Call for Proposals
Canadian International Immunization Initiative for Haiti (CIII2-Haiti)

CALL FOR PROPOSALS

The Global Health Research Initiative (GHRI) promotes the conduct of health research and the use of its results in low- and middle-income countries (LMICs).

The CIII2-Haiti program supports operations research activities to inform the decision-making process, generate scientific evidence, promote a better understanding of immunization-related issues, encourage and support new approaches to immunize hard-to-reach groups, strengthen research partnerships and develop research capacities.

The aim of this call for proposals is to provide operations research grants on the following themes:

1. Issues Related to Service Provision
2. Issues Related to Demand for Services
3. Economic modeling / Epidemiology / Statistics

Gender, equity and ethics are integral aspects of these grants and must be addressed by all applications to this competition.

IMPORTANT DATES:

Letters of Intent (LI) due: June 29, 2009
LI review results: July 9, 2009
Full application due: October 9, 2009
Notification of results: October 29, 2009

KEY FEATURES:

• Two-stage selection process: 1) letter of intent; and 2) full application for teams whose letter of intent has been accepted.

• A budget of $800,000 Canadian dollars (CAD) is available.

• Up to a total of five research grants will be awarded to teams of researchers and research users.

• Two grant categories are available: Less than $100,000 CAD; $100,000 CAD and more.

• Successful teams will receive a maximum grant of $300,000 CAD from GHRI over a maximum of three years (2009 to 2012).

• The teams must include: 1) a Haitian researcher as co-principal applicant; and 2) a Haitian research user as co-principal applicant. Other Haitian researchers and research users may participate as co-applicants or collaborators.

• Canadians and Haitians living outside Haiti are eligible as (non-principal) co-applicants or collaborators.

• All candidate organizations based outside Haiti must be associated with a local partner recognized in Haiti (government institution, non-governmental organization, private organization registered in Haiti, etc.).

Enquires should be addressed to: ciii2-Haiti@idrc.ca

This competition is part of GHRI’s Canadian International Immunization Initiative for Haiti (CIII2-Haiti). For information about the Program visit: http://www.irsm.ca.
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Call for Proposals

Research Grants for the Canadian International Immunization Initiative for Haiti (CIII2-Haiti)

I. Introduction

The Global Health Research Initiative (GHRI) is a partnership between the Canadian International Development Agency (CIDA), the Public Health Agency of Canada (PHAC), the International Development Research Centre (IDRC), the Canadian Institutes of Health Research (CIHR) and Health Canada. GHRI promotes the conduct and use of health research in low- and middle-income countries (LMICs). It funds and facilitates innovative, inter-disciplinary research and capacity-building programs that address health priorities in low- and middle-income countries while promoting and facilitating Canadians’ engagement in global health research. GHRI promotes egalitarian Canada-South collaborations - engaging health research and health system stakeholders in partnerships to develop new knowledge to strengthen LMIC health systems and build global health research capacity.

The integration of research with policy and practice underpins much of GHRI programming. The intention is to ground knowledge generation and synthesis within the needs and health challenges of LMICs. Knowledge transfer and exchange and the early and continuous involvement of research users, from design through the entire duration of a project, are built into most GHRI programs. This approach is reflected in the governance structure of GHRI, its program design, merit review processes including composition of peer-review committees and in the grants and awards provided by the various GHRI programs.

The Canadian International Immunization Initiative for Haiti (CIII2-Haiti) is a GHRI program. The $1,055,000 CAD program is jointly funded by CIDA and IDRC for a five-year period (2008–2013). CIII2 – Haiti has been modeled on the Canadian International Immunization Initiative which ending Phase 2 (CIII2) has supported six operations research projects covering 12 countries in Africa, Latin America and Asia.

CIII2-Haiti specific objectives are to:

- inform evidence-based decision-making to improve the health of Haitian populations and strengthen health systems through immunization programs and services for vaccine preventable diseases;

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1 See Appendix A for details on GHRI and its partners.
2 Click on this link for more information: [http://www.idrc.ca/en/ev-114616-201-1-DO_TOPIC.html](http://www.idrc.ca/en/ev-114616-201-1-DO_TOPIC.html)
generate and promote the utilization of evidence in areas of operations\textsuperscript{3} research related to immunization and widely disseminate it to the Haitian partners, the general research community and to policy makers;
- promote a better understanding of issues related to immunization in Haiti;
- encourage and support innovative approaches to improving immunization uptake among hard-to-reach groups;
- strengthen the capacity of Haitian researchers;
- promote and support partnerships between interdisciplinary teams of researchers and research users in Canada and Haiti;

The key lessons from the operations research projects funded through this call for proposals will be beneficial not only locally and nationally, but also potentially outside Haiti. These lessons will concern not only project implementation and the applications of research results, but also the partnership models developed among Haitian researchers, between Canadians and Haitians, and the collaboration between researchers and decision-makers.

II. Suggested Research Themes

Applicants may apply for funding on one of the following themes:
1. Issues related to Service Provision
2. Issues related to Demand for Services
3. Economic Modeling / Epidemiology / Statistics

For each of these themes, we propose, below, examples of research topics that could be funded under CIII2-Haiti. This list of themes and topics has been developed in light of gaps found in the literature and interviews conducted with key players in Haiti. **Applicants are not restricted to the proposed examples. All applications must provide a good rationale of the importance of their research project.**

Applicants are encouraged to build on their current areas of research and existing knowledge in the field while keeping in mind the objectives of the CIII2-Haiti program. Also, capacity building is a strong component of the initiative. Thus, graduate students can be members of a research team.

1. Issues Related to Service Provision

Immunization is an economical and proven means of reducing maternal and child morbidity and mortality. However, its successful delivery depends largely on the involvement and the quality of the available health care system [2-4]. In Haiti, the health

\textsuperscript{3} Fisher et al [1] define operations research as “a process, a method for identifying and solving program-related problems. Operations research... can be defined as a five-phase process: 1) identification and diagnosis of the problem; 2) choice of the strategy to be adopted; 3) experimentation and evaluation of the chosen strategy; 4) dissemination of the information; and 5) utilization of the information. The operations research process aims at improving the degree of effectiveness, the performance and the quality of services provided by provider as well as the degree of availability, accessibility and acceptability of services from the user perspective.”
The care pyramid is organized in three levels. Immunization is generally offered by level 1 health services (SSPEs) as part of the minimum package of first contact services [3].

Theme 1 of this call for proposals addresses issues relating to:
- Organization, access and promotion of services;
- Human resources;
- Vaccine delivery and safety;
- Surveillance and utilization of data;

Management of services and the various opportunities to involve the population are organizational issues that come immediately to mind [5-7]. Access to services is also a critical issue in Haiti. For example, the available statistics show that nearly half the Haitian population (47%) lives more than 5 km away from a SSPE [3] and nearly 50% do not have access to basic medicines [8]. As could be expected, there are great disparities between geographic regions and between areas of residence [3, 8-10]. Given the low attendance rate at fixed service points, increasingly creative solutions are needed to minimize missed opportunities for care [11] and reach target populations, especially the most vulnerable, every time an opportunity arises. Different configurations have been implemented around the world to integrate health services [12-13]. This often involves integrating maternal and child health services, taking advantage of the natural mother-child dyad, but other scenarios can be imagined. Also, when this can be done safely, providers take advantage of a single consultation to administer several vaccines at once. Other strategies consist of promoting the services, and using alternatives to routine immunization, including mass immunization campaigns or even going in advanced strategy out of fixed service points to find people where they are [14-16].

Different program models around the world make use of different types of medical and non-medical personnel [3, 17-18]. It is therefore justified to investigate the type(s) of personnel who could be used to obtain the best and most effective immunization coverage in Haiti.

In addition to the type of personnel, it is important to consider the workload, training and motivation of the staff. Studies have shown that a wide range of factors have an impact on staff performance, from quality of the leadership to wages, from workload to incentive system (monetary and non-monetary), among others [3, 19-22].

Vaccine delivery and safety encompasses issues related to the proper functioning of the cold chain, vaccine management and the treatment of side effects. Safe injections and the management of waste from immunization campaigns [23-25] also fall into this category.

Finally, surveillance and utilization of data addresses issues relating to information and surveillance systems [26] and to the use and quality of data produced by these systems [27].
Examples of Research Subjects – Service Provision

Organization of Services
- How can immunization coverage be increased and made more equitable through the use of formal health programs and services?
- How can advanced strategy be reactivated in rural areas?
- Effective immunization delivery models
- Can immunization serve as leverage for a better integration of services and a strengthening of the health system?

Accessibility
- How can immunization coverage be increased in marginalized neighbourhoods?
- How can coverage be increased in areas where the population is scattered and hard-to-reach (e.g. mountainous areas)?
- How can missed opportunities be reduced?

Promotion of services
- How can a high participation of the population be ensured during advanced strategy?
- How to develop effective awareness tools about routine immunization?

Human resources
- What types of workers can most effectively deliver health services and immunization programs in Haiti?
- Contractualization as an effective tool for program strengthening and implementation: How can effective delegation be made?
- Effective strategies to educate health professionals to broaden immunization coverage?

HIS and surveillance system
- How to find out who is immunized and look for those lost to follow-up?
- How to implement effective surveillance systems?
- How to improve the quality of surveillance data?

Utilization of data
- What knowledge translation tools and processes can be used to incite key stakeholders to use the available information in order to encourage and ensure integrated and effective immunization services?

Cold chain
- What are the alternatives to the current cold chain model(s)?
- Conservation problems in hard-to-reach areas (geography, rural areas)

Vaccine and waste management
- Vaccine loss rate: causes and corrective measures
- Solutions for waste management during immunization campaigns

Side effects
- Adverse Events Following Immunization (AEFI)
2. Issues Related to Demand for Services

The success of an immunization program does not depend solely on the quality and quantity of the services provided. The counterpart of supply, i.e. demand, is equally important. While Haitian populations are generally very enthusiastic about immunization [3], the coverage rate remains low [28]. It is unlikely that this is due solely to problems in the health system. The knowledge, attitudes and practices of the population have undeniable impact on their use of immunization services [29]. For example, in Haiti, a study in Pont-Sonde showed that children of mothers who visit traditional healers are less likely to be immunized [30], while the establishment of fathers’ clubs in the Jérémie region [31] helped improve child health, including immunization coverage. Providers’ behavior and the information they provide can also have an impact on the decision as to whether or not to have a child immunized [32-34]. This theme also addresses strategies for education on immunization [35].

<table>
<thead>
<tr>
<th>Examples of Research Subjects – Demand for Services</th>
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<tbody>
<tr>
<td><strong>Barriers</strong></td>
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<tr>
<td>▪ How to address socio-cultural and religious barriers that prevent immunization uptake, in particular by the most vulnerable populations (e.g. hard-to-reach populations)?</td>
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<td>▪ What are the determinants of immunization and how to address factors exercising a negative effect on it?</td>
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<tr>
<td>▪ What are the factors influencing dropouts and how can these be addressed?</td>
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<tr>
<td>▪ How to motivate parents to get their children immunized?</td>
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<td><strong>Perception of risk</strong></td>
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<tr>
<td>▪ How does the perception of vaccination-related risk affect immunization rate?</td>
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<td>▪ How to use information on the perception of risk to develop effective communications strategies?</td>
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<td><strong>Education</strong></td>
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<td>▪ What strategies may be effective to educate the public and decision-makers to reach high immunization coverage?</td>
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</tbody>
</table>
3. Economic Modeling / Epidemiology / Statistics
Modeling can be used to estimate and simulate various aspects of immunization, such as cost-effectiveness [36-40], most promising programming strategies [41-42] and more. This theme may also cover policy-related issues [43].

<table>
<thead>
<tr>
<th>Examples of Research Subjects – Economic Modeling / Epidemiology / Statistics</th>
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<tbody>
<tr>
<td><strong>Geographical coverage</strong></td>
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<tr>
<td>▪ Comparison of areas with good coverage and those with not as good coverage. Lessons for policies and programs</td>
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<tr>
<td>▪ Analysis of implementation in light of immunization results. Lessons for other regions / models</td>
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<tr>
<td><strong>Immunization costs (monetary and non-monetary)</strong></td>
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<tr>
<td>▪ Cost-effectiveness of immunization delivery models</td>
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<tr>
<td>▪ What vaccine delivery methods are the most cost-effective in Haiti (e.g. polio vaccine administered orally vs. by injection; combined vaccines vs. monovalent vaccines)?</td>
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<tr>
<td>▪ Costs of over-immunization</td>
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<tr>
<td>▪ Usefulness and sustainability of immunization days in Haiti</td>
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<td>▪ Public perception of free products: does providing services free of charge or at a cost make a difference on demand for immunization in Haiti?</td>
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<tr>
<td>▪ Cost-effectives of alternatives to the cold chain in Haiti.</td>
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<tr>
<td>▪ Cost of non-vaccination or of an inadequate coverage</td>
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<td>▪ Cost of an inadequate management of the cold chain</td>
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<tr>
<td><strong>Other</strong></td>
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<td>▪ Public/private partnership</td>
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Teams that receive a grant under CIII2-Haiti must participate in a meeting at mid-project and one at end of project to share lessons learned and best practices. These meetings, funded by CIII2-Haiti, will also be an opportunity to give progress updates on the program in relation to its evaluation framework.

**III. Eligible Applicants**

- Eligible applicants are teams of researchers and research users who apply as co-principal applicants. The following configurations are admissible when submitting a letter of intent:
  - Teams of Haitian researcher(s) and research user(s). There may be several researchers and research users on a single proposal.
    - The researcher co-principal applicant must be affiliated with a government institution, a non-governmental organization, or a private organization registered in Haiti.
    - The research user co-principal applicant must have sufficient decision-making power to contribute to the utilization of the results of the proposed research. S/he may have decision-making authority either in government or in civil society. For example, s/he may be a decision-maker at some
level within the Haitian Ministry of Health (MSPP), an influential member of the community where the research will be done, an administrator in the health structure where the research will be done, a health practitioner who is on the board of directors of a health structure, or the head of an NGO whose administrative structure and community activities are the framework for the proposed research, and so on. The research proposal must clearly define the characteristics of the research user and explain how s/he could contribute to the results of the proposed research being utilized.

- Team of Haitian and Canadian researchers and research users. At least one co-principal applicant must be a Haitian researcher living in Haiti. In order to strengthen local leadership and capacities, Haitian researchers living outside Haiti and Canadian researchers are eligible as non-principal applicants or collaborators.
  - Multi-disciplinary teams are particularly encouraged to submit a letter of intent.
  - All candidate organizations based outside Haiti must be associated with a local partner recognized in Haiti (government institution, non-governmental organization, private organization registered in Haiti, etc.).
  - The Haitian researcher (co-principal applicant) must have a research mandate from a recognized institution based in Haiti that authorizes her/him to take part in the CIII2-Haiti research program for the entire duration of the grant and to publish her/his research results.
  - The co-principal applicants must share responsibility for the intellectual direction of the research. Each one must contribute substantially to the intellectual content of the research. The researcher co-principal applicant will play a major role in ensuring that the research is designed and conducted according to appropriate technical standards. The research user co-principal applicant will play a determining role in the interpretation and utilization of the data.
  - The collaborators must provide a specific service or support (such as access to equipment, training in a technical speciality, statistical analysis, access to a population of patients, etc.), but will not necessarily take part in the general intellectual direction of the research.
  - The designated organizations responsible for the administration of the funds must show that they are capable of managing grants in compliance with IDRC policies.
  - Co-sponsorship / co-funding is welcome, but not required. WHO/PAHO Haiti may be interested in providing technical support and/or support in funding of operational costs of some interventions.

**IV. Available Funds**

As part of this call for proposals for CIII2-Haiti, approximately $800,000 CAD will be invested over three years (2009-2012) in operations research projects.

- Teams may receive up to $300,000 CAD per grant (including administrative costs of up to 12%), over a maximum period of up to three years. The program plans to fund up to five teams.
- Applicants may apply in either of the following categories:
Less than $100,000 CAD. All applicants may submit a proposal in this category. In particular, junior researchers are encouraged to apply in this category.

$100,000 CAD or more. Only extremely well justified proposals may receive $100,000 CAD or more.

Teams are not required to apply for the maximum grant for the category in which they are submitting a proposal. Likewise, no advantage is given to proposals that cover the entire three-year maximum period. The appropriateness of the budget and the schedule for the proposed research project will play a significant role in the review and selection process.

Budgets must be justified. Teams must justify the amount and the duration of their research proposal relative to the grant objectives. The research project and the budget may be used to complement existing initiatives.

N.B.: Before funds are released, each research proposal must have undergone ethical review and received approval from the appropriate Canadian research structure, if applicable, and from the Comité National d’Ethique de Haïti. In the case of collaboration between Canadian and Haitian researchers, the Comité National d’Ethique de Haïti suggests that applicants first obtain the approval of the appropriate Canadian ethics committee before submitting their proposal to the Haitian committee that will make the final decision.

V. Allowable Costs and Budget Guidelines

CIII2-Haiti research grants are administered according to the budget categories listed below and outlined in more detail in Appendix B.

Budget Categories

- Personnel
- Research expenses
- Consultants
- Equipment
- International travel
- Evaluation
- Indirect project costs

VI. Process and Evaluation Criteria for the Merit Review

Merit review is a type of peer review evaluation that takes into account both the potential impact of the proposed research and its scientific excellence. Aspects such as feasibility of the research, experience and competencies of team members who will conduct the proposed research, institutions involved and results dissemination strategy are also important criteria (see review criteria outlined below).
**Merit Review Process**

The evaluation process will begin with a preliminary review to ensure that all required documents have been provided. There will then be a two-stage review:

1) **Stage one:** Admissible letters of intent will be sent to the CIII2-Haiti sub-committee for in-depth study. Teams whose letters of intent are accepted at this stage will be contacted to elaborate on their proposals and submit a full application.

2) **Stage two:** After a preliminary review to ensure that all required documents have been provided, the full applications will be reviewed and judged by external reviewers. The CIII2-Haiti sub-committee will then propose the final selection of recipients based on their individual assessments and the notes and comments received from external reviewers.

The members of the CIII2-Haiti sub-committee and the external reviewers are researchers or research users with good knowledge of immunization issues in general and particularly in Haiti, and/or of health structures/conditions in Haiti. Persons with operations research expertise are also on the sub-committee.

Under the GHRI agreement, relevant departments and individuals at CIDA, the Public Health Agency of Canada, IDRC, CIHR and Health Canada have access to ALL information related to letters of intent and full proposals submitted to the CIII2-Haiti program, including peer review ranking and rating lists. Individual applications are otherwise considered confidential until they are approved for funding, at which point the abstract, objectives, research teams and budget will be in the public domain. Letters of intent and full applications that are not approved may be sent to other organizations for funding consideration.

**Merit Review Criteria**

Each letter of intent and each full application will be assessed according to the following criteria:

- **Relevance and Potential Impact**
  - Applicants must show that the proposed research project addresses at least one of the research themes suggested in section II, or, if the proposed topic does not fall under the themes suggested in this call for proposals, applicants must provide an even stronger rationale of the relevance of their research.
  - Applicants must show how the research project responds to CIII2-Haiti operations research objectives.
  - Originality
  - Quality, feasibility and relevance of the proposed strategy to disseminate research results.

- **Collaboration**
  - Co-principal applicants must specify how much each one is actually contributing.
All candidate organizations based outside Haiti must be associated with one or more local partners recognized in Haiti (government institution, non-governmental organization, private organization registered in Haiti, etc.).

If applicable, applicants must specify their team’s degree of multidisciplinarity and the anticipated benefits of this collaboration.

**Technical Merit**

Evaluation criteria include:
- Study rationale and design, based on a review of the literature.
- Clarity of the research objectives and research questions.
- Appropriateness of proposed methods (quantitative, qualitative or mixed method approaches, as appropriate).
- Overall feasibility of the project, including adequacy of budget and schedule with the proposed project).
- Clear identification and discussion of the limitations of the proposed research.
- Experience and competencies of the team members to conduct the proposed research.
- Consideration of equity and gender issues.

**Capacity Building**

- Applicants must document how the proposed research project will contribute to building the capacity of Haitian researchers and institutions to engage in high-quality operations research focused on immunization issues.
- Applicants must document how the research project will contribute to building the capacity of research users in the area of immunization (type of involvement, leadership role, etc.).
- Applicants are encouraged to show participation by junior researchers and graduate students or new graduates.
- In the case of partnership with persons based outside Haiti, applicants are encouraged to show how the research project will benefit the non-Haitian partners.

**Appropriateness of Institutional Environments**

Applicants must show that their institutional environment and administrative capacity are appropriate for the project.
- Evidence of support to the research from each institution involved in the project (in-kind resources, financial resources, and the period allocated to the applicants for their involvement in the project).
- Administrative capacity of the organization(s) responsible for administering the research project funds.

**VII. Important Dates**

- Notification of letter of intent review results: July 9, 2009.
- Full application due: October 9, 2009.
VIII. How to Present a Letter of Intent and Make a Grant Application

The funding application for this initiative has two stages: First, applicants must submit a letter of intent, which will be reviewed by the CIII2-Haiti sub-committee. Accepted projects will be announced on July 9, 2009. Those applicants must then prepare a full and detailed application to be submitted no later than October 9, 2009.

The letter of intent must be typewritten in 12-point font. Each page must be numbered and must include the names of the co-principal applicants. Letters of intent may be submitted in English or in French.

Cover page of the Letter of Intent

The cover page of the letter of intent must contain the following information:

- **Brief** project title.
- Research project theme.
- Names of the co-principal applicants and team members (indicating their respective institutional affiliations and countries of residence) and their contact information (mailing address, telephone number, fax and e-mail address).
- Name(s) and address(es) of the organization(s) that will administer the project funds. These organizations must be able to document that they are legally incorporated.
- Co-sponsors (if applicable);
- Application category, i.e. < $100,000 CAD or ≥ $100,000 CAD;
- Duration of research project.
- The amount of funding requested for the first year (in Canadian dollars) and the total amount of funding for the entire research project (up to $300,000 CAD over three years, including up to 12% in administrative costs).

The letter of intent must be signed by all applicants and the designated official(s) of the organizations that will administer the funds. Signatures are required to confirm that team members and the persons responsible at the administering organizations have agreed to their role and responsibilities in the proposed research. Signatures of team members can be either faxed or scanned and sent by e-mail.

Content of the Letter of Intent

i) **Project abstract** – Applicants must present their research project in an abstract of **two pages maximum** in which they will clearly explain the objectives, relevance of the research, methodology used and anticipated results. The abstract will also give a brief outline of the capacity-building plan for researchers and research users, as well as the strategy to disseminate the research results. **Abstracts longer than two pages will be automatically rejected.**
ii) **Research team** – Applicants must present the research team in a one pager and specify the anticipated contribution and relevant work experience of each member.

iii) **Budget** – Applicants must provide the following information:

- The duration of the research project, the amount of funding requested for the first year (in Canadian dollars) and the total amount of funding for the entire project (up to $300,000 CAD over three years maximum).
- A budget summary for the first year, including a brief description and justification of the main costs. Please see section V on allowable costs and budget guidelines.
- If applicable, a summary of (financial and in-kind) contributions by each co-sponsor in the first year.

*The budget must be under the control of the co-principal applicants and designated representatives of the organizations that administer the funds. These persons must have the capacity to properly administer the funds and must be accountable for their use.*

**Attachments**

A curriculum vitae (maximum 4 pages) must be attached for each co-principal applicant.

**IX. Where to Send Grant Applications**

*Please send your letter of intent and attachments by e-mail to: ciii2-Haiti@idrc.ca*

*Electronic submissions must be sent in PDF, Word Perfect or MS Word format. Other formats will not be accepted.*

*The cover page with signatures may be scanned and sent electronically to ciii2-Haiti@idrc.ca or faxed to the attention of Nafissatou Diop at 613-563-0815. Please insert in the subject line that this is an application for the CIII2-Haiti program.*

**X. Contact for Further Information**

For general enquiries about the Global Health Research Initiative, please visit [www.ghri.ca](http://www.ghri.ca) or [www.idrc.ca](http://www.idrc.ca). For questions regarding submission requirements for this call for proposals, how to apply, grant administration, review process and research themes, please send an e-mail to ciii2-Haiti@idrc.ca.

**Contact for Further Information:**

Nafissatou Diop  
Senior Program Specialist  
Global Health Research Initiative (GHRI)  
Tel: 613-696-2617  
Fax: 613-563-0815  
E-mail: ciii2-Haiti@idrc.ca
APPENDIX A

Global Health Research Initiative (GHRI)

The Global Health Research Initiative (GHRI) was officially launched in September 2001 with the signing of a memorandum of understanding among the Canadian International Development Agency (CIDA), the International Development Research Centre (IDRC), the Canadian Institutes of Health Research (CIHR) and Health Canada to collaborate on global health research in Canada and to help reduce the 10/90 gap worldwide. The partnership aims to strengthen and build capacity for global health research in Canada and developing countries, and to strengthen the effectiveness of overseas development assistance. (www.ghri.ca). A fifth federal agency, the Public Health Agency of Canada (PHAC), joined the initiative in 2008.

The Global Health Research Initiative Partners

Canadian International Development Agency (CIDA)

CIDA’s aim is to reduce poverty, promote human rights and support sustainable human development in developing countries. The measure of success of Canada's official development assistance program lies in its contribution to the achievement of the Millennium Development Goals and Canada's broader international policy objectives. Building on lessons learned and best practices in health and HIV/AIDS programming over many decades, CIDA will continue to collaborate with key Canadian, international, and developing-country partners in an effort to build country capacity. CIDA will strive to support policies, initiatives, and relevant research that: prevent and control high-burden, communicable, poverty-linked diseases; combat HIV/AIDS; improve infant and child health; improve sexual and reproductive health and reduce maternal mortality; improve food security and nutrition; and strengthen health systems. (www.cida.ca)

Public Health Agency of Canada (PHAC)

Strengthening its ability to protect the health and safety of Canadians, the Government of Canada has delivered on its commitment to establish a new Public Health Agency of Canada and appoint a Chief Public Health Officer. The creation of the Public Health Agency of Canada marks the beginning of a new approach to federal leadership and collaboration with provinces and territories on efforts to renew the public health system in Canada and support a sustainable health care system. Focused on more effective efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, the Public Health Agency of Canada works closely with provinces and territories to keep Canadians healthy and help reduce pressures on the health care system. (www.phac-aspc.gc.ca)

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4 This refers to the fact that less than 10% of the annual global investment in health research is allocated to the conditions and diseases that account for 90% of the disease burden in the world. [44]
International Development Research Centre (IDRC)
In 1970, the International Development Research Centre (IDRC) was created by an Act of Parliament, with the mandate of supporting the creation and utilization of research for development. IDRC’s primary mission is to support research by Southern researchers (i.e. researchers residing in low and middle-income countries) to address development priorities identified by the South. The ultimate beneficiaries of the research supported by IDRC should be communities in countries of the South, particularly marginalized or disadvantaged groups. The following IDRC programs (www.idrc.ca) are GHRI stakeholders: Governance, Equity and Health (www.idrc.ca/geh), Ecosystem Approaches to Human Health (www.idrc.ca/ecohealth), Research for International Tobacco Control (www.idrc.ca/ritc) and Innovation, Policy and Science (www.idrc.ca/ips).

Canadian Institutes of Health Research (CIHR)
The Canadian Institutes of Health Research (CIHR) is the major federal agency responsible for funding health research in Canada. As set out by Parliament, the objective of CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system. The Institutes of CIHR bring together researchers who approach health challenges from different disciplinary perspectives, drawing on the combined strengths of these approaches. The four pillars of CIHR include biomedical, clinical science, health systems and services, and the social, cultural and environmental influences on the health of populations. (www.cihr.ca).

Health Canada
Health Canada has as its mandate to help the people of Canada maintain and improve their health. Health Canada recognizes the importance of health issues in a global environment and works actively to ensure that Canada and the Canadian public are protected from external health threats, and benefit from and contribute to the advancement of health in the global context. Health Canada represents Canada in the World Health Organization, the Pan American Health Organization and other international health fora.
APPENDIX B
Allowable Costs and 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 one year) and paid on a regular basis. Replacement salaries (to release academics from teaching commitments) may be paid to principal researchers based on their time commitment to the project, their research role and the policy of their institution. As a general rule, IDRC does not pay salary supplements, i.e., honoraria for full-time employees in addition to their regular salaries or higher salaries than their 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 principal applicants or co-principal applicants based in Canadian institutions, salary support is limited to 0.5 FTE.

Research Expenses
Includes the services and equipment needed to conduct research and disseminate results. These expenses may include payments to people who gather data or provide casual labour, the maintenance and operation of project vehicles, consumable goods and non-capital equipment, computer services, in-country travel, reference materials, rent paid for land or premises used in a research project, dissemination costs, equipment rentals for seminars and conferences, and printing.

Consultants
Includes all expenses related to the services of a consultant for a specific activity within the project. These expenses include fees, travel costs, room and board, and support services contracted directly by the consultant and billed to the project. The total cost of each consultant’s services must be expressed as a lump sum and a cost breakdown should be provided in a note attached to the budget.

Equipment
Includes equipment that has a useful life of more than one year and costs more than $1,000 Canadian per item. The need for new equipment must be justified. Costs of less than $1,000 should be included in the Research Expenses category. Costs may include the basic purchase price, related Canadian sales taxes, freight costs, and other costs associated with purchasing the equipment. However, 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.

Canadian recipients that purchase equipment using IDRC funds must remit that equipment to a developing country partner upon completion of the project work which falls under the IDRC grant.
**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. Health insurance for international travel is not covered by IDRC. Daily costs cannot exceed IDRC per diem rates at the time of travel.

**Evaluation**
Includes the costs related to a 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.

**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. Indirect costs are estimated and the percentage to be paid should be negotiated. Under no circumstances will the Centre consider indirect costs of more than 12% of the recipient-administered grant value, excluding the amount awarded toward the procurement of equipment which will be vested in the beneficiary and excluding the amount of the indirect costs themselves.

You must keep track of your indirect cost charges in order to satisfy the requirements of any possible audit. If your institution has a policy of recovering its indirect costs, it must be able to satisfy IDRC or its auditors that the levy is fair and reasonable.
Bibliography


