

The Fred Hollows Foundation (The Foundation) is seeking proposal from individuals or consulting companies interested in undertaking the work described in the attached evaluation request for proposal.

Please review the attached request for proposals carefully. To express interest in undertaking the work described, please submit the following documents by email to: ***recruitment.fhfbd@gmail.com*** ***by 23rd June, 2018***

* *A completed expression of interest (format attached)*
* *A technical proposal for undertaking the evaluation*
* *A financial proposal for undertaking the evaluation, outlining daily consultant rates and any other expenses as requested in the RFP*
* *A cover letter*
* *Copies or links to two examples of previous written work (e.g. published reports or executive summaries of past evaluations) that are relevant to this assignment*

**Request for Proposal (RFP)**
Situational Analysis

# Overview

A Situational Analysis is required prior to commencing a Comprehensive Eye Care (CEC) project in Barishal and Khulna Divisions of Bangladesh. The Situational Analysis will provide details about the current eye health situation in these Divisions and provide a baseline from which to measure progress. The details of the CEC Project are shown below:

**Project**: Comprehensive Eye Care (CEC) in Chittagong and Khulna Divisions of Bangladesh

**Overall Goal of the Project**:

To reduce avoidable blindness in Khulna and Chittagong Divisions by 2022

**Outcomes of the Project:**

Outcome 1: Divisional eye care plan approved and implemented in Khulna and Chittagong division

Outcome 2: Eye care facilities are improved to provide quality eye care services

Outcome 3: Women and indigenous group have improved access for prevention, detection and treatment of eye health diseases

Outcome 4: Improved gender equity in access to, and delivery of eye health services

Outcome 5: Demand created at the community level to seek eye care services at nearby eye health facilities

**Project Location:**

The CEC project locations for 5 years are Khulna and Chittagong Divisions, but this situation analysis will cover only Khulna and Barishal Divisions.

Background

**The Fred Hollows Foundation | Bangladesh**

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organization based in Australia which was founded in 1992 by eminent eye surgeon Professor Fred Hollows. The Foundation focuses on strengthening eye health systems and the treatment and prevention of avoidable blindness caused by Cataract, Trachoma, Diabetic Retinopathy, and Refractive Error. The Foundation operates in more than 20 countries across Australia, The Pacific, South and South East Asia, and Africa. The Foundation was named The Australian Charity of the Year 2013 in the inaugural Australian Charity Awards.

The Foundation, together with the Government and its partners, has been working successfully to eliminate avoidable blindness in Bangladesh through health systems strengthening and setting up sustainable eye care programs since 2008.

The Foundation’s Bangladesh Country Strategy aims to reduce blindness prevalence in the country by 25% within 2020. The Foundation in Bangladesh focuses mainly on three eye diseases: cataract, diabetic retinopathy, and refractive error. The Foundation in Bangladesh aims to achieve this vision by:

• Supporting universal access to high quality, affordable, comprehensive eye care services.

• Strengthening national health systems, with a focus on eye health.

• Increasing government support for committing adequate resources to eye health.

**Project background and rationale | Health equity and eye health**

Central to achieving universal access to care and health equity is the recognition that not everyone has the same level of health or capacity to deal with their health problems; it may therefore be important to work with people differently in order to work towards equal outcomes. The achievement of health equity requires policy makers, development practitioners and clinicians to acknowledge this and allocate resources appropriately to address individual and collective disadvantage. Providing equal services for all is not enough, the underlying issues and individual needs of underserved and vulnerable populations must be effectively addressed.

The global prevalence of blindness and vision impairment has declined over the last 20 years from 4.58% in 1990 to 3.38% in 2015. Yet the benefits of this decline have been distributed unequally across and within countries. The prevalence of blindness and vision impairment is 15 times higher in parts of West Africa than in high-income regions; women across the world are more likely to go blind than men; and indigenous populations are more likely to contract infectious diseases which can result in blindness. These inequalities in eye health outcomes are the result of fundamental inequities.

A systematic review of the social inequities of eye health and blindness proposed four key social determinants: (1) gender; (2) socioeconomic status (as measured by income level, education status and social class); (3) ethnicity and race; and (4) geographical location. There is some evidence to suggest that people with disabilities, the elderly, homeless populations and the urban poor, migrants and refugees also suffer from unique and avoidable barriers to accessing health care services. Climate change, poor infrastructure development and unsafe living and working environments pose additional threats to eye health.

Greater understanding of these and other causes of avoidable blindness relies on clarity about the role of health equity, establishment of equity related goals, greater generation of evidence (both quantitative and qualitative) and the development, implementation, and assessment of policy and programmatic interventions that target inequity.

**The economic, social and political context**

Khulna and Barishal Divisions were chosen as they are two key target regions in Bangladesh’s country strategy, they have a high rate of cataract as compared to other divisions and have been identified as priority areas by the United National Development Assistance Framework. Khulna and Barishal divisions lie in the costal belt of Bangladesh. Both divisions are heavily climate vulnerable and disaster prone. The communication network and road-transport infrastructure of these divisions are relevantly poor compared to the other divisions. Partly due to the weak communication infrastructure, the mainstream health system is also very weak. Overall, 37% of the population of these two divisions are 30 years old or over. The prevalence of blindness in this age group is 1.53% and it is estimated that 79.6% of this blindness will occur due to cataract.

Barishal is home to a large Indigenous community who are historically disadvantaged. The Foundation has worked in Barishal Division since January 2008. In this time, the Foundation has built rapport with public and private partners in this division. Khulna, like the two other southern belt divisions, is also susceptible to natural calamities and has inadequate health services. As the income and livelihoods of the rural people are disarrayed, access to health care has reduced as well.

# Purpose of the Situational Analysis

The overall aim of the situational analysis is to determine the scope of eye care needs across the Divisions, provide an assessment of what eye care services are available, and to whom, and to determine variances in need and access for various populations within Divisions. This will also provide a level of baseline data from which to measure progress. The situational analysis will involve accessing data that is already available about Khulna and Barishal Division, as well as more targeted components such as an eye care systems assessment, and a survey of selected community members regarding attitudes, behaviour and practises.

The objectives of this project are to:

• Establish the number and geographical distribution of facilities providing eye health services that includes primary, secondary and tertiary level facilities

• Conduct facility-based assessment in all the Upazilla Health Complexes (UHCs), district level and tertiary level hospital, Diabetic Association of Bangladesh (DAB) Centers and Maternal Child Health (MCH) clinics in Khulna and Barishal Division.

• Determine the accessibility and gender sensitivity of available eye care services, barriers that people face in accessing services and why these barriers exist.

• Assess the costs of eye care at primary, secondary and tertiary level being charged both in Pubic and Not for Profit sectors

• Determine the ownership structure of eye health facilities.

• Determine the baseline status of every pillars of HSS

• Determine the number of health care staff working in eye health

• Ascertain information on the ophthalmic equipment available, including its reported state of repair

• Compare the reported operational capacity, availability of human resources and equipment across Khulna and Barishal Divisions

• Monitor the collection of data by health services with regards to eye care service use

• Assess whether the collected data is available to the policy makers, e.g. to see if there is any existing HMIS system and find out the capacity of the HMIS system to capture the information

• Determine the role of NGOs and private sector in delivering eye care in Kuulna and Barishal Divisions.

• Identify and discuss strengths and weaknesses of eye health service delivery in the Divisions.

• Determine the amount of resources allocated to eye care in the two Divisions by the government and other stakeholders.

• Identify key stakeholders to deliver eye health projects and their possible level of influence both positive and negative on eye care service delivery.

• Map availability of eye health services, both organizational and demographic mapping, including to different sectors of the population, including vulnerable, marginalised and Indigenous populations

• Make recommendations on future needs and resource allocations.

**Approach**

The proposed approach involves the following key activities:

1. Rapid literature review (grey and peer review literature) to identify: a) the standards being followed in terms of human resources, technology, financial resource allocation, monitoring and research regionally and internationally. b) trialled strategies/programs/interventions to improve access to and uptake of health care. c) secondary data of the following gender disaggregated indicators relating to Khulna and Barishal Divisions:

Prevalence of blindness due to cataract, Cataract surgical rate, cataract surgical coverage, percentage of surgeries meeting post-surgical visual acuity standards, Percentage of facilities regularly monitoring surgical outcomes, human resource, Proportion of people with diabetes who are screened for diabetic retinopathy, age group of population, number of people below poverty line

1. Policy analysis to understand the key features of health policy affecting Khulna and Barishal Divisions, and how effectively eye care is integrated into it.

1. Eye health service system mapping to understand the eye care service systems and infrastructure in Khulna and Barishal division.
2. Review of population health data, collection and analysis of eye health service utilization data from health information systems within health facilities in target districts – disaggregated by age, rurality, gender, ethnicity and any other available demographic information.
3. In-depth Interviews with selected service providers from government, NGOs and private sectors
4. Focus Group Discussions (FGDs) with primary level staff to understand the utilization of services and possible barriers using appropriate tool from FHF Situation Analysis Tool Kit i.e. Stakeholders Analysis, Gender Analysis.

Generally, the situation analysis will be wide-ranging and participatory, entailing a combination of comprehensive desk reviews, interviews and document analysis. The consultant will further elaborate the methodology and could propose additional methods that could bring further insight to the situation analysis.

• Triangulation is encouraged to validate data and findings from the quantitative survey.

• Should include review of government official health records

• Focus Group Discussions

• IDIs with key stakeholders

• Should include patient interviews

Key informant interviews: This will be done with health staff at district level to develop their profile.

The following **analysis** need to be conducted

- Stakeholder Analysis

- Gender Analysis

**Resources:**

Eye care service assessment tool (<http://apps.who.int/iris/bitstream/handle/10665/250640/9789241549387-eng.pdf?sequence=1&isAllowed=y>)

Health facility assessment methods – “MEASURE” evaluation (<https://www.measureevaluation.org/resources/publications/tr-06-36/at_download/document>)

**List of indicators** (this is a tentative list; detailed set of indicators to be captured in the survey will be developed in consultation with The Foundation. All indicators need to be defined critically):

• Percentage of facilities offering eye care services at different health care levels (i.e. primary, secondary, tertiary)

• Readiness of the facilities in providing eye care services (functioning and separate Eye OT, equipment being used, and so on)

• Number of days eye care service is provided in a week

• Types of eye care services provided

• Quality of care – follow up services, counselling, infection rate, health education, treatment success rate

• Referrals from lower level health facilities, referrals to higher level health facilities, referrals made to non-eye care sectors with regards to eye care service

• % of Indigenous, gender, ultra-poor and VGD card holders (statistics and accessibility) attending eye care services, if not reason for inaccessibility

• Eye care workforce composition: dedicated eye care service providers, shared service providers, training details, database of workers

• Involvement with INGOs/local NGOs

• Logistics and supplies/ consumables

• Adherence to standards of care (client care)

• Details of surgical protocol followed and hygiene standards

• Number of eye camps organized and participation

• Current Management information system and its use and whether it is linked with national health system.

**Responsibility of the Consultant**

* The consultant/consultancy company will initially review the following documents before conducting the study and provide a key focus in the upgradation and the gaps of the documents:
* RAAB (2012)
* ESCAT Report (2014)
* ESCAT Report (2018 - ongoing)
* KAP Report (Individual report for Barishal and Khulna)
* Overall responsibility for conducting the situational analysis
* Develop a methodology, tools and detailed work plan with timeline for the assignment
* Organization of team (including orientation, deployment of quality data collectors and assign evaluation team and analyst, and share with FHF)
* Development of Field Visit Survey tool/questionnaire
* Weekly progress report
* Data Collection, Data Analysis and representation of findings
* Set of recommendations and share draft of the report and incorporate the suggested changes
* Final report Submission and all quantitative and qualitative data (raw and clean) + data dictionary

**Final Reporting Requirements:**

The reporting requirement for proposed situation analysis is as follows;

The consultant will prepare a Situational Analysis Report summarizing the key findings as below;

- One Page Summary

- Three Page Executive Summary detailing background, methods, key findings and recommendations.

- A report detailing background and purpose, guiding questions, data collection methods, rapid literature review relevant to the situation analysis, key findings of various forms of analysis conducted including;

- Policy analysis

- Stakeholder analysis

- Gender Analysis

- Facility Based Analysis

- ECSAT

And in relation to the above-mentioned responsibility of the consultant. The report should not just state the findings but should provide analysis of the findings and make specific recommendations to inform eye health plan development.

• The consultants will be asked to submit a draft of the report for review and comment before submitting a final version for approval:

• Where appropriate study materials, detailed results tables, and other relevant additional information should be provided in appendices.

The consultant is asked to present the key findings of the situation analysis in a dissemination workshop for the FHF Bangladesh team and other relevant stakeholders of the proposed project.

**Responsibility of FHF**

* Participate in the brainstorming session and provide a detailed orientation about the project goals and outcomes
* Support in the development of the tools
* Provide feedback on the tools, draft reports and other deliverables
* Provide comments on plan and methodology
* Provide the reports that are mentioned in the RFP
* Provide necessary report, documents, field support (based on request), MIS data & BCC materials.

**Timeline of the assessment:**

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|  **Milestone** | **Deliverables** | **Timeline** |
| Inception meeting with FHF staff |  | Week 1 |
| FHF approved situation analysis plan (description of methods, data collection tools, participant information sheets, consent forms, analysis plan, fieldwork plan, and dissemination plan) |  Final research protocol  | Week 2 |
| Develop and pre-test data collection tools |  Final data collection tools  | Week 3 |
| Completion of data collection |  | Week 5-6 |
| Submission of draft report |  Draft report | Week 6 |
| Submission of final report |  | Week 7 |
| Dissemination workshop |  | Week 8 |