ANNEX A: INFORMED CONSENT FORM

Factors Associated with Incomplete Routine Childhood Immunization Among Children Aged 12–59 Months in Dongola City, Northern State, Sudan: 2026

Researchers:	Samah Munwar Abdullah Tombal and Reem Bada Ibrahim Ali
Institution:	Faculty of Medicine and Health Sciences, University of Dongola
Supervisor:	Ahmed Mohamed Zein

Dear Parent/Caregiver,

Peace be upon you. We are medical students at the University of Dongola conducting a research project about routine childhood vaccination in Dongola City. The aim is to understand why some children do not complete their vaccines so that vaccination services can be improved.

If you agree to participate, we will ask you questions about yourself, your family, your child and your child's vaccinations. We may ask to see your child's vaccination card. The interview will take about 15 minutes.

There is no risk to you or your child. You will not receive money for taking part, but you will receive advice about your child's vaccines. If any vaccine is missing, we will tell you where to go to obtain it.

Your participation is completely voluntary. You may refuse to answer any question or stop the interview at any time without any effect on the services you or your child receive. We will not write your name on the questionnaire. Your answers will be kept confidential and used only for research.

CONSENT

Do you agree to participate in this study?

■ Yes, I agree to participate.	■ No, I do not agree to participate.

Respondent's signature/thumbprint:	_____
Date:	_____
Name of interviewer:	_____
Interviewer's signature:	_____

Thank you for your time and cooperation.