

**Guidelines and application form**  
**for the**  
**Regional Office for the South-East Asia**  
**Special Grant for Research for Accelerating Prevention and**  
**Control of NCDs in South-East Asia, 2022**

**Application end date: July 21, 2022**



**World Health Organization**

**Regional Office for  
the South-East Asia**

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# **The South-East Asia Regional Office Special Grant for Research on Accelerating Prevention and Control of NCDs in South-East Asia**

## **1. INTRODUCTION**

Noncommunicable diseases (NCDs), which include cardiovascular diseases (CVDs), cancers, chronic respiratory diseases, and diabetes account for almost two-thirds of all deaths in the Region. Nearly half of these deaths occur prematurely between 30 and 69 years of age. A quarter of the adult population in the Region suffers from hypertension and every twelfth adult has diabetes. The COVID-19 pandemic has further exposed the vulnerabilities of people living with NCDs. In addition to the increased risk of severe disease and death, disruption in essential NCD services threatens to slow down progress and even reverse the gains in controlling NCDs.

Tobacco and alcohol use, dietary factors (low vegetable and fruit intake and high salt and sugar intake), and low physical activity are underlying risk factors for a substantial proportion of these noncommunicable diseases and hence the primary prevention of NCDs is dependent on population-level intervention (controlling the physical availability of harmful products, reducing the affordability through taxation, marketing and advertising restrictions, and pack labelling) for control of these risk factors. A regional stocktaking undertaken in 2020 on the progress of prevention and control of NCDs showed uneven progress across technical areas and countries. The prevalence of hypertension, obesity, diabetes, and alcohol use per capita showed either no progress or worsened. At the current rate of progress between 2010 and 2020, most of the Member countries will miss the 2025 global/regional NCD targets as well as the Sustainable Development Goal Target 3.4 set for 2030.

Some progress has been made in the majority of Member States on strengthening health systems for better treatment and care of NCDs. Much of the progress has been on improving the availability of needed diagnostics and medicines in primary health care facilities in the public sector. Despite the increasing levels of inputs in the public sector, service coverage for diabetes and hypertension remains low. For example, less than half of people living with diabetes and hypertension are on treatment in most of the countries in the Region. The data from the recent STEPs surveys in Bangladesh, India and Nepal show that as a substantial proportion of patients seek care in the private sector. Hence, translating service availability into utilization and improvement in disease and risk factors control and outcomes requires further action. Service coverage across the continuum of diagnosis, linkage to care, utilization, continuity of care and disease control needs to be accelerated in most of the Member States.

Sustaining the current gains, accelerating policy development to the best recommended levels and developing innovative implementation strategies will be the key to achieve the SDG3.4 target. Operational and implementation research may help to test out new innovations or shed some light on the ongoing interventions in a systematic manner. Yet there is a scarcity of research and development in prevention and control of NCDs, especially in the WHO South-East Asia Region, which can guide national and sub-national decision-making and accelerate prevention and control of NCDs. Targeted multi-disciplinary research still needs to be conducted in the SEAR countries to further understand the characteristics and impact of effective NCD prevention and control interventions. Conducting more relevant research can enhance capacity building operations in countries and facilitate a better understanding of how and why a given capacity, or a lack of capacity, affects prevention and control of NCDs.

The purpose of this call is to identify and support research and analytical projects in member states of South-East Asia that will generate, synthesize, and disseminate evidence on innovations for prevention and control of NCDs, as well as supporting the collaborative development and advancement of a NCD research and development agenda.

This call for proposals is linked to these areas of work to ensure priority NCD related research is supported through a small grants scheme. Hence, WHO/SEARO is seeking small scale proposals, 3-12 months, which could shed further light on regional, national and sub-regional experiences and outcomes of policy and programmatic interventions and innovations in public or private sector on prevention and control of noncommunicable diseases. We will give priority to proposals that address national level issues, but proposals that deal with large subnational areas with clear messages and potentials for further learning and understanding will also be considered.

## **2. OBJECTIVES:**

**General objective:** to promote SEAR-based research and innovations for prevention and control of NCDs

### **Specific objectives:**

The specific objectives of this call for proposals are to:

- generate local knowledge relevant to prevention and control of NCDs;
- assist capacity building for public health research;
- strengthen the link between evidence generation and health policy making; and
- enhance experience-exchange among the Region's Member States

### 3. Grant Application

The completed proposal with its annexes should be submitted through email ([researchgrant@who.int](mailto:researchgrant@who.int) with copy to [chutanir@who.int](mailto:chutanir@who.int)) including the following:

- Completed proposal form
- Data collection form(s)
- Completed ethics review checklist
- Informed consent forms (in English and local language)
- Support documents (provisional national/institutional ethical approval; short CVs of investigators)

The responsibility for proper citation rests with authors of the proposal (team of investigators) and their respective institution; all parts of the proposal should be prepared with equal care addressing this concern.

#### 3.1 Eligibility of Applicants

Health related scientists, researchers and scholars based in SEAR countries are encouraged to submit proposals. While postgraduate students are not encouraged to submit research proposals on their own, they could support teams of investigators, accordingly. The Principal Investigator (PI) must be a national of a member state of the WHO South-East Asia Region (SEAR) and the research site should be in one of its Member States.

##### 3.1.1 Individuals and Institutions

Individuals and institutions engaged in SEAR health research are considered eligible for submitting proposals which include:

- **Ministries, academic institutions, research institutes** in SEAR countries.
- **Non-governmental organizations:** professional societies and civil service organizations involved in SEAR health research activities.

#### 3.2 Submission of Proposals

All proposals should be submitted in **English language only**, via email at [chutanir@who.int](mailto:chutanir@who.int) with copy to [researchgrant@who.int](mailto:researchgrant@who.int). ***The applications must be signed by the Principal Investigator and the Head of the concerned institution.*** Unsigned copies will be considered incomplete and will not be processed.

#### **4. INSTRUCTIONS FOR PROPOSAL PREPARATION**

All proposals submitted in response to this call for proposals will be reviewed utilizing the merit review criteria. Concise proposals would assist reviewers in effectively dealing with them. Therefore, **the Project Description should not exceed 10 pages (please follow instructions, accordingly).**

The proposal document must be typed in MS Word using font size 12 “Times New Roman”. All proposal pages must have 2.5 cm margins at the top, bottom and on each side. Line spacing must be 1.5.

#### **5. PROPOSAL PROCESSING AND REVIEW FOR THE NCD RESEARCH GRANT**

Proposals received by the Research and Innovation Unit (RI) of HPN/SEARO are immediately allotted a unique Grant Proposal Number which is referred to in all subsequent communications.

##### **5.1 Review Process**

The review process is carried out in two steps, i.e. initial screening followed by final selection review.

##### **5.1.1 Initial Screening**

All proposals received before the deadline and considered complete in all respects are carefully reviewed by Research and Innovation team in WHO/SEARO. We may contact the PI for further information. All proposals short-listed in the initial screening are provided to the Selection Committee for the final selection.

##### **5.1.2 Final Selection (Technical and Scientific Review)**

A Selection Committee formulated by WHO/SEARO will carry out the final selection review. The selection procedures usually consider the following:

- a. Merit of the proposal addressing a research area specified in this call for proposals with a clear national / regional perspective
- b. Observing gender, equity and human rights
- c. Applying quantitative / qualitative methodologies, as appropriate
- d. Observing ethical standards in research involving human subjects
- e. Outlining clear plan for dissemination of the results

- f. Multi-disciplinary team composition
- g. Expertise / track record of the team of investigators
- h. Expected impact of the research outcomes on national and/or regional health profile

The proposals will be recommended for funding during the final meeting of the WHO/SEARO Selection Committee, the decision of which is considered final.

### 5.1.3 Award Recommendation

Based on the recommendations of the WHO/SEARO Selection Committee it is decided whether a proposal should be recommended / declined for an award. The entire review and selection process usually takes 2-4 months from the closing date for receiving proposals.

## 5.2 Condition of a Compulsory Agreement

The PI(s) of the recommended proposals for funding are required to sign an agreement with WHO/SEARO before receiving the award (please see Section 4 for agreement conditions).

Applicants are informed that only WHO/SEARO may make commitments, awards or authorize the expenditure of funds. An institution / PI providing financial / personnel commitments, in the absence of an agreement, would be doing so at own risk.

The timeline for this small grant scheme is from signing of the contract to submission of final report/draft manuscript is 6-12 months.

## 6 GENERAL CONDITIONS RELATING TO THE AGREEMENT CONCERNING NCD RESEARCH GRANT

The following are general conditions which become effective if an agreement is signed between WHO/SEARO and the Institution of a PI whose proposal is recommended for funding by the Grant. Applicants to the Grant are strongly advised to read these conditions before submitting a proposal, as in case their proposal is recommended for funding and their respective Institution signs an Agreement with WHO/SEARO, they will have to strictly abide by these conditions.

### 6.1 Principal Investigator and His / Her Employer Organization/ Institution

- a. The Organization/Institution and the Principal Investigator (or Responsible Technical Officer), who must be an employee at the Organization/Institution, shall be jointly responsible for all the technical and administrative aspects of the work referred to in the proposal.

- b. The Organization/Institution is required to notify WHO/SEARO immediately of knowledge that the Principal Investigator will cease or ceases to be an employee of the Institution or is no longer continuing the responsibilities described in the proposal. Under such circumstances WHO/SEARO has the right to:
  - (i) cancel the funding or
  - (ii) agree to continue the project under a new Principal Investigator proposed by the Organization/Institution and approved by WHO/SEARO.

## **6.2 Financial Arrangements**

Payments shall be made into the bank account(s) of the Organization/Institution as specified in the Agreement and in accordance with the schedule of payments contained therein. The funds allocated to this agreement may not be used to cover any item that is not mentioned in the budget section of the application form and shall be expended only in accordance with its terms. In the event of this Agreement being cancelled under any circumstances, the Institution shall refund to WHO the balance of uncommitted funds.

## **6.3 Relationship and Responsibility of Parties**

The relationship of the Organization/Institution to WHO/SEARO shall be that of an independent contractor. The employees of the Organization/Institution are not entitled to describe themselves as staff members of WHO/SEARO. The Organization/Institution shall be solely responsible for the manner in which work on the project is carried out and accordingly shall assume full liability for any damage arising from research or other technical services under this Agreement.

## **6.4 Equipment and Supplies**

Unless otherwise agreed, and subject to subparagraph below, any equipment acquired under this Agreement shall become the property of the Organization/Institution. The Organization/Institution and the Principal Investigator shall be jointly responsible for the proper safeguard, maintenance and care of all equipment acquired under this Agreement.

## **6.5 Reports, Use of Results, Exploitation of Right and Publication**

- a. The Institution or Principal Investigator shall correspond with HPN/RI/SEARO for any follow-up, submission of reports, requests for further release of funds, and any other technical matters.
- b. The Principal Investigator shall submit technical and financial reports to WHO/SEARO in accordance with the following provisions:
  - Technical reports shall be forwarded through and countersigned by the authorized official



of the Institution or his/her authorized representative. ***The day the amount of the first installment of the fund is received by the Principal Investigator, it will be considered as the starting date of the project.***

- Immediately after the first 3-months of starting the project, a ***progress report*** should be submitted according to SEARO format of progress reports.
- Before the expiry date of the project, ***a manuscript for consideration for publication and a final financial report*** should be submitted according to SEARO format of final reports.
- Fiscal reports should be forwarded to WHO/SEARO after being jointly certified by the Institution's chief technical officer and the Principal Investigator.
- All financial and technical reports are subject to audit by WHO/SEARO, including examination of supporting documentation and relevant accounting entries in the Institution's books. The final technical and financial reports must be submitted before the expiry date of the project.
- The results of the project may be freely used or disclosed provided that, without the consent of WHO/SEARO, no use may be made for commercial purposes and confidentiality shall be maintained with respect to results that may be eligible for protection by property rights. The Institution shall provide WHO/SEARO with the results, in the form of relevant know-how and other information, and to the extent feasible tangible products.
- The industrial or commercial exploitation of any intellectual property rights, including the ownership of know-how, arising from the project shall be designed to achieve, in so far as circumstances permit, the following objectives in the following order of priority:
  1. the general availability of the products of creative activity;
  2. the availability of those products to the public health sector on preferential terms, particularly to developing countries.
- In any publication by the Institution or the Principal Investigator relating to the results of the project, the responsibility for the direction of the work shall not be ascribed to WHO/SEARO. **All publications should include an acknowledgement note indicating that the underlying investigation received financial support from WHO/SEARO under the NCD grant scheme, with reference to the project number.** TWO reprints or copies of each publication should be sent to SEARO/HPN/RI.

## **6.6 Research Involving Human Subjects**

- a. **Ethical Aspects:** It is the responsibility of the Institution and the Principal Investigator to safeguard the rights and welfare of human subjects involved in research supported in whole or in part by funds from the NCD Research Grant, in accordance with the appropriate national code of ethics or legislation, if any, and in the absence thereof, the Helsinki Declaration and any subsequent amendments. Such funds may be used only to support investigation where:

- i. The rights and welfare of subjects involved in the research are adequately protected,
  - ii. Freely given informed consent by participants has been obtained,
  - iii. An ethical clearance is provided to the project by a local / national research ethics review committee and
  - iv. Any special national requirements have been met.
- b. **Protection of Subjects:** Without prejudice to obligations under applicable laws, the Institution shall make appropriate arrangements to eliminate or mitigate the consequences to subjects or their families in the case of death, injury or illness resulting from the conduct of research.

## **6.7 Publicity**

The Institution and the Principal Investigator shall not refer to the relationship of WHO/ SEARO to the project or to products or processes connected with the project, in any statement or material of a publicity or promotional nature issued for commercial purposes, or with a view to financial benefit.

## **6.8 Litigation and Liabilities**

WHO/SEARO will not be responsible for any litigation or liabilities that may stem from views and conclusions of the study by the Institution or the Principal Investigator.

## **7 PRIORITY AREAS FOR NCD RESEARCH GRANT 2022**

### **7.1 NCD service delivery**

- The innovative community-based approaches to management of noncommunicable diseases including improvement in adherence to treatment, community-based health services, community-based risk factors management.
- Innovative self-management or peer approaches for management of noncommunicable diseases
- Financing and measurement of catastrophic expenditures related to management and care of noncommunicable diseases
- Patient centric mobile applications
- Digital health interventions, including telemedicine to support self-care management for NCDs, innovations in referral system across health facilities, in SEAR countries. This may include critical assessment of cost, impact and challenges of using digital health for prevention and control of NCDs at national level.

### **7.2 Population-based interventions**

- a. Policy interventions for package labelling for tobacco, alcohol or food high in calories, sugar or salt and their impact on consumption
- b. Financial interventions (taxes and subsidies) for prevention and control of tobacco, alcohol or food high sugar or salt or promotion of healthier alternatives.
- c. Policy interventions to restrict/reduce physical availability of tobacco, alcohol and food high in salt and sugar. (e.g. licensing of vendors, restricting the availability of tobacco or alcohol at certain places, to certain persons or at certain times)

### **7.3 Multisectoral action and engagement of non-government stakeholders including private sectors**

- a. Research on Interventions by non-health sectors for prevention and control of NCDs
- b. Research on Interventions taken up in collaboration with private sectors
- c. Engagement with private sector for either individual or population-based interventions

### **7.4 Use of technology or mobile apps to enhance health information system for NCDs**

- a. Innovative ways to enhance health information systems to respond to growing NCDs challenge
- b. Digitalization in NCD surveillance system

### 7.5 Noncommunicable diseases, mental health and COVID-19 pandemic

- a. Direct and indirect effects of COVID-19 pandemic on noncommunicable diseases and services
- b. Current SEAR responses on provision of NCD services during COVID-19 pandemic in humanitarian settings
- c. Effective strategies to mitigate impacts of the COVID-19 pandemic on non-communicable diseases

## 8. DEADLINE FOR SUBMISSION OF PROPOSALS

**The deadline for submission of proposals is 21 July 2022.** Proposals received after the deadline shall not be considered in this round. Applicants should allow 2-4 months for review and processing. Only the research proposals, where the research can be completed, including the preparation of the final manuscript, within 15 months from the date of signing of the contracts will be considered. This is keeping in the WHO program budget cycle of 2022-2023 which will end in December 2023. The research proposal with longer duration going beyond December 2023 will not be considered. However, if a research project has two clearly defined phases with clear outcomes for each phase, the research team can submit the proposal provided the phase 1 ends by December 2022.

The completed Application Package for the South-East Asia Regional Office Special Grant for Research in Priority Areas of Noncommunicable disease 2022 (as described under section “10”) should be mailed/emailed to:

Coordinator, Research and Innovation  
Department of Healthier Population  
and Noncommunicable Diseases  
World Health Organization  
Regional Office for the South-East Asia  
Capital Parsvnath Towers, Floor 6,  
Delhi, India-110001  
E-mail: [chutanir@who.int](mailto:chutanir@who.int)

## 9. COVER SHEET OF APPLICATION FORM

SHADED AREA FOR OFFICIAL USE ONLY	
DATE RECEIVED (dd/mm/yy)	WHO/SEARO PROPOSAL ID NUMBER <b>R&amp;I /NCD Research 22/</b> .....
NAME OF COUNTRY OF APPLICANT _____	HAS THIS PROPOSAL BEEN SUBMITTED TO ANOTHER AGENCY FOR FUNDING YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF ORGANIZATION/INSTITUTION	IF YES, WRITE NAME OF AGENCY WITH ACRONYM
TITLE OF PROPOSAL (120 characters maximum):	
WHAT IS THE PRIORITY AREA ADDRESSED BY THIS PROPOSAL? <input type="checkbox"/> Innovative Care, management, service delivery models for key NCDs <input type="checkbox"/> Population-based interventions for prevention and control of key NCD risk factors <input type="checkbox"/> Multisectoral action and governance for prevention and control of NCDs <input type="checkbox"/> Use of mobile apps or digital technology for prevention and control of NCDs <input type="checkbox"/> NCDs, mental health and COVID-19 pandemic  Please indicate the detailed priority area (from section 5): _____	
<b>NAME OF PRINCIPAL INVESTIGATOR (PI)</b>	
LAST NAME:	FIRST NAME(S):
TITLE:	
POSTAL ADDRESS:	
TEL .	MOBILE:
E-MAIL 1:	
E-MAIL 2:	
<b>NAME OF PI's INSTITUTIONAL HEAD:</b>	
TITLE	
ADDRESS	
TEL .	MOBILE:
E-MAIL 1:	
E-MAIL 2:	
<input type="checkbox"/> UNIVERSITY <input type="checkbox"/> GOVERNMENTAL ORGANIZATION <input type="checkbox"/> NON-GOVERNMENTAL ORGANIZATION              OTHER	
REQUESTED AMOUNT (USD .....)	PROPOSED DURATION (9 MONTHS MAX):.....
SIGNATURE OF THE PRINCIPAL INVESTIGATOR	SIGNATURE (AND STAMP) OF INSTITUTIONAL HEAD
NAME & DATE:	NAME & DATE:

## 1. PROPOSAL SUMMARY

Please provide one page executive summary, **up to 500 words**. The summary should include (i) rationale (ii) objectives, (iii) methods, (iv) expected outcomes (national / regional perspective)

## 2. BACKGROUND

Please provide a **2-page background**. Background includes literature review of previous studies on the subject (global / regional / national), stating its public health importance and rationale of proposing the study this time at this place on this population, considering gender, equity and human rights (please quote references using a standardized citation style)

### **3. OBJECTIVES**

**3.1 General objective:** the overall aim expected to be achieved from this research

**3.2 Specific objectives:** 2-3 clearly stated SMART specific objectives (specific, measurable, achievable, relevant to SEAR, time-bound), which break-down the general objective

1.

2.

3

## **4. METHODOLOGY**

An appropriate clear description of activities and information on the general plan of work should be provided here. The methodology section should describe;

**4.1 Study design** (observational / experimental, mentioning specific type, accordingly)

**4.2 Study setting / data sources** (clearly indicating where the study will be conducted: country, city, institution(s), department(s), etc.). This includes settings for primary data collection, and specific sources of secondary data (e.g. medical records; health registers; insurance registers; national census records, etc.)

**4.3 Study population** (study subjects and their respective characteristics)

**4.4 Sample size** (sample size assumptions / estimate)



**4.5 Sampling method** (method to be used to select subjects ensuring a representative sample of the target population; inclusion and exclusion criteria)

**4.6 Data collection** (data collection method(s) and tool(s) as appropriate: *data collection tool(s) to be annexed to the proposal* but sections / variables described under this section; focus group/interview guidelines; checklists; anthropometric measurements (e.g. weight, height, circumference, BMI, WHR, etc.) with reference to measurement / estimation method; biological measurements (laboratory investigations with reference to measurement / estimation method / kit); relevant definitions of exposure(s) and outcome(s) as appropriate to proposal; background / number of data collectors, etc.

**4.7 Data management plan** (A clear plan of data coding, entry, cleaning, and analysis to be used, considering disaggregation of collected data by sex, age and socio-economic quintiles. Please mention specific statistical tests and references software)

**4.8 Coordination, monitoring and quality control** (plan for field work supervision to ensure proper / scientific data collection, data management, quality control indicators, etc.)

**4.9 Ethical considerations:**

All research proposals submitted for the NCD Research Grant must adhere to ethical conduct of research on human subjects. This commitment will be ensured by the WHO/SEARO Selection Committee. The PIs are required to obtain clearance from an official Ethical Review Committee / Institutional Review Board ***before started the implementation of the research, and preferably before*** submitting the proposal, which is a ***condition*** for consideration for funding. Litigation involving human research must be accompanied by: (a) copy of ethical clearance certification and (b) the informed consent documents (in English and local language).

***Please describe your proposal:***

1. Does this research involve human subjects?

Yes ☐ No ☐

2. Is there a research ethics committee or institutional review board at your institution which reviews research on human subjects?

Yes ☐ No ☐

3. If yes, has this committee given ethical approval for the conduct of this research?

Yes ☐ No ☐ under review ☐

4. Will you ensure that confidentiality of collected information (e.g. medical records, biological samples) obtained from subjects be protected in this research?

Yes ☐ No ☐

5. Have you received any training on ethics of biomedical research?

Yes ☐ No ☐

**5. TIME FRAME OF PROPOSED ACTIVITIES** (Gantt chart) as applicable to your proposal

Activity	1 <sup>st</sup> QUARTER			2 <sup>nd</sup> QUARTER		
	M1	M2	M3	M4	M5	M6
<i>Submission of the interim technical report*</i>			X			
<i>Submission of the manuscript for consideration for publication and final financial report*</i>						

\*mandatory

**6. BENEFICIARIES OF RESEARCH RESULTS** (who are the direct / indirect beneficiaries of the study, what are the benefits both groups [direct / indirect] are likely to accrue in the short or long term)

## 7 REFERENCES CITED

Any references cited should be listed here, using standardized citation style (e.g. Vancouver Style). This includes citations for scientific papers, books, reports, laboratory methods, standardized questionnaires / check-lists, biostatistical software, etc. References should be listed in numerical ascending order with corresponding citations in the text, marked as shown [#].

Examples of citing references in this section are given below:

- Journal articles should start with name of author (with suffix et al, if more than six authors), followed by title of study, name of journal, volume, page numbers and **year** of publication (in bold at the end).
- Books should start with the title, followed by Editors, Publishers, and **year** of publication (in bold at the end).
- Reports should start with title, followed by name of writer, reference to organization for which it was written, reference number of report if any and **year** of reporting (in bold at the end)

## 10. PROPOSAL BUDGET WITH JUSTIFICATIONS

Budget breakdown should be provided in a tabular format, as shown below, with the full term of requested budget from EMRPPH Grant. The award will range from **\$ 10,000 - 40,000**. The breakdown should be restricted to 2 pages.

### **Instructions for budget items:**

#### **i. Personnel**

WHO/SEARO expects that the PIs and Co-Investigators will be faculty / researchers at eligible institutes, with research as one of their normal functions. NCD research grant funds **may not be used to pay salary or augment the total or part of the salary** of PIs and Co-Investigators. Personnel costs therefore include compensation for data collectors, field workers, lab technicians, data managers, etc.

#### **ii. Material and Supplies**

The budget must indicate the general types of expendable materials and supplies required, with their estimated costs. The breakdown should be more detailed when the cost is substantial.

#### **iii. Equipment**

The NCD research Grant does not support general purpose equipment, such as a personal computer, telephone sets, photocopying / facsimile machines etc.

#### **iv. Human Subjects**

The needs for requiring direct compensation of participants (which is not generally recommended) must be fully justified (e.g. transportation, hot meals, etc.)

#### **v. Travel**

Travel and its relation to the proposed activities must be specified and itemized by destination and cost. COVID-19 Grant does not support foreign travel (travel outside the Applicant's country)

#### **vii. Field Work**

Funds may be requested for field work necessary for data collection other than the personnel cost.

**viii. Training**

Training expenses should be minimized to only specialized training needed for staff using related research equipment or improving research skills

**ix. Dissemination of Results**

The cost involved must be in accordance with the proposed dissemination plan such as local conferences, publications and dissemination workshops.

**x. Other Costs**

The budget must identify and itemize other anticipated costs not included under the headings above. Examples include telecommunications and photocopying. Reference books, periodicals and other scientific literature may be charged to the Grant only if they are specifically required for the project.

OUTLINE OF THE BUDGET (in USD)				
Total Amount Requested: US \$:				
Budget Breakdown				
No	ITEM OR ACTIVITY	Amount Requested from SEARO Grant	Amount available from other Sources	JUSTIFICATION
1.	Personnel* - -			
2.	Materials & Supplies - -			
3.	Equipment - -			
4.	Local Travel - -			
5.	Field work - -			
6.	Training - -			
7.	Dissemination of results** - -			
8.	Other Costs*** - - -			
	Total US \$			

\*Up to 20 % of total budget; \*\*Up to 10 % of total budget; \*\*\*Up to 5 % of total budget

## 11. APPENDICES

Please provide as appendices:

- Data collection form(s)
- Research ethics checklist for principal investigators
- Informed consent forms (in English and local language)
- National/institutional ethical approval
- CVs of investigators