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

Please review the attached request for proposals carefully. To express interest in undertaking the work described, please submit the following documents by email to: [**fhfbdrecruitment@gmail.com**](mailto:fhfbdrecruitment@gmail.com)by **4 April 2024:**

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

Please contact Aminur Rahman via email (arahman@hollows.org) for further details.

# Evaluation TERMS OF REFERENCE

## Project title: Comprehensive eye care project in khulna and chattogram division

### Country: Bangladesh

#### Date: 24th March 2024

#### Introduction

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organization based in Australia, which was founded in 1992 by eminent eye surgeon Professor Fred Hollows. The Foundation focuses on strengthening eye health systems and the treatment and prevention of avoidable blindness caused by Cataract, Trachoma, Diabetic Retinopathy, and Refractive Error. The Foundation operates in more than 20 countries across Australia, The Pacific, South and Southeast Asia, and Africa. The Foundation was named The Australian Charity of the Year 2013 in the inaugural Australian Charity Awards.

The Foundation started its operations in Bangladesh in 2008. It has been working successfully to eliminate avoidable blindness in Bangladesh through health systems strengthening and setting up sustainable eye care programs through Public Private Partnerships. Through this project Foundation’s aim to strengthen the government and private eye health capacity building including human resource development equipment and renovation, improve access to, and affordability of eye health services for the rural population, raise awareness of and support for eye health programs in Bangladesh. This project also focuses on vulnerable and marginalized population such as the indigenous communities and poor women.

#### Project background

This is an integrated and comprehensive project that aims to strengthen eye health systems and address gaps in eye health service delivery at the Divisional level in Bangladesh.

Chittagong and Khulna are two key divisions in our country strategy. Chittagong is the South-Eastern Division with a large hill tracts area most of which is hard to reach. Chittagong division is also home to a diverse array of indigenous communities who are historically disadvantaged. On the other hand, Khulna is the South-Western division of Bangladesh which is home to the largest mangrove forest in the world. As a tropical area, Khulna has several livelihood challenges like salinity of water, lack of supply of drinking water, natural calamities etc. These factors impact peoples’ access to basic services including eye healthcare.

This project will focus on Khulna and Chittagong Divisions. Based on the current eye health situations and other project experience, Divisional Eye Health Plans will be developed and shared with the stakeholder for better understanding of eye health situation and setting out an outline for the next 5 years to implement the project as per annual work plan. Concurrently, this project will also strengthen services in Khulna and Chittagong Divisions to effectively manage cataract, provide eye health services for people living with diabetes and address the needs of the people with uncorrected refractive error. These services will be provided through public non-eye care NGO (Maternal Child Health Clinics) and private partner health facilities with a strong focus on gender and social equity. These activities are designed to be built upon once the Divisional Eye Health Plans are finalised.

Strategies to mitigate gender barriers identified from other FHF projects in Bangladesh will be applied in these two divisions. There is an additional focus on the Indigenous groups and hard-to-reach populations living in these two Divisions. This project will span over 5 years, with a vision to reduce cataract prevalence by at least 20% by the end of the project in these two Divisions.

This project will generate evidence for expansion of this model to other Divisions in the country, enabling The Foundation to build on the Divisional Eye Health model and advocate to government and other key stakeholders for this approach. Focusing on a Division-wide approach will allow The Foundation to have an impact at a more consolidated level.

**Project Goal:** To reduce avoidable blindness in Khulna and Chittagong Divisions by 2022

**Project Timeline:** January 2018 - December 2022 (extension up to June 2024)

**End of Project Outcomes:**

1. The divisional eye care health system is strengthened to provide comprehensive and sustainable eye care Eye care service delivery in Khulna and Chittagong Divisions is accessible and gender equitable.
2. Divisional Eye Health System are supported to deliver accessible and gender equitable eye care services.

**Outcomes of the project:**

1. Divisional eye care plan approved and implemented in Khulna and Chittagong divisions.
2. Eye care facilities are improved to provide quality eye care services.
3. Women and indigenous group have improved access for prevention, detection, and treatment of eye health diseases.
4. Improved gender equity in access to, and delivery of eye health services.
5. Demand created at the community level to seek eye care services at nearby eye health facilities.

The project was supported by funding from The Fred Hollows Foundation and the Australian Government’s Department of Foreign Affairs and Trade (DFAT). The Fred Hollow Foundation gratefully acknowledges the support from the Australian Government through the Australian NGO Cooperation Program (ANCP).

#### Purpose of the evaluation

The Fred Hollows Foundation’s Bangladesh office is commissioning the end-term evaluation for this project. The purpose of the evaluation is to assess the extent to which the project helped to strengthen eye care systems and to reduce avoidable blindness in Khulna and Chattogram Divisions. Additionally, it will assess to what extent the project supported the delivery of accessible and gender-equitable eye care services. The findings from this evaluation will be used to understand how the project impacted the community in terms of accessing eye care services in Khulna and Chattogram Division. It will also help the Foundation to know what worked well and what is not. The evaluation findings will also inform the next program developed in eye health services delivery in Bangladesh.

The primary audience for this evaluation will therefore be The Foundation’s Bangladesh country program, implementing partners, and Head Office who will use the findings for future program planning and development. Other secondary audiences will be different project stakeholders, Directorate General of Health Services (DGHS), National Eye Care and Divisional Eye Health Committees and the project donor (ANCP).

#### Evaluation scope and key questions

The end evaluation will cover the five years of the comprehensive eye care project in Khulna and Chattogram division to determine if the scope to which the project deliverables have been reached and the project achieved its outcomes of improving the community awareness of eye health, human resource development, capacity building of the facilities and providing services delivery among the remote poor community special focus on women, person with disability and ethnic community. The evaluation should conclude with learnings, challenges, and recommendations for improving future project planning and development. The end evaluation will cover the project from the beginning of the project from January 2018 to March 2024. The evaluation will take place in Khulna and Chattogram division.

**Key evaluation questions:**

The chosen consultants will develop an evaluation protocol that thoroughly assesses the extent to which these key evaluation questions have achieved project objectives, identifies the (internal/external) factors that have contributed to or hindered project success, and offers recommendations for future endeavors based on what has worked well and what has have learned.

**Effectiveness and Sustainability:**

1. **To what extent have the Eye Health Steering Committees taken ownership of implementing the Divisional Eye Health Plans?**
2. **Is the divisional plan on eye care developed and owned?**

* Is the divisional steering committee formed?
* Is the divisional steering committee functioning?
* Is the divisional plan for eye care developed and disseminated?
* If not, what were the barriers to this occurring, and what might be some alternatives for the future?

**b. What other ways have key local stakeholders in the Divisions taken ownership of eye health service delivery coordination?**

1. **Are the components of the plan being implemented at the divisional level?**

* Do the District and Tertiary level hospital and other stakeholders follow up on the implementation of the plan?

1. **What advocacy activities were carried out to influence key stakeholders to implement the Divisional Plan?**

* Did any stakeholder meeting (e.g., the Divisional director of health, civil surgeon, eye consultants, representatives from the DAB centers, and NGO hospitals) take place?
* What other activities were undertaken to share the project plans and progress with the stakeholders?

***Relevance, Efficiency, and Impact:***

1. **To what extent did the project contribute to increased access to eye health services, especially for marginalised groups and quality of cataract service?**
2. **Has the provision of equipment and training improved the post-operative visual outcome of cataract surgery?**

* Is pre- and post-surgery visual acuity measured per WHO definition (good, borderline, poor) and documented?
* What is the proportion of patients visiting eye health facilities with post-surgery complications?
* Is there Cataract surgical outcome monitoring (CSOM) system?
* what is the follow-up rate, and how is the follow-up visit of the patient ensured?
* Does the hospital have HMIS, an incident reporting system, and quality assurance

System?

Is biometry done for all the patients undergoing cataract surgery (both in hospital and outreach)

Does the hospital have SOP, guidelines for cataract surgery, infection control, waste management, and complication management?

1. **Are the public tertiary hospitals refurbished with adequate eye equipment, and are they functioning?**

* Are the health facilities provided with any equipment or refurbishment done?
* Are the health facilities and equipment functioning?
* Are the eye health facilities able to provide DR services?
* Are the hospitals equipped with equipment and medical personnel for treating Diabetes and Diabetic Retinopathy?

1. **Are the service providers skilled in providing quality eye care services?**

* Were the service providers trained to improve eye care services, such as DR treatment, advanced RE management, and quality of cataract services?
* How confident are the service providers in providing eye care services, including the use of equipment, quality of services, and patient satisfaction?
* Has there been an increase in people seeking service for RE, DR, Cataract, and other conditions?
* What is the availability, quality and affordability of the glasses?
* Is there improvement in eye health-seeking behaviours among the community?

**Gender Equity:**

1. **To what extent did the project address barriers to eye health care for women and members of marginalised populations?**
2. **Are more poor people, marginalized groups, Indigenous groups, and women accessing eye care services?**

* What is the percentage of the overall male and female beneficiaries?
* Were there any changes in the uptake of eye care among women, poor people, marginalized groups, and Indigenous groups during the pre-project phase and the project phase?
* What are the obstacles to more women's access to eye care?
* Did the project take any initiative to make eyecare gender friendly and reach out to more female patients?
* What is the level of awareness regarding eye care among women, poor people, and marginalized groups?
* To what extent has the project achieved gender equitable eyecare services?

1. **Are the eye care facilities and outreach camps reaching the targeted groups of patients and providing quality services?**

* What approaches and initiatives has the project taken to reach the targeted people?
* Are eye camps being organized at remote and hard-to-reach places?
* Is there any extra facility (i.e., transport and accommodation) provided to the beneficiaries who cannot travel far to access eye care?
* Has the CSR and CSC increased after the start of the project?
* Is SOP and standard guidelines followed for cataract services, including biometry at outreach?

1. **Are the poor people receiving eye care services at affordable prices?**

* Is there any price associated to the services under the project?

1. **Have Indigenous people in the targeted districts had improved access to eye health care?**

* What strategies did the project adopt to integrate patients from indigenous communities into the mainstream health system?
* How effective were any eye camps organized in remote places inhabited by indigenous communities in reaching out to such communities?

1. **Are the service providers sensitized on gender equity?**

* Did any gender sensitization workshop take place for the service providers?
* How did the service providers’ attitudes towards gender sensitivity change after attending the gender sensitization workshop?
* To what extent are the eyecare services gender friendly?

1. **Which strategies, identified by the gender analysis, were implemented in each facility?**

* To what extent did the eye care facilities take gender considerations into account?
* Were any gender-friendly renovations conducted in the facilities?
* Are there enough female eye care service providers in the facilities?

**Knowledge and Awareness:**

1. **Is the community aware, knowledgeable, and prepared to take up the eye care service when required and needed?**

* How does the project reach the targeted community?
* How many and what type of SBCC campaigns were developed, and where were they implemented?
* Is there any change in access to eye health/ eye health service-seeking practice because of the community campaigns?

1. **What were the effects of the BCC campaign?**

* Did the community people participate in the BCC campaigns? If so, how?
* Is there any change in the community's awareness level during pre-and post-SBCC campaigns?

1. **Is there an** **increase in client flow at the service centers and outreach camps?**

* Is there any change in access to eye health/ eye health service-seeking practice because of the community campaigns?
* Did the patient flow increase at the service centers and outreach camps after the community awareness campaigns?
* What is the percentage of patients increased after the community awareness campaigns?

1. **Are marginalised groups aware of eye problems, and available services?**

* Were the marginalised groups included in the SBCC campaigns?
* What is the level of awareness among the marginalized groups regarding eye care pre and post-awareness raising campaigns?
* Did the eye health service-seeking behaviour change among the marginalized groups through the project interventions?

**Risk Management and Child Protection:**

1. **How have partners been consistently motivated to manage projects and deliver eye health service?**

* Was there any effort to motivate the partners for project management and eye health service delivery?
* How have the partnerships been managed?
* Were there any regular meetings with the implementing partners?
* Were partner opinions incorporated in the project implementation?

1. **Did the project consider different aspects of child protection?**

* Are child beneficiaries included in the project?
* Are the implementing partners trained in child protection?
* How are child protection issues reported, and what actions after receiving a report?

The end-evaluation will address the above questions and determine key recommendations for future project design, development, and interventions.

#### Approach

The preferred approach of the evaluation is contribution analysis through which it can be identified to what extent the project contributed to reducing avoidable blindness among the poor community, especially the marginalized women.

The mixed method, both quantitative and qualitative evaluation techniques, are suggested for this evaluation, where the evaluators can apply different data collection techniques such as structured observations, key informant interviews, focus group discussion, beneficiary surveys, and secondary data reviews. The evaluator is expected to suggest an appropriate methodology for data collection and analysis based on the key evaluation question to be answered.

The evaluation is also expected to be a Utilisation-Focused evaluation, which ensures that it is planned and conducted to enhance the likely utilisation of both the findings and the process itself to inform decisions and improve performance.

**Indication of the type of fieldwork and stakeholder involvement necessary :**

* Consultation and discussion with The Foundation’s Bangladesh team and partner staff involved with project implementation around unpacking the theory of change and developing the evaluation plan.
* Consultation and discussion with implementing project stakeholders at points during the process to understand stakeholder needs/interest and increase ownership of the evaluation.
* Observations from field visit.
* Key Informant Interviews, focus group discussions with stakeholders (both primary and secondary) including implementing partners, service providers, direct beneficiaries and community members and other key persons.

**The document to be provided to the Consultant:**

* Mid-term review report
* Quarterly reports
* Monitoring/Field Trip reports
* Monthly MIS report
* Detailed theory of change for the project
* Project Implementation Plan, including a detailed monitoring and evaluation plan.
* ANCP Evaluation Report template, which the required DFAT funding acknowledgement

#### Deliverables

The following deliverables are expected for this evaluation:

* Evaluation Plan and detailed methodology, including the timeline.
* Ethics Approval certificate.
* Presentation of preliminary and ultimate findings.
* Draft Evaluation Report.
* Raw Data (Hard copy will be delivered to FHF office & Soft copy Excel file as well as SPSS format)
* Final Evaluation Report (per 1-3-25 reporting format: FHF will provide the template).
* A PPT presentation on the final report.

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| **Deliverables** | **Timeframe** *exact dates TBC* |
| 1. Draft Evaluation Plan and tools, including:  * Approach, method, criteria, and tools. * Timelines for delivery of key evaluation milestone * Process for obtaining Ethics Approval   *Note: the draft plan should be provided to The Foundation for review and input. The Foundation will consolidate comments from internal stakeholders and provide these to the consultant within 1 weeks.* | 5 days |
| 1. Presentation of final evaluation plan to Evaluation Reference Group (or project management team) | 1 day |
| 1. Final Evaluation Plan | 2 days |
| 1. Desk review and key informant interviews, and preliminary analysis of results (field work to be conducted following Ethics Approval) | 15 days |
| 1. Presentation of preliminary evaluation findings to Evaluation Reference Group (or project management team) | 1 day |
| 1. Draft report – using the provided 1:3:25 format.   *Note: the draft report should be provided to The Foundation for review and input. The Foundation will consolidate comments from internal stakeholders and provide these to the consultant.* | 5 days |
| 1. Final report – a written report with a supporting set of PowerPoint presentation slides that summarises project process, findings, and recommendations | 2 days |
| 1. Presentation of final report to Evaluation Reference Group (or project management team/partners) | 1 day |
| **Total** | TBC |

**For the final report, it is recommended that evaluators follow a 1-3-25 reporting format.** This will enable a more reader-friendly evaluation report and should include: 1-page summary of main messages, 3-page executive summary, and a 25-page main report, plus any annexes. More information on this format is available through [Better Evaluation](https://www.betterevaluation.org/en/evaluation-options/report_friendly_writing) and the [Fraser Health Authority, Canada](https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Professionals/Research-and-Evaluation-Services/Knowledge-translation/reader_friendly_writing.pdf?rev=399fc6c9852f49648f9d53b20edb4340).

The Foundation will provide:

* Feedback on the Evaluation Plan and methodology
* Feedback on draft reports and other deliverables
* Necessary documents as described above.
* Dissemination of findings and reports to internal and external stakeholders

A copy of the **Evaluation Report Checklist** will be shared with the evaluators as part of the procurement process. This will help ensure that the evaluators are clear, from the start, of The Foundation’s expectations.

#### Schedule:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Particular | **April** | | | | **May** | | | |
| Week1 | Week2 | Week3 | Week4 | Week5 | Week6 | Week7 | Wee-8 |
| Confirmation of consultant |  |  |  |  |  |  |  |  |
| Sign the contract (and Safeguarding policy) and the start of work. |  |  |  |  |  |  |  |  |
| Collect ethical approval |  |  |  |  |  |  |  |  |
| Pre-workshop, tools, design, and plan by consultant |  |  |  |  |  |  |  |  |
| Field Activities |  |  |  |  |  |  |  |  |
| Data Analysis |  |  |  |  |  |  |  |  |
| Sharing the first draft report |  |  |  |  |  |  |  |  |
| PowerPoint presentation on the first draft |  |  |  |  |  |  |  |  |
| Suggestions/feedback on the first draft |  |  |  |  |  |  |  |  |
| Sharing the Final Report |  |  |  |  |  |  |  |  |
| Dissemination |  |  |  |  |  |  |  |  |

#### Evaluation team & qualifications

This evaluation will be conducted by an independent consultant or team who will work closely with The Foundation staff during the design and implementation of the evaluation. The Foundation seeks to engage the services of an independent Bangladeshi registered and well reputed organisation, who have following experiences and expertise in project/program evaluation:

**Qualifications of evaluation team leader:**

* At least master’s degree Education in related subjects e.g. Social Science or Development Economics, Public Health
* At least 7 years of work experiences specially on evaluating development projects, impact evaluation project funded by any INGOs, bilateral, multilateral organizations.
* Experience of mixed-methods evaluation in the health sector, and preferably knowledge of eye health in Bangladesh and experience assessing primary health services.
* Should have good communication skills and relationship with the local government health officials.
* Knowledge and understanding of the political and cultural context of Bangladesh and in-depth knowledge of Bangladesh’s economy and institutional framework.
* Experience working on health sector improvement projects, with the ability to understand from a program and/or health facility manager’s perspective what would be useful information and recommendations from this evaluation.
* Ability to analyse quantitative and qualitative data to produce a high-quality report.

Demonstrated experience in conducting evaluations and research in related areas that engage target communities such as women, indigenous communities and individuals living in poverty. The candidate should have a proven track record of conducting these evaluations in an ethical, people-centred, and culturally appropriate manner. (the consultant is also required to produce a copy or excerpt of at least 2 recent evaluation reports that they have completed)

#### Management and logistics:

|  |  |  |
| --- | --- | --- |
| **Stakeholder** | **Key Contact** | **Role/responsibility in the evaluation** |
| The Foundation | Evaluation Focal Point in Bangladesh | Focal person for coordination and support to undertake the evaluation.  Provide relevant existing documents.  Provide access to relevant documents.  Introductions to partners and key stakeholders.  Ensure milestones are met.  Coordinate review and approval of deliverables. |
| Consultant/Evaluator | TBA | Manage the evaluation.  Deliver ethical approval and ensure safeguarding and ethical evaluation procedures.  Provide quality evaluation report with drafts for timely feedback prior to finalisation.  Deliver agreed deliverables on time.  Coordinate with The Foundation in the design and implementation, analysis and reporting of the evaluation.  Advise The Foundation on any issues arising that affect the evaluation process. |
| The Foundation | Reference Group (Global Foundation Technical Advisors) | -Provide technical advising support throughout, and as needed, evaluation process.  -Provide timely and relevant feedback of evaluation documents and outputs.  -Support knowledge sharing and integration of evaluation findings |
| Local Ethics Review Committee | TBA | - Review and approve the evaluation protocol to ensure local and global ethical standards are me.  - Assess potential risks and benefits to participants. - Ensure informed consent procedures are adequate locally.  - Monitor ongoing ethical compliance throughout the evaluation process.  - Address any ethical concerns or violations promptly and appropriately. |
| Evaluation Participants | TBA | - Participating in evaluation and validating findings. |

#### Confidentiality

The evaluator/s agree to not divulge confidential information to any person for any reason during or after completion of this contract with The Foundation. Upon completion or termination of this contract, the evaluator/s undertake to return to The Foundation any materials, files or property in their possession that relate to the business affairs of The Foundation. The consultant is responsible for safety, security and administration of primary and secondary data collected from FHF or otherwise.

#### Intellectual Property

All intellectual property and/or copyright material produced by the evaluator/s whilst under contract to The Foundation remain the property of The Foundation and will not be shared with third parties without the express permission of The Foundation. The evaluator/s are required to surrender any copyright material created during the term of the contract to The Foundation upon completion or termination of the contract.

#### Safeguarding People

The Fred Hollows Foundation is committed to ensuring that its activities are implemented in a safe and productive environment which prevents harm and avoids negative impacts on the health and safety of all people, particularly children, vulnerable people, and disadvantaged groups. The Foundation has a zero-tolerance approach to sexual exploitation, abuse, and harassment of any kind. All personnel including contractors/consultants are expected to uphold and promote high standards of professional conduct in line with The Foundation’s [Safeguarding People Policy including Code of Conduct](https://www.hollows.org/au/safeguarding-and-policies). Contractors/consultants will be expected to sign and adhere to The Foundation’s Safeguarding Code of Conduct and provide any background checks as required.

#### INSURANCE

Any consultants involved in this evaluation will be required to have in place insurance arrangements appropriate to provision of the requirements in this Terms of Reference including travel insurance.

#### Ethical and other Considerations

The evaluator and evaluation team are expected to maintain high professional and ethical standards and comply with The Foundation’s **Research and Evaluation Policy**. The Foundation is committed to ensuring a safe environment and culture for all people, including children, with whom we come in contact during the course of our work. All members of the evaluation team will be required to comply with The Foundation’s Safeguarding People Policy and sign the Safeguarding Code of Conduct. Any questions or concerns about safeguarding and ethics, can be sent to [ethics@hollows.org](mailto:ethics@hollows.org) and FHF Bangladesh evaluation project lead.