Terms of Reference for a Feasibility Study

Details of the ToRs will be added before the start of the consultancy.

Project Summary

<table>
<thead>
<tr>
<th>Planned Project/</th>
<th>Promoting Sustainable &amp; Inclusive eye health services in Sierra Leone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country/Region</td>
<td>Sierra Leone</td>
</tr>
</tbody>
</table>
| Partner Organisation | • Baptist Convention Sierra Leone (BCSL)  
                          • Mental Health Coalition (MHC)                                    |
| Planned Project start date | 01.07.2025                                                        |
| Study Purpose    | The aim of the requested consultancy is to assess the feasibility of the proposed project of CBM and the above-mentioned local partner organisations (Baptist Convention Sierra Leone & Mental Health Coalition) 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 Christoffel-Blindenmission Christian Blind Mission e.V. |
| Study duration   | 30 days                                                                  |
1. Background of the feasibility study -

Baptist Convention Sierra Leone, Mental Health Coalition and CBM would like to propose a project to the German Federal Ministry of Economic Cooperation and Development (BMZ), which shall contribute to improving access to quality eye health services, inclusive education, and livelihood opportunities to persons with disabilities in Koinadugu, Kambia, Karene, Port Loko and Western Areas.

The proposing organisations are:

**Baptist Convention Sierra Leone (BCSL)** is a Church based organisation founded on the 27th April 1974. BCSL is registered under registration certificate Nº NNGO/007 as a National NGO in the education & Health sectors by the Ministry of Planning and Economic Development. The BCSL get a bi-annual registration certificate. The BCSL has a written constitution specifying its purpose and governance structure. Governance and management structures are well defined.

**Mental Health Coalition (MHC)** is a registered Non-Governmental Organization with Government Line Ministries (Ministry of planning and economic development) since 2018 under the referral number NNGO/607/2018-2019 and the Sierra Leone Association of Non-Governmental Organizations (SLANGO) under the reference number 8191/2020.

**CBM, Christoffel Blindenmission** 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.

2. Description of the project

**Eye Health, Inclusive Education, and livelihood opportunities in Sierra Leone**

- Eye diseases are a common public health problem in Sierra Leone. According to the Rapid Assessment of Avoidable Blindness (RAAB) of 2021, the prevalence of blindness in Sierra Leone was 5.4% (measured as presenting visual acuity in the better eye) in the population over the age of 50 years. The RAAB identified that cataract was the major cause of blindness (54.2%) followed by glaucoma (17.5%), other posterior segment disease (6.8%) and non-trachomatous corneal opacities (6.2%). This is because access to eye care services is not always equitable and certain groups of people have been noted as vulnerable to exclusions, for example, women, poor people and people with disabilities.
- Reports have identified cost of services (especially for surgery), lack of awareness about the eye disease and its treatment, need for surgery not felt and traditional beliefs as main barriers that affect access to services. This situation goes along
with the persistence of discrimination against persons with disabilities in their enjoyment of socio-economic rights, which compromises their ability to participate as active agents of development in their communities. When it comes to Human Resources, the Sierra Leone National Eye Health Policy already noted in 2021 already noted insufficient number of eye health workers and their inadequate distribution in the country as well as inadequacy of public budget for eye care. This not being in line with the WHO’s recommendations in terms of eye health personnel repartition in countries.

- Access to inclusive educational opportunities, are lacking for children and youth with disabilities, especially for those with visual impairment in Sierra Leone, a direct consequence of not only ignorance, myths, negative attitudes and wrong believes of family members/communities towards the rights of persons with disabilities to access sustained education but also the limited of inclusive settings in schools especially in rural communities. This is what the Sierra Leone Radical Inclusion Policy 2021 is trying to address. The project will ensure that children and youths with disabilities such as those arising from visual impairment are actively identified, managed and those who may benefit from education are appropriately placed in the correct educational facilities for learning.

- Many youths with disabilities live in precarious conditions without opportunities for sustainable financial independence and the ability to meet their basic livelihood needs. In a country where the majority of citizens earn less than a dollar a day and where employment opportunities are very limited, people with disabilities face serious difficulties in accessing the labour market due to high competition, discrimination, ignorance and limited capacity to invest in social inclusion. This situation increased as the country is recovering from the impact of COVID-19. According to a UNFPA report (https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Disability%20Report.pdf), majority of persons with disabilities who work are engaged in agriculture and forestry (70.3 per cent of females and 66.8 per cent of males). The next most common occupation is working in the service sector (19 per cent of females and 8.5 per cent of males). In addition, it is to address this challenge that the Ministry of Trade and Industry (MTI) and United Nations Development Programme (UNDP), commanded a study "Promoting Productive Transformation through Special Economic Zones (SEZs) in Sierra Leone 2023", to assess the experiences and perspectives with Special Economic Zones (SEZs), drawing lessons from in-depth consultations with different stakeholders and providing compelling evidence on the factors that determine success in SEZ programmes and in line with the Sierra Leone SEZs policy.

**Project Target areas:** districts of Koinadugu, Kambia, Karene, Port Loko, and Western Areas in Sierra Leone

**Project Target groups**

- **Indirect beneficiaries**
  - 2 682 843 of the population (1 293 776 Male and 1389 067 female) including all pupils and their parents & caregivers from the project coverage area mentioned above.

- **Direct beneficiaries**
  - 442 669 eye patients screened through schools & communities.
  - Patients (including children) benefiting from eye surgeries
- 318 Medical & non-medical staff trained in eye care and related areas.
- 150 pupils with disabilities enrolled in schools
- 80 Youth enrolled in Vocational training institutions.
- 1 250 persons with disabilities members of VSLA group members

**Project Overall Objective (Impact):** Contributing to promotion of the rights and participation of people with disabilities through improved access to an inclusive eye health, inclusive quality education and sustainable livelihood opportunities in Sierra Leone.

**Project Objective (Outcome):** Persons with disabilities in Koinadugu, Kambia, Karene, Port Loko and Western Areas have access to quality eye health services, inclusive education, and livelihood opportunities by December 2028.

**Expected results**

- **Result 1:** Access to **quality eye health services** is improved in the districts of Koinadugu, Kambia, Karene, Port Loko & Western Areas in Sierra Leone
- **Result 2:** Access to quality **Inclusive Education** is improved for children and youth with and without disabilities.
- **Result 3:** Access to **livelihood opportunities** is improved for youth with disabilities

*A draft impact matrix/logframe will be shared with the consultant at the beginning of the study.*

**3. Purpose of the feasibility study -**

The project is currently in its development phase and CBM is seeking to recruit a consultant or team of consultants 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.

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 2 local partner organizations** in Sierra Leone
- **Analysis of target groups and other actors** at macro, meso and micro level

*All three of the above listed components include a systematic gender analysis through specific questions and request for the collection of 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 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. Lead questions of the feasibility study**

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

- Which current problems in the life situations of the target groups have been identified and are relevant to the project design? Which of the causes are prioritised and addressed by the project?
- Which local potentials, existing structures (institutions, structures, networks, (umbrella) organisations, etc.) in the area of eye health, inclusive education and livelihood and social mechanisms can be built upon? Which gaps have been identified in the system?
- Are there approaches and results from similar previous development measures including those of other (I) NGOS and funded by international donors, in particular by the German government? If so, how will they be built upon?
- Does the project description provide a differentiated analysis of the specific situation of people of different ages and gender, 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 of the target group.
- Do local OPDs exist in the project area and what is their level of participation in the development interventions?
- What is the relevance of the proposed action in relation to the national strategies/policies and plans in eye health, inclusive education and livelihoods, the priority needs identified and the employment prospects?
- In the area of vocational training and employment, what are the opportunities and constraints for people with disabilities? In addition, what are the real needs and aspiration of the target group in terms of vocational training in relation of job market opportunities?

**4.2 Local project implementing partner organization in the partner country**

- Which organisation(s) was/are selected as local project (ies) and why?
- Who had the project idea? How is the ownership of the local executing agency strengthened?
- To what extent are existing agreements between actors formalised? Are there formal agreements between actors?
- Are the resources and strengths of the partners known individually and at the organisational (partner) level?
- Which relevant technical, methodological, and political competences should be developed individually and at the organisational (partner) level? In particular, will capacity development of the 2 local partners be necessary in relation to gender equality and inclusion approaches in accordance with the project’s objectives (e.g. training in women’s rights / human rights, training in participation of people with disabilities)?
4.3 Target groups and other actors (at micro, meso and macro level)

- What is the composition of the target group (gender, age, ethnicity, language, capacities)? How and by whom will the direct target groups be selected?
- 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 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 to enable the entire target group to participate in the first place (e.g., addressing traditional gender roles together with community leaders)?

4.4 Assessment according to DAC Criteria

The guiding questions on the criteria serve as orientation for the content of the study. They are to be understood as a collection from which the relevant questions can be prioritised. This allows the criteria to be weighted differently according to the study's interest in knowledge. Questions should be selected and adjusted in agreement between PD, CO and Initiatives according to the specific study requirements identified. Overloading of the study should be avoided.

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?
- To what extent do the project objectives and design adequately consider the specific needs of the target groups and structural obstacles in the project region, partner/institution, policy programmes?
- 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?
- To what extent are there synergies and linkages between the planned project and other interventions by the same actor (organisation) and other actors?
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?**

- Does the effect chain make sense? What negative effects could occur?
- Is the chosen methodological approach (please mention here the specific approach/es) 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 - To what extent does the planned project contribute to the achievement of overarching developmental impacts?**

- To what extent has the planned project the potential for systemic change of norms and/ or structures, also considering the gender perspective?

**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?

**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 project concept. 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 of the project.
  - 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 2 partner organisations and relevant local government/non-government agencies. He/She will report to the CBM 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 Sierra Leone and will be implemented in Koinadugu, Kambia, Karene, Port Loko, and Western Areas. Thus, the study shall analyze the situation in the districts.

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Districts</th>
<th>Implementing Partner</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern, Northwest &amp; Western Area</td>
<td>Koinadugu, Kambia, Karene, Port Loko, and Western Areas</td>
<td>Baptist Convention Sierra Leone (BCSL)</td>
<td>Inclusive Eye Health (IEH)</td>
</tr>
<tr>
<td>Western Area</td>
<td>Western Areas (Urban, Rural &amp; Freetown)</td>
<td>Mental Health Coalition Sierra Leone (MHCSL)</td>
<td>Community Based Inclusive Development (CBID) - Inclusive Education &amp; Livelihood</td>
</tr>
</tbody>
</table>

5.3 Documents to be reviewed

The following documents are not intended to limit the Consultant's research. They only provide an overview of the essential documents that need to be analyzed.

- BMZ guideline on Feasibility studies
- Rapid Assessment of Avoidable Blindness (RAAB) of 2021-Sierra Leone
- Safeguarding policy
- Essential CBM documents on Inclusive Development, Education & livelihood (CBID in initiative plan plans)
- Essential CBM documents on Inclusive Eye Health (IEH initiative plan & Resource Book
- Project Idea Tool (PIT)/concept, incl Logframe,
- The CBM country Roadmap for Sierra Leone (draft version),
- Previous project evaluations and study reports.
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); Washington Group Questions
- 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. Tools need to include the application of WASHINGTON SHORT SET OF QUESTIONS (WSGG).

5.6 Limitations

Sierra Leone: the country is just coming out from a presidential election followed by an attempted coup d’etat. Following the elections results, a tripartite committee (USA, EU & ECOWAS) has been set to assess the elections results and share the report which depending on the results, expected on the 19 June 2024, may raise some political disagreement, tensions and conflict. This may impact or limit movements of the evaluation team and make it difficult to collect comprehensive data.

Therefore, situational analysis and the use of locally sourced enumerators for data collection that understand the socio-political early warning indicators and safety measures depending on their context will be necessary if there is an increase in insecurity across the country. Even more remote approaches, such as document reviews, phone interviews, online sessions, etc., may be required while conducting assessments. It is imperative that consultants are familiar with these techniques.

The local partners (Baptist Convention Sierra Leone & Mental Health Coalition) will carefully assess the situation to determine whether the study can be conducted as planned. They will support in providing information on safety & security in the country and support to guarantee the safety of the team and other participants in the process.

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.
6.2 Time Frame and schedule

The study is expected to start **29 July, 2024**, taking 30 days. The final report has to be submitted to CBM no later than **06 September, 2024**.

Availability of the consultants for the proposed timeframe is crucial.

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Duration/days</th>
<th>Stakeholders involved</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefing of consultant</td>
<td>1</td>
<td>Consultant &amp; CBM</td>
<td>Remote/ online</td>
</tr>
<tr>
<td>Review of relevant documents</td>
<td>3</td>
<td>Consultant &amp; partners’ team</td>
<td>Remote &amp; field</td>
</tr>
<tr>
<td>Tools development</td>
<td>3</td>
<td>Consultant</td>
<td>Remote</td>
</tr>
<tr>
<td>Inception Report (to be presented in meeting)</td>
<td>1</td>
<td>Consultant, CBM &amp; Partners</td>
<td>Online meeting</td>
</tr>
<tr>
<td>Data collection</td>
<td>13</td>
<td>Consultant</td>
<td>On site</td>
</tr>
<tr>
<td>Data analysis and preparation of draft report</td>
<td>5</td>
<td>Consultant</td>
<td>remote</td>
</tr>
<tr>
<td>Validation meeting (incl. ppt presentation)</td>
<td>2</td>
<td>Consultant, CBM &amp; Partners</td>
<td>Online &amp; on-site</td>
</tr>
<tr>
<td>Finalisation of feasibility study and submits final report</td>
<td>3</td>
<td>Consultant</td>
<td>Remote</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
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</table>

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 social/political science, pedagogic/education, public health, ophthalmology or any other related discipline relevant for the project;
- Proven record of carrying out similar evaluation or feasibility studies in the region and/or country;
- 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;
- Good understanding on community-based approaches and practices
• Good understanding of right based and inclusive practices
• Applied knowledge on gender-transformative approaches and gender related research
• 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 local languages (Krio, Mendë, Themne).

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 is expected to submit a 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.

The total proposal should not entail more than 10 pages (excluding annexes such as the CVs or reference list)

CBM reserves the right to terminate the contract in case the agreed consultant/s are unavailable at the start or during the assignment.

All expressions of interest should be submitted by email to: afw.jobs@cbm.org with the subject “Sierra Leone Feasibility Study” by 21/07/2024 at 12.00 PM.

7.3 Selection Criteria

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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>20%</td>
</tr>
<tr>
<td>Technical proposal:</td>
<td>80%</td>
</tr>
<tr>
<td>Thereof Experience in the related task</td>
<td>20%</td>
</tr>
<tr>
<td>Thereof Qualifications of team</td>
<td>20%</td>
</tr>
<tr>
<td>Thereof Technical proposal and methodology</td>
<td>40%</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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