

SOCIAL & BEHAVIORAL RESEARCH GRANTS

Call for Proposals, Fourth Cycle

Submission Period Opens: Tuesday, August 16, 2022

Deadline for Submissions: Monday, October 31, 2022, 11:59pm EST

Apply: Please complete the application questions and submit your proposal at <https://webportalapp.com/sp/login/sabinvaccineinstitute-vaccineacceptancegrants>

Any questions regarding proposal submission can be addressed to: VaccineAcceptance@Sabin.org or review frequently asked questions at <https://www.vaccineacceptance.org/2023-cfp-faq/>

The Sabin Vaccine Institute's Vaccine Acceptance and Demand (VAD) initiative partners with organizations around the world to better understand the social and behavioral drivers of vaccine acceptance and demand in low and middle-income countries (LMICs) and to better inform traditional health information gatekeepers about vaccines and immunization. Through VAD's Social and Behavioral Research Grants program, we invest in a global network of interdisciplinary researchers and partners who support the design, piloting, and evaluation of community-based and social media and digital health interventions within LMIC populations. Working with professionals closest to communities, we leverage and translate contextualized and evidence-based knowledge into action. Findings and recommendations surfaced from the research shape advocacy to inform and influence policy and programs across the global landscape to improve vaccination uptake.

Sabin is launching its fourth funding cycle of the Social and Behavioral Research Grants program. Successful applicants will be awarded funding for projects to conduct research and implement solutions for up to 18 months beginning in March 2023. Sabin intends to make awards of up to US\$70,000 per funded project.

OVERVIEW OF FOCUS AREAS FOR PROPOSED RESEARCH

As the world begins to look beyond the COVID-19 pandemic, we are left with trying to understand the multifaceted implications of a world recovering from lockdowns, economic turmoil, and lags – or backslides – in achievements for other public health programming. This is true particularly in the vaccination space, as the COVID-19 vaccination program revealed both the extraordinary capability of humanity working together in a crisis as well as the deepest-seated inequities – both across countries and within a country.

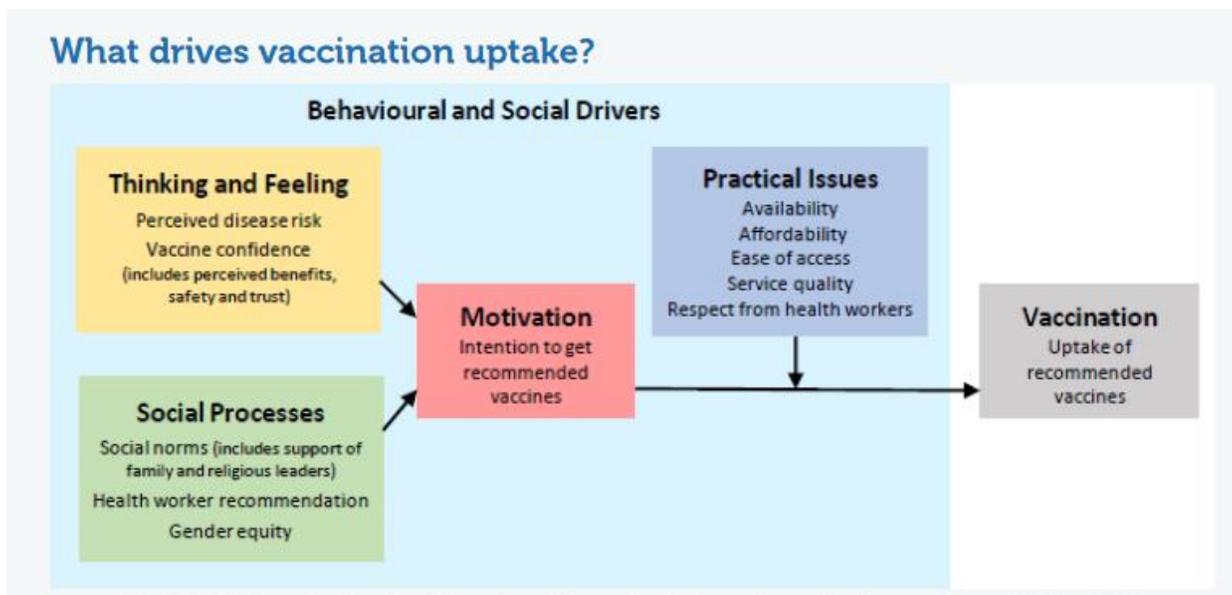
The COVID-19 pandemic has caused alarming global trends of declining rates of routine childhood immunization. After decades of reaching more communities and saving countless lives, [data recently released](#) by the World Health Organization (WHO) and UNICEF depicts the largest sustained decline in childhood vaccinations in approximately 30 years. Twenty-five million children missed out on life-saving vaccinations in 2021, with the most severe impact in LMICs. Recovery of this lost ground to reach these children must be a global public health priority.

Additionally, large deficits in adult (or life-course) vaccination persist globally. This lack of program and delivery infrastructure, paired with inequitable access to COVID-19 vaccines and widespread misinformation and hesitancy around the COVID-19 vaccines, has left over 30 countries still below 10 percent COVID-19 vaccination coverage as of January 2022 (COVID-19 Vaccine Delivery Partnership). The COVID-19 vaccination roll out has made clear that investment in adult immunization and life-course vaccination as key measure for future pandemic preparedness must be a policy priority.

The value of understanding social and behavioral drivers of vaccination to inform interventions designed to increase and sustain high coverage rates has been well established. Increasingly, the need to tailor these interventions with highly localized evaluations of these drivers has become apparent. For example, the COVID-19 Vaccine Delivery Partnership reported in June 2022 that community-based approaches have recently driven marked increases in COVID-19 vaccination rates in 16 countries, which had previous rates of below 10 percent.

Effectively measuring the causes of low vaccine acceptance and demand is critical to understanding the diverse drivers of vaccine acceptance across these localized contexts. In 2018, the WHO established the “Measuring Behavioural and Social Drivers (BeSD) of Vaccination” working group to develop tools to support immunization programs in measuring and addressing these factors. The WHO’s Strategic Advisory Group of Experts (SAGE) has subsequently recommended that programs systematically gather and use data on behavioral and social drivers of vaccine uptake as part of their routine program activities.

The resulting BeSD framework constitutes four key domains which can be used to evaluate and understand reasons for under-vaccination (see figure below). The tools were developed and validated to support programs and partners with systemic monitoring and evaluation of data over time. Quantitative surveys, qualitative interview guides, and practical implementation guidance include priority indicators that correspond to each of the four domains of the BeSD framework. Guidance is provided for planning data collection, analysis and use as part of program activities. The resources also include promising interventions shown to increase vaccine uptake by domain. The tools were initially developed for childhood vaccination and COVID-19 vaccination, with a focus on keeping the guidance as actionable as possible.



Source: World Health Organization. Available at: <https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand>

FUNDING OPPORTUNITY

Given these current priorities, Sabin is inviting proposals for research projects within one or more of the following tracks (with topical examples provided but not exhaustive):

1. **Recovering lost gains in routine childhood immunizations as a result of the COVID-19 pandemic**
 - a. Understanding the structural determinants of zero-dose children in urban slum communities
 - b. Evaluating an intervention to catch-up children who have fallen behind on local routine immunization schedules in rural healthcare settings
 - c. Impact of COVID-19 on routine childhood immunization uptake
2. **Building effective adult immunization and life-course vaccination programs in a post-pandemic world**
 - a. Characterizing “zero-dose adults”
 - b. KAP study on seasonal influenza vaccination among adults 65+ years of age
 - c. Impact of COVID-19 on life-course vaccination programs
3. **Operationalizing the WHO Behavioral and Social Drivers (BeSD) framework**
 - a. Application of BeSD framework to understand acceptance of HPV vaccine among refugee youth
 - b. Evaluation of the BeSD framework and/or identification of new indicators

Projects can include aspects of more than one track (e.g., catch-up interventions for routine immunization using the BeSD framework), however, in the application submission system, applicants will need to select only one track:

- If there is overlap between tracks 1&2, applicants will need to choose the track where you feel the project would have the most impact.
- If there is utilization of the BeSD framework, submissions must be submitted to the WHO BeSD framework track.

Proposals focusing on research with historically marginalized communities (e.g., LGBTIA+, indigenous communities, mobile populations, people living with disabilities) are particularly encouraged. Successful applicants will be awarded funding for projects to conduct research and implement solutions for up to 18 months beginning in March 2023. Sabin intends to make awards of up to US\$70,000 per funded project.

ELIGIBILITY

Primary applicant organization and any proposed subaward organization(s) must:

- Be a not-for-profit entity, as this program supports individuals and institutions with limited opportunities and resources for funding. Proposals from for-profit entities will not be considered.
- Conduct the research project in LMIC settings; projects in high-income settings will not be considered
- Have established partnerships with local immunization program(s), civil society organization(s), and/or other non-governmental organizations

Proposed project Principal Investigator(s) and Co-Investigator(s) across primary applicant organizations and any sub-award organizations must:

- Be interdisciplinary in nature and exhibit proof of skillsets from at least three disciplines (e.g., medical anthropology, communications, global health)

While multiple proposals may be submitted by the same Principal/Co-Investigator, Sabin will only fund the individual(s) for one project.

APPLICATION REQUIREMENTS

Proposal narratives – in written English - are not to exceed three written pages using 10-point font. A list of key personnel with contact information and institutional affiliations, an annotated budget, project timeline (Gantt Chart), and references are not included in this three-page allotment. Any proposal submitted in alternate languages will not be reviewed. Any proposal that does not include an annotated budget or project timeline with a Gantt chart will not be reviewed. Any proposal exceeding the three-page limit for the specified sections, will be deemed ineligible. Proposals must include the following (#1-5):

1. **Research proposal narrative** (maximum three pages) to be uploaded within the online application system as a PDF file, including the following sections:
 - I. **Title** of proposed research project
 - II. **Background** literature review that identifies the problem and gaps in knowledge base. Includes statements of, a) relevance of the research to the local community where the research takes place and b) relevance for policy and/or practice (locally, regionally and/or globally)
 - III. **Research question, aim, and objectives**
 - IV. **Methods** detailing proposed research design and strategy to achieve the research aim and objectives, including the following: study setting and population, sample size and sampling method with inclusion/exclusion criteria, data collection and management, study measures
 - V. **Data analysis methods** proposed to achieve the research aim and objectives
 - VI. **Plan for local ethics approval**, including all relevant ethics committees and/or institutional review boards that will review and approve the proposal
 - VII. **Dissemination and strategic communication plan**, including specific project outputs (e.g., policy brief, advocacy plan) and audience for each output (e.g., immunization program, Ministry of Health) that will clearly assist with translation of findings into a research-informed recommendation(s) or implementation strategy addressing vaccination barriers for key stakeholders
2. **List of key personnel with contact information and institutional affiliations:** Principal Investigator(s), Co-Investigator(s), Technical Advisors, Grant Managers
3. **Annotated budget proposal** for up to US\$70,000 with explanation of anticipated line items. Please see the CFP [FAQ](#) for the required budget template.

Requirements for the budget include the following:

- Indirect costs must be included and may not exceed 15% of total direct costs.
- Funds cannot be used for vaccine procurement, delivery, mass vaccination campaigns or other aspects of routine immunization programming
- Funds must not be earmarked for any government agency, individual public official, government employee or healthcare professional

4. **A project timeline in the form of a Gantt Chart**, which outlines a maximum of an 18-month project (March 2023 – August 2024) and accounts for pre-protocol implementation activities (e.g., ethics approval), protocol implementation activities (e.g., data collection and analysis), and post-protocol implementation activities (e.g., results dissemination, reporting). **Important to note:** an explanation of feasibility of project within grant timeframe should accompany the Gantt chart. An example of a Gantt chart (without all required components as listed) can be found within the CFP [FAQ](#).
5. **A reference list** detailing any citations included throughout the proposal

Additional requirements within the online submission system

- Brief summary (maximum 250 words) outlining the primary applicant organization team’s experience, skillset, and connection to the proposed project, with particular focus on its interdisciplinary components.
- Brief summary (maximum 250 words) outlining any proposed subaward organization teams’ experience, skillset, and connection to the proposed project, with particular focus on any complementary aspects to be provided through collaboration.
- Short description (maximum 250 words) of the established partnerships the project team has with local organizations and the community where research is to be conducted.

The full application may be submitted [here](#).

REVIEW AND SELECTION PROCESS

Applications received by the close of the Call for Proposals (11:59PM on Monday, October 31, 2022) will undergo a multi-phase review process including initial eligibility screening, a multidisciplinary external peer review committee, and internal review and final selection. Applications will be evaluated for the relevance of their topic, interdisciplinary approach, potential for innovation, fit between their research questions and methods, and potential impact of their study and proposed output(s). Sabin will notify applicants of funding decisions by late February 2023. The funding period will begin on March 1, 2023.

GRANT PAYMENT SCHEDULE

Sabin will structure the dispersal of grant funds in three wire transfer payments, broken down as follows:

- Initial 10% of funds upon selection and grant agreement countersignature
- 80% of funds upon receipt of Ethics/IRB approval
- Final 10% of funds upon receipt of written output and end-line budget report

SUCCESSFUL APPLICANT REQUIREMENTS AND OPPORTUNITIES

As mentioned, applicants are expected to produce a solution-oriented output(s) resulting from the research (e.g., policy brief, intervention strategy paper, case study, etc.) and carry out the proposed dissemination plan for the relevant key stakeholder audience(s) for the output(s).

In addition to project outputs, successful applicants will provide mid-line and end-line project reports, including financial reports to the designated Sabin team member. Grant partners are encouraged to reach out to the designated Sabin team member for technical advising throughout the 18-month grant period.

Funded grant partners will be invited into the Sabin Social and Behavioral Grant Partner Coalition, comprised of all investigators from previous Sabin grant program cohorts (18 teams in total). The Coalition's mission is to connect investigators across cohorts for both in-person and online engagement to build a community of practice working on vaccine acceptance, demand, and uptake research in low- and middle-income countries.

Additionally, awarded teams will be invited, but not required, to participate in and present their project at the annual [Vaccination Acceptance Research Network \(VARN\) conference](#), as well as be invited to contribute blogs and articles to be published within Sabin's Vaccine Acceptance [Resource Hub](#), at the completion of their project. There may be other opportunities to be a part of collaborative outputs, such as, this published [case study report](#) from the 2020-2021 cohort and publications in scientific journals.

All proposals will be kept confidential and securely filed.

ABOUT SABIN

The Sabin Vaccine Institute is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation. Unlocking the potential of vaccines through partnership, Sabin has built a robust ecosystem of funders, innovators, implementers, practitioners, policy makers and public stakeholders to advance its vision of a future free from preventable diseases. As a non-profit with more than two decades of experience, Sabin is committed to finding solutions that last and extending the full benefits of vaccines to all people, regardless of who they are or where they live. At Sabin, we believe in the power of vaccines to change the world. For more information, visit vaccineacceptance.org, sabin.org and follow us on Twitter, [@SabinVaccine](https://twitter.com/SabinVaccine).



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