**Terms of Reference**

**GAVI**

**INVESTIGATING THE STATUS of ZERO-DOSE CHILDREN AND MISSED COMMUNITIES IN SUDAN**

# **background**

SC has been working in Sudan since 1984 to deliver programs to children and communities in need. SC Sudan operates across ten states: Khartoum, Blue Nile, South and North Kordofan, North, West & Central Darfur, Red Sea, Gedaref, and Sennar States, covering multiple sectors: Health and Nutrition, WASH, FSL, Child Rights Governance, Child Protection, Education, and humanitarian assistance with 441 staff (134 females, 282 males), of which 419 are national staff while 22 are international. SC has formed and maintained a positive relationship with government actors such as the Humanitarian Aid Commission (HAC) and the Commission of Refugees (COR) at both state and national levels. SC has established positive working relationships and acceptance from all key humanitarian stakeholders and has leveraged these relationships to advocate for IDPs and returnee children in Sudan. SC has solid experience in collaborating with the governments and donors and in building capacity and technical competence of line ministries, departments, and institutions responsible for designing and implementing serval humanitarian and development projects.

# **CONTEXT**

Understanding the level and drivers of under-immunization is key to improving access and reach for the estimated 14.3 million zero-dose children in 2022, worldwide. It is particularly important in Africa, where more than half (7.8 million) of these children live, and specifically in Sudan; chosen as priority countries for GAVI’s recently established regional initiative to reach zero dose children in the Horn of Africa (REACH).[[1]](#footnote-1) Beyond understanding the problem, generating context-specific, conflict-adaptable and community informed strategies to integrate immunization with other services has been priorities by several global initiatives, including the Immunization Agenda 2030 (IA30)[[2]](#footnote-2), Equity Reference Group for Immunization (ERG)[[3]](#footnote-3), and within GAVI’s Zero-dose funding commitments and guidelines. Research evidence to inform these integration strategies, and to support their implementation and evaluation through regional initiatives such as REACH, remain lacking. This study will generate community and provider insights to co-design conflict-sensitive integrated immunisation services with stakeholders in priority populations in Sudan.

Conflict has disruptive effects on childhood wellbeing and the institutions that support them.[[4]](#footnote-4) [[5]](#footnote-5) Sudan has among the highest rates of multi-dimensional poverty in the region, with both countries having high rates of childhood malnutrition, displacement and school non-enrolment[[6]](#footnote-6).This is further exacerbated by institutional nascency and fragility, including in their health and disease-surveillance systems, which worsen with every bout of acute conflict[[7]](#footnote-7). The country faces an increasing threat of vaccine-preventable diseases, including reemergence of polio and measles risks and outbreaks.

Previous research from the RAISE project identified three population groups that have the highest proportion of zero-dose and under-immunized children: **nomadic communities, internally displaced populations, and communities in remote rural areas outside of Sudan government control (areas controlled by the Sudan People’s Liberation Movement (SPLM).** These missed communities represent a significant proportion of Sudanese populations that remain vulnerable and marginalized. Evidence from the RAISE project shed light on several fundamental gaps in immunization across these areas:

* There was limited evidence on how to reach zero-dose children in crisis-affected areas. The little evidence that did exist was often outdated.
* Existing immunization services often lacked the involvement of local communities, beneficiaries and actors in hard-to-reach regions. Community engagement was often an ad-hoc activity across vaccination campaigns (including during COVID-19), but not a systematic consideration
* There was a growing need to define localization approaches within immunization campaigns, including bridging vaccine delivery with wider childhood services (both health and non-health).

More broadly, there was limited data, research capacities and access to highly mobile populations and those living in politically disputed non-government controlled ‘locked’ areas in Sudan. For example, the Secretariat of Health in SPLM-controlled areas (which operates independently from the Sudanese Ministry of Health) reported that vaccination coverage was just under 35% across 34 catchment areas in the Nuba mountains - however, there has been little to no empirical evidence on the barriers to immunization, which childhood services are still being delivered and whether there are missed opportunities to reach them. While government-led initiatives have struggled to reach these communities, it is also unclear if or how humanitarian programming could provide new avenues to reach these missed communities.

A recently concluded study of immunisation governance and finance among zero dose/missed communities in Sudan has revealed two important findings. Firstly, within both countries there are three populations at highest risk of under-immunization: 1) nomads; 2) internally displaced; 3) those living in non-government controlled disputed areas. Secondly, in these and other zero dose/missed communities, in both countries, local health providers often reported ad-hoc strategies to integrate immunization services with other services in the community to improve access and reach. Though highlighted as an important strategy there were no systematic practices in place and formal policy or strategy to guide their implementation beyond spontaneous efforts at the local health facility levels.[[8]](#footnote-8)

# **research overview**

**3.1 Rationale**

The overarching goal is to contribute to improving immunization rates for children living in missed communities or zero dose communities in Sudan. Indeed Zero-dose children, who have not received routine childhood vaccinations - BCG, Polio, DPT, Measles, are more likely to live in missed communities, where access to health and non-health services is lacking or non-existent, in part due to protracted conflict. In Sudan this impact is particularly severe for marginalized communities, such as nomadic and internally displaced populations and those living in non-government controlled disputed areas.

Responding to the inequality, low resourcing, and under-representation of conflict-affected children, this research will focus on integrated immunization services for children who are often under-looked and invisible to aid programmes. The project also provides an opportunity to amplify the voices of zero-dose/missed communities to influence health systems and policies.

**3.2 Study setting**

The study will be conducted in North Darfur, Gezira, North Kordofan, Red Sea, South Kordofan, East Darfur, South Darfur, West Kordofan, West Darfur and Central Darfur. In South Kordofan, this will include Abujubeiha and the Nuba Mountains. The Nuba Mountains area is among the most restricted to foreign access in the world due to an ongoing dispute over the territory between the Sudan People’s Liberation Army/Movement (SPLM/A) and the government of Sudan. It is home to an ethnically, religiously, and linguistically diverse population. It is primarily controlled by the Sudan People Liberation Army/Movement-North (SPLA/M-N). This area is variably defined as non-governmental controlled, disputed, or “locked”. The SPLA maintains strict movement restrictions in and out of the region. The region has experienced protracted conflict for the past four decades with multiple waves of displacement, resulting in a state of frozen conflict since active fighting ceased during the Comprehensive Peace Agreement (2005-2011) and in 2017. While there has been no recent active conflict within the SPLA/M-N areas, particularly in comparison to the government-controlled areas, political instability continues due to competition over natural resources including an influx of refugees displaced from the on-going conflict in Sudan.

**3.3 Research questions**

The study **aims** to investigate the status of and potential for integrated immunization services as a strategy for reaching conflict-affected zero-dose children and missed communities in Sudan. Accordingly, we aim to answer the following **research questions:**

1. To what extent do conflict-affected zero-dose/missed communities in Sudan access essential health and other basic services, and what opportunities for integrated immunization service delivery exist?
2. What has been the impact of the April 2023 conflict on immunization efforts in the country, specifically in areas under non-government control as opposed to government-controlled areas?
3. What is the purpose, extent, and nature of current integrated immunization efforts to reach conflict-affected zero-dose/missed communities in Sudan?
4. What is the proportion, nature and drivers of missed opportunities for vaccination in health facilities operating in conflict-affected communities with a high prevalence of zero-dose children in Sudan?
5. What are the features of feasible, flexible, and acceptable integrated immunization service delivery models for conflict-affected zero-dose/missed communities in Sudan?
6. **A Spatiotemporal Analysis for Enhanced Immunization Targeting**

# **Study Methodology**

**4.1 Study Design**

The study will use a mixed-methods approach (quantitative and qualitative methods). Each is covered in detail in the next section.

**4.1.1 Quantitative survey**

A cross-sectional quantitative survey utilizing a cluster sampling approach to select households (family units in case of nomadic populations) will be used to measure accessibility to health and non-health essential services in conflict-affected communities. Sample stratification may also be deployed by distance to health facility and by geographic location, if the latter is associated with socioeconomic characteristics. Target population will be primary care givers with children under 5 in selected households.

**4.1.2 Qualitative survey**

To understand the perceptions, experiences, and challenges related to accessing essential health and non-health services, qualitative research will be used. Participants for focus groups and key informants will be purposive selected. Target population will be male and female primary caregivers of under 5 children in the past five years. (Sampling will be facilitated in multiple ways including engaging community social nodes, utilizing existing networks, holding community meetings to explain the research, and encouraging community members to self-identify or nominate others for study participation).   To ensure di*versity, the study will p*urposefully sample single-sex headed households and those that have both a female and male head of household (e.g., fathers and mothers living in the same household), and households from various socio-demographic backgrounds and tribes, where necessary.

To determine the purpose and extent of current integrated immunization services with health and non-health services and explore the influence of global policies and strategies on local, national and regional decision-making, health and non-health providers as well as local and national decision-makers will be interviewed using in-depth interviews and focus group discussions where possible.

**4.1.3 Desk review**

A desk review will be conducted to systematically review and synthesize existing evidence on integrated immunization services for conflict-affected populations in Sudan. This will consist of extensive review of literature on zero-dose children in target states of Sudan, from both SCI and other sources related to humanitarian and development work, particularly clusters reports and reports from other organizations.

**4.1.4 Health facility assessments**

To assess missed opportunities for vaccinations in health facilities operating in conflict-affected communities with a high prevalence of zero-dose children, a cross-sectional facility missed opportunities assessment will be conducted. Participants and sampling approach will purposively select health providers from health facilities and serving the zero-dose and under-immunized communities in the study areas and decision-makers responsible for key health and non-health services in the study areas. A valid, World Health Organization (WHO) missed opportunities health facility assessment tool,[[9]](#footnote-9) will be used for the health facility assessment, in addition to in-depth interviews, focus group discussions and ethnographic observations.

**4.1.5 Data collection**

All research tools will be submitted to HAC offices in target areas before any data collection commences. Questionnaires, focus group guides and key informant interview guides and/or any other tool should be prepared in both English and Arabic. All data will be collected using KOBO/ODK, where possible. A gender-balanced team of enumerators will be recruited, trained, supervised, and guided by the consultant team. Prior to field data collection, all the enumerators will be trained on the basics of data collection, including objectives of the study, structure of the questionnaires, observation guide, KII and FGD guides, and how to collect data using tablets/ODK. This will be followed by field pre-testing to familiarize the enumerators with the eventual field work. Any scripting error and/or unclear questions will be corrected at this point. The consultants will come up with a reasonable workplan, timeline and supervise the entire data collection and help resolve minor field difficulties. All data will be uploaded to the SCI KOBO server and cleaned before any analysis.

**4.1.6 Data analysis and reporting**

The quantitative data will be downloaded from KOBO and basic data analysis will be performed using MS Excel or any other relevant software. The data will be presented in form of tables, graphs, charts and figures where appropriate. The qualitative data will also be analyzed using MS Excel or any other relevant software and will be triangulated with all other information gathered through desk reviews. A draft report will be produced, shared and reviewed by SCI Sudan. The final report will be disseminated at regional and global levels.

**4.1.7 Ethical Considerations**

This study will adhere to SCI ethical considerations:

* ***Ethical:*** *The study will be guided by ethical considerations such as informed consent, safeguarding, sensitivity, openness, confidentiality and data protection, public access, broad participation, reliability and independence.*
* ***Conflict sensitivity:*** *the study will be guided by conflict sensitivity principles such as openness and transparency, considering the power relation and influencing forces operating in the targeted communities, inclusion, implementing multi-stakeholders’ multi-level meaningful consultation process*
* ***Informed Consent and Voluntary Participation:*** *Ensure that participation in the assessment is completely voluntary. Participants should be informed about the purpose of the assessment, what it involves, and their right to withdraw at any time without penalty. The data collectors should provide clear, understandable information about the assessment's objectives, risks, and benefits, allowing participants to make an informed decision to participate.*
* ***Privacy and Confidentiality:*** *The data collectors should gather data in a manner that ensures individual respondents cannot be identified, using coding systems where necessary. Strict measures for data storage and access to protect the confidentiality of the information collected will be also in place*
* ***Child Safeguarding:*** *Ensure that all procedures are in the best interests of the child, considering their age, maturity, and psychosocial state. The data collectors should obtain consent from a parent or guardian for participants under the age of consent, unless doing so would compromise the child's safety. In such cases, established guidelines for ethical research involving at-risk children will be followed*
* ***Do no Harm principle:*** *The exercise must include a risk assessment and take steps, if necessary, to mitigate identified risks. The risk assessment must look at negative consequences that may result from data collection.*
* ***Cultural Sensitivity and Respect:*** *This exercise will understand and respect the local culture, norms, and values and will engage with local communities and stakeholders in the planning and implementation phases to ensure cultural appropriateness and acceptance. The data collectors will use the local language or dialect for communication and materials.*
* ***Gender Sensitivity:*** *This exercise will recognize and address the different needs, experiences, and risks of men, women, boys, and girls in the assessment design and implementation. Particularly for any discussions around GBV safe Spaces for Disclosure should be provided, that is safe for participants to disclose sensitive information.*
* ***People-centered and inclusive:*** *The exercise should be guided by the interests and well-being of the population, which must participate and be included in all relevant phases; as well as being sensitive to age, gender, and other issues of diversity*

**Code of conduct**

Save the Children’s work is based on deeply held values and principles of child safeguarding, and it is essential that our commitment to children’s rights and humanitarian principles is supported and demonstrated by all members of staff and other people working for and with Save the Children. Save the Children’s Code of Conduct sets out the standards which all staff members must adhere to, and the consultant is bound to sign and abide to the Save the Children’s Code of Conduct.

A contract will be signed by the consultant before commencement of the action. The contract will detail terms and conditions of service, aspects on inputs and deliverables. The Consultant will be expected to treat as private and confidential any information disclosed to her/him or with which she/he may come into contact during her/his service. The Consultant will not therefore disclose the same or any particulars thereof to any third party or publish it in any paper without the prior written consent of Save the Children. Any sensitive information (particularly concerning individual children) should be treated as confidential. An agreement with a consultant will be rendered void if Save the Children discovers any corrupt activities have taken place either during the sourcing, preparation, and implementation of the consultancy agreement.

# **Expected Deliverables**

The study deliverables and tentative timeline are outlined below.

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| --- | --- |
| **Deliverable / Milestones** | **Timeline** |
| Bid closing date | 13th April 2025 |
| Hiring of consultant | 17th April 2025 |
| Design of Inception Report and data collection tools | 20th April 2025 |
| Study tools review by all members | 25th April 2025 |
| Study Approvals from HAC | 10th May 2025 |
| **Data collection**   * Desk review * Conduct key informant interviews and FGDs * Conduct household survey and health facility assessment | May 15th – June 15th 2025 |
| A Draft Report | 10th June 2025 |
| A Final StudyReport | 20th June 2025 |

# **Consultant Profile**

The following are the main requirements for the consultant:

* **Research record in immunization studies and/or zero dose studies a must. Provide evidence**
* Broad knowledge of humanitarian and development issues, specifically in health, education, gender, livelihoods, and child protection.
* Proven experience in quantitative and qualitative analysis.
* Skills and experience in conducting ethical and inclusive studies involving children and vulnerable groups and in using child participatory techniques and using relevant tools to determine disability status of respondents (Washington group questions/child-functioning module)
* Fluency in Arabic and English is a requirement.
* Excellent verbal/written communication skills and strong report writing skills.
* Awareness of cultural sensitivities and local context, ideally with working experience in Sudan
* Ability to work with team and under pressure to meet deadlines and produce agreed deliverables.

To apply for this study, applicants are expected to share the following documents:

* A proposal showing your understanding of the assignment and how you will conclude the work, including proposed methodologies, mode of analysis, and the number of personnel to be involved, detailed timelines, budget, and any foreseen challenges.
* Up to date organizational/individual Consultant CVs and CVs for relevant staff. **Team lead/senior team members must have a medical/health background with expertise in immunization/zero dose studies. Proposals with an epidemiologist/team member with expertise in Spatiotemporal Analysis will be prioritized**
* Cover letter.
* Traceable and contactable referees for each.
* Two relevant sample reports (all samples will be kept confidential) or links to website where reports can be retrieved (highly recommended).

Once a candidate/firm has been selected the following documents will be made available (at a minimum):

* Project proposals
* Project reports and Learning Briefs

**Days**

The study is expected to take 60 days including weekends

**Payment Schedule**

The payment shall be **30%** upon submission of a satisfactory inception report, **30%** upon submission of first draft report and **40%** upon submission of a satisfactory final report. **PREFERENCE WILL BE GIVEN TO CONSULTANTS CURRENTLY PHYSICALLY BASED IN SUDAN. Please indicate in proposal where the consultant is based.**

**APPLICATION PROCEDURES**

The offer, comprising of a Technical and Financial Proposal, should be submitted and addressed as follows: Sudan CO procurement [SudanCO.procurement@savethechildren.org](mailto:SudanCO.procurement@savethechildren.org). For any question/query relating to the proposal, please email [janet.mugo@savethechildren.org](mailto:janet.mugo@savethechildren.org).

Bidders are required to prepare and submit the following documents:

* Technical Proposal (1. Company/Organization profile and expertise; 2. Proposed Implementation Plan 3. Management Structure and Key Personnel (CVs)
* Financial Proposal (Detailed budget in **USD**)

Deadline for Proposals submission is 13th April 2025, 16:00, Khartoum Time.

1. GAVI, IRC (2023) The Gavi REACH Consortium: Delivering Immunization Services to Zero-Dose Children in the Horn of Africa [↑](#footnote-ref-1)
2. Immunization Agenda 2030 (2020) A global strategy to leave no one behind [↑](#footnote-ref-2)
3. Equity Reference Group (2020) Zero-dose Immunization Papers [↑](#footnote-ref-3)
4. Arega, N. T. (2023, March). Mental Health and Psychosocial Support Interventions for Children Affected by Armed Conflict in low-and middle-income Countries: A Systematic Review. In Child & Youth Care Forum (pp. 1-26). New York: Springer US. [↑](#footnote-ref-4)
5. Amberg, F., Chansa, C., Niangaly, H., Sankoh, O., & De Allegri, M. (2023). Examining the relationship between armed conflict and coverage of maternal and child health services in 35 countries in sub-Saharan Africa: a geospatial analysis. The Lancet Global Health, 11(6), e843-e853. [↑](#footnote-ref-5)
6. Admasu, Y., Alkire, S., Ekhator-Mobayode, U.E., Kovesdi, F., Santamaria, J. and Scharlin-Pettee, S., 2021. A multi-country analysis of multidimensional poverty in contexts of forced displacement. [↑](#footnote-ref-6)
7. Sabahelzain, M. M., Almaleeh, A., Abdelmagid, N., Abdalla, O., Nor, B., Mounier-Jack, S., & Singh, N. S. (2023). Vaccination strategies to identify and reach zero-dose and under-immunized children in crisis-affected states in Sudan: A qualitative study.  [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
9. [WHO missed opportunities health facility assessment tool](https://iris.who.int/bitstream/handle/10665/259201/9789241512954-eng.pdf?sequence=1) [↑](#footnote-ref-9)