Terms of Reference for a Feasibility Study

Project Summary

Planned Project /	Strengthening Inclusive Eye Care Services in Andhra Pradesh, India
Country / Region	India
Partner Organisation	Hyderabad Eye Institute (Operating Trust of LV Prasad Eye Institute-Hyderabad)
Planned Project start date	1st October 2027
Study Purpose	Assess the feasibility, relevance, effectiveness, sustainability, and inclusiveness of the proposed project to strengthen inclusive eye care services in Andhra Pradesh by establishing a State Eye Health Resource Centre providing tertiary eye care, professional training and vision rehabilitation with an initial implementation focus in four districts. The aim of the requested consultancy is to assess the feasibility of a proposed project of CBM and the Hyderabad Eye Institute (operating trust of L V Prasad Eye Institute) 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 Liaison Office - Shahnawaz Qureshi, Nirad Bag
Study duration	30 days

1. Background of the feasibility study

Hyderabad Eye Institute (operating trust of L V Prasad Eye Institute) and CBM would like to propose a project to the German Federal Ministry of Economic Cooperation and Development (BMZ) to strengthen inclusive eye care services in Andhra Pradesh through the establishment of a tertiary eye care, training and vision rehabilitation centre.

The proposing organisations are:

The **Hyderabad Eye Institute** (operating trust of L V Prasad Eye Institute) serves as the implementing partner responsible for planning, establishing, and operationalising integrated tertiary eye care services, including training and rehabilitation. The partner will oversee infrastructure development, procurement and installation of required equipment, and the delivery of all clinicals, training and rehabilitation services. They will implement community-based outreach, school outreach, and rehabilitation activities. Also, offer a training program for eye health professionals. Ensure adherence to accessibility and quality standards, manage programme data and reporting, and coordinate with community structures and government systems to strengthen inclusive eye health service delivery across the project area.

CBM is an 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 that 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 the disability-inclusive development approach, CBM addresses barriers to access and participation and actively work 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

- The project aims to provide vulnerable groups, including people with disabilities, with **access to inclusive eye care services in the state of Andhra Pradesh**. The establishment of Amaravati as the new administrative capital of Andhra Pradesh offers a unique opportunity to strengthen the state's eye health system by creating a dedicated institutional hub for inclusive eye care, professional capacity development and system-wide coordination.
- The proposed project will **establish and operationalise a State Eye Health Resource Centre in Amaravati**. The centre will provide comprehensive tertiary eye care and vision rehabilitation services, serve as a training hub for eye health professionals and community health workers, and strengthen referral systems, technical support and collaboration with government institutions and civil society organisations to improve inclusive eye care services that also provide affordable services for vulnerable groups, including people with disabilities, with an initial

implementation focus on four districts (NTR, Guntur, Palnadu and partly Krishna and Bapatla district).

  - The project will improve the eye health skills of 120 eye care professionals, 100 specialists in visual impairment and rehabilitation, and 960 community health workers.
  - Around 500,000 people will benefit from screening, including 50,000 from further consultations and 10,000 from surgery.

- **Target area**: Amaravati Capital Region (four districts of NTR, Guntur, Palnadu and partly Krishna and Bapatla dist), State of Andhra Pradesh.
- **Target group**: 500,000 persons from vulnerable groups – Elderly, Men, Women, Children, Persons with disabilities

Overall objective: Improved eye health, vision and quality of life for all people in Andhra Pradesh

Project objective: Equitable access to inclusive eye care services in Andhra Pradesh is strengthened through the establishment and operationalisation of a State Eye Health Resource Centre in Amaravati providing tertiary eye care, vision rehabilitation, professional education and institutional capacity development, with an initial implementation focus on four districts (NTR, Guntur, Palnadu and partly Krishna and Bapatla dist).

- Result 1: Community-based eye health promotion, primary eye care screening services, and an inclusive referral and follow-up system are established and functional in four districts of Andhra Pradesh.
- Result 2: Capacities of a State Eye Health Resource Centre in Amaravati are strengthened through the provision of equipment and the capacity development of ophthalmologists and allied eye health personnel.
- Result 3: Comprehensive low vision and vision rehabilitation services are established and operational at the State Eye Health Resource Centre, serving persons with severe visual impairment across Andhra Pradesh.
- Result 4: Collaboration between civil society networks and government health institutions is strengthened in four districts for the sustainable delivery of inclusive eye care services.

3. Purpose of the feasibility study

The project is currently in its development phase and CBM is seeking to recruit a consultant 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 local partner organization** in the respective country
- **Analysis of target groups and** key stakeholders at macro, meso and micro level

All three of the above listed components include a **systematic gender analysis** through specific questions and request for **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 other disadvantaged groups such as women, girls, indigenous population, and their representative organisations in all aspects of the project.

This assessment will be made based on a first draft of the impact matrix and indicators, description of activities and a draft budget to be made available by CBM and the partner organization.

4. Questions of the feasibility study

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

- In the thematic sector the project aims to address, does the design consider the relevant problems and situation of the target group?
- What is the prevalence of preventable blindness and visual impairment in the four districts (NTR, Guntur, Palnadu and partly Krishna and Bapatla dist)?
- Which eye conditions account for the greatest unmet need for care in the target area?
- Please describe the key service delivery gaps (e.g., specialized staff, wait times, referrals, rehabilitation) and institutional capacity constraints within the target area that justify this intervention.
- What functions are currently lacking in Andhra Pradesh's health care system? Why can't these functions be adequately provided by the existing LVPEI sites (e.g., Hyderabad or Vijayawada)?

- Why should the four districts (NTR, Guntur, Palnadu and partly Krishna and Bapatla districts) be prioritised?

- How will the project strengthen health system capacity to ensure effective implementation and sustainable outcomes beyond the project period?

- How many people actually require low-vision rehabilitation? How many children with CVI live in the catchment area?

- Which governmental and cultural/ normative frameworks (legislation, safeguarding mechanisms, etc.) pertaining to gender equality and inclusion need to be taken into consideration?

- Which local existing structures (institutions, networks, umbrella organisations, etc.) and social mechanisms can be built upon? Which gaps have been identified in the system?

- Are there approaches or results from previous development projects? If so, how will they be built upon?

- How do the identified challenges and opportunities at the **macro** (policy and health system), **meso** (institutional and service delivery), and **micro** (individual, family, and community) levels justify the establishment of a Rehabilitation Centre of Excellence in Amaravati, and what implications do they have for the design, sustainability, and expected results of the intervention?

- Are the scope and targets (e.g. 500,000 screenings, 10,000 operations) realistic and evidence-based?

4.2 Local project implementing partner organization in the partner country

- What is the special expertise that justifies the selection of the partner to implement the proposed project?

- Is there a need to strengthen the ownership of the local implementing partner?

- Are there any relevant technical or methodological competences/ capacities that the partner should develop to better implement the planned project?

- Will capacity-building measures be necessary to strengthen the capacities of the local partner organisation in relation to **gender equality** and **inclusion** approaches in accordance with the project objectives (e.g., training in human rights and women's rights and in participation of people with disabilities)?

- To what extent does the partner have **established relationships** with hospitals, eye care providers, rehabilitation services, government agencies, and disability organizations that can support referral pathways and utilization of the Centre's services?

4.3 Target groups and key stakeholders (at micro, meso and macro level)

- What is the composition of the target group (gender, age, ethnicity, language, capacities)?
- Which population groups currently have the greatest unmet need for inclusive eye care?
- What barriers exist for women, children, older people and people with disabilities, respectively?
- 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 key stakeholders (governmental/ OPDs/ women's organization etc; regional/ district level) adequately involved in the project? Are there points of agreement or conflicts of interest between them?
- Does the project build the capacity of key stakeholders and target groups on disability inclusion?
- 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?

4.4 Assessment according to DAC Criteria

Relevance *- To what extent is the planned project doing the right thing?*

- 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?
- Does the proposed intervention address the priority eye health needs of the target population?
- To what extent does the project respond to the leading causes of avoidable blindness and visual impairment in the target area?
- Is the establishment of a Rehabilitation Centre of Excellence the most appropriate and responsive solution to the identified gaps in low vision rehabilitation and CVI services in the target area?
- Does the intervention adequately address barriers to accessing quality eye care services, including geographic, financial, social, and cultural barriers?
- Are the proposed activities appropriate to improve access to comprehensive and inclusive eye care services?
- Does the project address the needs of underserved and vulnerable populations, including persons with disabilities, women, children, older persons, and marginalized communities?
- 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? To what extent does the project add value and avoid duplication?
- To what extent are the planned interventions coherent with existing national and district health systems and eye health service delivery structures?
- How well does the project complement and strengthen the National Programme for Control of Blindness and Visual Impairment (NPCBVI) and district eye health plans?
- Does the project align with the referral pathways and service delivery models currently established within the public health system?
- To what extent are referral and counter-referral pathways between the Centre, hospitals, schools, community services, and disability support services clearly defined and coordinated?
- How well does the project complement existing government and non-government initiatives on disability inclusion, rehabilitation, and vision care?

Effectiveness *- Which project approach can best achieve the objectives?*

- Is the chosen methodological approach 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 the changes measured? Which indicators are more suitable for this?
- Are appropriate indicators in place to measure service quality, rehabilitation outcomes, equipment utilization, and post-training application of CVI competencies?

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 does the project make efficient use of existing eye care infrastructure, government systems, and partner capacities to avoid duplication and optimize resources?
- Are the proposed procurement, staffing, and service delivery approaches likely to ensure timely and cost-effective implementation of project activities?
- Does the project leverage existing infrastructure, personnel, training institutions, and referral systems to reduce costs and improve efficiency?

Impact *- To what extent has the planned project the potential to contribute to the achievement of overarching developmental impacts?*

- To what extent has the planned project the potential for systematic change of norms and/or structures (also considering gender perspective)?
- To what extent is the project expected to generate lasting improvements in equitable access to quality eye care services, particularly for persons with disabilities and other underserved populations?
- To what extent is the project likely to promote behavioural change among communities and healthcare providers regarding eye health awareness, early care-seeking, and disability-inclusive practices?
- To what extent is the project expected to contribute to earlier identification, referral, and rehabilitation of persons with low vision and CVI?

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?
- Which personal risks for the implementers, institutional and contextual risks influence sustainability and how can they be minimised?
- Is there a realistic financial and institutional plan to sustain the Rehabilitation Centre of Excellence beyond external funding? Who will bear the annual operating costs once the project has ended? What own funds will LVPEI contribute? What government funding can be secured?
- Can sufficient skilled staff be employed on a permanent basis?
- Will vulnerable groups continue to access services after the project ends?

Safeguarding

- Has the project design included safeguarding as cross-cutting issue? Are safeguarding practices strengthened?

4.5 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 CBM and L V Prasad Eye Institute. He/She will report to the **CBM Liaison Office team** (Programme Coordinator and Country Representative). 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 and Technical Scope

The project is in Amaravathi, the proposed state capital of Andhra Pradesh, India. Thus, the study shall analyse the situation in the following communities: NTR, Guntur, Palnadu and partly Krishna and Bapatla district.

1. Service delivery – Inclusive Tertiary eye care services
2. Human Resources for eye care delivery in the state of Andhra Pradesh – Clinical and Non-Clinical Staff
3. Rehabilitation and Vocational Services Unit.
4. Capacity Building for Inclusive eye care services

5.3 Documents to be reviewed

- *Programmatic Project Approval (PPA)*
- *Impact matrix / logframe;*
- *possibly reports and evaluations of previous CBM projects in India if any*
- *Eye care guidelines as applicable*
- *Any other document that may still be agreed upon*

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)
- 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.

5.6 Limitations

- Data collection may coincide with festivals, school examinations, or agricultural seasons, affecting stakeholder availability.
- Monsoon rains or flooding may restrict access to remote communities and outreach sites.
- Availability of healthcare providers and government officials may be limited due to routine responsibilities.
- Travel delays or administrative requirements may affect the field schedule.
- Incomplete or delayed routine project data may limit data verification.
- Interviews may need to be conducted in Telugu, with accessible arrangements for persons with disabilities.
- Any unforeseen public health or safety restrictions may require adjustments to the data collection approach, including remote interviews where necessary.

If unforeseen circumstances (e.g., adverse weather, public health, or safety restrictions) limit field visits, a hybrid approach will be adopted. This may include virtual or telephone interviews with key stakeholders and beneficiaries, online review of project documents and routine data, and virtual focus group discussions where feasible. Any methodological changes and their limitations will be documented in the evaluation report.

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 **August 28, 2026, taking 30 days**. An itemised action plan should be submitted with the expression of interest.

Availability of the consultant for the proposed timeframe is crucial.

Please adapt dates and duration according to needs and scope of the study

Activity Description	Duration/ days	Stakeholders involved	Location	Timeframe /deadlines
Initial briefing of consultant	1	CO, partner, DID	Online meeting	**28 August**
Review of relevant documents	1	consultant	Online	28 August
Tools development and drafting of inception report	2	consultant		2 Sept
Inception meeting	1		Online meeting	**3 Sept**
Finalization and approval of inception report	1	CO, partner, DID, initiative	Online meeting	**4 Sept**
Data collection	13	Consultant and team		7-22 Sept
Data analysis and preparation of draft report	5	consultant		30 Sept
Validation meeting (incl. ppt presentation)	1	CO, partner, DID, initiative	Online or during workshop	**1 Oct**
Finalisation of feasibility study and final report	5	consultant		**7 Oct**
TOTAL	**30**			

7. Application and selection procedure

7.1 Skills and Experience of Study Team

The consultant should have the following attributes:

- **Academic Degree** (Master's degree in Public Health, Health Management, Hospital Administration, Health Economics, Development Studies, Social Work, Public Policy, Ophthalmology, or a related field and also Advanced training in Monitoring & Evaluation, Health Systems Strengthening, Project Management, or Development Evaluation) and **extensive expertise and experience** in understanding of accessibility standards, disability inclusion, gender equity, and safeguarding principles.
- Experience assessing healthcare services from an inclusion and rights-based perspective.
- Proven record of carrying out similar studies in the region and/or other parts of South India;
- 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;
- 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 Bengali and Hindi);

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.

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:

India.Liaisonoffice@cbm.org by **22/08/2026 16:00hrs.**

7.3 Selection Criteria

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

Criteria	**Score**
Budget	***20%***
Technical proposal:	***80%***
Experience in the related task	20%
Qualifications of team	20%
Technical proposal and methodology	40%
Total	**100%**