

ELRHA'S RESEARCH FOR HEALTH IN HUMANITARIAN CRISES

CALL FOR PROPOSALS: MARCH 2020

Research to support COVID-19 response in humanitarian settings

1. INTRODUCTION

- i. Elrha is launching a special call for research proposals to support the COVID-19 response in humanitarian settings.
- ii. The aim is to fund public health research that will produce robust findings that will contribute to the effectiveness of the current humanitarian response and increase the evidence base for future responses to similar infectious disease outbreaks.
- iii. Given the global travel restrictions and social distancing measures in place to respond to COVID-19, applicants must be able to demonstrate that their proposed research is relevant, feasible and ethical.

2. SCOPE AND ELIGIBILITY

- iv. This Call for Proposals focuses on identified priorities related to the current COVID-19 outbreak in the context of humanitarian settings in [low and middle income countries](#) (LMICs). Proposals will be eligible for research that targets:
 - Refugees and IDPs living in camps or urban settings, and conflict-affected people, in LMICs
 - Health systems and health care workers supporting the COVID-19 response in humanitarian settings in LMICs.
- v. The scope of the call covers research that will strengthen the evidence base on how to improve public health outcomes by directly informing **the response to the current COVID-19 outbreak**. Proposals addressing any of the below topics will be eligible.

Innovative solutions:

 - Testing or evaluating innovative interventions around WASH, low tech solutions for ventilators, PPE, supply chain management etc
 - Developing & evaluating innovative approaches to managing COVID-19 outbreaks in resource-poor settings, in line with WHO/IASC guidance on care for highly vulnerable population groups

Supporting existing health care delivery:

- testing and evaluating approaches to ensure continuity of regular public health services through integration, or through 'shielding' such services from COVID-19 prevention and control measures
- Examining co-morbidities between COVID-19 and existing health conditions such as malnutrition, TB, HIV and malaria and/or testing of related treatment protocols

Predicting outbreaks:

- Modelling COVID-19 to predict the future course of the outbreak and its social impacts in specific humanitarian settings, and evaluating control strategies

Social science behavioural research:

- Collecting information related to local barriers and enablers for uptake and adherence to public health measures for prevention and control, including around self-isolation, social distancing, sanitation, hand-washing etc, along with the ability of vulnerable groups to adhere to public health measures, and identifying and testing appropriate messages to support interventions
- Identifying underlying drivers of fear, anxiety and stigma that fuel misinformation and rumour, particularly through social media, and identifying and testing appropriate messages to support interventions
- Identifying protection measures and messages targeting potentially vulnerable groups such as older people, people with disabilities¹ or those with pre-existing health conditions
- Adaption of global guidance² on protection measures and messages reaching women and girls at risk of IPV in the context of COVID-19 and isolation in specific humanitarian settings

Coordination and sharing:

- Examining ways in which data, research findings and lessons learned from COVID-19 can be rapidly shared across 'the system' - between different countries and settings, within and between different actors involved in the response - to support greater coordination and cohesive action
- Examining ethical issues related to conducting research and developing innovative approaches in the context of COVID-19 and humanitarian response

¹Age International [guidance](#) on COVID-19 and older people

²GBV AoR COVID-19 [guidance](#)

- Examining how non-protection humanitarian sectors are incorporating COVID-19 specific guidance in relation to potentially vulnerable groups such as older people, people with disabilities and women and girls at risk of IPV

- vi. Vaccine and therapeutic research and development of diagnostics will **not be funded** through this call.
- vii. Primary and/or secondary data collection approaches will be considered.
- viii. Proposals will need to justify the relevance of the research in terms of the COVID-19 response in humanitarian settings in LMICs, and demonstrate how the findings will be directly applicable.
- ix. The feasibility of conducting research will be a major consideration for study teams due to travel/movement restrictions in place, or that might be introduced in response to COVID-19. The application must demonstrate how research will be operationally feasible and risks appropriately managed in this context. Where relevant, applicants will be required to show evidence of a **risk mitigation plan** that addresses the potential of restricted access that will be adhered to for the duration of the research.
- x. Ethical considerations of conducting public health research in the context of COVID-19, particularly primary data collection, must be clearly addressed in proposals. Where applicable, we expect applications to outline how primary research will be conducted with the safety of both researchers and research participants in mind. We recommend that applicants consult relevant global and other guidance³ and the [R2HC Ethics Tool](#).
- xi. Proposals must demonstrate **rigorous research methodologies** appropriate for the study in question. We anticipate that adapted or innovative research methodologies might be needed to address ethical challenges and those related to travel restrictions.
- xii. Applications must demonstrate inclusion of appropriate **research partners** to ensure the **feasibility** of conducting research and ensuring **rapid utilisation of findings** to inform the response. Study teams must include research expertise required to deliver high quality and rigorous research findings: inclusion in the study team of an academic from a

³ UNICEF [Minimum Standards for Community Engagement](#), Council for International Organizations of Medical Sciences (CIOMS) [International Ethical Guidelines](#)

research institution (national and/or international) is strongly encouraged. Applications which propose to undertake primary data collection within a humanitarian setting in a LMIC must demonstrate inclusion of a local humanitarian operational partner to ensure relevance of research question and access to study location.

- xiii. The principal applicant must be able to assemble a qualified study team that can begin work as soon as possible (from end April 2020).
- xiv. The study team must have a track record of published research in peer reviewed scientific journals. It is anticipated that at least one peer-reviewed article will be produced subsequent to completion of the study. All research outputs will be subject to the DFID, Wellcome and NIHR open access policies (as outlined in Annex 8 in the Elrha Grant Agreement).
- xv. The applicant must apply as part of an established organisation, whether a research institution or a humanitarian organisation, based in any country in the world. Funding cannot be provided directly to individuals, or to private sector organisations.
- xvi. Applications must be submitted in English.

3. FUNDING AVAILABILITY AND GRANT DURATION

- i. Our priority is to fund rapid research which will directly inform the response to COVID-19 in humanitarian settings in LMICs. We anticipate that a majority of proposals will be for short-term research conducted over the next few months. However, funding can be provided for research which takes place over an extended period if applicants can justify the value of this research to inform responses to the COVID-19 outbreak.
- ii. We expect the majority of applications will have budgets which reflect the rapid nature of research which will be conducted over a short time period. However, we recognise that some studies might require more significant funding to undertake research over an extended period.
- iii. The size and number of grants to be awarded will depend on the quality of proposals received that are within the scope of the call. There will be no ceiling to the budgets. Value for money will be one of the criteria for grant approval.

4. BUDGETS

- iv. The budget template should be used for the submission of the research proposal budget.
- v. Applicants may request support for personnel, travel, reasonable equipment, and miscellaneous costs to cover the full research costs in the relevant setting. The funding will not cover costs of humanitarian interventions, apart from in exceptional cases where a small pilot trial is needed.
- vi. Funding requested may be combined with other sources of funding. If this is the case, it should be clearly indicated in the budget.
- vii. Indirect costs may be requested in instances where the lead applicant does not have funds to cover the costs associated with administering the grant, such as personnel, finance and departmental service costs. We will allow organisations to request up to 10% of the project costs as organisational management costs. To be considered, these need to be fully justified.
- viii. The amount of indirect/administrative support costs in the budget will be taken into account by the Funding Committee when assessing the value for money of the proposal. It is possible that a recommendation to fund an application may be conditional upon reduction of particular budget lines which are not deemed to represent good value for money.

5. APPLICATION AND REVIEW PROCESS

- ix. We recognise the evolving nature of the COVID-19 pandemic in different countries. We therefore intend to have a rolling application window which will be open for a minimum of five weeks from the launch, closing on 4 May 2020. The call may be extended if necessary.
- x. Applications will be reviewed in rounds during this period. The following deadlines for applications to be submitted to each round are:
 - Round 1: 18.00 (GMT+1) on 13 April 2020
 - Round 2: 18.00 (GMT+1) on 20 April 2020
 - Round 3: 18.00 (GMT+1) on 4 May 2020
- xi. We aim to provide a funding decision to applicants within two weeks of the round deadline. For example, we aim to inform applicants to Round 1 of a funding decision on 27 April.
- xii. Applications which are submitted in advance of a Round deadline will be fast-tracked for review where feasible. Our aim is to provide applicants with a funding decision as soon as possible to enable research studies to commence as rapidly as possible.

- xiii. Applicants cannot resubmit proposals from a previous round to a subsequent round unless invited to do so.
- xiv. The application should be submitted online using the Common Grant Application system. A link to the application site is available on the [Call webpage](#).
- xv. Given the tight timeframe, there is no Expression of Interest stage. The proposal format is a modified version of the one used for R2HC annual Calls for Proposals.
- xvi. All applications will be reviewed for eligibility. Those deemed eligible will undergo technical and Funding Committee reviews, after which the Funding Committee Chair will make a recommendation to the donors on which proposals should be funded. Unsuccessful applicants will be provided brief feedback on why their proposal has not been accepted.
- xvii. The standard R2HC Grant Agreement is available on the [Elrha website](#). To expedite swift contracting, applicants will be required to **accept this Grant Agreement without modification**. We request applicants to share this Grant Agreement with their contracting department before submission of an application.
- xviii. If your proposal is approved for funding, applicants will be asked to supply the required due diligence documents to us within a rapid timescale, so that due diligence and budget reviews can be conducted with a view to rapid contracting. Applicants should review the documents listed on page 3 of the [Due Diligence and Contracting FAQs](#) prior to proposal submission and start collating these in advance of a funding decision, so you are ready to share these when requested.
- xix. Successful applicants wishing to operationalise the research *before the Grant Agreement has been signed* will be able to do so provided that their institution is willing to bear all associated costs during the interim period and in the case of the Grant Agreement not being signed. In such cases, the start date for the grant would be back-dated to the actual date when activities started, rather than the date of signing the Grant Agreement.
- xx. Applicants must be able to commit to the timelines needed for submission of due diligence documents and review and acceptance of Grant Agreement. Delays on the above timings could lead to a withdrawal of the in-principle funding decision.
- xxi. Applicants are asked to note that application proposals (not including budgets and team details) may be made available publicly through the R2HC website in order to allow others to learn from the application process.

If you require further information please email r2hc@elrha.org.

Elrha's R2HC programme is funded by the UK Department for International Development (DFID), Wellcome, and the UK National Institute for Health Research (NIHR). The aim of the R2HC programme is to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions.

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