

FAQs- PrECISE Implementation Study

1. Eligibility & Scope

Q. Can private medical colleges or private NICU facilities apply, or is this call restricted to government institutions?

A. Both public and private tertiary care teaching institutes are eligible, provided they meet the eligibility criteria (faculty-in-charge of NICU/SNCU as PI).

Q. Are collaborations between medical institutes and non-medical research labs/NGOs permitted?

A. Yes. While the PI must be based in an eligible tertiary care institution as Permanent faculty in-charge of SNCU/ NICU, collaborations with public health institutes or NGOs may be proposed if they add value.

Q. What level of prior experience is expected from applicants?

A. The PI should be in a leadership position (faculty in-charge of NICU/SNCU), and the team is expected to include a mix of clinical, methodological, and public health experts. Teams with prior experience in conducting implementation research or facility/community-based trials or quality improvement in maternal and newborn health will receive preference. While it is not mandatory for every PI to have conducted large-scale implementation studies before, demonstrated experience in neonatal care, clinical research and quality improvement initiatives is desirable.

Q. Can only neonatologists apply as PIs?

A. No, any permanent faculty in-charge of NICU/SNCU in leadership capacity can apply as PI.

Q. Is there any scope of lab work in the study?

A. No, it is a purely clinical study.

Q. Can any junior faculty apply as PI?

A. Any permanent faculty leading the NICU/SNCU can apply as PI, as the role requires motivation for the cause and decision-making authority.

Q. Can this study be conducted at a site where another related study is already ongoing?

A. No. Conducting the study at such a site is not allowed, as the ongoing intervention may influence outcomes and results and lead to sample contamination.

Q. We are willing to apply but have space constraints, can we apply?

A. Only those willing to mobilize resources like space and equipment through institutional/other sources for the study should apply.

Q. Can research organizations lead the study?

A. No. Only permanent faculty in-charge of NICU/SNCU in leadership capacity can apply as PI. However, Research Organizations may collaborate with clinical teams to make a robust team. Research Teams will not be eligible for a substantial proportion of funding, which will remain with the PI.

Q. Can centres apply in a hub and spoke model?

A. No. Individual centres may only apply.

2. Funding & Budget

Q. What expenses are strictly non-permissible?

A. Purchase of major infrastructure and large equipment (e.g., CPAP machines) will not be supported by ICMR. Channels have to be identified through the end of the institute/government.

Q. Is DSIR certification necessary for applying?

- A. i) Public funded institutions do not require DSIR certificate for applying.
ii) Private academic institutions with valid UGC/AICTE/PCI or NMC approved Medical colleges also do not require DSIR certificate for applying.
iii) All other institutions must submit DSIR certificate.

Q. What is the budget limit?

A. It is not fixed at present but may be estimated anywhere between 2-4 crores per site. The illustrative budget that is asked to be mentioned by the sites may not be the final budget allocated, which will be decided later.

3. Endorsements & Administrative Support

Q. Is there a prescribed format for institutional/departmental endorsement?

A. No specific format is mandated. A letter duly signed by the Head of Division (Pediatrics/Neonatology) as well as the Head of the Institution mentioning institutional support and willingness to facilitate the study should be submitted.

Q. What does “Established support from state and district health systems” mean (Point 1D)?

A. The facilitatory channels that exist through which funding for space creation, infrastructural support, equipment, human resource mobilization can be done for the specified interventions can be mentioned by the applicant under this section.

4. Implementation & Research Design

Q. Must all four PrECISE interventions be implemented at every site?

A. Yes. The package (ACS, early CPAP, early enteral feeding, and iKMC/MNCU) is to be implemented as an integrated set. Implementation strategies for them may differ in different contexts but interventions are to be uniformly implemented and evaluated.

Q. Can sites propose additional innovations?

A. Yes. Sites may propose locally relevant innovations (digital monitoring, training apps, tele-support) provided they align with the study objectives.

5. Process & Selection

Q. How many sites are expected to be selected across the country?

A. The final number will depend on quality of applications, geographic distribution, and feasibility.

6. Project Implementation & Outputs

Q. Can an implementation strategy extend to community during the implementation?

A. The study will be purely hospital based. No interventions are planned at community level. However, both inborn and outborn neonates will be eligible for interventions.
