



# Request for Proposals

## Global COVID-19 Pandemic Response and Impact Grant (Global Co-RIG)

### Background

The Besroure Centre for Global Family Medicine (Besroure Centre) at the College of Family Physicians of Canada (CFPC), thanks to the generous support of the CFPC's Foundation for the Advancement of Family Medicine (FAFM) and the Fondation Docteur Sadok Besroure, is seeking proposals for a Global COVID-19 pandemic innovation response.

The initiative is a response to how the COVID-19 pandemic is disrupting the health and economic well-being of nations. There are more than six million cases, and more than 370,000 deaths, worldwide.\* The response to such a threat must be rapid and effective to minimize the harmful impact of a virus that is highly transmissible and that is affecting the most vulnerable worldwide. The primary care response to COVID-19 must support innovation that targets and protects highly vulnerable populations that lack access to primary care.

The goal of this initiative is to have the greatest impact for reducing morbidity and mortality associated with COVID-19. The pandemic has put immense pressure on health systems. Family practice interventions that are feasible and rapid will emphasize the development and implementation of the innovation that is realistic and measurable. Because our greatest strength at present for battling the pandemic is the exchange of information, and because the virus cannot be fully contained unless nations around the world cooperate, an important aspect of the innovation will be the ability to transfer lessons across contexts. The family practice innovations that are likely to have a high degree of impact include education innovations, practice innovations, and responses that address equity and inclusion.

To achieve this, the Besroure Centre will support two proposals with different targets or approaches that fall into one of the following categories:

- New, innovative practice during the COVID-19 pandemic in family medicine training including curricular changes, inter-disciplinary education, or use of virtual curriculum delivery
- Practice-level innovations that respond to the needs of key populations that lack access to care or that the pandemic is targeting unequally

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\* Figures as of June 3, 2020. See the [WHO Coronavirus Disease \(COVID-19\) Dashboard](#) for current information.



- Innovations to reduce the impact of phases three and four of the pandemic—the burden of delayed and neglected chronic disease, and the mental and other social determinants of health impacts of the pandemic
- Increased effectiveness to advocate for evidence-based, accountable, and equitable health care policies, policy frameworks, and services

## Eligibility Criteria

- Submitter(s) must be a family physician or a group of family physicians from a low- and middle-income country (LMIC)—including from diverse contexts linked to a university
- Proposed innovations must take place in a primary care setting, and may take a variety of formats
- Submissions may not be for drug trials but may involve innovation for therapeutic delivery/remote settings

## Project Funds and Grants

The Besroul Centre aims to support two grants, valued up to C\$50,000 each in Canadian Dollars (CDN), in 2020.

An example of a fundable educational project is developing and evaluating virtual educational modules for countries where recently launched family medicine programs are at risk of stagnation or regression due to the pandemic.

Another example is the collation of context-specific family medicine data at the country granular level and the attempt to correlate with COVID-19 outcomes to extract lessons about the importance of primary care strengthening in the face of pandemics. We need to better understand how primary care should be integrated with the larger health system in order to be nimble and able to pivot in the face of crisis.

Applications are open to known Besroul Centre actors as well as potential new academic partners. Applications should not be geared to learners or fellows, but to experienced academics and researchers from LMICs. Applications that have academics collaborating across contexts are favorable.

Furthermore, proposals should outline how we can best increase capacity building for dealing with both emergencies and chronic lack of access to care in view of strengthening health care system resilience. The aim is to realize a sustainable initiative where best practices and lessons can be applied to various contexts in an emergency setting.



## Project Budget

The maximum amount available for a project is up to \$50,000, Canadian Dollars (CDN) over a period of up to three years. The budget must be submitted in Canadian funds.

An itemized budget (see Appendix II) with a short description of each item and the unit amount is required. Additionally, the proposal must outline how each item will support the project activities.

It is encouraged that the project has other funding from additional sources to support the project. Please specify the other funding sources, the amount requested, and whether the funds have been approved. The cost sharing should outline how your affiliated organization(s) will provide at least five to 15 per cent of the total eligible direct project costs over the life of the project in either financial or in-kind contributions.

Funds may be used to purchase essential equipment or develop new equipment/technology, supplies, goods and services, and travel. If a purchase exceeds \$1,000, two quotes and the purchase receipts are required.

It is recommended that applications can have two or more partners per submission; however, individuals may participate in only one submission each. There may be multiple co-investigator(s) in the application.

Remuneration for staff (investigator and co-investigator(s)) in the LMICs is eligible for direct implementation of the project or direct data collection. A one-day-per-week staff, available at local remuneration rates, may be reflected in the budget; chargeable time must be justified by a time sheet and/or payroll. The Global Co-RIG Program funding cannot be used to remunerate individuals for work that is already paid from other sources.

Ten per cent of the total grant will be released after the final report is completed.

### Ineligible costs

- Staff located in Canada cannot be remunerated, including the loss of income or practice time
- The funding cannot be used to cover travel costs to present results at events
- The funding cannot be used to provide incentives
- The funding cannot be used to cover overhead expenses

## Project Deliverables

The proposal will include:

- A monitoring, evaluating, and learning (MEL) plan that outlines a theory of change and how outcomes will be achieved over time.
  - Include measurable indicators that have a baseline and targets for tracking purposes
  - Indicate the data source, data collection methods, and the frequency of data collection and reporting
- A project plan and timeline (e.g., Gantt chart of activities; see Appendix III) that shows how desired outcomes will be achieved within a period of up to three years, and a list of deliverables
- An explanation of how, and how many, beneficiaries will be reached, including vulnerable beneficiaries to target during the project while taking an inclusive strategy
- A plan for a mid-term report, an evaluation, and a final report
- A dissemination and communication plan that outlines how results, best practices, and lessons learned will be circulated in the local and Canadian jurisdictions

## Project Milestones

Item	Date
RFP launch	June 3, 2020
RFP submission deadline	July 20, 2020 - 12:00 p.m. (ET)
Adjudication period	August 31, 2020
Applicants informed of the result	September 7, 2020
Commencement of funding	Dependent on signed memorandum of understanding MOU
Interim report due	Halfway through the project, from the MOU signing date
Project completion	Up to three years from the MOU signing date
Evaluation and final report due	Within two months of the project completion

## Proposal Requirements

Following are required elements for your proposal:

- **Rationale:** Provide a rationale by addressing the challenges and barriers faced during the COVID-19 pandemic. The rationale should also address the geographical location and how the project applies to the local context.
- **Scope and impact:** Provide an impact statement about how the project will contribute to the goal of how family practice will likely have a high degree of impact reducing the harms of COVID-19. Also

include an outline of the intended outcomes, outputs, and activities, including a clear plan for potential scaling and replication.

- **Innovation:** Provide a description of how your project is innovative. The project may consider innovations that can be readily adopted, adapted, and scaled up, thus increasing the potential to minimize harms caused by COVID-19. **Ethical consideration:** Application should indicate ethics application or a waiver for ethics. Approval of the Research Ethics Board (REB) is required for any application that involves humans or animals as subjects. Please identify any ethical issues that your proposed activities may create, and how you will mitigate or address these. The proposal can also use the research ethical standards and procedures described by the WHO international guidelines.
- **Risk response:** Identify any risks and/or constraints that may have a negative impact on the desired results of the project and include a mitigation plan.
- **Team description:** Provide credentials for the project lead, and for key co-investigator(s) and a description of their roles and responsibilities. You may also include a short description of past experiences and how they are relevant to the project. Included CVs and cover letters should outline the contributions to the project.
- **Relevant partner abilities:** University affiliation is mandatory—the project must be linked to a university; proof of the link and how results and findings are to be shared must be explained. Other partnerships (community organizations, NGOs, local health authorities, etc.) are encouraged for this submission; include an explanation of cost sharing activities and financial information from each partner.
- **Monitoring, evaluation and learning (MEL) plan:** The project must have a measurable positive impact. Refer to the Project Deliverables and consider how the results and lessons learned may also benefit people living in Canada. Provide a timeline (see the Gantt chart in Appendix III) for activities that are to be completed.
- **Sustainability:** Explain how you will ensure that the results will be sustained after the project is completed. Also explain how the results may be used for future projects.
- **Communication and dissemination:** Provide an explanation about how you will engage family physicians and partners who can adopt the project, as well as how you plan to communicate and disseminate the methodology, results, and impact findings.

The project may include the five to 15 per cent share of the direct costs in the dissemination of results efforts. This will include the dissemination of results relevant to your local context and to Canada. The communication and dissemination plan should also outline how the funder(s) will be acknowledged in activities.

- **Budget:** See the information regarding eligible expenses and cost sharing in the Project Budget section. The template is in Appendix II.



- **Additional documents:** Provide a CV for all individuals included in the proposal, a letter from each partner and their contributions, a letter of endorsement with appropriate contributions from the affiliated university's department of family medicine, and any other documents relevant for the proposal.

## Proposal Submission Checklist

- A cover letter of introduction to the proposal, explaining your interest in this initiative
- Background information (applicant profile)
- A detailed work plan (see template in Appendix I)
- A detailed budget (see template in Appendix II)
- A CV and references for all proposal participants
- Proof of link of the family physician with the university, and a university support letter
- Letter from the affiliated department of family medicine
- Conflicts of interest letter
- Proof of your institution's incorporation, within your country, and proof of legal status along with financial statements of the last two years; may also include past project examples

In addition:

- The proposal should not be more than five pages (not including CVs and supporting documents)
- The proposal can be submitted in English or French
- It is encouraged that your proposals will reflect equity, diversity, and inclusion
- Efforts are made to minimize the negative impact and increase the positive impact on the environment.

Proposals must be submitted to [besrourecentre@cfpc.ca](mailto:besrourecentre@cfpc.ca) by July 20, 2020 at 12:00 p.m. (ET). If you have any questions, do not hesitate to contact us!

The Global Co-RIG is an initiative of the Foundation for Advancing Family Medicine (FAFM) and the Besroure Centre for Global Family Medicine (Besroure Centre) at the College of Family Physicians of Canada.

The Besroure Centre is a hub of international collaboration dedicated to advancing family medicine globally. Advancements come from education and training, building worldwide relationships, and research.





The FAFM advances excellence in research, education, and service in family medicine through philanthropy and is proud to support the family doctors of today and tomorrow.





## Appendix I: Work Plan Template

Please refer to the Proposal Requirements for details.

- Background information (applicant information)
- Project name, start date, end date, amount requested
- The rationale for the initiative
- Geographical location
- Scope: Impact statement, goal and outcomes
- Beneficiaries
- Monitoring and evaluation plan (toc, activities, dissemination plan)
- Timeline
- Management plan
- Organizational abilities
- Partner contributions
- Human rights and inclusion
- Ethical consideration
- Risk analysis
- Sustainability plan
- Detailed budget



## Appendix II: Budget Template for Proposal

The proposal must outline how each item is to support the project activities. All amounts are to be entered in Canadian funds.

Activities	Applicant			Other organizations (may add columns for other partners)*		Grand Total
	Dollar Amount	Number of Unit(s)	Total	Dollar Amount	Number of Unit(s)	
Personnel						
Activities (direct costs)						
Total direct costs						
Grand total						

\*Five to 15 per cent cost sharing (other contributions) for direct program costs.

## Appendix III: Gantt Chart of Activities

Use the following sample to start creating your chart. Periods may be as long as a month, or broken down to short units (e.g., weeks).

Activity/Task	Assigned to	Start Date	End Date	Month 1	Month 2				