



## National Deaf Children’s Society invitation to tender for research

<b>TITLE</b>	Successes and challenges from implementing newborn hearing screening and early intervention in LMICs
<b>ABOUT</b>	<b>Deaf Child Worldwide, part of National Deaf Children’s Society</b>  We’re the leading charity dedicated to creating a world without barriers for every deaf child.

### DEFINITIONS

By deaf, we mean any level of hearing loss. This includes unilateral hearing loss.

By newborn hearing screening, we mean screening at a coverage of at least 50%, with progress shown to increase this to universal coverage at 85% or more.

By early intervention, we mean support offered to deaf children under the age of 5.

By LMICs, we mean any country defined as low- or middle-income status as classified by the [World Bank Data Help Desk](#).

### BACKGROUND

We know that early identification and intervention is key to ensuring good outcomes for deaf children, which has heavily influenced our Every Moment Counts strategy 2023-2028.

Through our international work, we believe we can bring about systemic change through global and national influencing, with a focus on universal newborn hearing screening and early intervention. We seek to highlight the importance of combining both medical and social models of disability, where both identification of deafness and family intervention can lead to improved livelihoods for deaf children and their families. At present, relatively few LMICs have introduced newborn hearing screening on a



significant scale, meaning that population coverage is zero or very low (Neumann et al., 2020).

From our research and experience, we know there are significant challenges involved in introducing newborn hearing screening in LMICs including (but not limited to):

- competing health priorities
- children not always being born in hospitals (and so missing out on hospital-based newborn hearing screening)
- lack of infrastructure (including trained staff and screening equipment) and lack of funding
- lower referral follow-up rates (for example, because parents cannot travel to hospitals for formal identification or because of stigma around disability)
- limited understanding of deafness among decision-makers.

There are also significant opportunities. Successful pilots have emerged in a number of countries and, whilst not always reliable, the growing use of telehealth is also having a significant impact.

We already know from our work in the UK that newborn hearing screening is not in itself a silver bullet – it is important to make sure there is effective family-centred early intervention support in place. In many countries, there is a willingness to introduce newborn hearing screening but the early intervention pathway is not yet present or needs to be resourced or the approach is overly medicalised.

Our insight tells us that, despite the significant challenges, a number of low-and-middle income countries have already introduced universal newborn hearing screening and early intervention or have made significant progress in doing so. We want to learn more about their experiences in doing so.

## **THE TASK AND OBJECTIVES**

We would like to commission research which helps us to better understand the experiences, successes and challenges that have come from developing and implementing a high coverage of newborn hearing screening and early intervention in low- and middle-income countries, or from those countries that have made significant progress in doing so.

As part of the task, you will need to identify and select 5-10 countries appropriate for further investigation, preferably with geographical variation.



A key focus is understanding the enabling and success factors that led to progress being made, actors involved in bringing about the screening and early intervention, the methods used, and any wider lessons learnt, particularly in terms of the outcomes and sustainability of the intervention or policy.

We hope to use these learnings to inform our own work at both national and global level, to increase the likelihood of success and be sensitive to contextual differences. We would also like to showcase these learnings to other countries and to key international stakeholders.

Specific research questions about the successes and challenges faced include:

- What was the landscape for ear and hearing care before implementing universal newborn hearing screening and early intervention?
- Who were the key stakeholders and what was their role?
- What were the key conditions that led to success or progress? What were the strategies deployed (for example, any campaigning work or implementation work)?
- If any, what are the issues and challenges faced when developing, campaigning for and implementing NBHS and early intervention? How were these overcome?
- What does the programme look like now?
- What wider lessons can be taken from these countries' experiences?

We are open to proposals from anyone, including professionals and services or from partnerships. We also welcome collaborative approaches.

## **OUTPUTS**

The outputs will largely depend on the proposal and will be confirmed at a later point with successful applicants. However, we would expect to see the following outputs in any proposal;

- A written report
- A plain English summary of the research to be published on our website



- Interim reports and presentations: We would also welcome short, informal presentations at different stages of the project to keep colleagues updated.

We are also open to exploring other potential outputs, including publication in journals.

## **TENDERING PROCESS**

We suggest that your response to the tender include the following information:

### **1. Background**

This should briefly tell us who you are and demonstrate that you have a sound knowledge of international development, policy influences and change, and family centred approaches.

### **2. Methods**

A summary of the proposed methodological approach. This should include information on your proposed approach and criteria for selecting countries and how you will draw the insight needed to address the research questions.

Please indicate the strategies you will use to recruit participants for this research, including the number of participants you expect to reach. We can review these methods with our internal NDCS Ethics Committee if necessary.

### **4. Timetable**

An indicative timetable showing the time needed for each part of the project. We would like this work to be completed as soon as possible, so please indicate a timeframe for conducting research and writing up your findings as part of this.

### **5. Outputs**

This should confirm your intended outputs from this project.

You should also set out your expectations around intellectual property rights (IPR) in relation to these outputs. It is our normal practice that IPR sit with the National Deaf Children's Society, as the funder of the project, with outputs being published on our website and with the research team being free to use the results for academic and



training purposes. However, we are open to alternative approaches, providing that the key outputs are freely available to all, without charge.

## **6. Project team**

This should tell us who will be working on this project and their qualifications/experience, making clear who the lead researcher would be. The personal authority and credibility of the research team in looking at experiences from low- and middle-income countries will be an important factor when we review proposals.

## **7. Price**

This should set out an indicative cost of the research. We are looking for price proposals that can show us that researchers have thought carefully about what would be needed to fulfil the required task(s) and objectives and how good value for money can be achieved.

It may be possible to increase the budget, through external funding or through our own resources. If you believe that a higher budget is needed, you should set out the reasons for this in your response.

The final budget will be confirmed prior to any contract being signed.

This section should make clear if VAT would apply and if the price is inclusive of VAT or not. Prices submitted should be done so in GBP (£).

## **MANAGEMENT ARRANGEMENTS**

The main contact at the National Deaf Children's Society will be Isla Harrison, International Evidence and Evaluation Lead.

Once we have agreed a partner, a contract will be prepared, which will set out the expected management arrangements.

It is likely we would ask for regular updates throughout the project. We would also like to review any questionnaire/interview questions before data collection begins.

We would also welcome short, informal presentations at different stages of the project to keep colleagues updated.

## **THE SELECTION PROCESS**



Tenders should be sent to Isla Harrison by email at [isla.harrison@ndcs.org.uk](mailto:isla.harrison@ndcs.org.uk) by 23:59 BST Monday 13<sup>th</sup> April 2026.

An internal panel at the National Deaf Children's Society will review the tenders.

It is intended that a decision will be made primarily on the quality of the tenders received. However, we may carry out short interviews remotely if there are a high number of strong applicants.

### **FURTHER INFORMATION**

For more information or for an informal discussion, please contact Isla Harrison by email at [isla.harrison@ndcs.org.uk](mailto:isla.harrison@ndcs.org.uk)

### **REFERENCES**

Neumann, K., Euler, H.A., Chadha, S. and White, K.R. (2020) A survey on the global status of newborn hearing screening. *The Journal of Early Hearing Detection and Intervention* 5(2).[Online] Available at: [https://www.researchgate.net/publication/345311505\\_A\\_Survey\\_on\\_the\\_Global\\_Status\\_of\\_Newborn\\_and\\_Infant\\_Hearing\\_Screening](https://www.researchgate.net/publication/345311505_A_Survey_on_the_Global_Status_of_Newborn_and_Infant_Hearing_Screening) (Accessed 13<sup>th</sup> November 2025)