



PAEDIATRIC FRACTURE SOLUTIONS FOR GHANA PROJECT
GHANA COLLEGE OF PHYSICIANS AND SURGEONS

REQUEST FOR APPLICATION 2019
RFA No: PFSG/RFA/002/2019

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Executive Summary

Paediatric Fracture Solutions for Ghana Project

Request for Applications (RFA)

RFA No. PFSG/RFA/002/2019

Title: Call for Childhood Injuries/Fracture Research

Funding Agency: Paediatric Fracture Solutions for Ghana Project-Ghana College of Physicians and Surgeons (GCPS) Research Office

This is the initial announcement of this funding opportunity.

Funding focus: Epidemiology, management and/or prevention of pediatric trauma/fractures

Target: All health Professionals; Multi-Disciplinary Application Groups encouraged

Solicitation Opening Date: 4th March 2019

Solicitation Closing Date: 5th April 2019, 23:59 HRS GMT Prompt

Administrative Contact:

Project Officer, GCPS

Email: rector@gcps.edu.gh

Tel: 0244458455

Technical Contact: 0243326598

Click link below to apply

[RFA/PFSG/002/2019 Application](#)

A. SUMMARY OF PROGRAM REQUIREMENTS

I. Synopsis of Program

The Ghana College of Physicians and Surgeons (GCPS), as part of its Paediatric Fracture Solutions for Ghana Project, is seeking regular applications from all categories of health professionals proposing innovative research to reduce disabilities, morbidity and mortality resulting from paediatric musculoskeletal trauma through prevention education and by improving clinical care provided by doctors, nurses, allied healthcare workers, first interveners and primary care givers.

This solicitation provides the opportunity for the submission of applications for research projects that may involve human subjects' research. Human subjects' research supported by the GCPS is governed by the International Regulations on Human Subjects Research.

In addition to regular awards, this solicitation includes the opportunity for early career awards. The purpose of the early career award is to fund research projects smaller in scope and budget by early career Principal Investigators (PIs) particularly Senior Residents in training with the GCPS. Please see Section III of this Request for Applications (RFA) for details on the early career eligibility criteria.

II. Award Information

Anticipated Type of Award: Grant

Estimated Number of Awards: Approximately four (4) Regular Awards and four (4) Early Career Awards

Potential Funding per Award: Up to a total of GHS20, 000.00 for Regular Awards (including Administrative Support at 10%) and GHS8, 000.00 for Early Career Awards. Proposals with budgets exceeding the total award limits will not be considered.

Award implementation duration: The maximum duration for all the awards is six (6) months covering all processes including submission of a project report/manuscript.

III. Eligibility Information

Individuals and public non-profit institutions/organizations (includes public institutions of higher education and hospitals) and private non-profit institutions/organizations (includes private institutions of higher education and hospitals) located in Ghana are eligible to apply. The Early Career Awards are

open to individuals only and are particularly targeted at Senior Residents in Training with the Ghana College of Physicians and Surgeons and other Sister Postgraduate Medical Colleges. Applicants for Early career Awards are required to be “Verified by their Faculty Chair/Head of Department under this RFA.

IV. Application Materials

To apply under this solicitation, use the link the follows:

[RFA/PFSG/002/2019 Application](#)

V. Agency Contacts

Project Officer, GCPS (email: rector@gcps.edu.gh Tel: 0244458455)

Research Committee Administrative Officer, KATH (email: francisph1@hotmail.com)

Technical Contact: 024 3326598

B. FUNDING OPPORTUNITY DESCRIPTION

I. Introduction

Injury is a major global health problem. Each year nearly 5 million people die from an injury, and 90% of these deaths occur in low and middle-income countries (LMICs). Millions more are left with temporary or permanent disability from injury. Injury is increasingly a cause of death and disability in children in LMICs. In 2010, unintentional injury was the cause of 37 deaths per 100,000 Ghanaian children under age 14. Reducing the burden of paediatric injury and fractures demands both injury prevention and improvements in trauma and fracture care. While most caregivers are aware of helpful first aid practices to administer for a child injury, many parents carry out potentially harmful practices or delays in seeking medical attention for their injured child. As parents are the de facto first responders to childhood injury, there are opportunities to strengthen pre-hospital care for children in LMICs. This is one arm of the improvement sought. The treatment of fractures in children is simple, but many complications occur because of bad and inappropriate care. Strengthening this initial care provided by healthcare personnel, augmenting reference centres for paediatric fractures so that children receive early care after trauma, providing the opportunity for healthcare workers to receive training in paediatric fracture care will improve outcomes for children. There is an opportunity to have an impact across the entire chain of

events leading to a childhood fracture, including prevention, ill-advised behaviours from parents, negligent initial care by traditional bonesetters and healthcare personnel. An enhanced development of established strategic geographic centers treating paediatric fractures is crucial to improve the following:

- i. Children with acute paediatric fractures that need treatment with cast immobilization with or without manipulation,
- ii. Children with acute fractures that needs surgical treatment,
- iii. Children with chronic post-traumatic complications that need surgical treatment will allow Ghanaian children to have access to needed care.

The project will help prevent and definitely improve care of paediatric fractures for the children of Ghana.

For purposes of this solicitation, the following are considered:

All categories of health professionals working in public and private institutions as well as social scientists.

II. Background

Children with fractures in LMICs often receive care outside the formal medical sector. Improving pre-hospital first aid has proven to be highly cost-effective in lowering trauma mortality and fracture morbidity. As well, strengthening referral to specialized units had decreased disabilities. A recent study in Ghana reported on the practices administered for fractures by primary caregivers and first aid providers. It was determined that fractures had the lowest percent of recommended practice (e.g., bringing the child to a health facility). The paucity of adequate centres to manage paediatric trauma and fractures, both non-operatively and operatively, coupled with a workforce that is lacking properly trained paediatric trauma surgeons and others, compounds the burden of this significant disease. The strong role of Traditional Bone Setters (TBS) due to accepted traditional and poverty frequently has led to many poor outcomes, including paediatric amputations, a devastating clinical outcome usually avoidable. Communicable and non-communicable disease burdens are not lessening, yet are competing with emerging burden from trauma and fracture care. All of the above prevent the injured child from

accessing quality care deserved. The majority of fracture-related disability in LMICs is due to extremity injuries, especially in children. This disability from extremity injuries is eminently amendable to low-cost and relatively simple educational interventions for better orthopedic care. It is a recognized dictum that injured children are not just small adults. Special attention is indeed needed for the care of extremity injuries in children. For example, these skills include the ability to recognize and manage specific paediatric orthopedic injuries that are highly prone to disability, also the ability to interpret X-ray films taking into account the anatomy of the childhood skeleton as it varies with age. The development of human resources for fracture care has been neglected, and innovative strategies addressing this are needed. Prevention strategies are highly effective.

III. The Specific Goals and Objectives

Fractures are a common finding in paediatric trauma and frequently involve unaccompanied children. These injuries often lead to life-long complications. Our project aims for trauma prevention strategies directed at parents and primary care givers, as well as appropriate fracture care education for various traditional and biomedical providers at various levels of care referral, from the community to the tertiary trauma centres.

The Goals that relate to this solicitation are to:

- reduce disabilities, morbidity and mortality resulting from paediatric musculoskeletal trauma through prevention education and by improving clinical care provided by doctors, nurses, allied healthcare workers, first interveners and primary care givers

The Specific Objectives are to:

- Strengthen pre-hospital care for children
- Leverage treatment costs, for this not to be a deterrent to treatment-seeking behaviour
- Public awareness campaign about paediatric fractures, first aid and potential serious and possibly deadly consequences
- Fracture care education for healthcare professionals involved in caring for paediatric fractures (family physicians, nurses, surgeons, EMS)

- Enhanced development of established strategic geographic centers treating paediatric fractures to assess the following:

IV. Expected Project Outcomes

The expected project outcomes are the following:

- To develop skills and motivation amongst national health care workers, which can maximize the opportunities afforded by available physical resources for paediatric fracture care
- To increase quantity and quality of paediatric fracture care in Ghana in a way that is economical in its costs of human and physical resources
- To promote a national and regional culture of paediatric fracture care which makes a priority of those in most clinical need
- To promote local paediatric fracture care wherever possible, together with appropriate referral on the basis of clinical needs
- To measure the impact of AO Alliance Foundation initiatives on volume and quality of paediatric fracture care based on appropriate and cost effective research strategies
- To promote prevention education to children and primary care givers, giving them the ability to seek appropriate care when required and not neglect or delay treatment

Other outcomes are:

- Improved referral patterns for paediatric fractures
- Improved outcomes of bonesetters treatment of paediatric fractures
- Implementation of new treatment modalities for paediatric fractures
- Interventions for the Ministry of Health to improve care of paediatric fractures
- Change in behaviour in primary caregivers in providing initial care for paediatric injuries.

The research focus of this solicitation is as follows:

- Interventional or innovative approach to management of child injuries
- Traditional bone healers (Bone setters) impact
- Bone infections and related issues

Important points to note are also as follows:

Relevance of the project to the goal of the AO Alliance Paediatric Fracture Solutions as well as to national, continental and international strategic priorities. Applicants are encouraged to demonstrate how their individual research work will impact on the under-listed global and national development efforts:

- Sustainable Development Goals
- National development priorities:
- Vision of the AO alliance paediatric fracture solutions

Specifically, research proposals that are targeted at the following situations are welcomed:

Epidemiology of pediatric trauma/fractures

- Risk factors of childhood fractures/trauma
- Transportation systems
- Housing systems
- Birth injuries and trauma in newborns (neonates)

Management of pediatric trauma/fracture

- Early care seeking for pediatric trauma
- Management of trauma complications in children
- Trauma and blood transfusion services
- Child welfare and support systems
- Pre-hospital Care

Prevention

- Knowledge, attitudes and practices
- Exploration on best practices to prevent trauma/fracture in pediatric population

Proposals that address more than one of the research and outcome areas above will not necessarily be rated more highly than those that address just one of the areas.

V. Expected Outputs

Outputs expected from this solicitation may include publications of research results in peer-reviewed journals, guidance documents, decision support tools, models, demonstration and case studies, reports,

and presentations on the prediction, prevention, improvement in clinical fracture care and education of health care professionals and care givers.

To the extent practicable, research proposals must embody innovation and sustainability.

VI. Ethical Considerations

As part of this solicitation, you will be expected to demonstrate in your application, best practices in relation to ethical considerations.

VII. Special Requirements

Multiple Investigator applications may be submitted as: (1) a single Lead Principal Investigator (PI) application with Co-PI(s) or (2) a Multiple PI application (with a single Contact PI).

Early Career Awards will not accommodate a Multiple PI application. Early Career Awards shall be submitted as a Single Lead PI application. Special eligibility criteria apply to the Early Career portion of this RFA. Please see Section C of this RFA for details on the Early Career eligibility criteria. The application must include an “Early Career Verification” (see “Early Career Verification” in Section D.)

VIII. References

- a. WHO. World Report on Child Injury Prevention - NCBI Bookshelf. 2008.
- b. Lao Z, Gifford M, Dalal K. Economic Cost of Childhood Unintentional Injuries. 2012;3(5):303–12.
- c. Li Q, Alonge O, Hyder AA. Children and road traffic injuries: can't the world do better? [Internet]. Archives of Disease in Childhood. 2016. p. archdischild – 2015–309586. Available from: <http://adc.bmj.com/lookup/doi/10.1136/archdischild-2015-309586>
- d. UNICEF. Children and road traffic injury. East Asia. 2004;
- e. Burstein B, Fauteux-Lamarre E, As AB Van. Increased morbidity associated with weekend paediatric road traffic injuries: 10-year analysis of trauma registry data. Vol. 47, Injury. 2016. p. 1236–41.
- f. Manchev V, Bruce JL, Oosthuizen G V., Laing GL, Clarke DL. The incidence, spectrum and outcome of paediatric trauma managed by the Pietermaritzburg Metropolitan Trauma Service. Vol. 97,

Annals of the Royal College of Surgeons of England. 2015. p. 274–8.

- g. Nwomeh B, Lowell W, Kable R, K. History and development of trauma registry: lessons from developed to developing countries [Internet]. Vol. 8, World Journal of. 2006. p. 1–8. Available from: <http://www.biomedcentral.com/1749-7922/1/32>
- h. Mock C, Acheampong F, Adjei S, Koepsell T. The effect of recall on estimation of incidence rates for injury in Ghana. Vol. 28, International Journal of Epidemiology. 1999. p. 750–5.
- i. Bhalla K, Shahraz S, Bartels D, Abraham J. Methods for developing country level estimates of the incidence of deaths and non-fatal injuries from road traffic crashes. [Internet]. Vol. 16, International journal of injury control and safety promotion. 2009. p. 239–48. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20183703>
- j. Sonshine DB, Shantz J, Kumah-Ametepey R, Coughlin RR, Gosselin RA. The implementation of a pilot femur fracture registry at Komfo Anokye Teaching Hospital: An analysis of data quality and barriers to collaborative capacity-building. Vol. 37, World Journal of Surgery. 2013. p. 1506–12.

C. AWARD INFORMATION

The GCPS anticipates funding approximately 4 Regular Awards and 4 Early Career Awards under this RFA. Requests for amounts in excess GHS20, 000.00 for Regular Awards and GHS8, 000.00 for Early Career Awards, will not be considered. The total project period requested in an application submitted for this RFA may not exceed six (6) months for both Regular and Early Career Awards.

The GCPS reserves the right to reject all applications and make no awards, or make fewer awards than anticipated under this RFA. Under appropriate circumstances, GCPS reserves the right to partially fund proposals/applications by funding discrete portions or phases of proposed projects. If GCPS decides to partially fund a proposal/application, it will do so in a manner that does not prejudice any applicant or affect the basis upon which the proposal/application or portion thereof, was evaluated and selected for award and therefore maintains the integrity of the competition and selection process.

D. ELIGIBILITY INFORMATION

1. Eligible Applicants

Individuals and public non-profit institutions/organizations (includes public institutions of higher education and hospitals) and private non-profit institutions/organizations (includes private institutions of higher education and hospitals) located in Ghana are eligible to apply. The Early Career Awards are open to individuals only. It is particularly targeted at Senior Residents in Training with the Ghana College of Physicians and Surgeons and other Sister Postgraduate Medical Colleges. Special eligibility criteria apply to the Early Career Award portion of this RFA.

Awardees who were beneficiaries of previous grant under AO Alliance from Ghana College of Physicians and Surgeons are not be eligible to apply.

E. APPLICATION AND SUBMISSION INFORMATION

1. Grants Submittal Requirements

Applications must substantially comply with the application submission instructions and requirements set forth in this section of this announcement or they will be rejected. In addition, where “words” limitation is expressed on the “Application Form”, words in excess of the words limit will not be reviewed. Applications must also be submitted on or before the application submission deadline published in sub-Section “3” of Section E of this announcement. Applicants are responsible for following the submission instructions in Section E of this announcement to ensure that their application is received. Applications submitted after the submission deadline will be considered late and deemed ineligible without further consideration.

Applicants should confirm receipt of their application with the Electronic Submissions Contact shown in this solicitation as soon as possible after the submission deadline. Failure to do so may result in your application not being reviewed.

Also, applications exceeding the funding limits or project period term described herein will be rejected without review.

Applications deemed ineligible for funding consideration will be notified within fifteen calendar days of the ineligibility determination.

2. Application Package Information

The Application package consists of the Application Form, Letters of Support from your Institution or Head of Department/Faculty Chair. In addition, for Early Career applications, the status of the applicant should be verified by the Faculty Chair of the Head of Department. These should be scanned and attached to the application.

3. Submission Dates and Times

The deadline for submission is **5th April 2019, 23.59 HRS GMT Prompt.**

No late submissions will be entertained.

4. Awarding of grants

Shortlisted applicants for the awards will be required to show proof of submission to a recognized Ethics/Institutional Review Board (E/IRB)

A response from the Funding Body will be communicated 4 weeks after the submission deadline.