cataract	
Glaucoma	
Refraction	
Low Vision	
Strabismus	
Paediatric Ophthalmology	
Medical Retina	
Surgical Retina	
Oculo-plastic	
Public Health/ Epidemiology/ Community	
Ophthalmic Nursing	
Ophthalmic Theatre Practice	
Histo-Pathology	
Information Technology for Eye care	

Priority One	
Priority Two	

How could the VISION 2020 Links Programme assist the development of your eye programme with reference to your two main priorities?

Priority One:

Priority Two:

OTHER COMMENTS:

Signature of Chief of Executive:

Signature of Head of Department:

Date:

Section 2

Link Steering Group

The Steering Group is the driving force behind a successful Link. This group monitors the development of the annual activities on a regular basis against the agreed Activity Plan. Members of this group oversee the communication between the partners in the linked institutions and are involved in fundraising for the link training visits.

It is important that the senior management of the hospital/university are represented as well as medical, nursing, academic and administrative staff.

Other senior community leaders who are enthusiastic about the link should be recruited to join the Steering Group and assist with fundraising, promotion or publicity.

Suggested Membership:

1. Link Coordinator and an administrative staff member
2. Hospital Board member or Medical Director and postgraduate Dean or senior academic representative
3. Clinician(s) involved in link
4. Ophthalmic nursing representative; other mid-level cadre including refractionists
5. Fundraising lead/business or community leaders to promote the link
6. VISION 2020 Country Coordinator and/or member of the National Prevention of Blindness Committee
7. Local NGOs supporting the link and/or your eye department
8. Finance person to assist with bookkeeping and financial reporting for the link.

Role of Recommended Steering Group Members

1. Links Coordinator

See detailed description in Section 3 below.

2. Hospital/institution Board member, Medical Director or Dean

Successful links involve senior members of the hospital/institution who play an important role in keeping the Board and senior management informed and giving the link a high profile within the hospital and the community. Hospital Board members are often well known locally and have connections within the community, and may increase the opportunities for raising funds. Institutional links are likely to have a strong academic component, particularly if a university is also involved. A postgraduate Dean will be well placed to advise on teaching and training overseas.

3. Clinician(s) involved in the Link

Clinicians are key partners in the link and benefit from specialist training as part of a strong relationship with their peers from the UK. Commitment is often increased once clinicians have met the UK partner and made friendships and professional contacts.

4. Ophthalmic nursing representative; other mid-level cadre

VISION 2020 Links seek to develop the team rather than an individual. For example, if the priority need is paediatric ophthalmology, the link partnership will seek to enhance training for a team composed of an ophthalmologist, nurse, orthoptist and anaesthetist. Ophthalmic nurses play key roles in the eye department and are usually involved in links, benefitting from training and skills exchange with their peers from the UK, enhancing their skills and the contribution they make to the eye department.

5. Fundraising lead/senior business or community leaders

Fundraising has to be given priority to ensure that a link is sustainable and a fundraiser or donor on the Steering Group can make all the difference. Lay participation is very useful for encouraging a wider community involvement in the link, particularly if the representative on the Steering Group is influential locally and has contacts, such as local Rotary or Lions clubs, individual businesses or business groups. It is essential that a clinician is responsible for regularly updating the fundraiser(s) so that the aims and desired outcomes can be clearly indicated to potential donors.

6. VISION 2020 Country Coordinator or member of National Prevention of Blindness Committee

Involvement in the link Steering Group will enable the national VISION 2020 or NPBC representative to understand the contribution the link is making in meeting the objectives of the National Plan. He/she will bring valuable insight into the overall priorities and objectives for the country. He/she will add weight to funding

proposals and their support may help access to funding, such as from the Ministry of Health.

7. Representative(s) of NGOs supporting the eye department

Involvement in the link Steering Group will enable the representative(s) of supporting NGOs to see how important the link is in developing skills and expertise throughout the eye department. He/she is more likely to support a proposal for funding for the link if directly involved in the Steering Group.

8. Treasurer/finance person

A treasurer should be nominated to take care of donations and report to the Steering Group. The treasurer's input into record-keeping and reporting on the finances in the Annual Report (see Section 9 below) is critical to the long-term sustainability of the link. It is not easy to find someone with a background in finance or fundraising and so it may have to be an organised and enthusiastic person instead!

Section 3

Role of the Link Coordinator

Key Role - focal point for communication internally and externally

1. Steering Group meetings

- Preparation and implementation of Steering Group meetings, which should be held ahead of upcoming training visits (usually two or three times a year)
- Circulate Minutes of meetings to UK Steering Group and the VISION 2020 Links Programme
- Delegate work (e.g. promotion and fundraising) as appropriate Provide annual link reports and financial statements to the VISION 2020 Links Programme
- Facilitate communication on link activities and progress between partners, stakeholders, steering group members and the VISION 2020 Links Programme

2. Planning for visits by the UK partner

- Assist UK partners with required information regarding accreditation and registration
- Provide letters of invitation required for visa application
- Organise accommodation and local transport (according to funds available, e.g. Your institution's guesthouse facilities)
- Ensure objectives for the visit are in line with the needs identified in the Activity Plan
- Provide logistical support for visits e.g. The necessary staff and patients, theatre and clinic time for planned procedures and teaching
- Maximise the use of the visiting team in providing 'hands-on' training and skills development as this will be more limited when your team visits the UK (see below).

3. Planning for visits to the UK

- Obtain letter of invitation from UK partner well in advance of visit to UK.
- Assist your team in obtaining visas in good time for visits to the UK (see Section 4 below).
- UK visits mainly involve observerships, because of difficulties in medical registration. Your team needs to be aware of this limitation and be prepared for more theoretical than 'hands-on' learning when in the UK.
- Prepare a Powerpoint presentation about your hospital, eye department, patients, the wider community etc to use when visiting the UK, and which can be adapted to suit different audiences e.g. NHS Trust Board, eye department, joint steering group meeting, local fundraising organisations, and supporting NGOs.

Communication, including follow-up on visits

4.
 - During the early months of the establishment of the link there may be a limited amount of training activity, as usually funding has to be obtained before the activity plan can get underway. This can cause some frustration in the team who are keen to start the training. It is important that the coordinator of the link keeps people involved informed of progress even if it is nil or slow. This will avoid Steering Group members and those involved in training losing motivation and enthusiasm for the link.
 - It is important to make sure that the planned activities take place smoothly. A timetable/schedule should be prepared and agreed by both teams in advance. This will ensure that the best available support is given to those involved in the training and makes the most of the time that the team are with you. This maximises the use of the UK team in providing the 'hands-on' training and skills development requested in the activity plan.
 - Ensure questionnaires are sent to VISION 2020 Links Programme immediately after visits. Share reports with each link partner and VISION 2020 Link Programme.
 - Report to funding partners during or after visits
 - Use visit reports for promotion of link and raise awareness of needs.
 - Ensure that financial statements are updated after visits
 - Ensure that annual reporting to the VISION 2020 Links Programme is carried out on time (see Section 9)

Section 4

Notes on Visa Applications for Overseas Links Partners

Websites and Sources of Information

1. The UK Border Agency is now run by the Home Office. Their official visa services website is at:
www.ukvisas.gov.uk
in which the application process is explained and frequently asked questions answered.
2. Latest news can also be found at:
<http://www.bia.homeoffice.gov.uk/>
3. The most recently updated application advice (Guidance – Visitors - INF 2) from the UK Border Agency can be found here:
<http://www.ukvisas.gov.uk/en/howtoapply/infos/inf2visitors#9244241>
4. It is also worth looking at your Embassy or High Commission website to check on any local application procedure.
5. In some countries, for example South Africa, Lesotho, Swaziland, Mozambique, Namibia, Zimbabwe and Malawi, a commercial partner (VFS), deals with much of the documentation and may also carry out interviews. Their website is:
<http://www.vfs-uk-za.com/>
Through this website you can access the necessary forms.
6. Biometric data collection for visa applicants is now becoming universal. This may mean attending for finger printing and digital photography. Details of the procedure and benefits can be found at:
<http://www.ukvisas.gov.uk/en/howtoapply/biometricvisa/>

Some General Notes

1. Starting the process in good time is essential. There is no points system (unlike work visa applications) but the information required is extensive and has to be provided in detail.
2. Ideally three months before the visit, the UK Border Agency should be informed by the UK link partner of the names, passport numbers and dates of travel of the overseas link visitors.
3. Visa applications MUST be completed in full and supporting documentation provided. If not, the application will be refused. However the guidance notes provided are comprehensive and helpful!
4. It is important that the information given to the Embassy or High Commission is consistent amongst link participants as differences may create doubts.

5. The lack of documents relating to accommodation may be a problem if the UK sponsor has not made clear details such as the accommodation address and source of funding.
6. Don't be tempted to give false information or forgeries! Prosecution is likely if discovered.

Supporting Documentation

Supporting documentation must include:

- a) A formal invitation, on headed notepaper, from the UK host (ideally the trust CEO or chairman) which should include the names and passport numbers of the visitors, the dates of travel, the purpose of the visit, a statement that full costs will be covered and accommodation provided. A letter of support from the VISION 2020 Links Programme can also be provided.
- b) A letter of support from the visitors' own health institution (senior manager or dean) stating length of service and permission to undertake the visit.
- c) A current medical/professional certificate of registration, if applicable
- d) Evidence that the applicant still holds a salaried post in their own country and if possible evidence that they will return home after the trip (ie evidence of children at school, dependent relatives, business responsibilities etc). The same applies for all grades – nurse or Dean!

Section 5

Planning Exchange Training Visits

The Link Coordinator's role is vital for ensuring that each visit is carefully planned and agreed in advance so that each exchange training visit makes the best use of time available and skills exchanged. For example with a children's eye care training visit one would need to ensure that there are enough children for the orthopaedic training, for the surgical programme and for the teaching involved. Key staff will need to be present and not on leave or outreach during these visits in order to make the best use of time. Arranging visits over known public holidays should be avoided.

- **Needs Assessment Visit Schedule** See next page- Sample Schedule from the visit of a team from Botswana to Cambridge in January 2007

Visit of Botswana Guests (23rd-27th January 2007)

	Tuesday 23rd January	Wednesday 24th January	Thursday 25th January	Friday 26th January	Saturday 27th/ Sunday 28th January
AM					
6.30	Arrive Heathrow Airport Flight SA234				
	Mini bus driver and KB to meet and greet (DR)				
8.00			VISIT OPHTHALMOLOGY Hosted by Malcolm Kerr-Muir De- velopment of the activities plans day spent with both teams		
9.00				Meeting with Lyn McIntyre Assistant Chief Nurse in DMR	Mini bus driver to take 3 guests to London
9.30		VISIT TO OPHTHALMOLOGY DE- PARTMENT (9.20 DR to escort from food court to Ophthalmol- ogy)			
10.00				VISIT TO PAEDIATRIC ONCOLOGY	
11.00				Meeting with Regius Professor in his office	
11.45				Meeting with Malcolm Edwards, Secretariat of Clinical School	
12.15				Meeting with Brenda Hennessy, Director of Administration	
1pm	Buffet Lunch x10 booked in DMR- meet Members of Steering Group (SS) MA to host	Table for 8 booked Post Graduate Dining Room, Clinical School (SS) BH to host DR to invite DG et al	Table for 9 booked Post Graduate Dining Room, Clinical School (SS) Malcolm Kerr-Muir to host, to meet Declan Flanagan, Martin Snead, Arabella Poulson, Keith Martin	Plated Lunch for 10 booked in DMR (SS) MEd, Regius, MA, Trust Directors	
PM					
2.00	Short informal meeting with members of steering group SS to give brief tour of con- source facilities	Visit Continues	Meeting re Memorandum of Understanding/Activities plan development Programme of work (draft document submit to CEO)	Memorandum of Understanding/ Programme of work (signing of docu- ments)	KB to host guest returning on later flight to Botswana
4.30	roof top tour depending on weather conditions Access Office for issue of ID badges	Taxi booked to take MA plus guests to Old Schools, leaving from main entrance visit to Old schools Tea with Registry			

Section 6

Sample MOU

Memorandum of Understanding



Buckinghamshire Hospitals 
NHS Trust

MEMORANDUM OF UNDERSTANDING

Between

Menelik II Regional Referral Hospital
Ophthalmology Department
Addis Ababa University Medical Faculty,
Ethiopia

and

Stoke Mandeville Hospital
Buckinghamshire Hospital Trust
Ophthalmology Department,
United Kingdom

Signed on 5th June, 2009

Sample MOU

Introduction

The Ophthalmology Department, Buckinghamshire Hospitals NHS Trust (BHT), Ophthalmology Department, Menelik II Regional Referral Hospital (MRH) and Addis Ababa University Medical Faculty hereby enter into this Memorandum of Understanding to foster international cooperation in education and clinical practice, to their mutual benefit. The Agreement has the support of the Regional Health Bureau, Addis Ababa in Ethiopia and the BHT in the UK.

In the UK, the Link will need to be registered under the auspices of the VISION 2020 Links Programme run by the International Centre for Eye Health at the London School of Hygiene & Tropical Medicine and with the National Health Service (NHS) Health Links coordinated through the Tropical Health and Education Trust (THET).

Each clinical partner will establish a Steering Group to oversee and support the Link. Specific activities and visits will be evaluated and each partner will provide feedback to the other on a quarterly basis, reports to be copied to VISION 2020 Links Programme, Addis Ababa Regional Health Bureau (AARHB), Addis Ababa University Medical Faculty and BHT. Link partners will identify and agree the priority needs and prepare a detailed year-by-year Activities Plan initially for 3 years.

Objectives

- a) To develop and improve eye care services in Addis Ababa through:
 - The sharing of clinical knowledge, skills, working practices, technologies and research
 - The enhancement of skills and training of healthcare professionals with an initial focus in the following areas:
 - Vitreo – retinal training and service development
 - Paediatric Ophthalmology including Low Vision Aids, Orthopaedic support and Paediatric Anaesthesia
 - Training support for nurses and development of specialist roles
 - Management support and other technical advice – including multi-professional training; systems and processes redesign; maintenance and procurement guidance
- b) To develop academic links with the Postgraduate Deanery, Oxford University
- c) To develop and improve eye care services in Buckinghamshire Hospital Trust through:
 - The sharing of clinical knowledge, skills and working practices with colleagues in Ethiopia

Responsibilities of all parties

MRH responsibilities

- Logistical support for visits
- Make available equipment and consumables
- Ensure responsible bodies are aware of the programme and give timely reports
- Access to patients

BHT responsibilities

- Logistical support for visits
- Make available equipment and consumables
- Ensure responsible bodies are aware of the programme and give timely reports
- Access to patients

AAUMF responsibilities

- Facilitate accreditation of visiting Ophthalmologists to the department and participate in teaching, skills training and examination
- Assist in finding accommodation in the University Guest House
- Jointly prepare CME and skills training programme for Ophthalmologists and Ophthalmology Nurses
- Facilitate any formal training programme under the University rules and regulations

Finance/Funding

Initial financial support has been obtained through the VISION 2020 Links Programme to support the development of the MOU and Activities Plan. The BHT has generously committed professional leave for individuals involved in the Link. External funding is needed for all the activities listed in the activity plan. A dedicated fundraising programme will be led by each of the Steering Groups to meet all required funding needs.

This Memorandum of Understanding is signed on behalf of the participating institutions by the following:

SIGNED ON 5th June 2009

(For Stoke Mandeville Hospital, Buckinghamshire Hospital NHS Trust by the CEO and For Menelik II Regional Referral Hospital, Ethiopia by the Medical Director and Dean of the University of Addis Ababa)

Activity Plan

Objective	Venue	Activities	Dates	People responsible	Funds	Outcome
YEAR ONE Vitreoretinal services						
1. Gap analysis of existing services and training needs	MRH	Audit / evaluate VR Review consumables Surgical training TT Assessment of nurse training	November 2009	T. Teshme RB ,CM S Attfield C Walker	For 3 people: Air fare \$3000 Accom\$1620	Produce audit document which outlines the needs assessment and proposals for development of the service. Advance surgical training.
2. Training of two theatre nurses from MRH and VR surgeon	SMH	Visit from MRH for two weeks to SMH ophthalmic theatres and observership for VR surgeon	April 2010	SAttfield RB, KM, TT	For 3 people: Air fare £1950 Acmm £1100	Training of VR team
Paediatric Eye Services						
1. Paed Anaesthetic Nurse Training	MRH	One week Workshop for 5 nurse anaesthetists	Oct. 2009	Dr Jay plus 1 (tbc)	For 2 people: Air fare\$2000	To identify 3 key Paediatric Nurse Anaesthetists.
2. Orthoptic training within paediatric service	MRH	One week needs assessment	Oct. 2009	Dr A G Rachel Gallaher Dr Abonesh Girma	Accom\$1100 + For 1 person: Air fare \$1000 Accom\$600	Identify and select from four ophthalmic nurses and four optometry technicians
3. Paediatric ophthalmologist observing	SMH	Paediatric cataract surgery/ other surgeries. GOS course	Nov 2009	Dr Abonesh Girma Dr Consuela Moorman	For 1 person: Air fare \$1000 Accom\$600	One ophthalmologist trained in paediatric ophthalmology
4. Train two nurses/ optometrists	SMH	Two weeks attachment in orthoptics	April 2010	R Gallaher	For 2 Air f1950	Two people trained in orthoptics
5. Training visit for 2 anaesthetic nurses	SMH	Standard Operating Procedure (SOP) development	April 2010	Dr A Girma Dr Jay (tbc)	Accom f1100 For 2 £1950	Two trained Paediatric Nurse Anaesthetists and a SOP manual.
Management						
1. Assessment of existing Nursing Mx	MRH	Job descriptions of HP and JM	Nov 2009	Sandy Attfield	As above	Report back to Helen Piggin and Jay Maskell

Engagement in the Needs Assessment Process

1. Name	
2. Date	
3. How relevant to your day to day work were the activities and meetings that took place during this VISION 2020 Links engagement visit?	
Extremely relevant	
Relevant	
Neither irrelevant/relevant	
Irrelevant	
Extremely irrelevant	
4. How important to the current work of your institution were the activities and meetings that took place during this Needs Assessment visit?	
Extremely important	
Important	
Neither important/unimportant	
Unimportant	
Extremely unimportant	

5. How important to the plans of your institution for future 3 years were the activities and meetings that took place during this Needs Assessment visit?	
Important	
Neither important/unimportant	
Unimportant	
Extremely unimportant	

6. Is your institution committed to contribute towards establishment of this Link?	
5 Most committed	
4	
3	
2	
1 Least committed	
Don't know	

Section 7

Funding Links

Introduction

The VISION 2020 Links Programme is able to help with funding the initial needs assessment visits between partners but thereafter funds need to be sought for activities identified in the plan. The UK institution will fundraise for the UK costs to make the link work and it will be the responsibility of the African partner to support the in-country costs such as logistics, equipment and consumables.

Tips for fundraising

1. Making the Case for Support

Set out the need - emphasise that the Link is driven by your identified priority needs. Why are they your priorities – do you have numbers, statistics, photos, a video etc. Always relate it to people – children, adults, older people, how many, what are their lives like now and how will your link improve things. How, specifically, will the Link help you deliver services to meet your patients' needs? How will the provision of these services improve people's lives, and how many people will benefit?

The key is to answer the question 'What difference will it make?' in terms that lay people can understand and with which they can identify.

2. Whom to ask for funding

Always start close to home – your contacts, your hospital, your immediate area, existing donors, past donors, patients, suppliers, Ministry of Health, NGOs. They know you and your work and are the people most likely to support you. Who will be interested in your project and want to help you make it a success? Do you have patients who are wealthy and/or well-connected? (See 'how to ask'). Can they open doors to other wealthy people or companies? Who has given in the past but been allowed to 'lapse'? Could you re-energise them with this new proposal? Follow up with your suppliers – drugs and equipment companies – they may support financially or give gifts 'in kind'. What are the active community groups in your area – Lions, Rotary, churches will often help – identify the key ones and talk to them. Find out who funds other projects in your area (annual reports of charities and universities often list donors). In summary – ask around, network and use the internet to find sources of funding.

3. How to ask for funding

Sending off lots of letters and proposals to people who don't know you is the LEAST likely route to success. Always use personal contacts – you may think you don't know anyone but you'd be surprised how many people you know who can open doors on your behalf. Who do you know who belongs to the clubs and groups listed above? Talk to them, make the Case, get them on your side and use them as a 'Links Ambassador'. When you make contact with a potential donor, invite them in to meet you. Say something like 'I have an exciting new project, I need your advice, would you come and see me?' Then you have a chance to sell them the project in person before you ask them for money. Make the Case (see

above) and when you have them hooked, tell them what you need from them. If you're using an 'ambassador' to get to a donor, get the ambassador to invite them and make sure they can be there when the donor visits. Always ask face-to-face. Don't let them go until you have asked them for precisely what you need – then wait for their reaction. Even if you approach NGOs or the MOH that require written proposals, always try to talk to them in person first, invite them in, ask their advice, then follow up with a written proposal that meets their needs/guidelines/advice as closely as possible. It will take time at first but if you can get a handful of people 'on board', give them feedback and keep them involved, you should be able to secure funding for a number of years.



In person - it is much more difficult to say 'no'

4. Possible sources of funding

- Government – e.g. Medical equipment
- NGOs e.g. SSI, CBM, HKI, FHF
- Grateful patients (wealthy ones!)
- Churches and church-related groups
- Foreign Embassies
- Personal contacts
- Pharmaceutical and equipment companies
- Other companies e.g. Financial institutions
- Fundraising groups e.g. Lions, Rotary

Section 8

Examples of written materials used by VISION 2020 Links

- a) Training Visit Questionnaire
- b) Training Visit Report Template

All Reporting Templates will be available as a separate excel document to the Toolkit

a) Training Visit Questionnaire

Complete as comprehensively as possible; measuring impact of link visits

1. Name	
2. Date	
3. How relevant to your day to day work were the activities and meetings that took place during this VISION 2020 Links visit?	
Extremely relevant	
Relevant	
Neither irrelevant/relevant	
Irrelevant	
Extremely irrelevant	
4. How important to your institution were the activities and meetings that took place during this VISION 2020 Links visit?	
Extremely important	
Important	
Neither important/unimportant	
Unimportant	
Extremely unimportant	
5. How much of what you have learned on this visit was new for you?	
0-20%	
20-40%	
40-60%	
60-80%	
80-100%	

Training Visit Report Template

Activity carried out	Date	Lead person, UK and Africa	Who and how many took part	Outcome	Assessment	Follow-up
e.g. Paediatric cataract surgery training	4-14 March 07	Mr B and Mr C	One ophthalmologist (Mr C)	Able to perform paediatric cataract	1. Skills assessed by Mr B 2. Patients reviewed by Mr B post-op	Further anaesthetic training needed (TBA) Audit required

Section 9

Monitoring through Reporting

The annual report should be prepared as a joint document with the UK link partner and submitted by March 1st each year, covering the activities undertaken in the previous year (January-December).

Templates for three of the sections of the annual report are provided (see below). Alongside these is a checklist which should be attached and completed.

Please use the template documents so that we can ensure standardisation amongst the VISION 2020 Links. It will be up to each of the two links partners to decide who will lead on the various reporting sections as this should be a combined effort.

Checklist for joint annual narrative and financial reporting

Please email the following annual reporting documents to ICEH by March 1st each year. Please make clear in your report whether you are reporting on YEAR ONE, YEAR TWO or YEAR THREE and whether you are in the first three-year plan or second three-year plan.

- A. Joint Annual VISION 2020 Links Report
- B. Joint Annual Report on Activities by year
- C. Annual Financial Progress Report (use either version, depending whether your link's funds are held by your institution/charity or by ICEH)

Additional documents to include:

- Copies of steering group minutes held throughout the year
- Copies of all training visit reports during the year
- Copies of public relations materials and publications relating to the link throughout the year
- Activity plan and funding proposal if the link is moving into the next three year cycle.

A. Joint Annual VISION 2020 Link Report

Joint document agreed by both steering groups and submitted by March 1st annually

Year: (e.g. Year One- 2009)		
Date of Visits during the Year:		
Lead/ Coordinator:	Africa:	UK:
Link Partners:	Africa:	UK:
Indicate the Key Priority areas as agreed in the Memorandum of Understanding and activity plan for this year:		
Steering group meetings during the year: UK (dates)		
Steering group meetings during the year: Overseas (dates)		
Activities undertaken during the visits this year, and financial progress report, to be detailed as shown in Section 9 of Toolkit		
Check you have sent all the documents shown in the checklist in Section 9 of Toolkit		
How has your link progressed this year in relation to your Activity Plan?		
What professional benefits did the team members gain throughout the year?		

Was research carried out this year as part of your link activity and are there any training needs relating to research capacity?

Were any barriers or problems encountered in the VISION 2020 link and how were they overcome?

Are the plans for the coming year still as set out in your activity plan?

If there are changes please send ICEH the revised plan.

Joint Annual VISION 2020 Link Report (continued)

Activities carried out indicate here: Year One, Year Two or Year Three	Dates	Who and how many took part	Outcome	Assessment	Follow-up
Example Activity One: Training in orthoptics for nurses	Jan 2009	Head orthoptist (name) training fourteen nurses for one week (names of nurses)	Able to do visual acuity on children	Observation and clinical work with head orthoptist	Hold follow up training workshop as agreed in activity plan to review skills and to teach two nurses to refract. (give date)
Activity Two:					
Activity Three:					
Activity Four:					
Activity Five:					



B. Joint Annual Financial Progress Report

(Please Indicate Year One, Year Two or Year Three)

Funds Held by ICEH

(name) VISION 2020 Links financial Report for (year)	Income BUDGET	Income ACTUAL	Expenditure BUDGET	Expenditure ACTUAL
Funds brought forward from previous year				
Income:				
Funder X				
Funder Y etc				
Expenditure:				
Flights				
Accommodation etc				
Total				
Balance carried forward at year end				



B. Joint Annual Financial Progress Report

Funds Held by Individual Link

(name) VISION 2020 Links financial Report for (year)	Income BUDGET	Income ACTUAL	Expenditure BUDGET	Expenditure ACTUAL
Funds brought forward from previous year				
Income:				
Funder X				
Funder Y etc				
Expenditure:				
Flights				
Accommodation etc				
Total				
Balance carried forward at year end				



Section 10

Evaluation- Preparing your book of evidence

In order to measure the impact of your VISION 2020 Training Link it is important that the following steps are completed in order to create your links **book of evidence leading to measurement of impact**. You will need to create this as you go along using the questionnaires and reporting templates available as excel documents.

- Define your objectives based on the two priority areas your link will work in e.g. Increase by 15% the number of children receiving sight saving interventions within 6 years.
- Gather baseline information in the priority areas you are working in before you start.
- Complete the relevant questionnaires (every visit, all participants) to collect data for impact measurement.
- Complete the Training Visit Report Template documents after every year.
- Complete the Joint Annual Report Documents after every year.
- Complete the Joint Annual Financial Progress Report documents after every year.
- Share data with the VISION 2020 Links Programme and where possible, publish findings

The VISION 2020 Links Programme uses the findings of each link to show impact individually as well as overall. We also encourage sharing of information between links and facilitating learning from others.

Section 11

Samples of Useful Communication Documents

- a) Sample Planning Tool
- b) Sample Poster
- c) Sample Websites
- d) Sample Photographs Consent Forms

a) Sample planning tool

Milestones for Links

Draft Overview of milestones for a typical VISION 2020 link, year one												
					Month 1	Month 4	Month 4	Month 6	Month 9	Month 10	Month 11	Month 12
-3		-2	-1	1	2	3	4	6	7	8	9	
NA* question- aire received from African institution and priority setting correspondence	Match by V2020 to suitable UK partner and visits by V2020 links programme	Develop fundraising proposal and start looking for funding if possible	First NA visit (out) +report	Return NA visit + report	Activity Plan prepared; MOU signed by CEOs during visit	First Steering Group mtng, both partners, inc management. Funding proposal development where applicable	Second Steering Group meeting, both partners, inc management, for planning	First training visit + report + feedback from partner	Second training visit + report +feedback from partner	Annual report, written and financial, to V2020/ funders		

*NA = needs assessment

b) Sample poster to raise awareness -Botswana Cambridge link

Addenbrooke's Abroad



Sharing our skills
overseas

David Dunn Room
Addenbrooke's Hospital

Friday 26th January 2007
5.30-7.30 pm

MEET THE TEAM FROM BOTSWANA!

Dr Mary Archer

Chairman, Cambridge University Hospitals NHS Foundation Trust
[Addenbrooke's Abroad: forming a link](#)

Dr Loeto Mazhani

Deputy Permanent Secretary, Ministry of Health, Botswana, and

Mrs Ester Moaro

Chief Nursing Officer, Ministry of Health, Botswana
[Healthcare in Botswana](#)

Ms Bertha Mmapatsi

Oncology Nurse, Princess Marina Hospital.
[Princess Marina Hospital : strengths and needs](#)

Dr Oathokwa Nkomazana

Senior Consultant in Ophthalmology, Princess Marina Hospital
[The new Medical School at the University of Botswana](#)

Going forward together

Open discussion period chaired by Mr David Adlam
[Consultant Maxillofacial Surgeon, Addenbrooke's Hospital](#)

.....*Refreshments will be served after the meeting in the Board Room*

c) Sample websites established to promote links and enhance fundraising

The Gambia-Swansea VISION 2020 Link

www.gambia-swanssea-eye-link.org



Kano- Londonderry VISION 2020 Link

www.vision2020Kano.org



d) Sample Photographs Consent Form

VISION 2020 Links Programme Consent Template

Name of publisher: International Centre for Eye Health (ICEH), London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK (adjust to your institution's name and address here)

Author of article (where relevant)

Photographer:

Patient consent to publication:

This is to state that I give my permission for the publication of photographs of myself for all educational publications of the [International Centre for Eye Health], including books, journals, reports, CD-ROMs, online and internet. I understand that the material will be used in educational publications and in fundraising, and will not be used for advertising.

Name:

Signature or thumb print:

Name of interpreter (where relevant):

Signature of interpreter (where relevant)

Date: