



## Request for Letters of Intention for Sub-Grant Research Teams

Embedding implementation research in immunization programmes in Cameroon through mainstream institutionalized learning and mentorship (MAINSTREAM Cameroon)

### Introduction

We are pleased to announce a call for LOI (letter of intention) for the MAINSTREAM Cameroon project with the following specifications:

- Award funding amount: between \$18,000 and 28,800 per sub-grant implementation research team (IRT) for a maximum period of nine (9) months only.
- Sub-grant model: at least three (3) joint leads from Cameroon governmental or non-governmental institution.
- In-country contractor: local sub-grantee individuals and their respective institutions/organizations
- Online submission deadline: 28 November 2024, 23:59 hours to [cdbpshcameroun237@gmail.com](mailto:cdbpshcameroun237@gmail.com)
- Review process: all LOI will be selected based on merit. Proposals will be reviewed by the MAINSTREAM Scientific Advisory Group established by the ministerial note n° D31-15/NS/MINSANTE/SG/DSF/PEV/SPA/SPSE/USE signed on 09 September 2024, CDBPS-H and Alliance (oversight role). Final awards will be given and monitored by CDBPSH.

### MAINSTREAM Cameroon Programme objectives

A consortium consisting of the Alliance for Health Policy and Systems Research (the Alliance), the WHO Science Division, together with the WHO Immunization, Vaccines, and Biologicals (IVB) Department, WHO regional and country offices, and Gavi, The Vaccine Alliance launched the MAINSTREAM initiative with the following objectives:

- Assess knowledge gaps and priorities regarding immunization coverage and equity based on policymaker/implementer priorities, aligned with country research agenda development and implementation (needs assessment objective);
- Enable the integration of learning through embedded implementation research into national immunization programmes (Implementation research integration objective);
- Scale up learning through embedded implementation research on implementers' priorities as part of regular country support (scale objective); and
- Improve the use of evidence to guide policy development and implementation of programmes toward improving immunization coverage and equity (policy and practice objective).

To help execute these objectives within the Cameroonian context, the Centre for Development of Best Practices in Health (CDBPS-H, hereinafter Mentor Institution) was selected by Alliance as an in-country research institution to lead and mentor in the in-country implementation of the MAINSTREAM Cameroon programme in collaboration with local stakeholders.

### Eligibility criteria: Who can apply

1. At least two Principal Investigators (PIs), one as the lead researcher (PI) and one co-PI an EPI implementer for each proposal. Only one research proposal is allowed per a research team



2. Academic and research institutions, non-governmental organizations (NGOs), and government institutions involved in health policy and health systems research.
3. Applicant institution must have a proven track record in conducting research and managing health-related projects.
4. The project team must include an expanded program on immunization (EPI) co-principal investigator (Co-PI) who is a policy implementer in the health system and/or a community leader (municipal authorities, CSO leaders).
5. Other team members may include experts in immunization, health policy, implementation research, and health systems research.
6. Multi-disciplinary engendered research teams are encouraged.
7. Female lead applicants are encouraged to apply.

### **Expectations from sub-grant implementation research teams (IRTs)**

1. Selected sub-grant implementation research teams (IRTs) (hereinafter Mentee Institutions) are expected to participate in a full protocol development workshop to get mentorship and feedback based on their letter of intention.
2. Following the protocol development workshop, Mentee Institutions must obtain all necessary ethical approvals and administrative permissions before commencing their research.
3. The research must be completed within the specified period of nine (9) months.
4. IRTs are responsible for writing up their findings, disseminating them to relevant stakeholders and developing an action plan for implementation.
5. IRTs and their partners will be responsible for scheduling periodic virtual meetings with the Mentor Institution to address queries, receive guidance on methodology, and ensure alignment with project objectives.
6. The CDBPS-H will provide support, including technical guidance throughout the research process, and capacity-building opportunities through workshops and resources to enhance the research teams' skills and capabilities. This support shall not be a condition for IRTs to deliver fully on their contract terms.
7. The CDBPS-H will support IRTs with embedded research scientists for routine mentorship and technical assistance on the research process. Embedded research scientists shall not be responsible for quality of SIRT projects and delivery on timelines.

### **Priority research areas for RFP**

Research proposals should be focused on the following, but not limited to, priority areas and barriers to EPI in Cameroon as identified during a collaborative research prioritization workshop conducted by CDBPSH and ALLIANCE with Cameroon immunization system stakeholders and decision-makers:

- **Zero dose (ZD):** reducing the burden of ZD children in health districts - Mapping, identifying, localizing and quantifying ZD at the community level in urban and rural areas - Incentives for vaccination? - Vaccination coverage in conflict regions and geographically hard to reach communities - Community health workers led interventions in routine immunization?
- **Vaccine delivery arrangements:** vaccination strategies and access to primary healthcare facilities - quality of vaccination services - Identifying high impact strategies to enhance performance and continuity of services - addressing barriers related to providers and inadequate resources - data driven micro planning and adherence to micro plans - approaches for optimal service integration for improving coverage and equity and expanding



vaccination services - strategies to reduce missed opportunities of vaccination - Differentiated model of care in routine immunization to meet with the guardians' preferences - Reminders to reduce loss to follow-up

- **Engaging the communities** : scaling up community engagement meetings - engaging fathers, municipal and community leaders - strategies for improving community participation/ownership of vaccination - Approaches to stimulate local financial contributions to support the outreach operations - Engaging communities for vaccination services targeting vulnerable populations
- **Stimulating vaccine demand - Combating vaccine hesitancy** at the local health area - community education to counter disinformation and antivax campaigns and fear of AEFI - communication - Community health worker activities to stimulate vaccine demand, for HPV and RR, to combat population distrust, to convince on the positive impact of the EPI

### What your proposal will be judged on

This request for letters of intention (LOI) calls for Implementation Research (IR) proposals ([Implementation research training materials \(who.int\)](#)) from Cameroonian teams that address priority themes identified (above). A template is provided at the end of this document to help you prepare your LOI. We recommend you make the necessary efforts to conform to the guiding principles. Selection criteria for prospective research partners in Cameroon will include proposals:

1. aimed at addressing immunization coverage and equity issues.
2. demonstrating a capacity for a quality of research methodological rigor
3. demonstrating the ability to deliver on rapid feasible timelines
4. exhibiting strong in-country network and multi-disciplinary collaboration
5. exhibiting expertise in Cameroon immunization programmes
6. demonstrating meaningful engagement and participation of at least one EPI implementer and community leader in the research team.

Implementation research (IR) is undertaken primarily to provide information to support decision-making that can improve the functioning of the health system and here the optimisation of the EPI performance. Your LOI shall demonstrate the following : (i) focus on at least one of the priority problems identified above; (ii) be action-oriented, i.e., aimed at deploying solutions that will address the priority health system constraints; (iii) an integrated multi-disciplinary approach ; (iv) the proposed research is participatory, involving all parties concerned (from politicians, policymakers to community members) in all stages of the project; (v) the research is timely as it is scheduled in such a way that results will be available for key decisions to be taken in the near future; (vi) the research design is simple, short-term and likely to yield practical results relatively quickly; (vii) the research project is cost-effective, focusing to a large extent, on low-cost studies that can be undertaken by management and service personnel in the course of daily activities; (viii) the expected results should be presented in formats most useful for administrators, decision-makers and the community.

The evaluation of your proposal will rely the research on its ability to influence policy, improve services and ultimately lead to better immunization coverage. The template for the LOI provides further details on the evaluation criteria. Thus, your LOI shall include a prospective assessment of what decisions and activities can evolve from the study. A brief description of your theory of change will be much appreciated. The implementation intervention (either existing or proposed) that the research team will be assessing must be clearly stated and be explicit on its theory of change. There is no funding for the intervention to be implemented. It is advised to refer to the



interventions suggested by the Framework on integrated people-centred health services adopted during the WHA 69 (resolution WHA69/39) WHO 2018

As far as the research team is concerned, it must include at least one implementer and/or policymaker to be considered eligible. Applications must include evidence of implementer and/or policymaker involvement in the project from the outset. Examples include, but are not limited to, description of how responsibilities for the project will be allocated between team members, letter of commitment from the implementer/policymaker, detailed description of the programme to be researched, etc. Research teams can be individual triads or organizations.

### Proposal Budget

The research proposed budget, inter alia, must ensure clarity, transparency, and alignment with the RFP requirements. The budget should cover all necessary expenses to complete the project, including but not limited to personnel, travel, meetings and materials. Budget should be realistic and mirror the proposed project activities.

### Timelines and indicative dates

Sr#	Procurement Activity	Due Date
1	RFP advert	29 October 2024
2	RFP submission deadline	28 November 2024
3	Review of SRTs proposals	03 December 2024
4	Announcement of successful SRTs	05 December 2024
5	Protocol Development Workshop for selected SIRTs	16-18 December 2024
6	Start date for sub-grant projects	02 January 2025
7	End date for sub-grant projects	30 September 2025
8	Dissemination and project closure	31 October 2025



## MAINSTREAM Template for LOI

Section	Expectations	Weight/ 34	Word count: 1500
Abstract		2	100
1. Problem statement	Describe the current manifestations of the priority problem you intent to address and be explicit on the expected improvement from your project	3	150
2. Evidence-Based intervention to be implemented	Describe existing evidence on the efficacy of the planned intervention and provide the rationale for impleme,ig the intervention in your study setting	3	120
3. Conceptual model/ theoretical justification/ theory of change	Describe explicitly the theoretical justification of the proposed study. Frame the proposed study in terms of the questions,, aims/objectives, hypotheses,process and outcome measures fit in the conceptual framework	5	210
4. Stakeholder priorities, engagement in change	Describe who are the stakeholders, their concerns related to the problem and intervention, the stakeholders interests, interrelations, influences. provide an explicit agreement or evidence of collaboration between the applicants	2	120
5. Setting readiness to adopt the research results	Provide any preliminary data or assessment of the organizational capacity or readiness to introduce the change. Provide any letter of support	2	100
6. Implementation strategy or process	Describe explicitly and justify theoretically the implementation strategies. Describe how implementation strategies link to the stated aims/setting/outcome measures	3	180
7. Feasibility of proposed research design and methods	Describe the research methods, intervention and other components that are achievable and justify them against potential alternatives	3	180
8. Measurement and analysis	Describe explicitly and concisely the outcomes to be measured and how they are consistent with the study aims. Describe measurement and data analytic plan	2	120
9. Team experience with setting and implementation process	Describe clearly the team experience related to the study setting and implementation. Provide short biographical sketches and resumes. Demonstrate the multidisciplinary skill set of the team and eventually the research staffing. Full CVs might be in appendices	5	210
10. Leverage of support for sustaining change	Describe the dissemination plan for study findings and describe the potential impact of the intervention on the funding issues associated with the adoption of the results of the proposed study	2	100
11. Budget	Indicate and justify briefly the amounts needed especially to cover the following expenses (salaries and research indemnities, transport, field work related costs, organizing meetings, communication, training fees for attending workshop for data analysis, knowledge translation and scientific writing)	2	60