

Terms of Reference for a Feasibility Study

Project Summary

Planned Project	Promoting Inclusive eye health services in Cameroon (Far North Region)
Country/Region	Cameroon (Far North Region)
Partner Organisation	Union des Églises Baptistes du Cameroun (UEBC) OEUVRE MEDICALE GRAND NORD
Planned Project start date	01-08-2026
Study Purpose	The aim of the requested consultancy is to assess the feasibility of a proposed project of CBM and the Union des Églises Baptistes du Cameroun (UEBC) and to systematically check the extent to which the project approach can plausibly achieve the planned changes under the existing framework conditions.
Commissioning organisation/contact person	CBM/Achato Roy Programme Officer, Yaoundé, Cameroon Email: Roy.Achato@cbm.org Phone: +237 674 50 59 54
Study duration	30 days

1. Background of the feasibility study

CBM and Union des Églises Baptistes du Cameroun (UEBC) 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 Far-North region of Cameroon

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:

CBM Christoffel-Blindenmission · Christian Blind Mission e.V. 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.

L'Œuvre Médicale de l'Union Des Églises Baptistes du Cameroun (OMUEBC) is a Christian organisation that aims to promote the health and well-being of the people of Cameroon, particularly those living in the rural and disadvantaged areas of the Far-north Region. Our mission is to provide quality, accessible and holistic healthcare to the people of Cameroon in general and to the most vulnerable and marginalised in particular (justice and love). Its partnership with CBM goes back to 1972. Its eye care services are inclusive and to meet the needs of people across all social strata particularly those living in rural and disadvantaged areas of the far north

2. Description of the project

Please provide a short description of the project including

- *The problem the planned project should address*
- *Target area*

- *Target group*
- *Overall and project objective, results and possibly key activities*

Rationale

The Far North region of Cameroon faces significant challenges in the delivery of inclusive eye health services. Awareness and understanding of eye health are critically low, particularly in rural and underserved communities. Cultural beliefs and misinformation often lead to delayed or avoided medical consultations. The expiration of the National Eye Health Strategy has further weakened coordinated public education and outreach efforts.

Access to quality eye care services is severely restricted due to a combination of factors, including insufficiently trained personnel, inadequate infrastructure, and low levels of public investment. Vulnerable groups—such as women, the elderly, and persons with disabilities—are disproportionately affected, facing financial, geographic, and systemic barriers to care.

The availability of qualified eye health personnel is limited, with few training opportunities and poor retention in rural areas. Health facilities often lack the necessary equipment and do not meet accessibility standards, making service delivery both ineffective and exclusionary.

The project titled “Promoting Inclusive eye health services in Cameroon (Far North Region)” aims to improve access to comprehensive eye health services in the far North Region of Cameroon. It will contribute to the reduction of the prevalence of eye diseases by strengthening eye health services in 16 Health Districts (100 primary and secondary health facilities) of the Far North Region of Cameroon. Intended to be funded by BMZ - the German Federal Ministry for Economic Cooperation and Development, the project will run from 2026 – 2030. It will provide quality eye care services to an estimated 250,000 people, ranging from eye health service users, community and primary healthcare providers, as well as eye health specialists. Interventions will be based at Mokong in the Far-north region where UEBC already has a secondary level eye hospital (Centre Ophtalmologique Esther Binder de Mokong - CEOBM) which will serve as the base hospital for referrals, diagnosis, treatment and surgeries.

Direct Target Group: **250,000 Eye care service users** will be reached through COEBM’s services, during 5 years, who will directly benefit through improved infrastructure (equipment and instruments). **100 Primary health personnel** (75 nurses and 25 midwives) **and 435 para-medical personnel** (96 teachers, 219 community health workers and 120 traditional birth attendants and traditional practitioners) will be trained on primary eye health (PEC) for eye health awareness raising, early identification, intervention and referral

processes. **06 ophthalmic health personnel** at the base hospital will be trained as ophthalmologist, optometrists, ophthalmic nurse and Biomedical Technician.

Direct Institutional Target Group: 100 Primary health facilities and the base hospital in 16 districts, decentralized local authorities and civil society organizations including OPDs working towards improving accessibility and quality of eye care services and strengthening referral systems.

Indirect Target Group: 2.1 million people, 50% of the population of the Far-North region, who currently live in the target area of the project.

3. Purpose of feasibility study

The project is currently in its development phase and CBM is seeking to recruit a consultant to conduct a feasibility study to assess the viability 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.

It should provide CBM and its partner(s) 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.

As a first step, the study should provide an assessment on the following:

- **Situation and problem analysis** at macro, meso, micro level
- **Assessment of the local partner organization** in the respective country
- **Analysis of target groups and** key stakeholders at macro, meso and micro level

All three of the above listed components include a systematic gender analysis through specific questions and request for gender disaggregated data which is a vital part of the feasibility study.

It is important to note that the study should be complementary to any assessments/field research/information already available to CBM and its partner).

Based on this, the study should assess as a second step:

The **feasibility of the project** concept against the OECD/DAC criteria of relevance, coherence, efficiency, effectiveness, potential impact and sustainability

- The **inclusiveness of the project**, i.e. the active participation of person with disabilities and other disadvantaged groups such as women, girls, indigenous population, and their representative organisations in all aspects of the project-

This assessment will be made based on a first draft of the impact chain and indicators, description of activities and a draft budget to be made available by CBM and the partner organization.

4. Questions of the feasibility study

4.1 Initial situation and problem analysis at macro, meso, micro level

- In eye health, does the design consider the relevant problems and situation of the target group?
 - i. Has the project extrapolated available national or regional epidemiological data to the local context to identify eye health needs?
 - ii. Are the specific challenges faced by the target population (e.g. access barriers, affordability, awareness) clearly articulated?
- Which governmental and cultural/ normative frameworks (legislation, safeguarding mechanisms, etc.) pertaining to gender equality and inclusion need to be taken into consideration?
 - i. Are relevant national policies, laws, and safeguarding mechanisms on gender and disability inclusion identified and analyzed?
 - ii. How do cultural norms and practices influence access to eye health services, especially for women, children, and persons with disabilities?
- Which local existing structures (institutions, networks, umbrella organisations, etc.) and social mechanisms for eye care services and others can be built upon? Which gaps have been identified in the system?
 - i. Have the current institutional and human resource capacities (e.g. number of eye health professionals, training institutions, service delivery points) been realistically assessed?
 - ii. Are there mechanisms for coordination among stakeholders, and what gaps exist in service delivery, referral systems, or community outreach?
- Are there approaches or results from previous development projects? If so, how will they be built upon?
 - i. Have lessons learned from previous or ongoing eye health or inclusive development projects been documented and integrated into the design?
 - ii. Is there a strategy to scale or adapt successful models to the current context?
- Does the project description provide a differentiated analysis of the specific situations of people of different gender and ages, with and without disabilities in the target area (e.g. local gender roles, access to resources and services in different sectors, participation in decision-making bodies, skills, capacities, needs and interests)?
 - i. Does the analysis include local gender roles, access to resources and services, participation in decision-making, and specific needs and capacities?

- ii. Has the time and process required to build capacities and implement systemic changes (e.g. training, infrastructure development, policy advocacy) been realistically considered?

4.2 Local project implementing partner organization in the partner country

- What is the special expertise in eye health that justifies the selection of the partner to implement the proposed project?
- Does the partner have sufficient capacity to carry out interventions on eye health in 16 health districts?
- Are there any relevant technical or methodological competences/ capacities that the partner should develop to better implement the planned project?
- Is there a need to strengthen the ownership of the local implementing partner?
- Is there a need to strengthen the ownership of government and local stakeholders?
- Will capacity-building measures be necessary to strengthen the capacities of the local partner organisation in relation to **gender equality** and **inclusion** approaches in accordance with the project objectives (e.g., training in human rights and women's rights and in participation of people with disabilities)?

4.3 Target groups and key stakeholders (at micro, meso and macro level)

- What is the composition of the target group (gender, age, ethnicity, language, capacities)?
- Have people of different gender and ages, with and without disabilities, and/or relevant interest groups/associations been actively involved in the project planning (needs analysis, selection of activities, etc.)?
- Are there specific needs of target groups that can be adequately addressed only by including specific activities just for them (e.g., the creation of protected spaces only for women/girls who have experienced sexual violence)?
- Are key stakeholders (governmental/OPDs/ women's organization, other eye care providers etc; regional/district level) adequately involved in the project? Are there convergences or conflicts of interest between them?
- Which self-help potential does the respective target groups have? How can local problem-solving capacities be strengthened?
- Does the project build the capacity of key stakeholders and target groups on disability inclusion?
- What approach is the project using to strengthen the rights, representation and resources (the three Rs) of the target groups? Is it ensured that people of different gender and ages, with and without disabilities, will receive the same benefit from the planned project, i.e. are all able to participate in activities? Are complementary activities needed that target the societal context as a whole in order to enable the entire target group to participate in the first place (e.g., addressing traditional gender roles together with community leaders)?

4.5 Assessment according to DAC Criteria

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

- To what extent do the project objectives and design adequately consider the specific needs for eye care services of the target groups and structural obstacles in the project region, partner/institution, policy programmes?
- Is the focus, prioritisation, and objectives (approach) of the planned project aligned with the target groups and are they clearly defined?
- Are norms and standards of the approach compatible with those of the target groups?
- Is the project designed in a conflict-sensitive and gender-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?
 1. Do the activities align with global human rights frameworks such as the **UN Convention on the Rights of Persons with Disabilities (CRPD)** and the **Sustainable Development Goals (SDGs)**, particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities)?
 2. Are inclusive and participatory approaches embedded to ensure meaningful involvement of marginalized groups?
- How coherent are the planned activities with the district approach of primary eye care services with initial screening and then referral for those in need of refraction or of ophthalmologist review?
 1. Does the intervention support and strengthen the existing **tiered service delivery model**?
 2. Are referral pathways, follow-up mechanisms, and integration with community health systems clearly defined?
- To what extent are there synergies and linkages between the planned project and other interventions by the same actor (organisation) and other actors? To what extent does the project add value and avoids duplication?
 1. Does the project build on or complement existing initiatives in eye health or inclusive development?
 2. How does it avoid duplication and promote collaboration with government, NGOs, and community-based organizations?
- Is there an alignment between the goal, objectives, indicators, and activities?
 1. Are the logical connections between the project's overall goal, specific objectives, and planned activities clearly articulated?
 2. Do the indicators effectively measure progress toward the stated objectives?

- Are the objectives and indicators SMART?
 1. Have the indicators been designed to track both quantitative and qualitative outcomes, including inclusion and equity dimensions?
- How well do the planned activities align with global eye health standards and principles?
- Does the intervention reflect guidance from key global frameworks such as:
 - WHO's World Report on Vision (2019)
 - WHO's Package of Eye Care Interventions (PECI)
 - Integrated People-Centred Eye Care (IPEC) approach
 - VISION 2020: The Right to Sight (legacy principles)
 - Lancet Global Health Commission on Global Eye Health (2021)
- Are principles such as equity, integration into health systems, and sustainability considered?
- Is the intervention aligned with Universal Health Coverage (UHC)?
- Does the project contribute to equitable access to quality eye care services without financial hardship?
- Is eye health integrated into broader health system strengthening efforts, including workforce development, financing, and service delivery?

Effectiveness - Which project approach can best achieve the objectives?

- Is the chosen methodological approach (District 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 the changes measured? Which indicators are more suitable for this?
- Are causal relationships (including assumptions) plausible? What negative effects could occur?

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 - *To what extent has the planned project the potential to contribute to the achievement of overarching developmental impacts?*

- To what extent has the planned project the potential for systematic change of norms and/or structures (also considering gender perspective)?
- 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?
- Which personal risks for the implementers, institutional and contextual risks influence sustainability and how can they be minimised?
- What positive changes (role behavior, mechanisms, networks and others) benefit civil society in the long term?

Safeguarding

- Has the project design included safeguarding as cross-cutting issue? Are safeguarding practices strengthened?

4.4 Recommendations

Based on the main findings and the assessment according to the DAC criteria, the consultant should provide **concrete recommendations** for the feasibility of the project concept according to the proposed activities, objectives and outcomes. These recommendations should be within the **thematic and financial scope** of what the project aims to achieve. They should be **practical** and **implementable**.

In particular, the following should be addressed:

- Recommendations on **any components, measures, approaches that might be missing or not fitting** in the project concept.
- Recommendations regarding **any components or measures where potential negative effects** have been identified.

- Recommendations **on the impact matrix** of the project:
 - Anything that can strengthen the effect chain and theory of change of the project.
 - Recommendations on activities, region, scope, also taking into consideration external factors (political situation, security, environmentally, culture)
 - Recommendations on indicators demonstrating progress.

5. Scope of the feasibility study

5.1 Stakeholders

The consultant will work closely with all partners, including the CBM and UEBC and relevant local government/non-government agencies. He/she will report to the CBM country office team. 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.

5.2 Geographical Scope

The project is in the Far-North region of Cameroon. Thus, the study shall analyze the situation in 16 health districts in 5 divisions / roughly 100 Primary Health Centers and one secondary Hospital (COEBM), covering approximately 50% of the total population.

5.3 Documents to be reviewed

The following documents will be reviewed:

- The Cameroon Health Sector Strategy
- UEBC Œuvre Médicale Grand Nord's 5 years' strategic plan,
- UEBC Œuvre Médicale Grand Nord's annual reports, project reports, project concept note, and evaluation reports.
- CBM Cameroon Strategic Country Plan,
- CBM's Inclusive Health Initiative's revised strategy Plan,
- World Health Assembly Resolution WHA70.13 and
- WHO's World Report on vision.

5.4 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.

Key informants to be interviewed (*perhaps prepare separate list with key representatives and organizations to NOT publish names with the ToR, but state number of interviews here for resource estimate*)

5.6 Limitations

- Due to safety and security concerns in the Far-north Region, data from certain health districts may be collected remotely through zoom interviews and/or phone calls.
- The Far-north region being composed of many different ethnic groups spread across the target districts, language may be a major limitation as these ethnic groups speak languages different from the 2 national languages (English and French). The consultant chosen for this feasibility study should either be able to speak the lingua franca – Fulfulde or take dispositions for reasonable accommodation for the target group members who cannot speak or understand the local language

6. Deliverables and schedule

6.1 Deliverables

- **Inception report** including proposed data collection tools and feasibility study question matrix (matching feasibility study questions with data collection tools);
- **Final report** (max. 30 pages without annexes) according to CBM's report template and in accessible format;
- **Any data sets 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 (2-3 hours).
- **Availability for questions, feedback loops,**

6.2 Time Frame and schedule

The study is expected to start 24st November 2025, taking 30 days. An itemised action plan should be submitted with the expression of interest.

Availability of the consultant for the proposed timeframe is crucial.

Activity Description	Duration/ days	Stakeholders involved	Location
Briefing of consultant	1	CO, partner, CBM DID	Online meeting
Review of relevant documents	3	consultant	CBM Country Office
Tools development	3	consultant	Consultant office premises
Inception Report	1	CO, partner, DID, initiative	CBM Country Office
Data collection	12	Consultant and team	Far-North Region
Data analysis and preparation of draft report	5	consultant	Consultant office premises
Validation meeting (incl. ppt presentation)	2	CO, partner, DID, initiative	CBM Country Office - Yaoundé
Finalisation of feasibility study and final report	3	consultant	Consultant office premises
TOTAL	30		

7. Application and selection procedure

7.1 Skills and Experience of Study Team

The consultant should have the following attributes among others;

- Academic Degree and extensive expertise and experience in public health, community development, international health, social/political science or any other related field
- Proven record of carrying out similar studies in the Far North region of Cameroon
- 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 synthesize 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 French. Knowledge of local languages spoken in the Far-North region (such as Fulfulde or other local dialects) is an asset;

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.

7.2 Expression of Interest

The consultant or consultancy firm is expected to submit a technical and financial proposal including

- a description of the consultancy firm if applicable,
- CV of lead and of suggested team members,
- an outline of the understanding of these TORs and suggested methodology,
- 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.

All interested consultants should contact CBM Cameroon through the email info.cameroon@cbm.org, Roy.Achatoh@cbm.org, Cc: catherina.schoenhammer@cbm.org or Come to the Country Office premises at Mfandena Omnisport to obtain the detailed Terms of

Reference before submitting their proposal (bid) before the end of the day on the 14/11/2025.

7.3 Selection Criteria

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

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