



**The Fred Hollows
Foundation**

ACN 070 556 642

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

Please review the attached request for proposal carefully. To express interest in undertaking the work described, please submit the following documents by email to: fhfdrecruitment@gmail.com by **2nd June 2026**:

- 1. A technical proposal for undertaking the assignment*
- 2. A financial proposal for undertaking the assignment, outlining consultant rates and any other expenses as requested in the RFP*
- 3. A cover letter*
- 4. Copies or links to two examples of previous written work (e.g. published reports or executive summaries of past assignments) that are relevant to this assignment*

Please contact AKM Badrul Huq, Senior Program Manager; bhuq@hollows.org for further details.

TERMS OF REFERENCE (ToR)

Consultancy Services for conducting Knowledge, Attitudes, and Practices (KAP) Study and Rights Holders Organizations (RHO) Mapping in Barisal Division, Bangladesh

1. Background and Rationale

Barishal Division, located in southern Bangladesh, is one of the most underserved regions in terms of eye health care services. With a population of approximately 9.1 million (Bangladesh Bureau of Statistics, Census 2022), the division has the second-highest prevalence of blindness in the country (1.0%), along with a significant burden of refractive errors, including myopia (8.8%), hyperopia (19%), and astigmatism (18.8%) (National Blindness Survey, 2020). The National Blindness Survey 2020 further highlights that more than 80% of blindness in Bangladesh is avoidable through timely and appropriate interventions. However, systemic barriers continue to hinder equitable access to quality eye care services in Barishal and other parts of the country.

Building on The Fred Hollows Foundation's long-standing presence, trusted partnerships, and experience in implementing comprehensive eye care initiatives, the project titled "*Barishal Vision 2030: Inclusive and Comprehensive Eye Health Program and Elimination of Cataract Backlog*" has been launched. The project responds to the existing challenges through an integrated and people-centred approach. It combines community engagement, school eye health screening, cataract and diabetic retinopathy (DR) services, strengthened referral systems, women-led and environmentally sustainable Community Vision Centres, and Continuous Quality Improvement (CQI) mechanisms to deliver inclusive, scalable, and sustainable eye care services across Barishal Division.

The project aims to address the following challenges:

- The growing backlog of untreated cataract cases;
- High levels of uncorrected refractive errors, particularly among children;
- The increasing burden of diabetic retinopathy (DR), coupled with weak screening and referral systems; and
- Inequitable access to quality eye care services among poor, marginalized, and hard-to-reach populations.

These challenges are driven by structural weaknesses within the eye health system and are further exacerbated by poverty, geographical isolation, limited awareness, and gaps in service quality, coordination, and continuity of care.

To support the implementation of this comprehensive program, it is essential to generate evidence on community knowledge, attitudes, perceptions, and practices related to eye health. Such evidence will inform the design of effective communication strategies and awareness campaigns that will complement service delivery interventions implemented by project partners.

In addition, meaningful community engagement and collaboration with local stakeholders are critical for ensuring equitable access to services, particularly in remote and marginalized communities. Therefore, the project intends to identify and engage with local Rights Holders Organizations (RHOs), including community-based organizations (CBOs), non-governmental organizations (NGOs), organizations of persons with disabilities (OPDs), women and gender-focused groups, professional associations, and organizations representing ethnic and marginalized populations. Mapping these organizations will facilitate the establishment of effective referral and community linkage mechanisms between communities and eye care service providers from both government and non-government sectors.

2. Scope of Work and Key Tasks

The geographic scope of this assignment will cover all six districts of Barishal Division, Bangladesh.

The assignment consists of two interrelated components:

1. **Knowledge, Attitudes, and Practices (KAP) Study**, and
2. **Rights Holders Organizations (RHO) Mapping**.

Under the KAP Study (Task 1), the assessment will explore community-level knowledge, attitudes, perceptions, and practices related to eye health and eye care-seeking behavior. Attention will be given to the influence of social norms, economic conditions, gender dynamics, disability, age, geographical location, and religious beliefs on access to and utilization of eye health services. The study will further assess gender equality gaps, cultural taboos, and structural barriers that limit access to care for persons with disabilities, ethnic minorities, and other marginalized populations. The FHF's CEEHAT (Community Engagement in Eye Health Assessment Tool) should be used as reference for the assignment.

Concurrently, the **RHO Mapping Study (Task 2)** will identify and develop a database of existing organizations working at the community level that have the potential to collaborate with the project and strengthen referral pathways between communities and eye care service providers. These organizations may include OPDs, CBOs, NGOs, CSOs, women and gender-focused groups, ethnic community organizations, and associations representing socially, professionally, or economically disadvantaged populations. The mapping exercise will categorize organizations based on their nature, geographical coverage, thematic focus, relevance to eye health, community engagement experience, and potential for supporting awareness generation, referral linkages, and mobilization of marginalized groups.

The selected consultant or consulting firm will conduct this dual-component assignment among the general population and relevant healthcare facilities in close collaboration with The Fred Hollows Foundation (FHF), government stakeholders, and relevant networks that possess information on local community organizations. The assignment will be completed within a strict timeline and will involve the following key tasks:

Task 1: KAP Study

Demographic, social norm, knowledge, attitude, and local practice assessment

Identification of barriers, taboos, and healthcare-seeking challenges and factors affecting

Development of a strategic awareness and communication roadmap

Task 2: RHO Mapping Study

Development of a database of OPDs, CSOs, CBOs, and NGOs operating at the community level and engagement

Categorized profiling of organizations by geographical coverage, target groups, thematic focus, and working approaches, including organizations involved in eye health

Strategic recommendations on potential grassroots partners, referral scopes, and community linkage mechanisms

Task 1: Knowledge, Attitudes, and Practices (KAP) Study on Eye Health

The consultant will design, manage, and implement a comprehensive KAP study across all six districts of Barishal Division. The study will establish baseline behavioral indicators and generate evidence-based insights to guide future eye health awareness campaigns, community engagement strategies, and service delivery interventions.

1.1 Demographic, Social Norm, Knowledge, Attitude, and Local Practice Overview

- **Demographic Profiling:**
Conduct demographic profiling of target communities across Barishal Division, with particular emphasis on vulnerable and marginalized populations, including women, ethnic minorities, persons with disabilities, and underserved rural and coastal communities.
- **Knowledge Assessment:**
Assess community awareness and understanding of common eye conditions, including cataract, refractive error, glaucoma, diabetic retinopathy, and childhood blindness. Evaluate awareness regarding preventable blindness, treatment availability, referral systems, and service accessibility.
- **Attitude Assessment:**
Examine prevailing attitudes and perceptions toward eye health services and treatment-seeking behaviour. This includes assessing trust in formal versus informal healthcare providers, fear or misconceptions regarding eye surgery and clinical interventions, and gender-related attitudes influencing healthcare expenditure and decision-making.

- **Local Practice Assessment:**
Document existing healthcare-seeking practices related to eye conditions, including self-medication, use of local pharmacies, traditional healers, informal providers, and utilization of formal eye care facilities and ophthalmic services.

1.2 Identification of Barriers and Taboos

- **Socio-Cultural Barriers and Taboos:**
Identify cultural beliefs, myths, stigmas, misconceptions, and social taboos associated with eye diseases, visual impairment, and surgical interventions that may negatively influence eye healthcare-seeking behaviour.
- **Structural and Financial Barriers:**
Analyze systemic barriers that hinder timely diagnosis, referral, and treatment, including out-of-pocket expenditures, transportation challenges, distance to health facilities, limited-service availability, and inadequate disability-inclusive infrastructure.
- **Intersectionality and Equity Analysis:**
Assess the specific barriers faced by marginalized and underserved populations, particularly women, ethnic minorities, persons with disabilities, elderly populations, and economically disadvantaged groups, in accessing eye health services.

1.3 Strategic Awareness and Communication Roadmap

- **Evidence-Based Recommendations:**
Develop practical and localized recommendations to improve eye health awareness, strengthen healthcare-seeking behaviour, and increase utilization of available eye care services.
- **Communication and Community Engagement Channels:**
Identify effective communication platforms and outreach approaches suitable for the rural, coastal, and hard-to-reach contexts of Barishal Division. This may include community radio, folk theatre, open-mike sessions, marketplaces, religious gatherings, schools, community leaders, and community health workers.

Task 2: Rights Holders Organizations (RHO) Mapping

The consultant will conduct a comprehensive mapping of organizations operating within Barishal Division to support the establishment of an effective community outreach, mobilization, and referral ecosystem for eye health services.

2.1 Database Construction of Local Civil Society Organizations

- **Comprehensive Organizational Mapping:**
Identify and compile a database of active local organizations operating in Barishal Division, including Organizations of Persons with Disabilities (OPDs), Civil Society Organizations (CSOs), Community-Based Organizations (CBOs), NGOs, women-led groups, youth groups, ethnic community organizations, and other grassroots entities.

2.2 Categorized Listing, Profiling, and Eye Health Relevance

- **Organizational Profiling and Classification:**
Develop a structured and searchable database categorizing organizations based on geographical coverage (district, upazila, union level), target population groups, thematic priorities, operational approaches (service delivery, advocacy, awareness, mobilization, etc.), and community networks.
- **Eye Health and Health System Linkage Assessment:**
Identify organizations with existing experience, programs, partnerships, or engagement related to eye health, disability inclusion, health referrals, community mobilization, or public health service delivery.

2.3 Strategic Direction, Grassroots Reach, and Referral Hubs

- **Partnership and Collaboration Recommendations:**
Identify and recommend high-potential grassroots organizations with strong community trust, outreach capacity, and networks that can support eye health awareness, referral generation, and mobilization of marginalized and hard-to-reach populations.
- **Referral Hub and Focal Point Identification:**
Map relevant local health facilities, sub-district hospitals, community clinics, and other service points that can function as referral hubs within the eye health referral pathway.
- **Referral Integration Framework:**
Recommend a practical framework for establishing referral linkages between community-level organizations, referral focal points, and clinical eye care providers to strengthen continuity of care and improve access to services across Barishal Division.

3. Target Demographics & Guiding Questions

The assessment tools must prioritize capturing intersections of vulnerability, specifically focusing on **persons with disabilities, ethnic minorities, and women from marginalized communities.**

Key Inquiry Areas:

Task 1: Eye Health Knowledge, Attitudes, and Practices (KAP) Study

1. What is the current level of community knowledge and awareness regarding common eye diseases, preventable blindness, and available eye care services in Barishal Division?
2. What are the prevailing attitudes, beliefs, misconceptions, and cultural taboos related to eye health, vision loss, and eye surgery?
3. What are the common eye care-seeking practices and pathways followed by community members when experiencing eye problems?
4. To what extent do people rely on formal healthcare services compared to informal providers, pharmacies, or traditional healers for eye care?
5. What socio-cultural, economic, geographical, and structural barriers prevent people from accessing timely and quality eye care services?
6. How do gender norms, disability, age, poverty, ethnicity, and social exclusion influence access to and utilization of eye care services?
7. What are the major challenges faced by women, persons with disabilities, ethnic minorities, and hard-to-reach populations in accessing eye health services?
8. What factors influence community trust and confidence in eye care providers and referral systems?
9. Which communication channels, community structures, and local influencers are most effective for promoting eye health awareness and behaviour change?
10. What evidence-based and context-specific recommendations can improve community awareness, healthcare-seeking behaviour, and uptake of eye care services in Barishal Division?

Task 2: Rights Holders Organizations (RHO) Mapping

1. What types of community-based organizations, OPDs, CSOs, NGOs, and grassroots networks are currently operating across Barishal Division?

2. Which organizations are actively working with marginalized, vulnerable, and hard-to-reach populations, including women, persons with disabilities, ethnic minorities, and disadvantaged groups?
3. What are the geographical coverage areas, target populations, and thematic priorities of the mapped organizations?
4. Which organizations have existing experience or engagement in eye health, health referrals, disability inclusion, community mobilization, or public health awareness activities?
5. What institutional capacities, community networks, and outreach mechanisms do these organizations possess?
6. Which organizations have strong community trust and influence at the grassroots level?
7. What existing referral systems, coordination mechanisms, or partnerships currently exist between community organizations and healthcare facilities?
8. Which local organizations and facilities have the highest potential to function as referral focal points or community linkage hubs for eye care services?
9. What opportunities and challenges exist for establishing sustainable partnerships between RHOs, government facilities, and eye care service providers?
10. What strategic recommendations can strengthen community mobilization, referral pathways, and inclusive access to eye care services through collaboration with RHOs in Barishal Division?

4. Deliverables and Timeline

The absolute Level of Effort (LOE) for this dual-task consultancy is **30 calendar days (1 month)** from the date of contract signature.

Deliverable	Description	Due Date
1. Inception Report	Detailed methodology, localized sampling framework, and data collection tools	Day 5

2. Draft Comprehensive Report	Combined draft of the KAP study findings and the completed RHO registry matrix	Day 20
3. Final Report	Fully revised text incorporating feedback	Day 30

5. Consultant Key Selection Criteria

The consultancy may be done by an individual or firm. However, the main consultant should have the following qualifications:

- Post-graduate degree in social sciences/ anthropology/ gender studies/ special education/ human rights, or any other relevant field.
- Relevant publications or field reports demonstrating capacity and expertise in gender studies, disability, and indigeneity inclusion.
- Minimum of 5 years of experience in coordinating and administering research studies, with a strong focus on qualitative research on gender analysis, disability, and indigeneity assessment, preferably for international non-profit organizations or multilateral agencies.
- Demonstrated experience in facilitating FGDs and conducting KIIs.
- Knowledge on gender, disability, ethnic community and understanding of the policies, and eye health services delivery system in Bangladesh.
- Fluency in English and preferably local languages of the study area (spoken and written);
- Excellent writing and editing skills.
- Ability to produce high quality work under tight timeframes

6. Evaluation criteria for technical proposal:

- Methods and technique (36%)
- Qualification and competency (34%)
- Professional experience in coordinating/administering qualitative research and gender Equality, disability inclusion and indigeneity issues and tea plantation workers (30%)

7. Schedule of Payment

- **25% First Payment:** Upon formal approval of the Inception Report, methodology framework, and field tools

- **35% Second Payment:** Upon delivery and institutional acceptance of the first Draft Comprehensive Report
- **40% Final Payment:** Upon submission and absolute endorsement of all finalized project files and materials