**Terms of Reference**

**GAVI ENdline study C19 and Routine Immunization program in Gazira, Red Sea, South Kordofan and Blue Nile StateS OF SUDAN**

**SOF:** **82605542**

# **Project Summary**

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| --- | --- |
| Type of evaluation | Endline  |
| Name of the project | Sudan GAVI C19 Vaccination Programme 2022 (Reprogrammed to C19 and Routine Immunization program in Gazira & Red Sea States, South Kordofan and Blue Nile state) SOF: 82605542 |
| Project Start and End dates | Start date: 01 December 2022 End date: 31 August 2024  |
| Project duration | 21 months  |
| Project locations: | Gezira, Red Sea, South Kordofan and Blue Nile States |
| Thematic areas | Health  |
| Donor | GAVI Alliance  |
| Key stakeholders  | Girls and boysParents and caregiversGovernment officials Civil societiesCommunity members (across ages, gender and physical ability)Relevant staff at locality and state level |
|  |  |
| Estimated beneficiaries | 142,383 in Red Sea and Gezira  |
| Overall objective of the project | Reduce overall morbidity and mortality from vaccine preventable diseases and outbreaks |

# **Context and 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.

While immunization offers a highly cost-effective way to prevent diseases and improve health outcomes, millions of children worldwide still lack access to these life-saving vaccines. Sudan, a country grappling with chronic conflict and displacement, exemplifies this challenge. Over 70% of healthcare facilities in conflict zones are non-functional, leaving millions vulnerable to vaccine-preventable illnesses like measles, malaria, and cholera. Despite progress in reducing under-five mortality, preventable diseases like pneumonia, diarrhea, and malaria continue to claim children's lives. Although initial vaccination rates are promising (84% for the third dose of the pentavalent vaccine), ensuring completion of the full regimen remains crucial. Maternal mortality in Sudan was estimated at 295 per 100,000 live births, with most deaths due to home deliveries without the presence of skilled birth attendants and the lack of emergency obstetric care at medical facilities. Even though 85 per cent of pregnant women conduct at least one antenatal care visit, the proportion of those who conducted at least four antenatal care visits is just over half. Only 34 per cent of young mothers and their newborns receive post-natal care services. In addition, 69 per cent of women receive their tetanus toxoid vaccination. Rebuilding healthcare infrastructure and addressing conflict-induced disruptions are essential to guarantee equitable access to immunization in Sudan.

# **gavi Response**

The GAVI project aims to reduce overall morbidity and mortality from vaccine preventable diseases and outbreaks, through delivering and increasing the uptake of routine immunization services for children, integrated with C-19 vaccination through primary health care (PHC) facilities modality. This includes improving the access and availability of quality immunization in all targeted states and removing barriers to reach zero-dose and under-immunized children with routine vaccinations and other health services. The project is being implemented in close coordination and collaboration with federal and state Ministry of Health (MOH), UNICEF, Acasus, and Humanitarian Aid Commission (HAC) and with INGOs working in the implementation area through regular state health cluster meetings other partners. It utilizes vaccination strategies under fixed PHC services, outreach and mobile, and targets internally displaced children in the gathering points as a top priority through outreach and mobile vaccination strategies. COVID-19 vaccination is integrated under the routine immunization through the PHC fixed sites, contributing to the C-19 National Deployment and Vaccination Plan (NDVP).

# **PURPOSE of the endline**

The general purpose of the endline is to explore routine immunization coverage and demand and supply side factors influencing routine immunization vaccine use in the targeted zones in Sudan. Specifically, the endline study will:

* To measure project progress achieved through immunization activities in target areas, as measured by achievement of actuals vs targets at endline
* To measure the vaccination coverage of children 0-11 months old in target areas at endline
* To identify factors influencing routine immunization at household and community level in target areas
* To identify health systems readiness and factors influencing routine immunization services in target areas

The endline study will feed into the SCI Sudan 2022-2024 Learning Agenda and findings will be used to inform current and future routine immunization services.

# **Study Methodology**

**Study Design**

The study will use a mixed-methods approach (quantitative and qualitative methods). First, a desk review will be conducted and will consist of extensive review of literature on routine immunization in Sudan, from both SCI and other sources related to humanitarian and development work, particularly clusters reports and reports from other organizations. The household survey will gather information on the household profiles and community-level knowledge and practices on routine immunization. The qualitative surveys will be conducted to gather views, perceptions, and opinions regarding routine immunization in households and the wider local community. The health system readiness assessment will include a review of the PHC/fixed points, outreach and mobile service delivery systems in terms of equipment, facilities, staffing and quality of RH services, as well as knowledge, attitudes and practices of staff towards routine immunization.

**Data Sources and Data Collection Methods / Tools**

A structured questionnaire will be administered during the household/EPI survey. For the qualitative survey, a focus group discussion guide and key informant interview guides will be utilized. Observation guides and checklists will also be utilized for the health facility assessment. The data sources and methods are outlined in Table 1.

**Table 1: endline study objectives, sub-topics and data sources**

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| --- | --- | --- |
| **Objectives**  | **Sub-topics and indicators** | **Source**  |
| * To measure project progress achieved through immunization activities in target areas, as measured by achievement of actuals vs targets at endline
 | * Pentavalent 1 coverage in targeted population
* Pentavalent 3 coverage in targeted population
* Pneumococcal Conjugate Vaccine (PCV) 3 coverage at the state level
* Inactivated polio vaccine coverage at the state level (IPV)1
* Measles containing vaccine (first dose) coverage at the state level (MCV1)
* Measles containing vaccine (second dose) coverage at the state level (MCV2)
* Rotavirus containing vaccine coverage at the state level (ROTA 1)
* Rotavirus containing vaccine coverage at the state level (ROTA Last)
* # of home visits conducted
* # of Zero dose reach
* # of Under immunized/defaulters reach
* # of people vaccinated by C-19 through FSs
* # of health care workers trained on immunization related topics
* # of fixed sites sessions planned and executed
* # of outreach sessions planned and executed
* # of mobile sessions planned and executed
* # of civil society and community groups engaged for immunization activities including community consultations and sensitization in target areas
* % of IDP camps effectively engaged every month in target areas
 | * IPTT
 |
| * To measure the vaccination coverage of children 0 -11 months old in target areas at endline
 | * Background and household characteristics
* Vaccination status of the mother
* Children’s immunization history
 | * Household/EPI survey
* FGDs
* KIIs
 |
| * To identify factors influencing routine immunization at household and community level in target areas
 | * Knowledge, attitudes, practices, and behaviors towards routine immunization in target areas
 | * Household/EPI survey
* FGDs
* KIIs
 |
| * To identify health systems readiness and factors influencing routine immunization services in target areas
 | * Assessment of the PHC/fixed points, outreach, and mobile service delivery systems in terms of equipment, facilities, staffing and quality of routine immunization services
* Knowledge, attitudes, and practices of heath staff towards routine immunization
 | * KIIs
* FGDs
* Health facility assessment and Observations
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In addition to the above, the endline should assess efficiency, coherence, effectiveness, sustainability, challenges/opportunities, key best practices and lessons learned during project implementation including outbreak of the April 2023 armed conflict and its impact.

**Sampling**

The qualitative study will utilize a non-purposive sampling. The quantitative survey will utilize proper sampling techniques to support generalization. The beneficiary size, beneficiary type (refugees, IDPs, host community), beneficiary category (e.g. female-headed, pregnant & lactating women, households with children under five, etc.) will be among the factors considered for selecting the localities and villages for the endline.

Given the potential differences in immunization prevalence between communities in remote locations versus communities closer to resources such as health facilities, respondents should be selected in both remote areas and more central areas of project areas. The participating communities will be chosen by random selection within two strata criteria:

* Peripheral communities (defined as more than 5 km from SCI-supported health facilities)
* Central communities (defined as less than 5 km from SCI-supported health facilities)

The consultant is expected to come up with proper sampling for quantitative, qualitative, and health systems readiness assessment considering the above criteria.

**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.

**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.

**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** |
| Preparation of TORs |
| Hiring of consultant  |
| Design of Inception Report and data collection tools  |
| Study tools review by all members  |
| Study Approvals from HAC  |
| **Data collection*** Desk review
* Conduct key informant interviews and FGDs
* Conduct household survey and health facility assessment
 |
| A Draft Report  |
| A Final StudyReport |

# **Consultant Profile**

The following are the main requirements for the consultant:

* Proven record in research and evaluations of humanitarian projects in the NGO sector.
* 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 baseline, 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.
* 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
* MEAL Plan
* Project reports and Learning Briefs
* Indicator Performance Tracking Tables

**Days**

The baseline is expected to take 25 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 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.Bids@savethechildren.org For any question/query relating to the proposal, please email janet.mugo@savethechildren.org.

Bidders are required to prepare and submit the following documents:

* Completed Bidder response document (BRD).
* 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**)