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The Fred Hollows Foundation Bangladesh are seeking expressions of interest from individuals or consulting companies interested in undertaking the work described in these terms of reference.

Need assessment and baseline study of the indigenous, marginalized and vulnerable population regarding the uptake of eye care service in Chittagong, Barisal and Khulna divisions of Bangladesh.

Please review the attached terms of reference carefully. To express interest in undertaking the work described, please submit the following documents by email to: rhossain@hollows.org, by 05 October 2017

- A project proposal (no more than three pages in length).
- A cover letter addressing the key selection criteria and including two references
- A curriculum vitae
- Two examples of previous written work (e.g. published reports)

Please contact Sakib Bin Rashid via email srashid@hollows.org for further details.

Kind regards,

Ridwan Mosharraf Hossain

TERMS OF REFERENCE

No one gets left behind Bangladesh

August 2017

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

Chittagong and Khulna 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. Additionally, the socio-economic demography of these two Divisions is similar to that of Barisal, enabling similar methods and practices from previous projects to be utilised. Chittagong and Khulna divisions lie in the coastal belt of Bangladesh. Together they cover 28% of the geographic area of Bangladesh and make up 23.44% of the overall population. 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. Hence, potentially 200,000 people in these two divisions will require cataract surgery.

Chittagong is home to a large Indigenous community who are historically disadvantaged. Indigenous communities have very limited access to basic eye care services. The Foundation has worked in Chittagong Division under the Garments project since January 2016. 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.

Among the 7 Divisions of Bangladesh, Barisal Division is the most underserved in terms of health care services (UNDAF report, 2012) with 30-35% of the total population living below the poverty line (World Bank poverty mapping, 2010). The total population of this division is 8,325,666, the ratio of males to females is 100:103.5 and population in the age group of 20-79 is 4,600,478 (55.25% of the total population). Approximately 62% of the population is literate, and about 81% live in Mud-Houses (Kacha Ghor), indicating both a lack of health awareness and a poor standard of living. (Community Report of Barisal, Population and Housing Census Bangladesh, 2011,

The proposed project

Purpose of the project

The overall aim of this project is to identify, describe, and prioritise vulnerable and marginalized populations in Chittagong, Khulna, and Barisal divisions in Bangladesh that are inequitably affected to poor eye health compared with the rest of the population. The information collected will be used to inform the design of eye health programs that will target inequity and may inform advocacy activities as appropriate.

The objectives of this project are to:

- Identify vulnerable populations as well as marginalized that are affected by eye health problems in the project locations
- Map these key vulnerable populations in the project locations (to the extent which is possible using

secondary data given different groups – e.g. ethnic minorities, low socio-economic background, etc.)

- Map availability of eye health services against the map of key vulnerable populations
- Prioritise, to the extent to which it's possible, vulnerable populations that should be targeted by eye purposely designed strategy to improve eye health
- Collect primary data to validate these findings from the project prior to implementation of said strategies
- The KAP study will assess the level of knowledge, attitude and practice among marginalized, vulnerable and indigenous population in Barisal, Chittagong and Khulna division. It will identify the determining factors behind the gap in the uptake of eye care services (with a focus on refractive error and cataract services) in target locations .It will provide guidance on the constraints, opportunities and incentives affecting indigenous population getting eye health care in the three divisions.

Audience for the findings

Divisional level public and private service providers and administrators, national level director of health, INGO forum members and donors.

Situational analysis questions

- Which population subgroups in Chittagong, Khulna, and Barisal divisions in Bangladesh are vulnerable to health inequity?
- Where are these populations located?
- Are these populations likely to have access to eye health services?
- How (if at all) can these populations be prioritised, and which (if any) should be prioritised
- What are the eye health needs and health seeking behaviours + barriers to access in key pops?

Type of study

Situational analysis, with literature review, analysis of secondary data, and cross-sectional survey.

Approach

Step 1 – Identification of vulnerable populations

- (a) Establish a working group
- (b) Undertake a rapid literature review relating to health inequity in Bangladesh
 - i. Establish search terms and identify databases/sources for searching (academic and grey literature)
 - ii. Undertake searches, identify evidence to be included, extract relevant data and synthesise qualitatively
 - iii. Prepare 4-5 page literature review
- (c) Undertake a rapid review of other evidence relating to health inequity in Bangladesh
- (d) Conduct consultations with experts in the group
- (e) Report findings of concept mapping and the literature review to the expert working group

Step 2 – Map vulnerable populations against eye health services

- (a) Map eye health services against vulnerable population and the nearest NGO (private/public) that are providing eye care service
- (b) Map available eye health data against vulnerable population
- (c) Consult with eye health experts
- (d) Prioritise

STEP 3 – Collect primary data

- (a) Community needs assessment
- (b) Cross-sectional survey

STEP 4- Development of recommendations

Time period of interest

October 2017 to December 2017

Stakeholders, partners, and users

Roles and responsibilities

Partner	Key contact	Role	Responsibilities	Who they will work with, and on what activities
Fred Hollows Foundation	Ridwan Mosharraf Hossain		Contact person, focal point for coordination of the project	
Lead researcher (consultant)			Coordinate the needs assessment, provide quality results and report to FHF in line with agreed timeframes, advise on any issues affecting the process.	Work directly with FHF to coordinate the study.

Reporting and dissemination of findings

The consultant will work closely with, and report to Ridwan Mosharraf Hossain in The Fred Hollows Foundation based in Bangladesh office for the duration of the work.

The evaluation of each of the two projects are to be written up separately.

Reporting requirements for dissemination include:

- A final report which will contain all the deliverables of the Need Assessment, Knowledge Attitude and Practice (KAP) Survey and mapping stakeholders that are present in the target areas and that engage eye health services for the target population.

Project management and planning considerations

Confidentiality

The consultancy team agrees to not divulge confidential information to any person for any reason during or after completion of this contract with The Foundation. Upon completion or termination of this contract, the consultancy team undertakes to return to The Foundation any materials, files or property in their possession that relate to the business affairs of The Foundation.

Intellectual Property

All intellectual property and/or copyright material produced by the consultancy team whilst under contract to The Foundation remain the property of The Foundation. The consultancy team is required to surrender any copyright material he has created during the term of the contract to The Foundation upon completion of termination of the contract. The consultancy team also consents to The Foundation using any works produced as part of this consultancy without attribution and waives all other moral rights in this work.

Insurance

Any consultants involved in this research protocol will be required to have in place insurance arrangements

appropriate to provision of the requirements in this ToR including travel insurance.

Other

The Fred Hollows Foundation strongly condemns all forms of child abuse and categorically states that it is unacceptable in any circumstance. The Foundation is committed to ensuring a safe environment and culture for all children with whom we come in contact during the course of our work. All members of the Evaluation Team will be required to comply with the FHF Child Protection Policy and sign the Child Protection Code of Conduct.

Deliverables

Deliverables	Timeline
A protocol for the situational analysis approved by The Foundation	30 th October
Proof of approval from Human Research Ethics Committee as appropriate	30 th October
Data collection tools approved by The Foundation	30th October
Stakeholder mapping + mapping of vulnerable populations against available services + mapping location of nearby eye-care facilities (public/private NGO)	15 th November
Draft report	30 th November
Final report approved by The Foundation	15 December
Recommendations	15 December
All quantitative and qualitative data (raw and clean) + data dictionary	15 December

Consultant – key selection criteria

	Essential	Desirable
Qualifications		
The study can be led by one consultant or a team of consultants. Minimum qualifications, experience, knowledge and other capabilities of the Team Leader who will be leading the team, will include:		
<ul style="list-style-type: none"> a post-graduate degree in economics, economic development, labor economics, vocational education, rural livelihoods, or a related field; 	√	
<ul style="list-style-type: none"> demonstrated experience in conducting quantitative and qualitative research, 	√	
<ul style="list-style-type: none"> evaluations and/or reviews in related areas; 	√	
<ul style="list-style-type: none"> in-depth knowledge of Bangladesh's economy and institutional framework; 	√	
Experience		
Experience conducting quantitative and	√	

qualitative surveys, especially situation analysis and policy analysis

At least 5 years of past working experience in national or international context (ideally development-related) is required for the assignment.

√

Experience in working with the eye health sector

√

Skills

- experience in report writing with visual presentation;
- excellent interpersonal and communication skills, both verbal and written;
- full computer literacy; and
- experience in multiethnic/multicultural context