

**EXPRESSION OF INTEREST**

Consultancy: (1) (Insert name of survey here)

(Terms of Reference attached)

**Consultant Summary Profile:**

|  |  |
| --- | --- |
| Name of Agency (if applicable) |  |
| Name of Principal Investigator |  |
| Contact Number |  |
| Email address |  |
| Degrees/qualifications |  |
| Experience in carrying out health Situation analysis (provide in bullets) |  |
| Experience in carrying out eye health Situation analysis (provide in bullets) |  |
| List names, contact numbers and emails of at least two referees. Mention your relationship with them.  |  |

Q1: Briefly, what method and methodology will you use to carry out this health Situation analysis? (Provide details in Proposal)

Q2: What will be the sample size of each of the target groups?

Q3: Please mention any key questions/indicators that the survey tool should have (apart from those mentioned in the TOR).

Q4: Are you planning to get data collection clearance from any authorities? If so, who are those? How much time may it require for you/your organization to get clearance from these authorities?

Q5. If not successful in participating in this round of consultancy, would you be interested to be considered for possible future consultancy?