

Demographic surveillance

Call for full proposals: Demographic surveillance population monitoring system: feasibility and design study for the Nigerian Evidence-based Health Systems Initiative (NEHSI)

An initiative of the International Development Research Centre (IDRC) and the Canadian International Development Agency (CIDA)

Summary

The International Development Research Centre invites proposals from teams interested in designing a demographic surveillance population monitoring system in two states in Nigeria: Bauchi and Cross River. This call for proposals is part of the planning phase for a proposed multi-year CA \$15 million IDRC-CIDA collaborative initiative to support an evidence-based primary health system in Nigeria, the Nigerian Evidence-based Health Systems Initiative (NEHSI). This planning phase consists of a number of initiatives to provide baseline evidence, build local ownership and collaborative relationships among Nigerian stakeholders, and begin to strengthen capacity for the implementation phase.

This one time grant is to establish appropriate institutional partnerships in order to examine the feasibility, design, locations, partnerships, costs and timeframe to establish two new demographic surveillance systems to operate within the Nigerian States of Bauchi and Cross River. These sites will be responsible for accurate "gold standard" longitudinal monitoring of births, deaths, in-migrations and out-migrations within defined households. The system will also undertake full analysis of the data to translate it into an easily understood, robust evidence-base that can be used as a key input into the health planning processes of the community level upwards through local government area (LGA), state and ultimately to the federal level. The work must be initiated in March, 2006 and completed by May 2006. Successful applicants, after a review process of their implementation proposal may be invited to continue with the implementation for a five-year period.

Deadline for applications is 3 February, 2006.

Background

The Nigerian government is committed to leading a comprehensive health sector reform. In its poverty reduction strategy paper, the National Economic Empowerment and Development Strategy (NEEDS), Nigeria identified improving the health status of its people as a ``significant co-factor`` in reducing poverty. At the same time, the Canadian International Development Agency (CIDA) has identified support for evidence-based, responsive primary health systems, particularly at the local government area (LGA) and state levels, as an important component of its health strategy for Nigeria. After a series of extensive meetings with Nigerian stakeholders, the International Development Research

Centre (IDRC) and CIDA have made a commitment (through a contribution agreement) to design and implement a project, with Nigerian partners, to strengthen both local capacity and a strong, action-oriented evidence base for a responsive primary health care system in two states: Bauchi and Cross River.

In an IDRC-initiated field visit to Nigeria from 17 May to 2 June, 2004, IDRC, CIDA and local advisors met with and listened to all levels of stakeholders in health sector activities in two states of Nigeria. Interviews, clinic visits, community meetings and focus group discussions were held with over 60 key stakeholders, including front line health workers and managers, community leaders, community members, NGO members, bilateral and multilateral development partners, and government officials at federal, state and local government area levels. These consultations revealed a pressing need, as well as strong local and development partner support, for the strengthening of a responsive primary health care system. In particular, the mission revealed significant gaps in information needed by decision makers, front line workers, communities and donors alike for planning, delivering, and measuring the impact of primary health programmes. At the end of the mission, participants were confident that a broad range of Nigerian stakeholders wanted to collaboratively develop ways to gather, analyse and use health information to support responsive, evidence-based primary health care.

The planning phase officially began on 10 November 2005 with the signing of a contribution agreement between IDRC and CIDA.

Goal of the planning phase of NEHSI

To set a strong foundation for the implementation phase through simultaneously identifying needs, beginning to develop an evidence base, and building local understanding and ownership of the idea that using evidence can lead to a more fair, effective and efficient primary health care system and good governance.

Overall design of the planning phase of NEHSI

The overall design of the planning phase consists of several components, which for the purpose of this call is relevant to provide the ``bigger picture`` of how the planning phase will lead to the implementation of NEHSI. The main components include:

- Two major **mapping studies**: 1) data collection initiatives in each of the states and at the federal level and 2) a mapping of primary health care-related structures, legislation, regulation and policy and decision-making processes. These mapping studies will inform the other components to identify entry points, linkages and gaps and draft reports will be available to the successful applicants to assist in their work.
- **Baseline data and development of a multi-stakeholder information and monitoring system** – baseline documentation of perception and value of the collection and use of information about health and health services. What do the

various actors (e.g. MOH, communities, health workers, planners) want to know about health and health services? In both states self-assessment by key actors on the use of evidence and their data needs are currently being initiated. As part of the multi-stakeholder information system, baseline evidence of community perceptions on access to health services, use, experience, cost and level of satisfaction with health services is needed. This includes the public, private, traditional and informal sectors. This evidence will be linked to an institutional review of available health services (formal, informal and traditional).

- **Feasibility study for demographic surveillance systems** to assess the design logistics, partnerships and costs of establishing two demographic surveillance systems (DSS) to monitor disease burden through representative sentinel mortality in the two states, throughout the implementation phase. In the implementation stage these demographic surveillance systems would need to link to the multi-stakeholder information and monitoring system.
- **Linking with existing initiatives** is key in both the planning and implementation stage of NEHSI. The federal government has reintroduced a Health Management Information System and it is important that the DSS and the multi-stakeholder information and monitoring system make appropriate linkages to this system to build capacity and complement the system. In addition, during the planning phase, CIDA is funding a World Bank health facilities survey, which can provide the successful group more detailed information on health facilities for incorporation into their analysis.

Key features of the proposed Demographic Surveillance System (DSS) sites for applicants to consider

- The DSS sites must generate longitudinal household based demographic and disease burden data and analysis that can engage and inform ongoing health sector reform, enhance planning and delivery of essential primary health care services, inform health and social policy and practice and contributing towards the integration of public, private, traditional and the informal health efforts.
- It must be ensured that the process is linked to the planning and monitoring processes at the federal, state and local government area (LGA) levels.
- The DSS should document causes of death and through this, provide annual burden of disease profiles (as described in www.idrc.ca/tehip/) and other DSS information which can be used by health planners and stakeholders to select and prioritize a defined set of essential health interventions which can be routinely delivered through the primary health care system.
- The population size for the DSS sites in both states require to be defined and justified. It will also be necessary to specify the actual location for household census taking into account the presence of both rural and urban communities within each of the two states.

- The institutional partnerships best placed to implement the two DSS sites need to be explored and defined, taking into account the involvement and capacity building of existing institutions and personnel in collection, analysis and use of evidence.
- A strategy to include the DSS evidence-base into the health planning process at the federal, state and LGA levels needs to be outlined.
- Potential linkages between DSS with other ongoing population data management initiatives such as the poverty monitoring strategy, need to be promoted and enhanced.
- Opportunities must be pursued to expand demographic and other associated research studies in order to increase the exposure and impact of these two Nigerian DSS sites and, at the same time, pave the way towards long term development, training opportunities and sustainability.
- The collection of state level baseline demographic surveillance data needs to be part of the multi-stakeholder information and monitoring process. The successful applicants, as part of their deliverables, need to outline how such a system can be institutionalized during the five-year implementation period.
- This DSS initiative needs to ensure and support the translation of appropriate information, evidence and research results into public health action.

Composition and eligibility of team

- Proposals are invited from teams that **must** include Nigerian researchers and/or research users.
- Individuals and institutions with expertise and experience in establishing local health information and monitoring systems, and surveillance systems.
- Individuals and institutions that use qualitative and/or quantitative methods.
- Multidisciplinary and trans-disciplinary teams are encouraged to apply.

Funds available

This is a one time grant for the planning stage of NEHSI of CA\$60,000. As part of this grant CA\$10,000 must be allocated for synthesis meeting of stakeholders (including research teams) to discuss and provide input into the implementation plan in mid June 2006. Successful applicants, after a review process of their implementation proposal may be invited to continue with the implementation for a five-year period.

Allowable costs/budget guidelines

This grant will be administered by IDRC according to the budget categories listed below and outlined in more detail in Appendix A.

Budget Categories

- Personnel
- Consultants
- Evaluation
- Equipment
- International Travel
- Training
- Research Expenses
- Indirect Project Costs

Note that CA\$10,000 should be budgeted for a meeting of all research teams of the various components to discuss and provide input into the implementation plan in mid June 2006.

Evaluation process and criteria for merit review

The evaluation process will include Canadian and international reviewers to determine scientific, ethical and development excellence. Proposals will first be screened for eligibility and relevance. A technical review by two external reviewers and a member of the IDRC technical oversight group will follow this screening process. The results from these reviews will be provided to the IDRC technical oversight group for a full discussion, ranking, and final decision on all proposals. In addition to project scores, due consideration will be given to the extent to which proposals meet NEHSI's goals. Successful applicants may be requested to address recommendations from the reviewers and NEHSI team prior to disbursement of funds. The NEHSI team will continue to interact with successful teams throughout the project.

Review Criteria

Each full application will be assessed according to the following criteria.

- **Relevance and Potential Impact**
 - Description of how the proposed team addresses the issue of building a culture of evidence-based planning.
 - Evidence of potential significance of the proposed system for decision makers (e.g. policy makers).
 - Potential to influence and catalyze other research collaborations.
- **Collaboration**
 - Evidence that the proposal has been prepared with Nigerian participation and that the project will further strengthen Nigerian capacity.
 - Evidence that the team has experience working with relevant non-governmental and government actors and institutions to achieve collaborative outcomes.

- **Partnership/Community Involvement** – Extent or nature of community or policy/program-relevant organizational involvement in the development of the proposed system. Information on the following should be included:
 - Identified partners and a brief description of how they operate or will operate with regard to governance and communication
 - Contribution (e.g. in-kind resources, staff time, and/or funds) and support for the program of work provided by the institution(s) and community organization(s).

- **Capacity building**
 - Evidence that the proposed work will aim to primarily build the capacity of Nigerians and Nigerian institutions to generate, analyse and use evidence generated by the system.
 - Capacity building, training, and mentoring opportunities and modalities not limited to conventional on-site academic training are encouraged for the implementation phase.
 - Evidence that the proposed work can evolve over time, building the foundation for capacity to manage and use a multi-stakeholder information and monitoring system linked to the planning processes at LGA and state level with some linkages to the federal level.

- **Technical Merit**
 - Strength of justification/rationale for program of work
 - Clarity of objectives
 - Appropriateness of methods and analytical framework
 - Local applicability and broader regional or potential global relevance or generalizability of results
 - Clarity on how issues related to gender as well as to socio-economic, ethnicity or ability-based equity considerations and differential impacts are addressed in the design, implementation and analysis stage.
 - Discussion of ethical implications of the proposed system and clarity on how such ethical issues will be addressed.

- **Appropriateness of team and institutional environment**
 - Experience and skills of the team, including relevant disciplinary mix to address the full set of objectives
 - Institutional, training, mentoring environment for proposed work
 - Administrative capacity of applicant.

- **Research to Action**
 - Evidence that potential users are significantly involved in the process (e.g. defining the objectives and engaging in the process, evaluation, or use of the research)
 - A clear communication and dissemination plan (who, how, by whom, for whom, with what expected result)

- Appropriateness of evidence to action plan to encourage uptake and use of evidence
- Strategies identified to enable the proposed work to foster a culture of linking evidence with policy and practice.

Key dates

- Full proposals due: 3 February, 2006
- Notification of results: 3 March, 2006

For the successful applicant:

- Final report due: 1 May, 2006

How to apply/proposal requirements

The full proposal should be typewritten in 12 point font and each page must be numbered and include the name of the principal applicant(s).

Cover Page

The full proposals must have cover pages that include the following:

- A **brief** project title
- Name(s) of principal applicant(s) and team members (including their affiliations and respective countries) and their contact details (i.e. mailing address, telephone, fax and email address).
- Name and location of organization/institution that will administer the project funds. This organization/institution must have documentation verifying that it is a legal entity.
- Total amount of funding requested in Canadian dollars.

The application should be signed by both the principal investigator(s) and the designated official of the organization that will administer the funds.

Signatures must be provided to confirm that team members and the administering agency have agreed to their role and/or commitment to the proposed research. Faxed signatures of the team members are acceptable. Fax signatures to the attention of Danielle Reinhardt at the International Development Research Centre at (1 613) 567-7748.

Content

Applicants are expected to use the headings below to organize their 12 page proposal. Additional Annexes (e.g. bibliography, budget notes, CVs, Letters of Support) may be appended to the 12 page proposal. Teams are reminded that evidence of institutional ethical clearance must be provided before funds will be disbursed.

- i) *Abstract/Executive Summary of the proposed research*
- ii) *Research proposal:* This section should include: the Research and Development objectives and question(s) addressed; a review of the relevant literature; the relevance of the proposed project to Nigeria; the research design, methods and analytic approaches to be used, communications and knowledge translation strategy (See Below); how linkages to existing initiatives will be done (successful applicants will have access to the results of other components of the planning phase and other CIDA funded studies); ethical considerations and how these will be addressed; socioeconomic and gender equity issues and how these will be addressed, and the proposed workplan/timeline.
- iii) *Communication Plan/Knowledge Transfer Activities:* This section should include: the audience(s) the research is relevant to, a description of the approaches that will be used to reach and involve the audience(s), the rationale for such approaches and other knowledge transfer activities that are planned.
- iv) *Research team:* This section should demonstrate that the team has all the necessary technical capacity to undertake the proposed research. The section should include: the names and affiliations of research team members, a brief statement of each partner's/member's role, relevant competence and experience, and planned contribution to the project. It should also include a brief discussion of the processes and structures in place (or to be put in place) to encourage regular and ongoing communication between members of the research team.
- v) *Budget:* This section must include:
 - A proposed total budget of the project indicating contributions by any co-sponsor and the nature of partner contributions (e.g. financial or in kind).
 - A brief description and justification of the main budget expenditures *
Refer to Allowable Costs/Budget Guidelines section of this "Call".

Resources in the budget should be under the control of the primary principal investigator(s) and the designated official of the organization that will administer the funds. The administering organization must have the capacity to properly administer and account for funds granted for charitable purposes.

Attachments

A summary curriculum vitae (4 pages maximum) of the principal applicant(s) and each research team member should be appended.

Address for submitting applications

Send an original and five hard copies of your completed proposal and supporting documentation by courier to:

Danielle Reinhardt
Teasdale-Corti Team Grants Competition
International Development Research Centre
250 Albert Street
PO Box 8500, Ottawa, Canada
K1G 3H9
Email: NEHSIgrant2@idrc.ca

In addition, send an electronic copy to NEHSIgrant2@idrc.ca with the following subject heading: ``NEHSI grant – last name of one principal investigator/applicant`` (e.g. ``NEHSI grant -Reinhardt``).

Contacts for further information

For general questions about the initiative, please visit: www.idrc.ca

Questions regarding submission requirements/how to apply, grant administration and the review process please contact:

Graham Reid, PhD
Senior Programme Specialist
Governance, Equity and Health
International Development Research Centre
Email: greid@tehip.or.tz

Appendix A: Allowable costs/budget guidelines

Personnel

Includes all remuneration, allowances, and benefits paid to staff and advisors hired for a specific project. Project advisors are people hired for long periods (more than 1 year) and paid on a regular basis. The payment of replacement salaries (to release academics from teaching commitments) or of core salaries (i.e., of existing staff) must be justified in the context of research capacity building. As a general rule, IDRC does not pay salary supplements, i.e., honorarium for full-time employees in addition to their regular salaries or higher salaries than the institution would normally pay. Depending on their role, graduate students may be supported here or under the *Research Expenses* or *Training* category. In the case of Canadian investigators, salary support is limited to 0.5 FTE for principal applicants or co- principal applicants based in Canadian institutions

Consultants

Consultants provide expert professional advice and usually work on a fee-for-service basis. Compared with project advisors (see Salaries), consultants are contracted for shorter periods to work on specific assignments. Payments to consultants include all expenses related to the services of a consultant for a specific activity within the project.

Evaluation

Includes the systematic assessment of a project, program, policy, or strategic issue to assess either progress toward achieving objectives or the quality and effects of IDRC-funded activities. Evaluation may occur during an activity or after its completion. Evaluation costs can include: consultant fees; travel expenses; and dissemination of the evaluation findings. In projects where evaluation is the primary objective, costs may also include: research expenses; training; and salaries and benefits for personnel directly involved in the evaluation.

Equipment

Includes equipment that has a useful life of more than 1 year and costs more than CAD 1,000 per item. Costs may include the basic purchase price, related Canadian sales taxes (net of government rebates), freight costs, and other costs associated with purchasing the equipment. IDRC does not pay foreign taxes, import duties, or equipment insurance after delivery. The recipient institution is responsible for all subsequent insurance coverage, and IDRC does not assume responsibility for any losses after delivery.

International travel

Includes all costs related to international travel incurred by project staff. Allowable costs include ground transportation, accommodation, meals, airfare, departure taxes, and other related expenses. Daily costs cannot exceed IDRC per diem rates (see <http://www.idrc.ca/admin/perdiems/consultant.htm>).

Training

Includes a trainee's registration and tuition fees; living and other allowances; research and training expenses; and travel costs during the trainee's participation in degree or diploma programs, short courses, student field work, postdoctoral training, or other scholarly activities. The training budget should be reported in four sub-categories based on the type of training being supported: PhD — study leading to a PhD degree; Masters — study leading to a Masters' degree; Short Course — study leading to a diploma or certificate; or Other — all other scholarly activities (e.g., field work or postdoctoral study). Training for project staff that relates to the implementation of research activities should be shown under Research Expenses.

Research Expenses

Includes services and materials required to carry out the research. Costs include remuneration of persons who gather data and information or provide casual labour, maintenance and operation of project vehicles, consumable goods and non-capital equipment, computer services, training for project staff for implementation of research activities, in-country travel, reference materials, rent paid for land or premises used in a research activity, and translation of project-related documents. (Note: IDRC provides free access to many electronic databases for all of our partners.)

Indirect Project Costs

Includes administrative costs not directly related to the research. Costs may include clerical, accounting, or secretarial help, general office expenses, office rental and utility charges, non-capital office furnishings, communications costs, and photocopying. IDRC expects the recipient to absorb the indirect or administrative costs of a project as part of its local contribution. In exceptional cases, IDRC will consider a contribution towards indirect costs. The maximum contribution is 13% of all recipient-administered costs, excluding capital equipment. The only time a recipient is allowed to claim a percentage on capital equipment is when the recipient administers the procurement, shipping, and delivery on behalf of one or more recipients in the same project.