

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: **hr.fhfbd@gmail.com** by 13th June, 2021**:**

1. *A technical proposal for undertaking the 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 Mr. **Musabbir Alam** via email (malam@hollows.org) for further details.

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|  | evaluation terms of reference | |
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|  | **Project: Comprehensive Eye Care (CEC) in Chittagong and Khulna Divisions of Bangladesh**  **June 2021** | |

### Introduction

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organisation 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 South East 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. The Foundation aims to strengthen the local health infrastructure, develop human resources, improve access to, and affordability of eye health services for the rural population, raise awareness of and build support for eye health programs in Bangladesh. Its work 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, beginning with a detailed situational analysis at the divisional level. Based on the findings, Divisional Eye Health Plans will be developed through Divisional Steering Committees, setting out an outline for the next 5 years to improve eye care and ensuring that the committees (including government stakeholders) take some responsibility for eye health. Concurrently, this project will also strengthen services in Khulna and Chittagong Divisions in order 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 (Divisional and district hospitals), non-eye care NGO (Maternal Child Health Clinics) and private partner (Diabetic Association of Bangladesh) 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 - June 2023

**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.

### Purpose of the evaluation

The Foundation’s Bangladesh office is commissioning the mid-term evaluation for this project. The purpose of the evaluation is to assess the extent to which the project has helped in reducing avoidable blindness in Khulna and Chattogram Divisions. The findings from this evaluation will be used in understanding if the project is on track, what is working well and what is not, and necessary changes will be made to ensure that the project is on track, project activities are undertaken and finally, the project goal is achieved. Therefore, the recommendations from the evaluation should focus on the future implementation of the project.

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

### Evaluation scope and key questions

In line with overall purpose of the evaluation, the mid- term evaluation of the project will determine the extent to which the deliverables of the project have been met, and the extent to which the project achieved its purpose of reducing avoidable blindness in Khulna and Chittagong Divisions. The evaluation of the project should draw out lesson and provide recommendations for the improvement of future programming. The mid- term evaluation will cover the project from the beginning of implementation since January 2018 until now. The evaluation will take place in Khulna and Chittagong Division.

Key evaluation questions:

1. **Effectiveness:   
   a. To what extent did the project contribute to increased access to eye health services, especially for marginalised groups?**

* What have been the changes to community people’s access to and use of eye care services compared to the pre project phases?

**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 on eye care developed and disseminated?

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

- Do the DSC’s follow up on the implementation of the plan?

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

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

**Has the provision of equipment and training improved the visual acuity after cataract surgery?**

* Is pre- and post-surgery visual acuity measured as per WHO definition (good, borderline, poor)?
* What is the rate of patients visiting the eye health facilities with post-surgery complications?
* Is there Cataract surgery visual outcome monitoring system?
* what is the follow up rate and how is the follow up visit of the patient ensured?

**Hospitals and DAB refurbished with adequate eye equipment and is it functioning?**

* Are the health facilities provided with any equipment or refurbishment?
* Are the health facilities and equipment functioning?
* Are the eye health facilities able to provide quality eye health/ DR services?

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

* Were the service providers trained on eye care?
* How confident are the service providers in providing eye care services, including use of equipment?
* Are service providers able to detect URE, cataract, DR and other diseases?
* Has there been increase in people seeking service for RE?
* What is the availability and affordability of the glasses?
* Are the primary eye centers upgraded and supported to provide the quality optical services?
* Is there improvement in health seeking behaviours among the diabetes?
* Are DR screening camps regularly organized?
* Are the referral pathway for DR well established?
* Are the hospitals equipped with equipment and medical personnel for the treatment of DR?

1. **Equity:** To what extent did the project address barriers to eye health care for women and members of marginalised populations?
2. **Are referral pathways being utilized effectively?**

* What are the referral points?
* Are the referral points active and functioning?
* is there support system for the referred patients to get treatment?

1. **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 the women, poor people, marginalized groups, Indigenous groups during the pre-project phase and the project phase?
* What are the obstacles for more women to access 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 the women, poor people, marginalized groups?
* To what extent has the project become successful in achieving gender equitable eyecare services?

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

* What approaches and initiatives has the project taken to reach out to 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 for accessing eye care?
* Has the CSR and CSC increased after the start of the project?

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

* 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 bring in patients from the indigenous communities into the mainstream health system?
* Were any eye camps organized in the remote places inhabited by the indigenous communities to reach out to such communities?
* Were the indigenous communities included in the awareness raising campaigns?

1. **What is the ratio of women receiving eye care service as compared to men?**

* What is the level of awareness among male and female patients regarding eye care?
* At present, what is the ratio of male vs. female patients receiving eye care services?

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

* Did any gender sensitization workshop take place for the service providers?
* What were the changes in the service providers’ attitude towards gender sensitivity after attending the gender sensitization workshop?
* Is the eyecare service gender friendly?

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

* 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?

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

* How does the project reach to the targeted community people?
* How many and what type of SBCC campaigns were developed and where were they implemented?
* How many people were reached in community campaigns directly and indirectly?
* Is there any change in the level of awareness among the community people during pre- and post-SBCC campaigns?
* 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?
* Is there any change in the level of awareness among the community people during pre- and post-SBCC campaigns?

1. **Is there an increases of 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 the patient 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 marginalised groups regarding eye care pre and post awareness raising campaigns?
* Did the eye health service seeking behaviour change among the marginalised groups through the project interventions?

**3. Risk Management:   
How have partner NGOs for MCH been consistently motivated for project management and eye health service delivery?**

* Was there any effort for the motivation of the partners for project management and eye health service delivery?
* How has been the partnerships managed?
* Were there any regular meetings wit h the implementing partners?
* Were partner opinions incorporated in the project implementation?

**4. Child Protection:   
Did the project consider different aspects of child protection?**

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

**In addressing the above questions, the evaluation will determine key recommendations to inform future interventions.**

### Approach

A mixed-method evaluation approached is suggested to conduct this evaluation. It is expected two or more evaluation methods will incorporate into the evaluation process, usually drawing on both quantitative and qualitative data. This can include different data collection techniques such as structured observations, key informant interviews, beneficiary surveys, and reviews of existing secondary data. This method will assist systematically analyse and provides recommendations for future programming. The evaluation will unpack and document the theory of change underlying the project. The evaluation will take the form of a Utilisation-Focused evaluation, which is a type of evaluation that ensures that the evaluation is planned and conducted in a way that enhances the likely utilisation of both the findings and the process itself to inform decisions and improve performance. More information about this type of evaluation can be found here: <https://www.betterevaluation.org/plan/approach/utilization_focused_evaluation>

The evaluator chosen to conduct this evaluation will be expected to provide a detailed methodology for data collection and analysis based on the Key evaluation Questions above. This can be negotiated between The Foundation and the evaluator as part of the contracting process.

Indication of the type of fieldwork that will be 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 stakeholders at points during the process to a) understand stakeholder needs/interest; b) increase ownership of the evaluation, and c) increase understanding of reasoning
* Observations from field visit to the project locations.
* Key Informant Interviews, focus group discussions with stakeholders (both primary and secondary) including implementing partners, service providers, community members and other key persons.

All existing project development and project monitoring data will be provided to the evaluator, including:

* Baseline data of the project
* Quarterly progress reports
* Quarterly monitoring reports (quantitative MIS data)
* Detailed theory of change for the project
* Project Implementation Plan, including a detailed monitoring and evaluation plan
* Project variation documents

### Deliverables

The following deliverables are expected for this evaluation:

* Evaluation Plan and detailed methodology, including 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 (including a full report, summary report and 1-page brief) including recommendation to improve sustainability and effectiveness for future programming.
* A process documentation of project intervention model into an industry.

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

### Schedule

The proposed timeline for the evaluation and deliverables is as below. The more exact dates will be identified during contract negotiation process:

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| --- | --- | --- | --- | --- | --- |
| Particular | **May** | **June** | | | |
|  | Week 4 | 1 | 2 | 3 | 4 |
| Confirmation of Vendor consultant |  |  |  |  |  |
| Police check, e-learnings |  |  |  |  |
| Sign contract (and Safeguarding policy) and start of work |  |  |  |  |
| Pre- workshop, tools, design and plan by consultant |  |  |  |  |
| Field Activities |  |  |  |  |
| Data Analysis |  |  |  |  |
| Sharing first draft |  |  |  |  |
| Suggestions/feedback on first draft |  |  |  |  |
| Sharing the final Report |  |  |  |  |

### Evaluation team & qualifications

This evaluation will be contracted to an independent evaluator 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 organisation, who have following experiences and expertise in project/program evaluation

**Qualifications of evaluation team leader**

* At least Master 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 evaluation in the health sector, and preferably knowledge of eye health in Bangladesh and experience assessing primary health services.
* Experience of conducting research, survey or field work in the development sector.
* Demonstrated track record of producing high quality evaluations
* 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
* Experience in conducting evaluations and/or reviews in related areas (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

The management arrangements for the evaluation will be as follows:

|  |  |  |
| --- | --- | --- |
| **Stakeholder** | **Key Contact** | **Role/responsibility in the evaluation** |
| The Foundation Bangladesh | The Foundation Evaluation Focal Point: Aminur Rahman,  Program Manager | Focal person for coordination and support to undertake the evaluation.  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  Provide quality evaluation products  Deliver agreed deliverables on time  Coordinate with The Foundation in the design and implementation of the evaluation  Advise The Foundation on any issues arising that affect the evaluation process |

### Application procedures

To express interest in undertaking the work described, please submit the following

1. An **Offer Letter**, signed by a duly authorized representative of the Applicant’s organization, presenting the total bid amount.

2. The **Technical Proposal** document;

3. The **Financial Proposal** document, *outlining daily consultant rates and any other expenses as requested in the RFP*;

4. The **Organization Information** form as provided in Appendix 1;

5. 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**.

6. **Past performance References -** Please provide a Past Performance Projects List including past performance reference and two recommendations with contact details.

7. **Police Verification –** A police verification report of the applicant is to be submitted.

### 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.

### 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.

### Insurance

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

### 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.