Terms of Reference for a Feasibility Study

Project Summary

Planned Project/	Lishe, Elimu na Afya Project (LEA Project)
Country/Region	Kenya, Turkana County
Target Area:	Turkana County, Loima and Lokiriama Sub-Counties
Partner Organisation	Waldorf Kakuma Project (WKP)
Planned Project start date	01.09.2027 – 31.12.2030 (36 months)
Study Purpose	The aim of the requested consultancy is to assess the feasibility of a proposed project of CBM and WKP and to systematically examine the extent to which the proposed project approach can plausibly achieve the intended changes under the existing social, economic, institutional and environmental conditions in Turkana County. The study shall provide evidence-based recommendations to strengthen the project design, intervention logic, implementation approach, sustainability mechanisms, and monitoring framework prior to submission of the project proposal to BMZ.
Commissioning organisation/contact person	CBM
Study duration	30 days

1. Background of the feasibility study

Waldorf Kakuma Project (WKP) and CBM intend to submit a project proposal to the German Federal Ministry for Economic Cooperation and Development (BMZ) that aims to strengthen the **inclusive Early Childhood Development and Education (ECDE) system** in Turkana County, Kenya.

The proposed project seeks to improve the **health, nutrition, development and learning outcomes of young children attending ECDE centres**, with particular attention to children with disabilities and other vulnerable children. **Based on the project preparation undertaken to date, key areas for potential intervention include** strengthening **institutional and management systems**, **improving the functioning and sustainability of ECDE feeding and nutrition systems**, improving access to **integrated health and nutrition services**, enhancing the capacities of **caregivers, ECDE personnel, parents and communities**, and improving **inclusive ECDE infrastructure, WASH and basic learning conditions**.

A particular emphasis **is envisaged on building on and strengthening existing County, ECDE and community-based systems rather than establishing parallel service-delivery structures**, and on addressing key bottlenecks affecting the sustainable provision of quality and inclusive ECDE services. **The feasibility study is expected to critically assess the relevance, feasibility and relative priority of these proposed intervention areas and to identify where the project can make the most relevant and sustainable contribution within the existing institutional and service-delivery landscape.** The project is therefore intended to contribute to a more **inclusive, functional and sustainable ECDE system** that can continue to provide improved services beyond the project period.

The proposing organisations are:

Waldorf Kakuma Project (WKP) is a Kenyan non-governmental organisation working in Turkana County and other vulnerable communities in Kenya. WKP promotes quality early childhood and basic education, child protection, disability inclusion, psychosocial support, and teacher capacity development, with a particular focus on children affected by conflict, displacement, and other crises. The organisation has extensive experience implementing community-based education and resilience programmes in Turkana West, including Kakuma Refugee Camp and surrounding host communities, where it works closely with government institutions, schools, communities, and development partners to strengthen inclusive education systems and improve children's wellbeing.

CBM is an international development and humanitarian 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 which 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 our disability-inclusive development approach, we address the barriers that hinder access and participation and actively seek

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

Problem Statement

Children in Turkana County continue to face significant barriers to accessing quality, inclusive Early Childhood Development and Education (ECDE). Weak institutional systems, high levels of malnutrition **gaps in sustainable ECDE feeding and nutrition systems**,, limited access to integrated health and nutrition services, inadequate caregiver support, and insufficient ECDE infrastructure negatively affect children's health, development and learning outcomes. Children with disabilities and other vulnerable groups face additional barriers to accessing inclusive services. The proposed project seeks to strengthen an inclusive quality education ecosystem by improving institutional capacity, integrated child health and nutrition services, caregiver and community engagement, and inclusive ECDE infrastructure.

Target Area

The proposed project will be implemented in Turkana County, Kenya, with a focus on

- Loima and Lokiriama Sub-Counties.

Target Groups

The project primarily targets children attending ECDE centres, particularly children with disabilities and other vulnerable children. It will further engage:

- parents and caregivers;
- ECDE teachers;
- Social Workers
- School Management Committees;
- Community Health Promoters (CHPs);
- County Government departments;
- Organizations of Persons with Disabilities (OPDs);
- and other community stakeholders involved in early childhood development and service delivery.

Project Goal and Objectives

The following objectives and result areas reflect the current project concept and are subject to validation and refinement through the feasibility study.

Overall Objective

Reducing barriers and improving access to inclusive, high quality and nurturing early childhood development and education for learners in Loima and Lokiriama, Turkana County.

Project Objective

To strengthen an inclusive and resilient ECDE ecosystem in Loima and Lokiriama through strengthened institutional systems, integrated health and nutrition services, empowered caregivers and communities, and safe, child-friendly and inclusive ECDE environments.

Proposed Results Areas

Result 1: To strengthen County and local ECDE systems and capacities to improve quality assurance, data-driven decision-making, coordination and delivery of inclusive ECDE services.

Result 2: To improve children's health, nutrition, nurturing care and inclusion by strengthening integrated services, caregiver capacity and community support systems.

Result 3: To improve access to safe, inclusive, child-friendly ECDE learning environments that support children's learning, health, nutrition and participation.

The following activities represent preliminary intervention options identified during project preparation and are subject to assessment by the feasibility study. The consultant may recommend that activities be retained, modified, prioritised, combined or excluded based on their relevance, feasibility, sustainability and contribution to the proposed results.

The project may include activities as attached in the WKP-BMZ Results and Activities Template:

- Conduct induction meetings with the ECDE Directorate
- Build the capacity of ECDE teachers, Ward officers, and Sub-County officers on ECDE data collection, analysis, and management systems (TECDEMIS and KEMIS).
- Facilitate access to birth registration services at the ECDE centers linking caregivers with the civil registration services
- Strengthen referral pathways linking ECDE, health, nutrition, disability, and social protection services.
- Facilitate linkage between Turkana ECDE Directorate and the Kenya National School Meals Coalition to facilitate learning, knowledge sharing and replication of approaches implemented in other counties.
- Facilitate stakeholder engagement, policy dialogue and county coordination on advocacy for integration of school feeding into county planning and budgeting.
- Adopt and develop ECDE training manuals, toolkits, supervision guides and reference materials such as JUMUISHA Community Dialogue Manual and the CFM-TV Tool by the Sub-County Officers and ECDE Directorate.
- Conduct meetings and sensitization of MCAs on education policy and priority areas.

- Organize inclusive school health days for children with and without disabilities by CHPs on health education to the school community, including cooks, BOMs, and ECD learners.
- Facilitate the CHPs to coordinate essential child health and nutrition services, including immunization, Vitamin A supplementation, deworming, nutrition screening, and basic health checks through existing Government services.
- Facilitate referral and household follow-up visits by CHPs and social workers for children with and without disability.
- Support integrated and inclusive community health outreaches through medical and educational assessments; Equipping the EARC Centre; Supporting rehabilitative surgery by medical officers and CHPs; Conducting placement of children with disabilities to Special Needs Education Schools.
- Deliver practical caregiver education for caregivers and parents of the ECDE learners in the Centres on age-appropriate feeding, dietary diversity, hygiene and responsive caregiving while promoting the engagement of men in child health, nutrition and nurturing care.
- Coordinate with Government, local and community structures to support *Kimormor* dialogues and awareness campaigns to promote child health, nutrition and inclusion.
- Facilitate radio talk shows and community road shows on disability and birth registration.
- Conduct an accessibility audit of the ECDE Centers
- Construct and equip a model disability-inclusive ECDE school with child-friendly classrooms, learning materials, teachers' resources, child-friendly furniture, WASH facilities, kitchen facilities, and outdoor play spaces.
- Improve WASH infrastructure in targeted ECDE centres by connecting centres to water systems, providing storage water tanks and accessible sanitation and handwashing facilities.
- Train ECDE managers, BOMs, cooks, caregivers, and ward officers on food safety, hygiene, disability inclusion, safeguarding, and school management.
- Conduct teacher training, mentorship, and cluster reflection meetings for teachers in the ECDE Centres.
- Assess and pilot feasible improvements to ECDE feeding planning, financing, procurement, supply, storage and monitoring, building on existing County systems.

3. Purpose of the feasibility study

The project is currently in the development phase, and CBM is seeking to recruit a consultant to conduct a feasibility study. The study will systematically assess the viability of the proposed project by undertaking a **data-driven** situation and problem analysis. Based on this analysis, it will evaluate the extent to which the proposed project approach is likely to achieve the intended outcomes within the existing contextual and operational framework conditions and whether the proposed intervention areas appropriately address the most relevant and significant needs and system bottlenecks in the target area

It should provide CBM and WKP with sufficient information on project opportunities, risks, assumptions and contextual factors, as well as concrete recommendations for

strengthening the project concept, implementation approach and sustainability mechanisms. 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 and micro level;
- Assessment of the local partner organization in the respective country;
- Analysis of target groups and key stakeholders (Institutional, Health, Nutrition and public works) at macro, meso and micro level.

All three of the above listed components include a **systematic gender, disability and social inclusion analysis** through specific questions and requests for disaggregated data, which is a vital part of the feasibility study. Particular attention should be given on the different stressors that affect children's access to and participation in education, health, nutrition, WASH and protection services, with a focus on the differentiated impacts on girls, children with disabilities, caregivers, and other vulnerable groups. The analysis should also identify related barriers, capacity gaps and opportunities to strengthen gender-responsive, disability-inclusive and resilient education systems, infrastructure and community support mechanisms.

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 persons with disabilities and other disadvantaged groups such as women, girls, youth and their representative organisations in all aspects of the project;
- The availability of relevant baseline information and data required for the proposed impact matrix, indicators and monitoring framework.
- The relative priority and added value of the proposed intervention areas, including which components should be retained, modified, prioritized or excluded from the final project design, taking into account existing government systems and interventions by other actors;
- **relevant good practices and lessons from ECDE systems and programmes in other parts of Kenya that have demonstrated effective and sustainable approaches to ECDE planning, financing, management, quality assurance, school feeding, inclusion or integrated service delivery, and their potential applicability to the Turkana context**

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

Where feasible, the study should generate quantitative and qualitative evidence relevant to the proposed impact matrix, support the validation and refinement of indicators, and provide information for establishing baseline values and realistic target setting.

This may include, but is not limited to, information on:

- the functionality and capacity of ECDE institutional systems, governance and coordination mechanisms; including the respective mandates, responsibilities and actual capacities of County, Sub-County, Ward and ECDE-level structures;

- the availability, accessibility and quality of integrated ECDE, health, nutrition and referral services;

- **the functionality and sustainability of existing ECDE feeding systems, including registration and planning, financing, procurement, supply, storage, food preparation and monitoring;**

- the capacity of ECDE teachers, caregivers, Community Health Promoters (CHPs) and other frontline service providers;

- caregiver knowledge, practices and community support systems related to child health, nutrition and early childhood development;

- the accessibility, quality and functionality of ECDE infrastructure, including classrooms, WASH facilities and water systems;

- barriers to equitable access for children with disabilities and other vulnerable children, and the effectiveness of existing inclusion and referral mechanisms.

4. Questions of the feasibility study

4.1 Situation and problem analysis at macro, meso, micro level

- What are the main structural, institutional, socioeconomic and environmental barriers preventing children, particularly children with disabilities and other vulnerable children, from accessing quality, inclusive ECDE, health and nutrition services? Which of these most significantly affect children's enrolment, attendance, participation, health, nutrition and learning outcomes? Which of these barriers should be considered priority bottlenecks for the proposed project, considering their severity, the needs of the target groups, existing interventions and the potential for sustainable change?
- How do poverty, food insecurity and malnutrition, disability, gender, displacement and climate-related shocks affect children's access to ECDE and their health, nutrition, development and learning outcomes?
- How effectively do existing County, Sub-County, Ward and ECDE-level systems plan, finance, manage, monitor and coordinate the delivery of quality and inclusive ECDE services? What are the main institutional and capacity gaps? What are the formal mandates and responsibilities of the respective government structures, which functions are currently being fulfilled, which are not or only partially fulfilled, and why? To what extent are identified gaps related to capacity, financing, staffing, coordination, implementation or other constraints?
- How well do existing ECDE feeding and nutrition systems function, including child registration and data, food allocation, financing, procurement, supply, storage, meal preparation and monitoring? What are the main bottlenecks affecting the

adequacy, quality and sustainability of ECDE feeding? To what extent is inadequate ECDE feeding a key driver of poor enrolment, attendance, participation or retention compared with other barriers? Who is currently responsible for and finances the different components of ECDE feeding, to what extent are available resources adequate and predictable, and which functions and costs could realistically be sustained by County Government, ECDE structures or other existing actors beyond the project period?

- To what extent do children attending ECDE centres have access to integrated health, nutrition, growth monitoring, screening and referral services, and where are the main gaps in coordination and referral between ECDE centres, health facilities, Community Health Promoters (CHPs) and other relevant services?
- To what extent are ECDE centres equipped to provide a safe, accessible and inclusive learning environment, including accessible infrastructure, WASH facilities, inclusive learning materials, assistive devices and trained teachers to meet diverse learning needs?
- What capacities and gaps exist among ECDE personnel, centre management structures, parents and caregivers to support children's nutrition, health, development, safeguarding and inclusion, particularly for children with disabilities?
- What roles do parents and caregivers, ECDE management structures, CHPs, local administration, organisations of persons with disabilities (OPDs), community structures and relevant County authorities currently play, and how could their roles and coordination be strengthened?
- What does the County identify as its priority gaps in ECDE service delivery, and which of these does it consider realistic to address jointly with WKP? What financial, human, technical or institutional contributions can the County realistically make during the project, and which responsibilities or costs could realistically be continued or taken over after the project period?
- Which current national and County policies, strategies and plans are relevant to the proposed project, what are their key provisions and priorities, and how can the project align with and contribute to their implementation? Which existing County systems, budgets, programmes, community structures and development-partner interventions can the project build upon rather than establishing parallel structures?
- What lessons learned and good practices from previous and ongoing ECDE, school feeding, health, nutrition and disability-inclusive programmes in Turkana should inform the project design, and which approaches have demonstrated potential for sustainable continuation or institutionalisation?
- What examples of well-functioning or promising ECDE systems or approaches exist in other Counties in Kenya, particularly in comparable ASAL contexts? What factors have contributed to their effectiveness and sustainability, including government ownership, financing, data and monitoring, ECDE feeding, integrated health and nutrition services, disability inclusion and community participation? Which elements could realistically be adapted to the Turkana context?

4.2 Local project implementing partner organization in the partner country

- What specific technical, geographical, institutional and community-level expertise justifies the selection of WKP as the implementing partner for the proposed project?

- To what extent does WKP possess the technical, managerial and operational capacities required to implement the proposed project and achieve the intended results? Are its existing staffing structure and technical expertise adequate for the proposed scope, particularly regarding ECDE systems strengthening, school feeding and nutrition, health linkages, disability inclusion and infrastructure/WASH?

- How are ownership, participation and decision-making responsibilities shared between WKP, CBM, local communities and relevant public / private stakeholders and local market actors, and are there opportunities to further strengthen locally led inclusive development approaches?

- Which existing partnerships, networks and relationships with county government structures, community institutions, ECDE centers, Community Health Promoters, School Management Committees and organisations of persons with disabilities can support project implementation and sustainability? Which technical or implementation functions should primarily be undertaken by existing government or specialised actors rather than by WKP, and what should WKP's role be in strengthening, coordinating or supporting these structures?

- Are there any relevant technical, methodological or organisational capacities that should be further strengthened to improve implementation of the proposed project, particularly in relation to nutrition knowledge, disability inclusion, gender equality, safeguarding, monitoring and learning?

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

- What is the composition of the proposed target groups in terms of gender, age, disability status, displacement status, livelihood profile, ethnicity, language and socio-economic vulnerability? Which groups of children and households are particularly vulnerable to exclusion from, or inadequate access to, quality ECDE, health and nutrition services, and what are the main factors driving this vulnerability?

- What gender-specific and disability-related barriers do children, particularly children with disabilities and other vulnerable children, and their caregivers face in accessing inclusive ECDE, health and nutrition services?

- Are there specific needs of particular target groups that require dedicated or adapted interventions to ensure meaningful participation and equitable benefits from the project?

- What criteria should be used to transparently identify and select the ECDE centres, communities and target groups to be reached by the project, taking into account needs, vulnerability, existing service gaps and the potential for sustainable impact?

- Which self-help capacities, local resources and community-based structures exist among the target groups and how can these capacities be strengthened to improve local resilience, local ownership and sustainability of the ECDE services ?

- How can the project strengthen the participation, representation and meaningful involvement of parents/caregivers and children with disabilitieswithin relevant community structures and ECDE governance structures?

- Which stakeholders are critical for sustaining project outcomes beyond the project period, what roles and responsibilities do they have, and how can their ownership and engagement be strengthened?

4.4 Gender Equality and Disability Inclusion

- What reasonable accommodations, accessibility measures and targeted support mechanisms may be required to ensure meaningful participation of persons/children with disabilities in ECDE services, project activities and community structures? What existing government and community-based mechanisms for disability identification, assessment, referral and support are available and accessible in the target area, and where are the main gaps?
- To what extent are women, parents/caregivers and persons/children with disabilities represented and meaningfully participating in ECDE and school management structures, parent/community groups, health structures such as CHPs, child protection mechanisms and local administration?
- What opportunities exist to strengthen the leadership, representation and decision-making power of women and persons with disabilities within community and county-level resilience systems?
- What indicators and monitoring approaches are most suitable for measuring progress in gender equality, disability inclusion and participation throughout the project?
- Does the proposed project adequately promote disability inclusion and gender equality within all result areas and activities? What additional measures may be required to ensure equitable participation and benefit-sharing?

4.5 Safeguarding

- Has the project design adequately integrated safeguarding as a cross-cutting issue? Are safeguarding risks adequately identified and mitigated, particularly for women, children, youth and persons with disabilities participating in ECDE services, project activities and relevant community structures?Are safeguarding awareness, reporting and response mechanisms sufficiently integrated into project implementation and partner systems?

4.6 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, as well as relevant institutional and policy frameworks?

- Is the project designed in a conflict-sensitive, gender-responsive and disability-inclusive way (Do-No-Harm principle)?
- To what extent does the proposed project address the most significant barriers affecting children's access to and participation in quality inclusive ECDE, including malnutrition and food insecurity, access to health and nutrition services, disability-related barriers, WASH and other relevant socioeconomic and environmental factors?
- Considering the severity and drivers of malnutrition and food insecurity in the target area, is the proposed integrated ECDE systems approach appropriate, and are the proposed intervention areas appropriately prioritised**?**?

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 is the proposed project aligned with relevant County and National policies, strategies and frameworks related to Early Childhood Development and Education (ECDE), child health and nutrition, disability inclusion, WASH and child protection?
- How does the proposed project complement existing and planned interventions by County Government and other relevant actors, and to what extent does it build on existing systems and avoid duplication or parallel structures?

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

- Are the proposed causal pathways, assumptions and result areas plausible and likely to contribute to the intended project objective?
- Is the project 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?

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?
- Are the planned investments, operational costs and capacity-strengthening measures proportionate to the intended results and objectives?
- Are there alternative approaches that could achieve comparable or greater results more economically or sustainably, particularly regarding infrastructure, service delivery and recurrent costs?

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 systemic change of norms and/or structures (including gender equality and disability inclusion)?

Sustainability *- To what extent will the positive effects (without further external funding) continue after the end of the project?*

- Which capacities, systems and institutional mechanisms are expected to continue functioning after the project, and who will be responsible for maintaining them?
- Which personal risks for the implementers, institutional and contextual risks influence sustainability and how can they be minimised?
- Which institutional, financial and community-based sustainability mechanisms are most likely to ensure the long-term continuation of project outcomes beyond the project period?
- Which recurrent functions and costs will remain after the project, who is expected to finance them, and how realistic are these commitments based on existing mandates, budgets and capacities?

4.7 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, evidence-based and implementable.

In particular, the following should be addressed:

- Recommendations on any components, measures or approaches that might be missing or not fitting within the project concept.
- Recommendations on the relative prioritisation of the proposed intervention areas, clearly indicating which components should be retained, modified, combined, deprioritised or excluded based on the study findings.
- Recommendations regarding any components or measures where potential negative effects, implementation risks or sustainability concerns have been identified.
- Recommendations on the respective roles and responsibilities of WKP, County Government, community structures and other relevant actors during and beyond the project period, including the sustainability of recurrent functions and costs.
- Where major infrastructure investments are proposed, recommendations should assess their necessity, cost-effectiveness and sustainability compared with alternative options, including rehabilitation, accessibility improvements or targeted upgrading of existing ECDE centres.
- Recommendations on the overall project design, including the proposed objectives, result areas, intervention logic and implementation approach.

- Recommendations on stakeholder engagement, community participation, disability inclusion, gender equality and sustainability mechanisms.
- Recommendations on the impact matrix of the project:
    - Anything that can strengthen the effect chain and plausibility of the project.
    - Recommendations on indicators demonstrating progress and measuring results, including available baseline information and identification of indicators requiring additional baseline measurement.
- Recommendations regarding the feasibility of the proposed budget, implementation arrangements and project duration.
- Where the evidence suggests that alternative approaches would be more relevant, effective, economical or sustainable than the currently proposed interventions, these alternatives should be clearly identified and justified.

5. Scope of the feasibility study

5.1 Stakeholders

The consultant will work closely with all project partners, including CBM, WKP and relevant county government departments, community representatives and other stakeholders as required for the study.

The consultant will report to the CBM Programme Team, represented by Dianah Ondari, and will coordinate closely with WKP throughout the assignment.

The consultant will execute the assignment in complete independence and will receive only general guidance from CBM and WKP, as required for effective collaboration and the orderly implementation of the assignment. The consultant shall maintain professional independence in data collection, analysis, findings, conclusions and recommendations.

CBM and WKP will facilitate access to relevant project documentation, stakeholders and study locations, while ensuring that the consultant remains fully responsible for the methodology, analysis and final conclusions of the feasibility study.

5.2 Geographical Scope

The proposed project will be implemented in Turkana County, Kenya, specifically in Lokiriama and Loima Sub-Counties.

The feasibility study shall assess the situation and feasibility of the proposed intervention in the following target wards:

1. Turkwel Ward
2. Lobei Ward

The study should analyse the situation at macro, meso and micro level, taking into account relevant county-level policies, institutional frameworks and coordination mechanisms, as well as community-level conditions affecting ECDE, health, nutrition,

school feeding, WASH, disability inclusion, child protection and access to relevant services.

5.3 Documents to be reviewed

The consultant shall review all relevant project and contextual documentation documents, including but not limited to:

Project Documents

- Draft project proposal;
- Draft project objectives and results framework;
- Draft impact matrix;
- Draft project budget;
- Feasibility Study Terms of Reference.

Organisational Documents

- WKP organisational profile, strategic plan and relevant programme documents;
- CBM Disability-Inclusive Development (DID) framework and relevant policies;
- CBM and WKP safeguarding policies and relevant organisational guidelines.

Previous Studies and Assessments

- Relevant national and County policies, strategies, budgets and implementation plans related to ECDE, school feeding, health, nutrition, WASH and disability inclusion;
- Relevant documentation on promising or well-functioning ECDE approaches in other Kenyan Counties, particularly comparable ASAL contexts.
- Previous project reports, evaluations and lessons learned from WKP, CBM and other relevant actors in the target area; (within the area of interest)
- Relevant needs assessments, resilience assessments, market assessments, drought assessments and sector studies;
- Any additional studies, assessments or background documents identified as relevant during the inception phase.

5.4 Methodology

Independent of the methods to be used, there are mandatory principles that must be adhered to throughout the entire study process:

- Participatory and inclusive approaches;
- Safeguarding of children and adults at risk;
- Data disaggregation (sex, age and disability);
- Data security, confidentiality and informed consent.

The consultant is expected to use a combination of qualitative and quantitative methods to collect and analyse data. Participatory methods should be applied wherever feasible to ensure meaningful engagement of target groups and key stakeholders.

The methodology should be designed to assess the feasibility of the proposed project and generate evidence relevant to project design, targeting, implementation arrangements, sustainability mechanisms and monitoring frameworks. **The study should build upon existing information and focus primary data collection on identified information gaps.**

The consultant shall indicate the proposed methodology in the technical proposal, including data collection tools, statistically justified sampling size and sampling approach, stakeholder engagement strategy and analytical framework.

The consultant should clearly indicate:

- which stakeholder groups will be consulted;
- the proposed sample size and geographical coverage;
- how women, parents/caregivers, children/persons with disabilities and other relevant vulnerable groups will be meaningfully included in the study process;
- how data quality, confidentiality and ethical standards will be ensured.

5.6 Limitations

The consultant is expected to build upon available secondary data, existing assessments and relevant project documentation and should focus primary data collection on critical information gaps relevant to project design and feasibility assessment. Where feasible, the study should also generate baseline information relevant to the proposed impact matrix and key project indicators.

Due to the geographical scope of the project area, it may not be feasible to visit all target communities; therefore, an appropriate and representative sampling strategy should be proposed.

The consultant should take into account potential language, communication and accessibility barriers and ensure that appropriate translation, interpretation, reasonable accommodation and accessible communication approaches are applied to facilitate the meaningful participation of all stakeholder groups, including persons with disabilities.

Any additional limitations identified during the inception phase should be clearly described in the inception report together with proposed mitigation measures.

6. Deliverables and schedule

6.1 Deliverables

- **Inception report** including proposed methodology, data collection tools, sampling strategy and feasibility study question matrix (matching feasibility study questions with data collection tools);

- **Final feasibility study report** (maximum 30 pages excluding annexes) according to CBM's report template and in an accessible format;
- Any **datasets** collected and analysed, including **disaggregated data** where available, and other documents related to the feasibility study;
- A stakeholder and service-delivery mapping matrix for the main functions relevant to the proposed project, identifying institutional mandates and responsibilities, current implementation and financing arrangements, key gaps and the potential role of the project, as well as responsibilities for continuation after the project period.
- A concise project design recommendations matrix summarising the main proposed project components and indicating, based on the study findings, whether they should be retained, modified, combined or excluded, with a brief rationale for each recommendation.
- **Recommendations** on the project concept, intervention logic, impact matrix, indicators, assumptions and monitoring framework;

- **A summary PowerPoint presentation** highlighting key findings, conclusions and recommendations;
- **Presentation and discussion of findings and recommendations in a validation workshop** with CBM, WKP and relevant stakeholders.

6.2 Time Frame and schedule

The study is expected to start on the 10th of October, 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.

Activity Description	**Duration/ days**
Briefing of consultant	1
Review of relevant documents	3
Tools development	3
Inception Report	1
Data collection	13
Data analysis and preparation of draft report	5
Validation meeting (incl. ppt presentation)	2
Finalisation of feasibility study and final report	3
TOTAL	**30**

7. Application and selection procedure

7.1 Skills and Experience of Study Team

The consultant or consultancy team should collectively demonstrate the following qualifications and experience. CBM encourages the inclusion of women and persons with disabilities within the study team.

- An advanced university degree (Master's degree or higher) in Education, Early Childhood Development and Education (ECDE), Inclusive Education, Special Needs Education, Public Health, Nutrition, Development Studies, Social Sciences, Public Policy, or another relevant field.
- Proven experience in conducting feasibility studies, assessments, evaluations or applied research for development programmes, preferably funded by institutional donors such as BMZ, GIZ, EU, or similar donors;
- Demonstrated expertise in inclusive education and ECDE, including assessing barriers to access, participation and learning, particularly for children with disabilities and other vulnerable children, as well as ECDE quality, teacher capacity, caregiver engagement and inclusive learning environments.
- Demonstrated knowledge and practical experience in child nutrition, school feeding and/or integrated health and nutrition systems, preferably in Kenya or comparable ASAL contexts.
- Demonstrated experience in analysing government and public service-delivery systems, including institutional mandates and responsibilities, public financing, coordination mechanisms and capacity gaps, preferably in the education, health or nutrition sectors.
- Proven experience in designing and conducting mixed-methods studies using qualitative and quantitative data collection approaches;
- Experience working with communities and vulnerable populations in ASAL Regions, northern Kenya or comparable contexts;
- Demonstrated knowledge and practical experience in gender equality, disability inclusion and social inclusion approaches within development programming;
- Familiarity with organisations of persons with disabilities (OPDs), disability-inclusive development approaches and relevant national and international frameworks on disability rights is an asset;
- Excellent analytical, facilitation, communication and report-writing skills, including the ability to synthesise complex findings into practical and actionable recommendations;
- Ability to assess project intervention logic, indicators, assumptions and monitoring frameworks;
- Excellent command of written and spoken English;
- Ability to communicate in relevant local languages spoken in Turkana County, or access to qualified translators and interpreters, is highly desirable;
- Availability to undertake the assignment within the proposed timeframe.

Safeguarding Policy: As a condition of entering into a consultancy agreement, the consultant(s) must sign and comply with CBM's and/or the partner organisation's Safeguarding Policy and adhere to all applicable safeguarding requirements throughout the assignment.

7.2 Expression of Interest

The consultant is expected to submit a technical and financial proposal including:

- A description of the consultant/consultancy firm and relevant experience;
- CVs of the proposed team members, clearly indicating their roles and responsibilities;
- An outline demonstrating the understanding of these Terms of Reference and the proposed methodology;
- A detailed work plan and timeline for the entire assignment;
- A detailed budget for the assignment, including all professional fees, travel costs, accommodation, data collection costs, translation and interpretation services, reasonable accommodation measures, and any other costs required to conduct a participatory and disability-inclusive feasibility study;
- At least two references from similar assignments conducted within the last five years.
- A valid Business Registration Certificate (or Certificate of Incorporation, where applicable).
- A valid Tax Compliance Certificate (TCC).

CBM reserves the right to terminate the contract in case the agreed consultant(s) are unavailable at the start of or during the assignment.

All costs should be inclusive of applicable taxes and comply

All **expressions of interest should be submitted** until the **01/10/2026** via email to: Procurement.nairobi@cbm.org

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%**