Breaking through Stagnation: testing innovative approaches to engaging communities in increasing immunisation coverage

Request for Proposals

Issue date: 21 April 2015
Application submission deadline: 23:59 GMT, 10 July 2015

1. Overview

The International Initiative for Impact Evaluation (3ie) is issuing this request for proposals (RFP) under a new programme Breaking through stagnation: testing innovative approaches to engaging communities in increasing immunisation coverage. The programme will generate new evidence about what works to engage communities in increasing immunisation coverage, test the feasibility and effectiveness of these approaches and inform their scale up. Applications will be accepted for projects in any Gavi-eligible country, with preference for South Asia, Nigeria, and East Africa.

Grants awarded under this RFP will support formative evaluations (Type 1 grants) and impact evaluations (Type 2 grants) of programmes that have innovative approaches to community engagement and that aim to increase immunisation coverage. Where an organisation is able to demonstrate the innovative aspect of a programme that engages communities with the objective of increasing immunisation coverage, 3ie can provide some financial support for the implementation of the programme along with its evaluation (See section 3 for more information on what is considered innovative). Agencies that have already secured financial support from other sources for implementing innovative community engagement programmes are especially encouraged to apply for a grant.

3ie expects that these evaluations will generate evidence that will inform policy and programming on community engagement in immunisation. The evidence will be relevant to global stakeholders in the field of immunisation such as the Bill & Melinda Gates Foundation (BMGF), Gavi, World Health Organisation (WHO), UNICEF, international NGOs, and national stakeholders, such as ministries of health and local NGOs.
2. Background

Immunisation is one of the most cost-effective ways of preventing death and disability from infectious diseases. Substantial progress has been made in the past three decades to establish and maintain national immunisation systems. In spite of these advances, immunisation coverage is stagnating or even deteriorating in some areas of South Asia and large parts of Africa. For example, in India, DPT3 coverage has remained at 72 per cent for every year from 2009-13, and in neighbouring Pakistan it has fallen from 88 to 79 per cent over the same period. In Uganda, DPT3 rates have hovered around 80 per cent, and in Nigeria they have fallen from 63 to 58 per cent. Ethiopia has shown an increase in coverage during this time (from 58 to 72 per cent).

One of the increasingly recognised routes to combat declining and stagnating coverage has been the approach of partnering with and engaging communities, so that supportive and coordinated action can be taken by health workers and community members for achieving higher levels of immunisation coverage. The premise behind approaches that directly engage with beneficiary communities is that when communities are involved in planning, providing and evaluating services, they will develop stronger trust and ownership of those services (WHO, 2014). However, more rigorous evidence of the effectiveness of these approaches is needed.

Community engagement approaches have been used for strengthening health programmes in the areas of maternal and child health, malaria, and HIV and AIDS programming, to name just a few. However, there is a lack of documented evidence of what works and in what context. A renewed focus on this is timely. Community engagement approaches have been prioritised as a strategy for improving vaccination coverage in key guiding documents, such as the Global Vaccine Action Plan, the new Gavi Strategic Framework, and the WHO and UNICEF Global Immunisation Vision and Strategy, as well as by international development agencies funding immunisation programmes and national governments.

In preparation for this RFP, 3ie has produced a scoping study. The study reviews types of community engagement approaches and the types of outcome indicators those studies measure and report. The results of this scoping study indicate that there are still many unanswered questions, including which community engagement approaches are most likely to achieve desired vaccination coverage related-outcomes. This study also highlights that lessons can be transferred to the immunisation sector from community-based approaches that have successfully been used outside of this sector.

3. Scope of the grant programme

The primary aim of this window is to support evaluations that generate evidence for community engagement approaches that aim to increase immunisation coverage. 3ie will provide funding for two types of grants. With type 1 grants, 3ie will provide support for formative evaluations of innovative programmes that are untested or untried. With type 2 grants, 3ie will provide support for (a) impact evaluations of existing programmes that are untested and are being subject to full

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1 [http://www.who.int/immunization/documents/IIP2014Mod7_19may.pdf?ua=1](http://www.who.int/immunization/documents/IIP2014Mod7_19may.pdf?ua=1)

2 The scoping study is also informed by a previous study commissioned by BMGF.
or rapid impact evaluations, or (b) impact evaluations of new programmes with sufficient formative evidence.

3ie anticipates awarding up to 10 grants that includes both type 1 and type 2 grants. All eligible applications should present proposals to evaluate untried or untested approaches in community engagement and they must aim to increase immunisation coverage.

There are primarily two types of grants available:

- **Type 1 grants**: 3ie will fund formative evaluations of pilot programmes that test previously untried or untested approaches in engaging communities to increase immunisation coverage. Limited support for the implementation of these programmes is available. Given the restricted budget, 3ie encourages organisations to secure funding for implementation from other sources. 3ie expects these grants to be no longer than 9 to 12 months, with a maximum budget of US$200,000. If formative evaluations of these programmes show that there is potential for replication and scale-up, awardees are eligible to apply for type 2 grants at a later date.

- **Type 2 grants**: 3ie will fund rapid impact evaluations and full impact evaluations of innovative community engagement approaches to increase immunisation coverage. The impact evaluations must measure the impact of the programme on vaccination coverage. They must also aim to produce robust and policy-relevant evidence on the most effective and innovative approaches for engaging communities to increase their participation in the planning, provision, monitoring and implementation of immunisation services. A part of the budget may be allocated to support the implementation of the programme, especially if it is deemed necessary for the impact evaluation and is directed at a new and innovative programme. Type 2 grants vary in timelines. Rapid impact evaluation grants are expected to be for 12 to 18 months. Full impact evaluation grants are expected to be for 18 to 36 months. The maximum budget for a rapid impact evaluation (and implementation) grant is US$250,000, and for a full impact evaluation (and implementation) grant it is $600,000.

### 4. Characteristics of successful proposals

3ie is looking for proposals for the evaluation of **untried or untested** community engagement approaches to improve immunisation coverage in Gavi-eligible countries with low, stagnating or falling vaccination rates. Proposals should be primarily directed at evaluating programmes that focus on actively engaging communities with existing health systems to plan, provide and evaluate immunisation services. These interventions can focus on either improving the accessibility and reliability of immunisation, its uptake or on increasing the appropriate and timely use of immunisation or both.

We seek proposals that clearly demonstrate the following attributes:

- **Innovative approaches or filling a critical knowledge gap.** Proposals should include a justification for why the proposed community engagement intervention is innovative or critical for filling knowledge gap. This can be discussed in two ways. One, a programme or project fills a critical knowledge gap, if it is an untested approach. The justification
should include a review and analysis of existing evidence and the evidence gap that the proposed evaluation will fill. Two, a programme or project may be innovative if the approach has not been used to engage communities specifically to increase immunisation coverage. The justification should discuss the use of these approaches in other geographies or sectors, while explaining its relevance to the context in which it will be implemented.

- **A strong theory of change.** All proposals should contain a problem statement, i.e. a description of the key gap in current approaches that they feel is responsible for low or declining immunisation coverage in the population of interest. A theory of change for the proposed intervention should clearly link the intervention components to the vaccination coverage-related outcomes of interest. It should also lay out the assumptions behind each link, while describing how the problem will be addressed. Studies will be expected to collect data for indicators along the causal chain e.g. knowledge and attitudes and quality and frequency of supply.

- **Mixed methods evaluation design.** The analysis of the causal chain, as embodied in the theory of change approach, requires a mix of factual and counterfactual analysis that draws on both quantitative and qualitative data.

- **Implementation feasibility.** Applicants will need to state clearly whether they are requesting support for implementation. Please note that this grant window is primarily for generating evidence. Applicants are encouraged to secure financial support for the implementation of the programme from other sources. However, if applicants are able to demonstrate convincingly that the cost of the implementation of the programme and a high-quality robust evaluation can be feasibly and realistically accommodated within the amount requested from 3ie, the application will be viewed favourably.

- **Policy relevance.** Applicants should explain how the study findings will inform future programmatic and policy decisions and choices.

- **Technical quality of evaluation.** Applicants do need to ensure that the technical quality of the evaluation proposal is high. In applications for type 1 grants, applicants will need to present detailed methods and timelines for formative evaluations. In applications for type 2 grants, applicants will need to demonstrate the ability and feasibility of using experimental or quasi-experimental methods that help to measure attributable change in vaccination-related outcomes and/or impact variables (see Box 1).

- **Type 1 grant proposals should have strong formative evaluations:** These should be proposed for new, untried innovative approaches in a small number of communities (one to three communities). Formative evaluations proposals should address three main issues. First, they should aim to test whether the proposed programme works in the context and with the planned implementation structures and processes. A programme will be considered not to work either if it simply fails, or it proves too difficult to administer under actual field conditions because of factors such as being too complicated or requiring complementary inputs that are not available or if there are other
implementation challenges. Second, a formative evaluation should also aim to assess whether there is sufficient take-up of the intervention at the community level to make scale-up of the intervention and a full impact evaluation worthwhile. Third, a formative evaluation should inform how the design may be altered to overcome some initial challenges (but that will be tested subsequently) for either a scaled up or a replicated version of the programme. It should also inform whether the programme is impact evaluable using robust identification methods. All programmes in this category should engage communities directly to increase immunisation coverage. Formative evaluation proposals should lay out the key methods used for the evaluation, including the methods for qualitative and quantitative data collection, implementation and process research and which parts of the hypothesised theory of change, the programme or project and the formative evaluation will address.

- **Type 2 grant proposals should have strong full impact evaluations designs.** Submitted proposals must meet 3ie’s definition of impact evaluation. They should have sound identification methods and should be adequately powered to measure vaccination coverage. They should measure impact using counterfactuals, which may be constructed using experimental or quasi-experimental methods. Impact evaluation designs should also incorporate mixed methods to inform data collection and analysis, and include process evaluations and implementation science methods to enable the research to address the evaluation questions on how and why the intervention worked or did not work in improving immunisation coverage, and to assess unintended consequences. The primary outcome measured by the impact evaluation should relate to the theory of change that underpins the programme. Please see 3ie’s [principles for impact evaluation](https://www.3ieimpact.org/). Ideally rapid and full impact evaluations should be undertaken of programmes that have been replicated from initial pilots or scaled up and should have prior evidence that indicates that although the programme is innovative, its potential for implementation success is high, either in the given context or in other contexts. Prior implementation science studies and studies that report take up should be supplied in reference. Rapid and full impact evaluation proposals should focus on vaccination coverage as the primary outcome variable. Given the timeline and budget for these evaluations, we expect proposals requesting support for rapid impact evaluations will be assigned at the individual or household level. Proposals for full impact evaluations may be assigned at a larger cluster level like villages or catchment areas around a health centre. 3ie is however agnostic about units of assignment if evaluation feasibility and robustness can be demonstrated credibly in the application.

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3 For example, on the supply side, that a functioning supply chain is not in place.
**Box 1 Types of grant**

<table>
<thead>
<tr>
<th>Type of grant</th>
<th>Definition and scope</th>
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</table>
| **Type 1: Formative evaluation** | • For new, untried innovative approaches in a small number of communities (one to three communities). Focus is on field testing of interventions. Limited support for implementation may be considered as part of this where a compelling case has been made.  
• Grants are expected to be no longer than 9 to 12 months.  
• Maximum budget of US$200,000 |
| **Type 2: Rapid impact evaluation** | • For existing programmes which have not been tested before, or have not been tested in the context in which they will now be implemented, or new programmes with sufficient formative evidence. Limited support for implementation may be considered as part of this where a compelling case has been made.  
• Grants are expected to be no longer than 12 to 18 months.  
• Maximum budget is US$250,000 |
| **Type 2: Full impact evaluation** | • For existing programmes which have not been tested before at all, or have not been tested in the context in which they will now be implemented, or new programmes with sufficient formative evidence. Limited support for implementation may be considered as part of this where a compelling case has been made.  
• Grants are expected to be no longer than 18 to 36 months.  
• Maximum budget is US$600,000 |

**4.1 Ineligibilities**

- 3ie will not fund evaluations of programmes that do not have a strong focus on community engagement approaches for improving immunisation coverage.
- 3ie will not fund evaluations of programmes that are not based in Gavi-eligible countries.
- Proposals without a strong evaluation component and evaluation related deliverables will not be considered.
5. Eligibility

1. The call is open to organisations implementing or evaluating immunisation-related programmes in any of the Gavi-eligible countries. However, priority will be given to studies based in South Asia (particularly India and Pakistan) East Africa, and Nigeria. Proposals for programmes located in countries that fall into these regions will get an additional five per cent on their total score (please see Table 2 below.)

2. Only legally registered organisations, and consortia of registered organisations not individuals, may apply.

3. Each proposal must be submitted by a single organisation that may include others as sub-grantees or sub-contractors (subject to 3ie’s direct and indirect cost policies).

4. For-profit organisations are eligible to apply, but are restricted to the same indirect cost limits as non-profit organisations and may not charge a fee.

5. The applicant organisation must be able to sign the 3ie grant agreement, which is available on the 3ie website.

6. Organisations may submit more than one proposal and may be included on more than one proposal. They should, however, have the capacity to implement any and all grants awarded to them under the programme.

7. Evaluation teams should include nationals of the country in which the programme is being implemented. Researchers should be nationals of that country, resident in that country and working for an organisation that is registered in that country. They must be engaged in substantive tasks for the study during design, analysis, writing, policy engagement and research communication for uptake in policy and practice.

8. A team applying for a grant may include multiple organisations but a single organisation must apply for the grant as the prime grantee and then issue sub-awards to other team members or organisations.

9. All proposals should have sufficient resources and allowances made for high quality formative or full impact evaluations.

6. Matching

Implementing agencies or research teams keen to submit a full proposal but unable to find an implementing partner are encouraged to send in information to be matched. 3ie will help facilitate a match between research team and implementing agencies. Interested teams should put in a matching request by 10 May 2015. Teams, identified by the lead institution applying for the grant, will be listed on 3ie’s webpage for this grant programme and 3ie will provide the details of the key contact person to interested teams by 15 May 2015. 3ie does not vouch for the quality of the teams making the request for matching but will help facilitate communication between the teams by putting up a list of those interested on the 3ie website. Developing close engagement and cooperation for putting together a full grant application that needs to be submitted by 10 July 2015 remains the responsibility of the teams.
Teams wishing to be matched should provide the following information:

**For research teams**
1. A cover letter stating the names of key members constituting the team and their email addresses
2. CVs of the researchers (three pages of information relevant to this call)
3. Country and programmes of potential interest.

**For implementing agencies**
1. A cover letter stating the name of the implementing agency
2. A short description and timeline of the proposed programme
3. Names of key programme manager(s) who should be contacted, along with email addresses.

All emails containing this information should be sent to tw10@3ieimpact.org with the subject line ‘Interest in matching, TW10’.

**7. Full grant applications**

**Full grant applications are due by 10 July 2015.** 3ie plans to announce prospective awards by 4 August 2015. After the award announcements, 3ie will host a post-award workshop for awardees to receive feedback on the proposals from 3ie and from other awardees. Awardees will be required to submit their draft policy influence plans prior to the post-award workshop, and these will be reviewed as well. At least one principal investigator (PI) from the project team, one who fully understands the impact evaluation design, must be available to attend the post-award workshop. The post-award workshop is planned for **15-16 September 2015** in London. 3ie will cover travel-related costs for one PI and one representative of the implementing agency from the selected teams for attending this workshop. This cost includes economy class return air or train fare from their home country, meals, and hotel accommodation for the duration of the workshop, according to the maximum allowance set by 3ie. Any other expenses are the responsibility of the selected teams. The post award workshop will be organised by 3ie.

3ie will announce provisional awards before the workshop. Signing of the grant agreement is contingent on attendance at the post-award workshop and 3ie’s approval of revisions made to the proposal. Grant agreements will only be signed after proposals have been revised based on the feedback received. Applicants should be prepared to revise and resubmit their study designs by 5 October 2015.
8. Timeline

Please see table 1 for key timeline events.

Table 1: Timeline

| Activity or Deliverable | Key Dates  
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<tr>
<td></td>
<td>(Deadline: 23:59 GMT)</td>
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<tr>
<td>RFP is posted</td>
<td>21 April 2015</td>
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<tr>
<td>Deadline for requests for matching</td>
<td>10 May 2015</td>
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<tr>
<td>3ie posts list of agencies and research teams interested in a match on its website.</td>
<td>15 May 2015</td>
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<tr>
<td>Deadline for submitting queries related to RFP</td>
<td>20 May 2015</td>
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<tr>
<td>Deadline for posting responses to queries on 3ie website</td>
<td>27 May 2015</td>
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<tr>
<td>3ie online application activated for submissions</td>
<td>30 May 2015</td>
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<tr>
<td>Deadline for submission of full grant proposals</td>
<td>10 July 2015</td>
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<tr>
<td>3ie announces provisional awards</td>
<td>4 August 2015</td>
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<tr>
<td>Virtual meetings between 3ie staff and applicant team</td>
<td>5 August - 31 August 2015</td>
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<tr>
<td>Post-award workshop for selected grantees</td>
<td>15-16 September 2015 (London)</td>
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<tr>
<td>Revised proposals submitted by selected teams</td>
<td>5 October 2015</td>
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9. Selection criteria

Proposals will be reviewed and scored by at least one 3ie internal reviewer and at least two external reviewers. 3ie may provide comments and request applicants to make changes to their proposal. 3ie reserves the right to not award any grant in case no applicant meets the requirements. Table 2 provides the evaluation criteria and weights for the assessment of proposals.

Table 2: Proposal evaluation criteria

<table>
<thead>
<tr>
<th>Evaluation criteria</th>
<th>Type of grant application -&gt;</th>
<th>Weight (%)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Type 1</td>
<td>Type 2</td>
</tr>
<tr>
<td>1. Qualifications of research team</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>2. Innovation or filling knowledge gap</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>3. Implementation feasibility of the programme</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>4. Technical quality of proposal</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>5. Cost</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6. In priority country</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>7. Relevant to immunisation policy and potential for policy impact.</td>
<td>10</td>
<td>10</td>
</tr>
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</table>
10. Instructions for applicants

Proposals must include the following information:

1. Completed proposal form submitted through 3ie’s online grant management system. The proposal form will be activated online from 30 May 2015. Pdf version of the application forms (separate form for formative evaluations and separate for full or rapid impact evaluations) is available for reference on the 3ie website. Please note however that proposals will only accepted through 3ie’s online grant management and not by any other means.

2. The proposed budget must follow 3ie’s direct cost and indirect cost policies, and include the cost of evaluation, costs of engagement with key stakeholders and dissemination, and costs of report production.

3. Curriculum vitae (CV, not to exceed three pages each) of all proposed PIs. It is expected that these PIs will participate in the proposed evaluation. Applicants are required to provide only information relevant to the grant in their CV.

4. If applicable, include CVs (not to exceed three pages each) of additional researchers who will be involved in conducting the evaluation, if approved. Applicants need to provide only information relevant to the grant in their CV.

5. Copies of up to three evaluation reports or publications relevant for this call, with proposed PIs as named authors.

11. Submission guidelines

- Proposals must be submitted through 3ie’s online grant management system no later than 23:59 GMT, 10 July 2015.

- The sample evaluation studies relevant to the grant may be submitted as separate pdf file uploads.

- The budget should be presented in 3ie budget format and follow 3ie budget guidelines. Budget notes may be submitted as a separate Microsoft® Word or .rtf file in font size equal to or larger than 11.

Please direct any questions related to this RFP to tw10@3ieimpact.org with ’TW10 query’ in the subject line by 23:59 GMT 20 May 2015. By 27 May 2015, a single document with all questions and answers will be made publicly available on the 3ie website.

This RFP does not constitute a guarantee of an award.