

**Request for Expression of Interest (EoI) to develop and evaluate efficacy/effectiveness of providing appropriate take home foods in combination with behaviour change intervention to reduce malnutrition (wasting/stunting/underweight)**

**Context:**

The period, typically between 6–24 months of age, determines child’s growth, development, and future potential. This is a critical age-window that influences subsequent growth trajectory and heightens the risk of wasting, stunting and undernutrition if the diet and care environment of children is not optimal. In India, complementary feeding (CF) practices continue to be poor and interventions to address the problem remain elusive. Some of the major challenges to complementary feeding is suboptimal practices including inadequate quality or quantity of foods, poor feeding practices, complementary feeding being initiated too early or too late, or being provided in quantities that are too small or infrequent etc. The Take Home Ration (THR) programme aims to play a critical role in improving the nutritional intakes of children aged between 6 and 36 months. However, continued poor complementary feeding practices suggest that there is a need to re-look at the programme and make strategic adaptations to increase its impact and reach through improving quality and nutritional content of THR. Apart from providing the right food, ensuring that an infant/young child is actually eating it is equally critical. Further, there is evidence to show that there is need for behaviour change communication in the community regarding the correct and optimum use of take-home ration. Understanding what influences feeding behaviours and how to promote the adoption of better practices in various cultures and contexts are necessary for improving complementary feeding. Thus, social and behaviour change communication (BCC) interventions are integral to improving dietary and feeding practices and is essential to complement any nutrition supplementation intervention.

In this context, the aim of this EoI is to identify researchers from the country to join the team being constituted for ICMR’s multi-centre research study to assess the effect of providing appropriate take home foods in combination with behaviour change intervention to ensure complementary feeding practice that is nutritionally optimum and appropriately fed to meet young children’s energy and nutrient needs. The selected researchers shall be invited to join the research team and shall collaborate to develop a full research proposal and roll out the multi-centre research project which will be coordinated by ICMR. The process of development of proposal and research project implementation shall be reviewed by an independent Expert Committee. The overall goal of the research is to develop interventions to foster proper complementary feeding practices and provide adequate and optimum nutrition to young children for achieving reduction of childhood under nutrition.

ICMR invites EoIs that address the following research question.

<b>Priority Research Aim:</b>
Develop, implement and evaluate a combination of strategies focusing on improving take home foods (quality and nutritional composition) along with behaviour change seeking to improve overall dietary and complementary feeding practices to reduce the risk of wasting, stunting and undernutrition among children aged 6 to 36 months

## **Objectives:**

- To develop critical evidence on effective interventions to mitigate childhood undernutrition during the critical window of opportunity.
- To ensure that such interventions are responsive to local, context-specific needs and have effective and sustained adoption by communities and health systems.
- To promote solution-driven translational research through integrating local knowledge and cultural understanding to effectively design and implement strategies that increase the relevance, applicability and impact of research.
- To foster collaboration and partnerships between government agencies, non-governmental organizations, health and other related systems, and community-based organizations to address the reduction of childhood undernutrition in India.

## **Study outline:**

Key activities under this study will be implemented under the following phases:

### **Phase I: Preparatory phase (6 months)**

The primary focus of this phase will be a formative research aimed at understanding the issues related to the current THR (including identify key stakeholders, resources, challenges, and gaps) and complementary feeding practices and to provide baseline values for evaluation of key outcomes/deliverables. Characteristics like current behaviour, needs, perception etc. of target population influences decisions and actions and thus an understanding of factors and the processes can inform the development of meaningful and effective interventions that is culturally and geographically appropriate. A mixed of both qualitative and quantitative research methods may be used.

### **Phase II: Developing, adapting and piloting of intervention (6months)**

Phase II of the research study will focus on development of an appropriate intervention incorporating learnings from the formative research. The intervention package will integrate a combination of strategies targeted at improving THR foods and inducing behaviour change conducive to positive outcomes for child growth and development. This phase may include iterative cycles to refine and develop a version of the package that is acceptable and feasible to implement.

### **Phase II: Evaluating efficacy/effectiveness of the intervention package (3 years)**

This phase will involve assessing the efficacy/effectiveness of the intervention package on the outcome(s) of interest through adapting robust study designs such as randomized controlled trials/cluster-randomized intervention trials or any appropriate complex intervention designs.

## **Outcome assessment:**

Assessment will be based on a combination of process and research/clinical outcome indicators

### **Primary outcome:**

- Nutrition indicators including HAZ, WHZ, prevalence of wasting, stunting and underweight

### **Other outcomes:**

- Change in caregiver knowledge, practice and behaviour
- Change in IYCF practices using WHO breast feeding and complementary feeding indicators including minimum dietary diversity and minimum meal frequency
- Nutrient intake and dietary quality of complementary feeding
- Child morbidity indicators including fever, cold/cough, diarrhoea and hospitalization for the same
- Number of advocacy and policy dialogues including interpersonal communication and community mobilisation, mass communication etc.
- Number of individual, family and group sessions on amount and frequency of feeding, personal hygiene and sanitation, dietary diversification, nutrition education using visual materials, practical demonstration of complementary food recipes and preparation etc.
- Number of training of health professionals and frontline workers
- IEC materials on complementary feeding practices and other health education materials distributed/audio-visuals screened/community event, community-based participatory nutrition promotion programme etc.

### **Format of Expression of Interest (EoI) to be submitted**

The EoI is to be submitted online as a single PDF of **not more than 4 pages**

#### **A. Rationale of proposed study including the choice of sites (states and districts) and target population to be included**

The proposal should clearly state the rationale for the study, the chosen sites, target population; and the likelihood of utilization of the intervention by stakeholders in the future. The proposal can also provide evidence from previous work on the topic in the country or elsewhere; learning from best practices; any challenges and opportunities of effective implementation of intervention.

#### **B. Proposed methodology**

Provide a clear and brief description of methodology pertaining to the three phases of the project including (if applicable) study design, intervention components, information on control arm, implementation strategies and outcome measurements. You may include preparatory activities, mapping, a timeline, operational steps, data management & statistical analysis plans and project deliverables.

#### **C. Address feasibility and scalability**

Address the feasibility and scalability of the proposed intervention, including the resources needed for implementation, the capacity of the implementing organization, and the potential for wider adoption and scale-up.

#### **D. Project Team**

Summarise and justify the composition of the project team, based on the expertise of the individual team members in designing and implementing the project. Also, highlight the skill set and expertise the members shall bring to the research team that shall be coordinated by the ICMR for the development of final protocol and project implementation.

#### **E. Established relationships with state and district departments and other stakeholders**

Operational feasibility would be key for implementation of this project. Include the collaborations that have been established with the potential stakeholders and participants including state and district departments (e.g., health, WCD etc.), local communities, and community leaders among others.

**Illustrative Budget outline (additional to the 4-page limit)**

The final site budgets for the proposal will be developed by the selected project team(s) under the guidance of ICMR. In this EoI, provide an estimated budget outline (no budget justification required at this stage) under the following headings: staff, recurring contingency, data management, travel and equipment.

**One-page CV of the principal investigator and other key investigators (additional to the 4-page limit)**

Please provide a one-page CV of the PI and other key investigators from each identified area. Each CV should include:

- Academic and professional qualifications
- Current position and affiliation
- Up to five most relevant previous research grants
- Upto five most relevant previous publications
- Experience in undertaking clinical/community trials

**Review process:**

The EoI documents for this multi-centre research study on improving complementary feeding practices will be evaluated and shortlisted by the ICMR. The ICMR team will screen the applications for technical accuracy and eligibility. The shortlisted teams will then collaborate to develop a detailed proposal, under the guidance of ICMR. The proposal will be evaluated based on factors such as proposed methodology, feasibility, prior experience, engagement with program implementers and potential for seamless integration in a public program. The feasibility and suitability of integration of the proposed methodology in the final proposal to be developed under the guidance of ICMR Headquarter shall also be considered while shortlisting the EoI.

**Who can submit the EoI?**

The EoI can be submitted through ONLINE MODE ONLY by scientists/ professionals who have regular employment in Medical Institutes/ Research Institutes/ Universities/ Colleges/ Government and semi-government organizations and NGOs (documentary evidence of their recognition including a DSIR certificate should be available).

**Points to be kept in mind while submitting the EoI**

1. The EoI must address the specific question that is mentioned in the call text.
2. Collaborative, multi-centre, interdisciplinary, innovative initiatives from the applicant will be encouraged.
3. Should focus on outcomes that are translatable into policy.
4. Foreign collaboration is not allowed under the call.

Interested parties should fill out the Google form at the below link and submit an Expression of Interest (EOI) as per the Format given above. Only shortlisted Investigator will be contacted.

**Link:** <https://forms.gle/7xz8LR9zHij5wiVb6>

**Timeline:**

<b>Activities</b>	<b>Date</b>
Release of Call	3-October-2023
Last date for submission of EOI	31-October-2023
Shortlisting of EOIs	30-November-2023
Proposal Development Workshop	28-December-2023
Submission of a full proposal	10-January-2024

For any queries related to the call, please contact:

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