

## Terms of Reference for a Feasibility Study

### Project Summary

<b>Planned Project</b>	Establish comprehensive Eye Health services in the Eastern Province of Rwanda
<b>Country/Region</b>	Rwanda/ Africa East and South
<b>Partner Organisation</b>	Gahini Anglican Diocese
<b>Planned Project start date</b>	July 2023
<b>Study Purpose</b>	The aim of the requested consultancy is to assess the feasibility of a proposed project of CBM to be implemented by Gahini Hospital and to systematically check the extent to which the project approach can plausibly achieve the planned changes under the existing framework conditions.
<b>Commissioning organisation/contact person</b>	CBM Country Office, Rwanda: Eugenie Mukantagwera
<b>Study duration</b>	30 days

### Background of the Feasibility Study

GAHINI Hospital and CBM would like to propose a project to the German Federal Ministry of Economic Cooperation and Development (BMZ), which shall contribute to improving the living conditions of persons with visual impairments in the Eastern Province of Rwanda. The project is currently in its design phase and CBM is seeking to recruit a consultant to conduct a Feasibility Study to assess the feasibility of the proposed project and systematically check the extent to which the project approach can plausibly achieve the planned changes under the existing framework conditions.

The proposing organisations are:

Gahini Hospital is situated in the Eastern Province of Rwanda, Kayonza District, with a catchment area of approximately 2 million people. The Hospital is located near the Eastern end of Lake Muhazi, about 78 km from Kigali, the capital city of Rwanda. It is built on the hillside, about 1 km from the main road that runs from Kigali linking Rwanda with Uganda (Kagitumba - Milama hill).

Gahini Hospital is owned by Gahini Anglican Diocese, a well-established CBM partner since 1992 and is actually a Government recognized hospital. The Hospital was built in 1927 by the Church Missionary Society (CMS) as one of the many developments done to improve the health of the population in the region. It works with seven (7) Health Centers and eleven (11) Health Posts within Kayonza District, serving also people from different parts of the country and across borders for internal medicine, pediatric, maternity, surgery, dentistry, ophthalmology, psycho-social counseling, HIV treatment and specialized rehabilitation services for persons with disabilities.

CBM is a Christian international development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world irrespective of race, gender or religious belief. CBM's approach of Disability-inclusive Development is the framework of all its initiatives and the key theme which drives activities and the impact of its work. It believes that this is the most effective way to bring positive change to the lives of people with disabilities living in poverty and their communities. Through our disability-inclusive development approach, we address the barriers that hinder access and participation and actively seek to ensure the full participation of people with disabilities as empowered self-advocates in all development and emergency response processes.

## **The Project**

The secondary level eye care services in eastern Province of Rwanda are actually carried out by the Ophthalmic Clinical Officers (OCOs) based at the Hospital and nurses based at Health Centres in Primary Eye Care (PEC) as there is no permanent ophthalmologist in the whole province with 9 hospitals (7 district hospitals, 1 referral and 1 provincial hospital where OCOs are available in at least 7 of them). There is a paucity of human resources for eye health in Rwanda. There are only 18 ophthalmologists in the country, most of them are clustered in Kigali City. There is a severe shortage of optometrists with hardly any post available for these cadres in the district hospitals.

Though 2 OCOs are available in most Hospitals in the Eastern Province including Gahini hospital, their capabilities and skills in eye care service are not developed to handle the needs of the inhabitants under their respective hospitals' catchment areas. The lack of permanent ophthalmologist in the region (Eastern Province) brings in negative impact and causes permanent blindness for many operable eye diseases including cataracts that are not treated on time.

Considering the lack of eye specialists in the province and in Gahini hospital particularly, the trend of correctable vision loss among children who do not receive adequate detection, follow-up, and treatment is troubling. The eye personnel capacity development ensuring that eye patients receive proper treatment would eliminate thousands of preventable or correctable cases of vision impairment that result from several preventable diseases. Therefore, if human capital, equipment, and materials resources are allocated in the hospitals, two of the most common causes of vision loss among adults (i.e., refractive errors and cataracts) can be readily treated with proper access to, and utilization of currently available care.

The project's target group is all children with eye problems including 25,884 children under 1 year, 135,265 <5 years, 24,214 expected pregnant women (Kayonza District Health Sector Strategy 2018-2024) and other marginalised groups living in rural Eastern Province of Rwanda, especially in Kayonza and surrounding Districts including persons with disabilities.

The 4th Rwanda Population and Housing Census (PHC) has enumerated 2,595,703 residents in the Eastern Province, which represent 25% of the total population of Rwanda (10,515,973 residents). At the national level, almost half of the total population is under the age of 18. However, most children are under 10 years, with 30% aged 0 to 4 years and 29% aged 5 to 9 years. 5% of resident population aged 5 years and above have a disability. In Eastern Province, the prevalence rate is 5.3%, while in Kayonza district it is 6.2%.

According to the country situation analysis conducted by CBM in 2016-2017, blindness and visual impairment is in second position in terms of disability prevalence (15%), after physical disability (53%). As there is no permanent ophthalmologist in all eastern hospitals; this project will cover the entire Eastern Province serving in inclusive child eye health services with the establishment of good eye department infrastructure and equipment which will contribute to quality eye care services enhancement coupled with capacity development in Gahini Hospital. Thus, Gahini Hospital has sent one General Practitioner Doctor in training to specialize in ophthalmic surgery and hired a part time ophthalmologist to work in Gahini Hospital while waiting for the student to finish her studies. There is therefore need for modern infrastructure and equipment in the department.

The new project will bridge the above mentioned gaps in eye health system in Rwanda especially in Eastern Province, strengthening the child eye health care and improving good quality eye treatment in Gahini hospital.

## **The Feasibility Study**

### **4.1. Purpose**

The study will determine the feasibility of the proposed project by assessing whether it is well founded and meets the demand identified. It will provide decision makers with sufficient information on the project opportunities and risks as well as concrete recommendations for improving the project concept. The study will be submitted to BMZ together with the project proposal.

The study will deliver the following:

- A description of the project's context on all relevant levels (micro, meso and macro) including data relevant to the situation analysis
- an assessment of the relevance of the proposed project and its activities to address the problems identified in the target groups and target sectors;

- an assessment of the proposed logical framework including outcomes and outputs and respective indicators and assumptions, risks and risk mitigation strategies including specific recommendations how to adapt the project concept
- a detailed analysis of the potential sustainability of the project results;
- an assessment of the synergies and complementarities of the project, including between programmatic areas (sectors) and project stakeholders;
- an assessment of the feasibility of the financing proposal in relation to the project activities;
- an assessment of the project organisation and any phasing of activities considered necessary, including considerations around the institutional structure required for project implementation.
- An assessment of the inclusiveness of the project, i.e. the active participation of person with disabilities and their representative organisations in all aspects of the project.
- recommendations for any further actions (including project modifications).

#### **4.2. Assessment according to DAC Criteria**

##### **Relevance - To what extent is the planned project doing the right thing?**

- Does the planned project approach address a developmental problem or a crucial developmental bottleneck of the partner country or region?
- What and how big are the identified gaps in the eye health services in Rwanda's Eastern province (comparison of existing services and service demand)? How well does the proposed project respond to these gaps?
- Are the focus, prioritisation and objectives (approach) of the planned project aligned with the target groups and are they clearly defined?
- To what extent do the project objectives and design adequately take into account the specific needs of the target groups and structural obstacles in the project region, partner/institution, policy programmes?
- Are norms and standards of the approach compatible with those of the target groups?
- Is the project designed in a conflict-sensitive way (Do-No-Harm principle)?

##### **Coherence - How well does the intervention fit?**

- How coherent are the planned activities with human rights principles (inclusion, participation), conventions and relevant standards/guidelines on eye health?
- To what extent are there synergies and linkages between the planned project and other interventions by the same actor (organisation) and other actors? How well does the project fit into the national eye care plan of Rwanda?
- What are the similarities or intersections between the target groups and the projects of other actors in the same context? To what extent does the project add value and avoids duplication?

**Effectiveness - Which project approach can best achieve the objectives?**

- Are the causal relationships (including assumptions) plausible? What negative effects could occur?
- Is the chosen methodological approach appropriate to the context and sufficient to achieve the project objective? Are alternatives necessary?
- At which level (multi-level approach) are additional measures to increase effectiveness to be envisaged?
- How are changes measured? Which indicators (fields) are more suitable for this?

**Efficiency - Does the use of funds planned by the project appear economical in terms of achieving the objectives?**

- To what extent can the planned measures be implemented with the budgeted funds and personnel in the planned duration?
- To what extent are the planned expenditures used economically and are the investments, operating expenses and personnel in proportion to the intended objectives?

**Impact (significance) - To what extent does the planned project contribute to the achievement of overarching developmental impacts?**

- What specific contribution does the project objective (outcome) make to the overall objective (impact)?
- To what extent does the planned project have a structure-building, exemplary and broad impact?
- At what levels will norms or structures be changed?

**Sustainability - To what extent will the positive effects (without further external funding) continue after the end of the project?**

- How can the sustainability of the results and impacts be ensured and strengthened? (structural, economic, social, ecological)?
- What long-term capacities are built up in the target group to be able to continue the implemented measures on their own?
- What positive changes (role behaviour, mechanisms, networks and others) benefit civil society in the long term?
- Which personal risks for the implementers, institutional and contextual risks influence sustainability and how can they be minimised?
- What are potential contributions of the target groups (monetary and non monetary) and further stakeholders (e.g. health authorities or public health infrastructure) to the project?

**4.3. Recommendations**

Based on the main findings and the assessment according to the DAC criteria, the consultant should provide concrete suggestions for the concept of the project

#### **4.4. Scope**

##### **a. Stakeholders**

The consultant will work closely with all partners, including the CBM and Gahini Hospital, and relevant local government/non-government agencies. He/She will report to the CBM team and Gahini Hospital Director. The consultant will execute his/her mission in complete independence and will receive only general instructions by CBM, justified by the necessities of the independent collaboration between the parties and the orderly execution of the confined tasks.

##### **b. Geographical Scope**

The project is located in Eastern Province, Kayonza District of Rwanda. Thus the study shall analyse the situation in Kayonza District communities which will be the main targeted catchment area, though the eye health services delivery will be extended to the Eastern Province Population.

##### **c. Documents to be reviewed**

The documents that will be reviewed include:

- The Project concept note including the draft logframe
- BMZ guideline on feasibility studies
- Administrative manual of the Hospital
- New Structural positions of Gahini Hospital by the Ministry of Health
- National Eye Care Strategic Plan 2018-2024
- The Lancet Global Health Commission on Global Eye Health: vision beyond 2020
- Ongoing Project reports in Gahini (Narrative reports and Statistics)
- Ministerial reports in eye health care
- Existing evaluations of similar projects in Rwanda
- State of the art research on sustainable eye care and access to services of marginalized groups
- etc.

#### **Methodology**

Independent of the methods to be used, there are mandatory mechanisms that must be adhered to during the entire process:

- Participatory and inclusive
- Safeguarding of children and adults at risk
- Data Disaggregation (gender/age/disability)
- Data Security and privacy (informed consent)

The evaluator is expected to use a variety of methods to collect and analyse data. Participatory methods should be used to collect qualitative and quantitative data. The consultant shall indicate

the methodology he/she intends to use in his/her offer. However, the consultant will also need to consult the Ministry of health and other eye health care services providers to capture relevant and effective information related to this assignment.

**Limitations**

Generally, there is no particularly limitation that would hinder the consultant’s assignment.

**Deliverables and Schedule**

**7.1. Deliverables**

- Inception report including proposed data collection tools and feasibility study question matrix (matching feasibility study questions with data collection tools according to the format provided by CBM)
- Final report (max. 30 pages without annexes) according to CBM’s report template and in accessible format plus a separate 2 page summary of the report with the main findings and recommendations
- Materials, data collected/analysed and other documents related to the feasibility study;
- A summary Power Point Presentation highlighting main findings and recommendations.
- Presentation of findings and recommendations in a validation workshop

**7.2. Time Frame and Schedule**

The study is expected to start by 1<sup>st</sup> October 2022, taking 30 days. An itemised action plan should be submitted with the expression of interest.

<b>Activity Description</b>	<b>Duration/ days</b>	<b>Location</b>
Briefing and review of relevant documents	3	CBM Office, Gahini Hospital
Inception Report, tools development	2	Gahini Hospital
Data collection	15	Gahini Hospital, Kayonza district, Ministry of Health and other eye health providers
Data analysis and preparation of draft report	5	Own location
Validation Workshop	2	Gahini Hospital

Activity Description	Duration/ days	Location
Finalisation of feasibility study and submitting final report	3	Own location
<b>TOTAL</b>	<b>30</b>	

### Skills and Experience of Study Team

The consultant should have the following attributes among others:

- Academic Degree and extensive expertise and experience in social related researches, evaluation and studies, preferably evaluations of projects/ programmes funded by institutional donors (BMZ, GIZ, EU etc.)
- Excellent track record in inclusive eye health related research activities and studies
- Proven record of carrying out similar studies in the region and/or in Rwanda
- Track record in designing and conducting quantitative and qualitative studies;
- Experience in undertaking research with remote and marginalized communities;
- Knowledge of international instruments and national statutes for persons with disabilities;
- Excellent interpersonal and communication skills including ability to facilitate and work in a multidisciplinary team;
- Strong analytical skills and ability to clearly synthesise and present findings;
- Ability to draw practical conclusions and to prepare well-written reports in a timely manner and availability during the proposed period;
- Ability to speak English and Kinyarwanda;
- Candidates with/ teams including a member with lived experience in disability are highly encouraged to apply
- The evaluator or team must not be affiliated with CBM and/ or the implementing partner

**Safeguarding Policy:** As a condition of entering into a consultancy agreement the evaluators must sign the CBM’s or the partner organisation’s Safeguarding Policy and abide by the terms and conditions thereof.

### Application and Selection Procedure

#### 9.1. Expression of Interest

The consultant is expected to submit both the technical and financial proposal including a description of the consultancy firm, CV of suggested team members, an outline of the understanding of these TORs and suggested methodology, and a detailed work plan for the entire assignment. A detailed budget for the expected assignment shall include all costs expected to



conduct a disability inclusive and participatory study, and taxes according to the rules and regulations of the consultants' local tax authorities.

CBM reserves the right to terminate the contract in case the agreed consultant/s are unavailable at the start or during the assignment and no consensus agreed upon.

All expressions of interest should be submitted by email to: [info.rwanda@cbm.org](mailto:info.rwanda@cbm.org) by 29<sup>th</sup> October 2022 at 5:00 pm

**Selection Criteria**

Only complete Expressions of Interest will be considered for selection. The assessment is broken down as follows;

<b>Criteria</b>	<b>Score</b>
<b>Budget</b>	<b>20%</b>
<b>Technical proposal:</b>	<b>80%</b>
Experience in the related task	20%
Qualifications of team	20%
Technical proposal and methodology	40%
<b>Total</b>	<b>100%</b>