Request for Proposals for Implementation Research in Health Campaign Effectiveness:

Campaign Integration and Transitioning the Delivery of Campaign Interventions into Primary Health Care Systems

PURPOSE AND OVERVIEW

The Health Campaign Effectiveness (HCE) program at the Task Force for Global Health, funded by the Bill & Melinda Gates Foundation, announces a funding opportunity for implementation research[1] (IR). The purpose of these upcoming awards is to support low and middle income countries and their partners to conduct IR on integrating two or more health campaigns[2] (or specific campaign components) and/or transitioning health campaign interventions into primary health care systems, when appropriate[3]. *(Note: see footnotes for definitions on full vs partial integration).* The health campaigns of interest are related to neglected tropical diseases (NTDs), malaria, polio eradication, vaccine preventable diseases (VPDs), and vitamin A supplementation (VAS). The overall goal of the research awards is to improve the effectiveness of health campaigns by identifying challenges and providing solutions to campaign implementation processes and strengthening campaign outcomes, such as improved coverage of interventions, equity and inclusion, reach, access, utilization, acceptability, and cost-benefit. The period for the IR awards will be between **April 2021 and July 2022 (16 months).**

The HCE IR awards are intended to generate evidence that will inform key programmatic, process, or policy improvements in service of improved campaign delivery. Research questions should be driven by salient implementation problems and designed for action-oriented research in collaboration with local and national level stakeholders. Preliminary findings, final results, and any tools or guidance developed

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[1] **Implementation Research** is the systematic approach to recognizing, understanding and addressing such system and implementation bottlenecks, identifying optimal implementation options for a given setting, and promoting the uptake of research findings into policy and practice. IR is demand-driven and underlying research questions are framed according to needs identified by relevant stakeholders and/or implementers in the health system (WHO TDR Implementation Research Toolkit).

[2] **Full integration** involves coordinating most or all campaign components (e.g., microplanning, registration, logistics, implementation, evaluation) to allow simultaneous or co-delivery of two or more health interventions at the point of service delivery. **Partial integration** involves collaboration or sharing of specific campaign components between vertical health programs to improve efficiency and effectiveness of multiple campaigns, but *without* co-delivery of interventions at the same service delivery points. **Collaboration between campaigns** can range from communication and information exchange to sharing of personnel and resources or implementing a part of one campaign by another campaign. **Health campaigns** are time-bound, intermittent activities deployed to address specific epidemiologic challenges, expediently fill delivery gaps, or provide surge coverage for health interventions. https://campaigneffectiveness.org/resources/technical-brief-health-campaign-integration/

[3] See Technical Brief on Transitioning the Delivery of Health Campaign Interventions to the Primary Health Care System

by award recipients will be shared with other awardees during peer-to-peer learning sessions, with members of the Health Campaign Effectiveness Coalition, and with the general public via the HCE website and other platforms. Knowledge dissemination, utilization, and translation into action is the goal of IR; therefore, all awardees must have support of the government agencies involved in the proposed research and ensure open collaboration throughout the project. The sharing of findings early on and throughout the project period will be a feature of the awards.

An Expression of Interest to apply (recommended) is due February 12, 2021 and is to be submitted via this on-line form (see page 8). Proposals and budgets are due by March 1, 2021 at 9:00 am EST. Funding decisions are anticipated to be made starting March 17, 2021 and contracts signed with institutions around April 12, 2021; applicant instructions for submission of proposals can be accessed here.

BACKGROUND

In low- and middle-income countries, health campaigns are used as a significant part of the strategy to address high-priority health areas, such as neglected tropical diseases (NTDs), malaria, polio and other vaccine-preventable diseases and vitamin A supplementation. In settings where multiple campaigns occur, planning and implementation are often carried out with little communication and inadequate coordination among campaigns, communities and national health programs. Inefficiencies and inequities strain health systems and services, burden health care workers and communities, and limit the potential health impact[4].

To address these gaps, the Task Force for Global Health (TFGH) launched the **Health Campaign Effectiveness (HCE)** program in 2020 with support from the Bill & Melinda Gates Foundation in order to:

- Foster communication and collaboration across different health campaign domains, country leaders, global actors, donors and implementing groups, through a new Coalition;
- Support implementation research that fosters the identification, testing, evaluation and replication of evidence-based campaign practices, delivery models, tools and approaches that are relevant and acceptable to country health programs through sub-awards; and
- Advocate for policy alignment and collaboration between global partners and countries on campaign funding and support, including those campaign approaches that integrate with broader primary health care systems.

Anticipated Learning about Health Campaign Integration and Transitioning the Delivery of Campaign Interventions into Primary Health Care Systems
Campaign integration, whether full (i.e., co-delivery of interventions) or partial (where campaigns share inputs, tools, data or processes), is a complex and collaborative process that requires input from multiple stakeholders from the different health programs and across the global, national, regional and local levels of governments and implementing partners. HCE members and partners have expressed a

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[4] Campaign Effectiveness Landscape and Case for Action, Camber Collective, February 2020. Accessible via link on http://campaigneffectiveness.org

strong need and desire to learn from each other about how best to integrate campaigns and work with primary health care systems to improve the overall effectiveness of health campaigns. **Based on this input, the HCE program office presents broad priority research questions below (and with more questions in Annex A) for applicants to consider.**

PRIORITY RESEARCH QUESTIONS

Applicants to this request for proposals (RFP) for IR are asked to review the priority research questions below and consider how their specific IR study may align with or help to answer one or more of the research questions. In their proposals, applicants should specify which of these broad questions (or a component of the question) their study addresses, and articulate specific questions that are suitable to the implementation of the health campaigns in their setting. The research questions in the applicant's proposal should align with national and local needs and should be answered during the study timeframe. Annex A contains a broader set of research questions that applicants may also consider addressing in their proposals.

Campaign Integration (full or partial)
1. What structural, political, behavioral, or procedural enabling and hindering factors at different levels of the health system affect whether integrated campaigns are considered, planned and initiated?
2. Under what circumstances does it make sense to partially versus fully integrate campaigns through the sharing of specific campaign components or platforms (e.g., budgeting, microplanning, household registration/enumeration, supply chains/logistics, data systems, community messaging, M&E)?
3. What do campaign managers and/or other decision makers see as the main barriers or challenges to full or partial campaign integration?
4. What delivery approaches and practices in integrated campaigns (including community mobilization, mobile payments to campaign workers, resources for supply chains/logistics, joint community health worker (CHW) training, etc.) are most feasible, promising and effective for communities, frontline/community health workers and campaign managers to implement?
5. What is the impact of full and/or partial campaign integration on outcomes such as coverage, disease incidence/prevalence, equity, efficiency, safety, cost, sustainability, and health systems and inter-sectoral linkages?
6. What monitoring and evaluation systems, including metrics related to process and outcomes, are used (or should be used) to assess the level and success of campaign integration?
7. What is the cost-benefit of full and/or partial campaign integration and from which perspectives is the cost-benefit analysis (CBA) conducted?

Transitioning Campaign Interventions to the Primary Health Care (PHC) System

8. In what circumstances have interventions and services traditionally delivered via health campaigns been successfully transferred to the PHC system or routine health services?

9. When service delivery is transitioning or integrated from campaign mode to the PHC system, what is the impact on health system costs, staffing, resource allocation, coverage of service indicators, disease outcomes and/or community health-seeking behaviors that increase demand for health services?

10. How can health campaign inputs, processes, and resources (e.g., campaign monitoring data, information on community health behaviors/perceptions, microplans with population enumeration, best practices for training, supervision and monitoring) be successfully used to strengthen routine services and impact PHC systems?

EXPECTED DELIVERABLES AND COLLABORATION

The applicant should plan and budget for the following deliverables in addition to country-specific deliverables or outputs aligned with the purpose and objectives of their research plan and local stakeholder needs. The intent of IR is to generate real-time learning for campaign managers and communities, and to produce findings that can be translated into action by the recipient countries and global stakeholders. Applicants should identify deliverables that will be developed with the users, such as local and national policy makers, in mind. In addition to the four deliverables noted below, awardees will be asked to join **four virtual collaborative learning events** over the course of the time period.

Deliverable 1: Final Research Design and Dissemination Plan: The implementation research design and plan should include the final research questions, detailed methodology, ethical review plan/approval certificates or letters and a detailed project plan, which lists the key activities, dates and responsible parties. The IR design will be developed by the awardee and shared with other awardees members of the HCE Scientific and Technical Advisory Committee (STAC) and HCE Program Office in a peer-to-peer learning webinar around May 20, 2021. The final plan, in English, will be due to the Program Office within 60 days from contract signing (approximately June 11, 2021).

Deliverable 2: Presentation at the annual HCE Coalition Meeting: Awardees will be asked to prepare a presentation (approximately 10 minutes and may be in English, French or Spanish) and participate in the annual HCE Coalition Meeting. The meeting is scheduled for October 2021 (date TBD) and may be virtual. The format and content of the presentations will be determined in collaboration with the awardee and the meeting planning committee. The awardee will submit draft slides and materials for review by meeting planners two weeks prior to the meeting.

Deliverable 3: Interim Report on Preliminary Findings and Lessons Learned: An interim report (in English, format and length TBD but not to exceed eight pages plus optional appendices or supplemental material) will be due by November 10, 2021. The report will summarize any preliminary or final findings to date, lessons learned and note any adjustments to the planned IR design or project plan. An interim financial report will be due at this time, as well.

Deliverable 4: Final Report, Deliverables, Resources, Case Study and Slide Deck and Final Financial Report: A final written research report or paper (in English; format to be determined in collaboration with the HCE Program Office and awardee) and brief case study (eight pages maximum; template to be provided by HCE Program Office) with accompanying slide deck/video will be prepared by each awardee noting the findings from proposed research questions, lessons learned and recommendations, and how the findings or lessons will be applied and translated into action.

Any tools, frameworks, resources or other deliverables noted in the proposal and produced as part of the award should be formally vetted and cleared by relevant government institutions and partners as appropriate and made available to share with other countries. Documents will be uploaded to the HCE Coalition website as they become available and in accordance with the timeline in the award.

A final financial report and invoices (in English) will be required to close out the contract in accordance with the financial policies of the Task Force for Global Health. All final deliverables and reports are due by July 31, 2022.

Ongoing Deliverable: Four Collaborative Learning Sessions: Four virtual collaborative learning sessions will be held over the course of the award time period. The purpose of these events (approximately 60-90 minutes long) is for awardees to share updates, challenges, preliminary findings and lessons learned with each other and to engage in peer-to-peer learning. Sessions may include targeted training and discussions in implementation research approaches and best practices. Topics and format of these learning sessions will be developed in collaboration with the award recipients.

ELIGIBILITY

1. The proposed research project must address at least one of the following health campaign domains:
   - Neglected tropical diseases (NTDs), malaria, polio, other vaccine preventable diseases, or vitamin A supplementation.
   - Additional health domains to be co-delivered or partially integrated can be specified in the proposal.
2. Health campaigns of focus for the proposed IR project should be:
   - Planned and/or implemented during 2021 and early 2022.
   - Appropriate for IR focus (with agreement from Ministry(ies) and implementing partners regarding the objectives of the IR study).
3. Organizations eligible to apply include:
   - Universities/academic institutions, public health institutes, research or non-governmental organizations.
   - Institutions based (or that have a local office or established presence) in low or middle income countries (LMIC) will be prioritized.
4. The applicant organization should have demonstrated experience in:
   - Implementation research or program evaluation using mixed-method and culturally appropriate approaches.

○ Collaboration with the Ministry of Health or other national agencies and implementing partners that oversee the campaigns being integrated or considered for integration.
5. The applicant organization must have the agreement of the government agencies and other involved parties to document and share lessons learned from this study with the HCE Coalition and other stakeholders. Letters of support from the Ministry of Health or other national agencies and implementing partners should be included at the time of proposal submission if possible and MUST be received prior to the time of signature of the contract. Letters can be in the official language of the country.

AWARD DURATION, BUDGET, AND TERMS OF AGREEMENT

● The duration of funding will be a maximum of 16 months with the expectation that **contracts with applicant institutions are signed by April 12, 2021. All final deliverables must be completed and submitted by July 31, 2022.**
● Awardees must agree to the terms of the contract with the Task Force for Global Health and be able to meet our contractual and financial reporting requirements. Contracts are in English only.
● Budget:
  ○ The HCE program anticipates funding eight to ten research projects ranging **up to $150,000 USD each**. The approved budget amount will be based on the scope and duration of the research and the number and type of deliverables. Proposals submitted with a budget over $150,000 or that don't adhere to the provided budget guidance will not be considered.
  ○ All awardees must adhere to the limit of a 15% indirect cost rate--this is non-negotiable.
  ○ Note: The award is for implementation research and **cannot** cover the implementation costs of the health campaign(s) and their usual campaign components (e.g. we will not fund the delivery or purchase of: medications/drugs, vaccines, or supplies and commodities, payment for health workers, government officials, or implementing partners tasked to plan or implement the health campaign).
  ○ Language translation costs of interim and final reports and deliverables to English are allowed, as needed. It is the responsibility of the awardee to procure suitable translation services.
  ○ Travel for one person from the research team to attend either the HCE Coalition meeting (location TBD if travel is deemed safe by October 2021) or a HCE Program Office approved conference to disseminate findings may be included. **See the budget template instructions in the Excel budget template for further details.** Funds to cover the convening of the government agency and other stakeholders at intervals to support the planning, implementation and evaluation and collaborative learning related to the study questions noted in the proposal are allowed within reason. This includes enhanced data collection during campaigns and analysis necessary to answer research questions, collaborative decision making meetings during implementation, and the sharing and dissemination of findings and lessons learned. Costs to support such activities should be included in the budget. COVID prevention and safety measures for researchers and involved stakeholders will be considered within reason for the purposes of the study. **The budget template requests a short textual justification of each line item and this must be filled out.**

- Any tools developed as part of this research should be provided without cost to the appropriate government or implementing partner.
- Global Access. Awardees should conduct and manage the research in a manner that ensures products adhere to the requirements for Global Access of the Bill & Melinda Gates Foundation.

EVALUATION CRITERIA

Proposals will be reviewed by a panel of objective reviewers from the HCE Program Office, HCE Scientific and Technical Advisory Committee and Campaign Integration Workgroup based on how well they address the scope of this RFP on these criteria:

Clarity of the purpose and rationale for the study and alignment with country priorities (15%)	The proposal should clearly articulate the campaign implementation problems and challenges that will be addressed, why they are important and the rationale for the study. The study objectives should align with the purpose and needs of country stakeholders. Applicants should describe how the research will facilitate decisions on adopting evidence-based health campaign interventions and influence implementation policies or practices. They should also describe the stakeholder and target population's readiness, capacity, or appetite for change.
Technical Merit of Implementation Research Design and Methods (30%)	Quality of proposed approach to identify and address priority health campaign objectives, identify relevant research questions and IR research design. Proposals will be assessed in accordance to implementation research principles and methods, and the appropriateness of the approach and methods to their country context. Use of an IR framework is recommended (Means et al 2020, see Resources).
Knowledge use, dissemination and translation plan (20%)	The extent to which the applicant proposes a collaborative approach to knowledge and data use that optimizes access to information that can be used in time for decision making. The dissemination and knowledge translation plan should align with the expressed needs of national, local, and community stakeholders and ensure products are appropriate and accessible to multiple audiences.
Organizational capacity and experience of applicant to conduct implementation research in collaboration with government and partners & team composition (20%)	Extent to which the applicant has the organizational capacity and experience working with country government and implementing partners in health campaigns; understands the local context and has experience conducting culturally-sensitive and collaborative implementation research. For international organizations that are partnering with a local institution, clear roles and relationships of each entity should be described. (See Eligibility, point 5 on Letters of Support.)

	Extent to which the project's team composition is multidisciplinary and shows diversity of perspectives (e.g., those with social science, medical, and epidemiological background, health campaign managers in government agencies, MOH representatives, members who can represent perspectives of community members, health workers and community health workers).
Appropriateness and feasibility of project plan (10%)	The extent to which the plan and timeline is appropriate for the proposed scope of work and can be accomplished during the grant period (not to exceed 16 months). The project plan should reflect all the key dates as noted on pages 9. Campaign schedules should be noted and any risks or potential delay (e.g., due to COVID, seasonal rains, political unrest) identified with a mitigation plan.
Value for money (5%)	The extent to which the budget aligns with the research purpose, design and deliverables. Priority will be given to proposals that support local researchers and/or facilitate capacity building between international and country research institutions. Budgets must not exceed $150,000 USD, be developed using the HCE budget template with sufficient itemization and cost justification, and include all required and country-specific deliverables. Cost sharing and in-kind costs should be noted.

SUBMISSION INSTRUCTIONS

1. **An Expression of Interest to apply** is highly recommended (but not required) and should be submitted using this brief online form by **February 12, 2021 via this link** https://app.smartsheet.com/b/form/be937aab554e4b91a8f69f81c17558e3
2. **Proposals, project budgets, and other supporting documents** must be submitted to the online web form via this link https://app.smartsheet.com/b/form/3e043e7d97204d52b9347c601d7d5cc8 by Monday, **March 1st, 2021 at 9:00 AM (EST/GMT-5)**.:
    a. Applicants can become familiar with the required sections of the proposal by reviewing a word template version of this document (found on this page) but **must submit online using the web form link**.
    b. Proposals should be submitted in English. If applicants would like to submit in French or Spanish, please email hceproposals@taskforce.org in advance of submission or make the request in the Expression of Interest.
    c. Budgets in the HCE Excel budget template must be attached to the webform submission (see all budget guidance on page 6 and in the Excel template instructions).
    d. Curriculum vitae of the Project Lead and other key project team members must be attached to the webform submission.
    e. Letter(s) of support should be attached to the webform submission, *if available,* and are required before final approval and signing of the contract.
3. Please direct any submission questions to: HCEproposals@taskforce.org

TIMELINE/KEY DATES for applications, deliverables and significant events

Awardees will submit deliverables (see page 4 for description) according to the proposed timeline below. (Country-specific project deliverables should be included in the applicant's project plan in addition to the ones required listed on page 4.)

Key Dates

Activity	Due Date
RFP is available in English, French and Spanish at https://app.smartsheet.com/b/form/3e043e7d97204d52b9347c601d7d5cc8	January 28, 2021
Last date to submit questions in advance to HCEproposals@taskforce.org to be addressed at RFP webinar on February 4.	February 3, 2021; 12:00pm EST (GMT-5)
RFP Webinar and Q&A for prospective applicants (session will be recorded and available online).	February 4, 2021; 8:00am EST (GMT-5)
Expression of Interest to Apply (recommended)) due (see submission instructions) from prospective applicants.	February 12, 2021
Applications due to the HCE Program Office (see submission instructions).	**March 1, 2021** at 9:00 AM EST (GMT-5)
After Proposal submission	
HCE Program Office notifies applicants of award decisions	March 17-30, 2021
Estimated start date for funded projects	April 12, 2021
Inaugural calls held with awardees	April 12-30, 2021
Collaborative Learning Session 1: Awardees share draft IR designs and plans	May 20, 2021 (tentative)
Deliverable 1: Final research design and plan	June 11, 2021
Collaborative Learning Session 2: Topic TBD	September 2021 (TBD)
Deliverable 2: (virtual) presentations at HCE Coalition annual meeting (slides due 10 days prior to event)	October 2021 (TBD)

<u>Deliverable 3</u>: Interim report on preliminary findings and financials	November 10, 2021
Collaborative Learning Session 3: Topic TBD	February 2022 (TBD)
Collaborative Learning Session 4: Final presentations on findings and lessons learned	May/June 2022 (TBD)
<u>Deliverable 4:</u> Final IR report and financial report, as well as final presentation and any tools developed during the project (agreed upon outputs)	July 31, 2022

CONTACT INFORMATION

Questions about this RFP description or submission instructions can be directed toward
HCEproposals@taskforce.org.
More information about the HCE program at The Task Force for Global Health can be found at Health
Campaign Effectiveness Coalition.

Annex A. HCE IMPLEMENTATION RESEARCH QUESTIONS (EXPANDED LIST)

The following implementation research questions include priority questions listed in the RFP on page 3 as well as additional questions included in the HCE Research and Learning Agenda.

Campaign Integration (full or partial): Planning

1. What factors at different levels of the health system affect whether integrated (full or partial) campaigns are considered, planned and initiated? What are structural, political, behavioral, and or technical systems-level enablers and/or barriers to this process?
2. Under what circumstances is it effective and feasible to partially (vs fully) integrate campaigns through the sharing of specific campaign components or platforms (e.g., budgeting, microplanning, household registration/enumeration, supply chains/logistics, data collection/or data systems, community messaging, M&E)?
   - When and how can shared microplanning approaches, inputs and processes be utilized across campaign platforms? What is the effect on data quality, efficiency and cost? What innovations can improve these approaches and systems?
   - What are the challenges and opportunities for shared or common in-service training and supportive supervision of frontline health workers and community health workers in campaigns?
   - Are there opportunities to develop integrated communications and messaging for the uptake of integrated campaign interventions among population groups?
3. What do campaign managers and/or other decision makers see as the main barriers, challenges, and/or opportunities to full or partial campaign integration?
   - How do campaign managers overcome the challenge of different reporting and accountability requirements of the individual/vertical programs when planning an integrated campaign?
4. How can integrated campaigns be most effectively planned and budgeted? For example: What are the key considerations in the campaign planning phase related to costs, cost-benefit, cost-effectiveness, efficiency and return-on-investment of integrated campaigns?
   - What are the key considerations in the campaign planning phase related to costs, financing, efficiency, and return-on-investment of integrated campaigns?
   - To what extent do campaign managers and decision makers have access to information about the costs of vertical campaigns and estimates of the cost-savings that might be incurred through integrated campaigns?

Campaign Integration (full or partial): Implementation

5. What is the most effective approach to involve and foster participation of communities, frontline/community health workers and campaign managers in the implementation of integrated campaigns?

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- How do communities, frontline/community health workers and campaign managers perceive the benefits and challenges of integrated (full or partial) campaigns, and the extent to which these campaigns meet their needs?
- What is the level of acceptability of integrated campaigns among communities, frontline/community health workers and campaign managers and how is acceptability measured or assessed in accordance to the type of integration model (full or partial)?
- How do integrated campaigns promote collaboration with the community, community participation and social mobilization to ensure sustainability?

6. What is the impact of full or partial integration on communities, frontline/community health workers and campaign managers? For example, what are their views on compensation, workload, payment mechanisms and the impact of integrated campaigns on various aspects of campaign delivery and outcomes?
   - What are the capacity-building and resource needs of communities, frontline/community health workers and campaign managers (e.g., incentives, remuneration) in relation to the integrated campaigns?
7. What integrated campaign delivery approaches and practices (including community mobilization, shared supply chains/logistics, joint CHW training, etc.) are most feasible, promising and (cost?) effective for communities, frontline/community health workers and campaign managers to implement? What innovations could improve these approaches to community engagement?
8. How are digital tools and technology innovations (e.g., mobile money, mobile phones, geo-spatial mapping, real-time monitoring tools, HIS) being used to support implementation of integrated campaigns and what training and capacity do communities, campaign managers and other partners need to effectively implement them?
   - How can technology, including digitalization and geospatial tools, help with planning for supply chain and logistics, real-time monitoring, supervision, surveillance and follow up of integrated campaigns – and to what effect?
   - How can programs implementing campaigns collaborate in real-time monitoring and surveillance?

Campaign Integration (full or partial): Evaluation

9. What is the impact of full and/or partial campaign integration on outcomes such as coverage, equity, efficiency, safety, cost, sustainability, and health systems and inter-sectoral linkages?
10. What monitoring and evaluation systems, including metrics related to process and outcomes, are used (or should be used) to assess the level and success of campaign integration? What innovations could improve these approaches and systems? How could M&E be improved to better inform future campaign planning and implementation?
11. What strategies have been effectively used to meet challenges related to full or partial campaign integration (e.g., shared microplanning, collaborative financing and/or procurement, shared enumeration, HIS and data tools)?

12. How does full or partial integration of campaigns affect financing, funding sources and the financial and institutional sustainability for vertical programs (and vice versa)?

Transitioning Campaign Interventions to the PHC System

13. What are the opportunities and challenges related to transitioning service delivery from reliance on campaign-based delivery to delivery via routine services or the primary health care (PHC) system and/or integrating health campaigns into the PHC system?
    ○ What are the factors or triggers that prompt a transition from a campaign mode to the PHC system?
    ○ What support do countries need to mitigate against challenges in the transition from independent campaigns to integrated primary healthcare systems and ongoing health services?
14. What type(s) of delivery approaches or models have been used to transition or integrate health campaigns with the PHC system – and to what effect?
    ○ What are promising practices in ensuring that campaign-related investments lead to sustainable health systems improvements, especially as co-delivery increases?
15. What are short-term and long-term positive and negative effects of campaigns on the PHC system – and in which contexts are these effects most likely to occur?
    ○ What measures can be put in place to promote short- and long-term positive effects of campaigns on the PHC system, and mitigate against short- and long-term negative effects?
16. When service delivery is integrated or transitioned from campaign mode to the PHC system, what is the impact on health system costs, staffing, resource allocation, coverage of service indicators and/or community health-seeking behaviors (demand for health services)?
17. When health campaigns are integrated into the PHC system, what is the impact on health equity and sustainable development goals?
18. How can health campaign inputs, processes, and resources (e.g., campaign monitoring data, information on community health behaviors/perceptions, microplans with population enumeration, best practices for training, supervision and monitoring) be successfully used to strengthen routine services and impact PHC systems?

Annex B. RESOURCES

The following are resources that may be consulted by applicants for more information (optional).

Health Campaign Effectiveness Coalition Theory of Change

Technical Briefs

Integration Between Health Campaigns: Intervention Co-Delivery and Collaboration updated 13 November 2020

Defining Health Campaigns and Health Campaign Effectiveness published September 2020

Promising Practices in Health Campaign Microplanning published 29 July 2020

Public Health Campaigns: Lessons Learned from 30 Years of Polio Campaigns in Ethiopia, India and Nigeria co-authored with Johns Hopkins University STRIPE published 16 November 2020

Transitioning Delivery of Health Campaign Interventions to the Primary Health Care System: Achieving a Strategic Balance of Independent and Integrated Delivery of Interventions published 4 January 2021

Implementation Research

Implementation Research in Health: A practical guide

TDR Implementation Research Toolkit

Ten Ingredients for Implementation Research Proposals (Proctor)

Means, A.R. *et al.* Evaluating and optimizing the consolidated framework for implementation research (CFIR) for use in low- and middle-income countries: a systematic review. *Implementation Sci* 15**,** 17 (2020)