



**TERMS OF REFERENCE (TOR) FOR THE RECRUITMENT OF A PRINCIPAL
INVESTIGATOR AND A CERTIFIED RAAB7 TRAINER TO CONDUCT A RAPID
ASSESSMENT OF AVOIDABLE BLINDNESS (RAAB7) SURVEY**

1. Background of Eye Health in Cameroon (Far-north region)

The situation of the population

The population of Cameroon is estimated at 26 million inhabitants with a majority of this population living in urban areas. Of this population, the Far-North region accounts for 5.2 million inhabitants representing 20% of the total population of the country. Since 2014, Cameroon ranks among middle-income countries with a GDP of \$36,387 million, corresponding to an annual income of US\$ 1 445 per inhabitant. Yet, 40% of its population is still living below the poverty threshold, defined as an annual income of FCFA 269 443, or US\$ 539 per adult. Given a staggering social support system, an estimated 15% of the 40% population below the poverty line are people with disabilities⁴

Eye Care Situational in Cameroon

In Cameroon, the prevalence of blindness is estimated at 1% and that of visual impairment at 3% (National Eye Health Strategic Plan 2015-2019). Cataracts are responsible for 50% of cases of blindness, and the prevalence of glaucoma varies from 2% to 6% (SSS 2020-2030). Trachoma remains endemic in Cameroon, particularly in the Far North and North regions. Uncorrected refractive errors, which are very common in school settings, and diabetic retinopathy, which also causes blindness in our environment, are still real public health problems. The Cameroonian Government, through the Ministry of Public Health, has made enormous progress in the fight against blinding diseases, particularly in the development of human resources, technical facilities and infrastructure, by implementing the National Strategic Plan for Eye Health 2001-2010, supported by the 'Vision 2020: The Right to Sight' initiative. The limitations of this strategic plan were mainly related to the difficulty of providing universal access to eye care for all segments of the population.

Gaps in Cameroon's Eye Health sub-sector

- Cameroon has 78 ophthalmologists for a population of over 26 million inhabitants. This implies a ratio of 3 ophthalmologists/1 million of the population with a CSR of 686.
- Inaccessible services to all, high prices, poor quality surgeries, weak surgical skills, sociocultural beliefs, challenges in the acquisition of consumables, and limited equipment.
- Just like every other health care need in Cameroon, Eye health care is paid for by the beneficiary. Free eye screening campaigns are occasionally organized by the state, NGOs, and public and private partners.

- There is an increasing demand with little coverage, especially in cataract surgeries and the correction of refractive errors.
- The absence of a database for Eye Health in Cameroon has over the years had a huge negative impact on understanding the prevalence of various blinding conditions, morbidity rate of blindness, the availability of infrastructure, and human resources. The cause of this is due to the irregular collection of data on eye care, the non-transmission to higher quarters, thus poor analysis and interpretation as required by the competent authorities.
- Eye care in the Far-North region is provided by 3 ophthalmologists. These ophthalmologists are assisted by mid-level ophthalmic staff, most of whom are trained informally. In terms of infrastructure, the region comprises 6 secondary eye facilities where eye consultation and surgeries are performed.

Health system structure

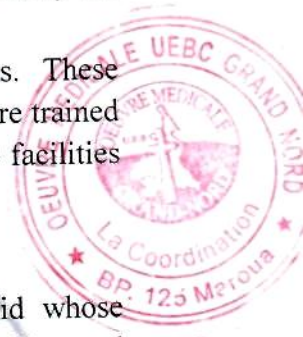
The health sector in Cameroon is structured in three levels forming a pyramid whose functional relationships are specified as the central level made up of the minister's office, and departments responsible for formulating health policies and coordination; the intermediate level made up of 10 regional delegations that give technical support to health districts; and the peripheral level made up of 200 health districts that implement programs. The health sector comprises three sub-sectors: a public sub-sector, a private sub-sector, and a traditional sub-sector through which health care is delivered in the country.

Centre Ophtalmologique Esther Binder de Mokong (COEBM)

The Centre d'Ophtalmologie Esther Binder de Mokong (COEBM), located in Mokong (southwest of Maroua, the capital of the Far North Region), is the key eye health care institution under the **Œuvres Médicales of Union des Églises Baptistes du Cameroun (UEBC)**. Its eye care work started in 1972. Today, COEBM has in terms of staffing, 4 ophthalmic nurses among whom 2 cataract surgeons, Optical assistants, and 1 equipment technician. It serves nearly all of the Far North Region of Cameroon with an estimated population of 5.2 million. COEBM specializes in comprehensive eye care services, including screenings, consultations, surgeries, and rehabilitation for individuals with visual impairments. COEBM also acts as a referral center for complex eye conditions, particularly for those affected by preventable blindness, such as cataracts and glaucoma and refractive error, trachoma, as well as diabetic retinopathy.

From 2021 and 2024, with support from CBM, COEBM in partnership with the Far-north Regional Delegation of Health, strengthened the capacity for primary eye care in 28 health districts by training 105 nurses using WHO guidelines, provided basic supplies for eye screening and strengthening referral pathways for secondary eye care and rehabilitation and 40 community health workers members of OPDs in sensitization and community mobilization. This initiative increased access to basic eye care in hard-to-reach communities where 39501 beneficiaries had access to eye care through outreaches and base hospital consultations.

The **Rapid Assessment of Avoidable Blindness (RAAB)** is a critical Public Eye Health survey aimed at assessing the prevalence and causes of avoidable blindness within a specific



population. It is an essential study for gathering high-quality data, which helps design, deliver, and evaluate effective eye health programs.

As part of its commitment to reducing the burden of avoidable blindness, COEBM will collaborate with local and international partners to conduct a RAAB survey and gather critical data on the prevalence and causes of blindness in the region. This study falls within the framework of the project “Improving access to quality eye care services for underserved populations in the Far North” funded by CBM and hosted by the COEBM. It will focus on the **Far North Region of Cameroon**, where access to eye care services is limited, and the burden of preventable blindness is high. The RAAB study will cover the Diamaré (Maroua), the Mayo-Sava (Mora), Mayo-Tsanaga (Mokolo), Mayo-Kany (Kaélé), Mayo-Danay (Yagoua) divisions with about 4 million residents.

2. General Objective

The overall objective is to perform a standardized RAAB7 survey using the National health systems framework to assess the prevalence and causes of vision impairment and blindness in the Far-North region of Cameroon to gather evidence-based data for the planning and implementation of comprehensive eye health programs.

Specific objectives:

1. Ensure the recruitment of a qualified consultant comprising a **Principal Investigator (PI)** and a **RAAB7 Trainer** to oversee the entire RAAB7 survey process.
2. Support the design of a RAAB7 survey protocol
3. Ensure ethical approval is obtained for conducting a RAAB7 survey in the Far North region of Cameroon
4. Provide the training of a survey team in RAAB7 methodology and in data collection
5. Support the collection of data for the RAAB7 survey in the Far North region.
6. To finalize and publish survey report
7. Ensure the dissemination of the RAAB7 survey results to stakeholders.

3. Scope of Work

The conduct of the survey will generate reliable data on the prevalence of avoidable blindness within the target population of the **Far North Region of Cameroon**. It will involve close collaboration between the stakeholders i.e. the Principal investigator, the RAAB7 trainer, Coordinator of Œuvre Médicale Grand Nord, the Regional delegation of Public Health for the Far-North Region, the National Program for Blindness Prevention and the CBM Cameroon country office in ensuring the effective management of logistics, organization of field survey, and ensuring that the survey protocol is followed.

The following tasks will be undertaken:

- **RAAB7 Methodology Implementation:** Conduct the RAAB survey using the **RAAB7 methodology** and software to ensure fast, accurate, and insightful data collection and analysis.
- **Obtaining ethics approval and administrative authorization** for the conduct of the RAAB& in the Far-north by the principal investigator.
- Work with a certified **RAAB7 trainer** to ensure adherence to survey protocol, staff training, and fieldwork monitoring. The RAAB Trainer will assist with the

development of the **sampling frame**, cluster selection, and the overall preparation for the survey.

- **Survey Coordination:** Ensure that the **Survey Coordinator** is actively engaged in all preparatory tasks, including recruiting personnel, organizing transport, arranging logistics, and managing the data collection process.
- **Sampling Frame Development:** In collaboration with the **RAAB7 Trainer**, develop a high-quality **sampling frame** before the training phase to ensure proper cluster selection and reliable data.
- **Training and Capacity Building:** Lead the training of local health workers and field staff on **RAAB7 methodology**, including the use of survey tools, ethical considerations, and data collection protocols. The **RAAB7 Trainer** will assist in conducting **pilot surveys** and **IOV exercises**.
- **Fieldwork Supervision:** Supervise the field teams during the data collection process, ensuring strict adherence to the RAAB protocol. This includes ensuring that eligible participants are examined in their own homes where possible and maintaining high data quality.
- **Reporting and Service Provision:** Prepare a comprehensive report outlining the findings of the RAAB, with evidence-based recommendations for reducing avoidable blindness in the region. Ensure that participants identified with eye problems are referred for appropriate care under the “**No Survey without Service**” principle.

Target audience and intended use

- The RAAB7 report shall serve as a baseline for planning for the COEBM, the Ministry of Health and CBM Cameroon Country Office. The report shall also inform other eye care stakeholders about the current prevalence and causes of visual impairment and blindness in Cameroon’s Far-North Region and identify gaps requiring priority action in the next 5-10 years.
- The RAAB7 report shall be open and accurate and shall also provide input for the future direction of any inclusive eye health intervention.
- The draft RAAB7 report shall be shared with COEBM and CBM for an internal review and feedback to the Consultant. The final RAAB7 report will be shared with COEBM, CBM and other stakeholders identified by CBM. A debriefing session with CBM and COEBM will be held jointly by the consultant to share the results of the situational assessment in a presentation. CBM will advise, decide if and in what form the final RAAB7 report will be shared with other stakeholders, e.g. government authorities, other INGOs or any other outside stakeholders.

METHODOLOGY

COEBM shall request the services of a consultant to conduct the RAAB survey using the RAAB7 methodology. The methodology must be inclusive for persons with disabilities with an approach which incorporates the Washington Group short set of Questions component and demonstrates strong considers the poorest of the poorest persons in the region. The proposed methodology shall be submitted to COEBM in the form of a short (two-page) proposal and a stakeholder table (see Appendix A). This consultancy will involve recruiting a **Principal Investigator (PI)** to lead the RAAB survey, supported by a **RAAB7 Trainer** certified by the

International Centre for Eye Health (ICEH) at the London School of Hygiene & Tropical Medicine (LSHTM), and a Survey Coordinator to ensure proper survey preparation, logistics, and team management.



4. Qualification Criteria

The consultant must meet the following criteria:

- **Educational Qualifications:** A degree in **Public Health, Ophthalmology**, or a related field. A **master's or PhD** is an advantage.
- **Experience:** At least 5 years of experience in **public health research**, with specific expertise in conducting **RAAB surveys** or similar community-based health assessments.
- **RAAB7 Methodology:** Proven experience with the **RAAB7 methodology** and certified by ICEH.
- **Technical Skills:** Proficiency in **data collection and analysis**, with experience in using survey tools and data analysis software (e.g., **SPSS, Stata**).
- **Field Experience:** Experience working in **sub-Saharan Africa** or similar resource-limited settings, particularly in the field of **eye health and blindness prevention**.
- **Language Skills:** Fluency in **English and/or French**. Proficiency in local languages (e.g., **Fulfulde, Kanuri**) is an asset.
- **Interpersonal Skills:** Excellent **communication and leadership skills**, with the ability to work effectively in **multicultural teams** and engage with local stakeholders.

5. Duration

The consultancy will last for **6 months**, divided into three phases:

- **Preparation Phase (4 months):** Development of survey tools, training materials, and coordination with stakeholders.
- **Data Collection Phase (1 month):** Fieldwork and data collection in the Far North Region, including coordination with local teams and oversight of the data gathering process.
- **Analysis and Reporting Phase (1 months):** Data analysis, report writing, and presentation of findings to stakeholders. The final report will include detailed recommendations for further action.

6. Deliverables and Deadlines

The consultant is expected to deliver the following:

- **Survey Tools and Methodology Report:** By the end of **Month 1**.
- **Training Materials:** For field teams and local health workers.
- **Training Sessions:** To be completed by the end of **Month 4**.
- **Progress Reports:** Bi-weekly updates on data collection and analysis.
- **Final RAAB Survey Report:** A comprehensive report with data analysis, findings, and recommendations, to be submitted within **1 month** after the completion of data collection.



Survey calendar:

Milestone	Timeframe	Person responsible
• Finalizing ToR; launching	• 4 th July 2024	• PO – Achatoh Roy
• Hiring of PI and RAAB Trainer	• 31 st July 2025	• Coordinator Oeuvre Medical Grand Nord - UEBC
• Development of survey Tools and RAAB7 Protocol	• 15 th August 2025	• RAAB Trainer (To be hired)
• Obtaining of Ethical approval	• 31 st October 2025	• PI (To be hired)
• Obtaining of Administrative authorization	• 15 th November 2025	• PI (To be hired)
• Purchase of RAAB7 license	• 31 st July 2025	• RAAB7 trainer
• Hiring of survey team members	• 20 th November 2025	• PI
• Training of survey teams	• 21 st - 30 th Nov 2025	• RAAB7 trainer
• Purchase of RAAB equipment	• 31 st October 2025	• Coordinator Oeuvre Medical Grand Nord - UEBC
• Data collection/Field work	• 1 st - 20 th December 2025	• PI
• Report writing	• 15 th January 2026	• PI
• Restitution session with stakeholders	• 20 th January 2025	• PI
• Final RAAB Survey Report	• 31 st January 2026	• PI

7. Budget and Payment Schedule

The consultant's fees will be determined based on the scope of work and agreed deliverables. Payments will be made as follows:

- **Initial Payment (30%):** Upon signing the contract and submission of the final version of the survey tools and methodology.
- **Progress Payment (40%):** Upon completion of the data collection phase and submission of initial progress reports.
- **Final Payment (30%):** Upon submission of the final RAAB survey report, including all deliverables and documentation.

8. Application Process

Interested candidates should submit the following:

- Proof of LSHTM RAAB7 trainer certification
- Updated CV highlighting relevant experience.

- A cover letter outlining their approach to the RAAB7 survey and why they are the ideal candidate for this consultancy.
- References from previous similar projects or institutions.
- A technical proposal detailing the methodology and work plan for conducting the RAAB7 survey.
- A financial proposal outlining the consultant's fee structure and any associated costs.

Applications must be submitted by **25th July 2025** to the following email address: **om.grandnord uebc@gmail.com**. Only shortlisted candidates will be contacted for an interview.

