



भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No: 16409

Date: 15/09 /2023

Request for Expression of Interest (EOI)

For ICMR's study on improving population healthcare-seeking and community engagement for prevention and control of Non-Communicable Diseases Care in India

Overview

Non-communicable diseases (NCDs) currently comprise the largest proportion of the disease burden in the country. However, the cascade of care studies have shown that only one-fourth to one-third of the people with NCDs are aware of the condition, and an even smaller proportion are receiving treatment. To address this, the National Programme for Non-Communicable Diseases (NP-NCD) has been established with a programmatic goal to reduce premature mortality due to non-communicable diseases through effective prevention and control of NCDs in the public health care system. The programme provides a comprehensive package of care, including health promotion, screening, treatment, follow-up, and referral services to manage common NCDs at the community, health and wellness centers (or subcentres), and all levels of the public health care system. Further, the Government of India has established 1.5 lakh Health and Wellness Centres (HWCs) across the country. HWCs emphasize health promotion and a continuum of care for all diseases, particularly NCDs, and envision providing a people-centered, holistic, equity-sensitive response to people's health needs through a process of population empanelment, regular home and community interactions, and people's participation.

Challenges in Implementation

The success of the implementation of health interventions is subject to the type of health environment depending upon the availability of healthcare facilities and infrastructure, supply chain management, and skilled personnel in the health system. Additionally, community awareness and engagement in health care, including prevention, are important for the successful NCD program implementation. However, there are several challenges in the population engagement in NCD care, such as lack of awareness, perceived low risk, limited health literacy, culture and social norms, misconceptions/myths, and peer influence. Multiple strategies have been developed and tested with varied levels of success to address these challenges in India and abroad. These strategies include population education, tailored health information, behavioral interventions, creating family, peer, and social support, use of technology for self/remote monitoring, etc. However, these strategies have been tested in small geographic settings or specific populations.

Additionally, between 2/3rd and 3/4th of the people with NCDs get care from the various types of private health sector, including non-qualified doctors. Further, the people may shift between public and private sectors for different types of treatment. This provides a significant challenge requiring innovative solutions to ensure a continuum of care for NCDs.

Purpose of the call

This is a call for **expressions of interest under National Health Research Priority** to learn how to engage community to improve healthcare seeking for NCD prevention and control. These includes community participation in the activities related health promotion, screening, and adherence to care advices (lifestyle, treatment, referrals, etc.). The strategies should be implemented through existing public health infrastructures such as primary health centers/health and wellness centers/subcentres but may also involve ancillary organizations (e.g. Anganwadi, village health and sanitation committees) or volunteer networks (e.g. Women's self-help group), patients (peer-led) or political organizations (panchayat committees). The existing organizations/committees, such as village health and sanitation committees, may also be engaged. The interventions should focus on adults, specifically those with a high risk of NCDs.

Priority Research Aim

Develop, implement, and evaluate whether strategies to foster community engagement and population healthcare seeking effectively improve - population screening and continuum of care and -promote adherence to preventive and care recommendations for common NCDs within primary healthcare settings.

Outline of the study:

Phase 1: Preparatory phase (6 months)

In this phase, the focus is on conducting a systematic review of existing literature and formative research in initiating or replicating evidence-based, innovative approaches that focus specifically on addressing the research question in a proposed block/district.

Systematic review

The systematic review should be tailored to address the specific research question of this call and will involve a rigorous and methodological evidence synthesis from the available literature concerning effective strategies for enhancing community engagement in primary healthcare for non-communicable disease (NCD) prevention. The teams are expected to systematically identify, evaluate, and synthesize evidence from relevant studies that strengthen population screening, ensure the care continuum, and promote adherence to preventive and care recommendations for common NCDs within the context of India's public healthcare system. The resulting insights should guide the development and implementation of evidence-based interventions.

Formative research

The formative research is aimed at understanding the existing situation and elements needed for the potential implementation strategies. The research will assess the current landscape of community engagement practices, primary healthcare services, and existing interventions pertaining to the enhancement of population screening, continuity of care, and adherence to preventive and care recommendations for common NCDs. The analysis will identify key stakeholders, resources, challenges, and gaps in the delivery of NCD-related healthcare services within the community context, aiming to inform the development and implementation of targeted strategies that foster improved community participation and health outcomes in NCD prevention

and care. The design should be mixed methods.

Phase 2: Development/adoption/adaptation and evaluation of the strategies (2.5 years; 6 months for development and 2 years for evaluation)

Phase 2 of the research project focuses on adopting, adapting, and rigorously evaluating the scalability of strategies identified in Phase 1. This phase needs to adapt robust methods, such as cluster-randomized intervention trials or step-wedge design with primary health centres or health and wellness centres as unit of randomization. Any type of study design should be complemented by a comprehensive process evaluation utilizing a mixed methods approach.

Target Population:

All adults (specifically those at risk of NCDs and/or having one or more NCDs) in the selected districts' urban and rural areas.

Setting

Community health and wellness centers (urban primary health centers in urban areas), ancillary organizations (e.g. anganwadi, village health and sanitation committees), volunteer networks (e.g., women's self-help groups), or political organizations (panchayat committees, jan arogya samitees).

Key interventions

Interventions developed after phase-1 may include combination awareness campaigns, behavioral interventions (motivational interviewing, two-way counseling and cognitive behavioral therapy), setting up self-monitoring goals, remote monitoring through technology, peer group intervention, family-based intervention, use of media (mass media, digital media, social media) etc.

Research Teams

Research teams will comprise individuals with expertise in epidemiology, sociology/anthropology, medicine, and public health experts. However, the National Health Mission, State Health System Resource Centres, and other healthcare functionaries at local facilities (specifically Community Health Officers, ANMs, and ASHAs) at district and state levels should be integral parts of the project.

Expected Outcomes

The successful implementation of this grant is expected to yield some or all aspects of the development, adaptation, and taking to scale effective community engagement strategies for non-communicable disease (NCD) prevention and care. These strategies will lead to enhanced screening, treatment adherence, and effective continuity of care, leading to improved health outcomes in adults in selected urban and rural areas.

The following are some of the outcomes that are expected from the research project that shall be developed and implemented by the team under the guidance of the ICMR:

At the end of phase 1:

- Systematic review of strategies that have shown to work to improve the prevention and control of NCDs in primary care settings in India or outside
- Facilitators and barriers to community engagement in NCD care

- Potential strategies for engaging community NCD care

At the end of phase 2:

- Development and implementation of potentially effective strategies to improve population healthcare seeking for selected NCDs.
- Increased proportion of people screened for selected NCDs in the implementing districts.
- Improved adherence to treatment and lifestyle advice for selected NCDs in the implementing districts
- Improved retention to care for NCDs, particularly at the Health and Wellness centers being the main facilitators in the study

Scope

The beneficiaries of interventions will be all adults at risk of NCDs.

Interested research teams may submit the EOI with the following components.

A. Concept proposal (<2000 words)

- *Specific objectives and review methods for the systematic review of the literature*
- *Rationale of the proposed study, including the choice of sites (states and districts) to be included where the project shall be carried out.*

The proposal should clearly state the rationale- for the study and -the proposed sites.

- *Summary of the planned design and methods, including study design, formative research approaches, strategies development, and evaluation.*

Please note that this is a concept proposal; therefore, ensure the word limit to <2000.

B. Research team (<500 words)

Summarize and justify the composition of the research team based on the expertise of the individual team members in undertaking the research project. Also, highlight the skill set and expertise the members shall bring to the research team for developing the final protocol and research project implementation.

C. Established relationships with the health system and/or community engagement projects (<500 words)

Operational feasibility would be the key to a community-based intervention study. The EOI should also describe the existing or proposed liaising with the district/state health system or prior engagement with the community where the study is proposed to be undertaken.

D. Experiences in population-based research – three examples (<250 words each)

Provide a brief on the three best examples of community-based intervention research or health system research in which the proposed research team has led/conducted/participated. In the three examples, highlight the proposed research team member/s role and explain the integration with district/state health departments (if any).

Additional documents

a. Illustrative Budget outline

The final site budgets for the proposal will be developed by the selected research 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.

b. One-page CV of the principal investigator and other key investigators in a single pdf

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

- i. Academic and professional qualifications
- ii. Current position and affiliation
- iii. Up to five most relevant previous research grants
- iv. Up to five most relevant previous publications

Review process:

The EOI documents will be evaluated and shortlisted by the Indian Council of Medical Research (ICMR). The ICMR expert team will screen the applications using five major criteria.

- Concept proposal for systematic review -20%
- Methodological rigor and approach for development and evaluation-20%
- Research team composition -20%
- Capacity to conduct community-based research-20%
- Relationship with the health system or demonstration of community engagement-20%

What is the next step?

Four or five shortlisted teams will be invited to collaborate and develop a **detailed common proposal** coordinated through ICMR HQ. An expert group will evaluate the developed proposal for the technical and operational aspects.

Who can submit the EOI?

The EOI can be submitted ONLINE MODE ONLY by scientists/ professionals with regular employment in Medical Institutes/ Research Institutes/ Universities/ Colleges/Governments, NGOs, and Volunteer organizations.

For NGOs and Volunteer organizations, 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 research question in the call text.
2. Collaborative, interdisciplinary research teams will be encouraged.
3. 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 PIs will be contacted.

Link – <https://forms.gle/n3w2VmtewDkoXddVA>

Timeline

Activities	Date
Release of Call	15 th September 2023
Last date for submission of EOI	1 st November 2023
Shortlisting of EOIs	30 th November 2023
Proposal Development Workshop	15 th December 2023
Submission of a full proposal	30 th January 2024

For any queries related to the call, please contact

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