

The Fred Hollows Foundation (the Foundation) is seeking proposals from individuals or consulting companies interested in undertaking the work described in the attached End Term 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: **fhbdrecruitment@gmail.com** by **15 August 2025**:

- 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 AKM Badrul Huq via email (bhuq@hollows.org) for further details

EVALUATION TERMS OF REFERENCE

PROJECT TITLE: END LINE EVALUATION OF (BD18-11) COMPREHENSIVE EYE CARE IN BARISAL DIVISION

COUNTRY: BANGLADESH

DATE: JULY 2025

1. INTRODUCTION

The Fred Hollows Foundation (The Foundation) is a 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 South East Asia, and Africa. The Foundation was named The Australian Charity of the Year 2013 in the inaugural Australian Charity Awards.

The Foundation in The Fred Hollows Foundation, together with the Government of Bangladesh and its partners in the private sector, has worked successfully towards eliminating avoidable blindness in Bangladesh through health systems strengthening and establishing sustainable eye care programs since 2008. The Foundation focuses on prevention and treatment of avoidable blindness caused by cataract, diabetic retinopathy, and refractive error. It especially focuses on vulnerable and marginalised populations such as Indigenous communities, people with disabilities and poor women. The Foundation believes in effective partnership with the Government of Bangladesh, NGOs, and local organisations through a comprehensive approach to strengthen and extend existing eye health services across the country. Our work is contributing to strengthening of the entire

eye health system, so that it can support the country's existing health system and operate sustainably. We promote and champion gender equity through all our programs in Bangladesh.

2. PROJECT BACKGROUND

FHF Bangladesh's country strategy aims to provide effective and affordable prevention, treatment and management of Cataract, Refractive Error and Diabetic Retinopathy, with access for everyone. To achieve this and to streamline project activities to be more targeted and effective, it was decided to focus efforts on two of the eight Divisions in Bangladesh. The Comprehensive Eye Care (CEC) project in Khulna and Chittagong division which ended in 2024 and extended as ICEC project, it was decided to launch a similar project in Barisal Division to increase project coverage. The Bangladesh program has had several successful projects in various areas of Bangladesh, as well as a significant amount of operational and other research from which lessons can be drawn for this project. The Bangladesh Program has reached a point in time where it is ready to consolidate learnings and replicate successful aspects of the already running CEC project, as well as the significant amount of programming that has already been undertaken in Barishal Division, and other projects in a streamlined, programmatic approach.

The key focus areas of this project are in line with both FHF Bangladesh's Country Strategy 2016-2020 and the Bangladesh National Eye Care Plan 2014 – 2020¹, "Vision 2020". FHF Bangladesh's country strategy aims to provide effective and affordable prevention, treatment and management of Cataract, Refractive Error and Diabetic Retinopathy, with access for everyone. This project is directly in-line with these strategic goals. The project also aligns with multiple SDG Goals, such as good health and wellbeing (goal 3), quality education (goal 4), gender equality (goal 5), poverty reduction (goal 1) and partnerships for achieving the goals (goal 17), by preventing blindness caused by cataract, RE and DR, and providing accessible and good quality eye health services. The project also aligns with The Foundation's strategic goals of the Foundations Strategy 2019-2023. Namely, the project aligns with the strategic goal 1, effective cataract treatment accessible to all; strategic goal 2, effective RE prevention and treatment available to all; strategic goal 4, Diabetic Retinopathy and other eye conditions can be effectively managed, and finally, strategic goal 8 of building a network of synergy with different entities, partners and other organizations in the eyecare sector. The project will also support the strengthening of comprehensive and integrated eye health systems with the aim to reduce cataract and address refractive error, as well as ensuring eye care services for people with diabetes.

Project Goal: To reduce avoidable blindness in Barisal Division

Project Timeline: January 2020– December 2025

End of Project Outcomes:

1. The eye healthcare system is strengthened in Barisal Division to provide comprehensive and sustainable eye care service delivery.
2. Barisal Divisional Eye Health System is supported to deliver gender equitable and disability inclusive eyecare services.

¹ Bangladesh Country Strategy 2016-2020, The Fred Hollows Foundation and National Eye Care Plan available at http://nec.gov.bd/opr_pdf/national_eye_care_plan.pdf

Outcomes of the project:

1. Divisional Eyecare Plan supports comprehensive eyecare to strengthen health systems of Barishal Division.
2. Eye care facilities are improved to provide quality eye care services.
3. DR services are affordably managed for persons with diabetes through public and private sectors.
4. Uptake of eyecare services increased among women.
5. Health system components in Barisal are strengthened to reduce gender inequity in eye care.
6. Eyecare services are accessible for people with disability.
7. Women groups established as eyecare entrepreneurs.

3. PURPOSE OF THE EVALUATION

The primary purpose of this end-term evaluation is to generate actionable learning that will inform the design of the next phase of eye health programming in Bangladesh. Beyond simply measuring results, the evaluation will take a deep dive into how effectively the project has strengthened the eye care system and reduced avoidable blindness in Barishal Division, with a particular emphasis on the accessibility and gender equity of services. It will systematically examine the project's impact on community access to eye care, identifying both the strategies and interventions that worked well and those that faced challenges. By distilling key lessons and practical recommendations, the evaluation aims to provide a robust evidence base to guide future project planning and development, ensuring that new initiatives are more responsive, inclusive, and effective.

The primary audience for this evaluation includes The Foundation's Bangladesh country programme, implementing partners, and Head Office, who will use the findings to shape the next project's theory of change, strategic priorities, and operational approaches. Additionally, the evaluation will generate insights for a wider group of stakeholders, including government bodies, donors such as the Noor Dubai Foundation, and other partners invested in eye health. By focusing on learning and adaptation, the evaluation will help ensure that future programming builds on successes, addresses persistent gaps, and leverages innovative approaches to maximise impact for communities in need.

4. EVALUATION SCOPE AND KEY QUESTIONS

The end evaluation will review the five-year comprehensive eye care project in Barishal Division (January 2020 – June 2025), with the primary aim of generating actionable learning to inform the design of future projects. It will assess the extent to which project deliverables were achieved, particularly in improving community awareness, developing human resources, strengthening facility capacity, and delivering inclusive services to remote and marginalised populations, including women, people with disabilities, and ethnic communities. The evaluation will identify key lessons, challenges, and practical recommendations to guide the planning and development of the next phase of eye health programming. The review will cover activities and outcomes in both Barishal and Bhola districts.

Key evaluation questions:

1. Effectiveness

- How has the project improved access to quality, inclusive eye health services for marginalised groups, and what additional strategies could further expand reach and impact?
- In what ways has the project strengthened local capacity and service quality, and what further investments or innovations are needed to scale up effective practices?

2. Sustainability

- What systems and local ownership structures are in place to sustain project outcomes, and how can these be reinforced or replicated in new regions?
- Which mechanisms have proven most effective for ensuring ongoing delivery of gender-equitable and disability-inclusive eye care, and how can these be adapted for broader implementation?

3. Equity & Inclusion

- How successfully have gender and disability inclusion strategies been implemented, and what new approaches could address remaining gaps as the project expands?
- What barriers and enablers affect access for women, people with disabilities, and other marginalised groups, and how can lessons learned inform future project growth?

4. Community Engagement & Safeguarding

- How has community awareness and uptake of eye health services changed, and what engagement models could be scaled up to reach more communities?
- How effective are current risk management and child protection measures, and what enhancements are needed to ensure safe, inclusive expansion?

In addressing the above questions, the end-evaluation will determine key recommendations to inform future project design, development, and interventions.

5. APPROACH

The preferred approach of the endline evaluation is a utilisation-focused methodology, ensuring that the process and outputs are designed to meet the practical needs of key stakeholders, including programme managers, implementing partners, donors, and policymakers. This approach will actively engage intended users throughout the evaluation process—from the formulation of evaluation questions to the interpretation of findings and the development of recommendations—to maximise the relevance, ownership, and uptake of results. The evaluation will be structured to generate actionable insights that directly inform decision-making for scaling up projects and designing future interventions.

A mixed-methods design will be employed, integrating quantitative data (such as service coverage, gender and equity indicators, and health outcomes) with qualitative evidence (including key informant interviews, focus group discussions, case studies, and beneficiary stories). Contribution analysis will be used to assess the project's specific role in observed changes, particularly among marginalised groups. The evaluation will prioritise the

identification of practical lessons and context-specific recommendations, ensuring that findings are immediately applicable to the ongoing evolution and expansion of comprehensive eye care services in Bangladesh.

Indication of the type of fieldwork 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 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 (PIP), including a detailed monitoring and evaluation plan.

6. DELIVERABLES

The selected evaluator/s is expected to deliver specific output outline in the table below, for example, an evaluation plan and detailed methodology; presentation of preliminary and ultimate findings; draft and final evaluation reports; materials to support dissemination of findings (e.g. slide decks, posters, infographics) etc. **For the final report, it is recommended that evaluators follow a 1-3-25 reporting format (FHF will provide this template).** 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](#) and the [Fraser Health Authority, Canada](#). Please refer to the attached evaluation report format and evaluation report checklist to meet FHF's expectations.

A **Learning Note** should also be included as an annexe to the evaluation report, documenting both the evaluator(s) and The Foundation's reflections on the evaluation process. You can also include the reflections from partners and other key stakeholders.

The following deliverables/milestones are expected for this evaluation:

Activity	Timeframe	Person in charge
1. Draft Evaluation Plan and tools, including: <ul style="list-style-type: none"> • Approach, method, criteria, and tools • Timelines for delivery of key evaluation milestone • Process for obtaining Ethics Approval <i>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 2 weeks.</i>	2 days	The evaluation team leader, FHF reference group for technical input
2. Presentation of final evaluation plan to the Evaluation Reference Group.	1 day	The evaluation team
3. Final Evaluation Plan	1 day	The evaluation team
4. Desk review of project and government documents	2 days	The evaluation team
5. Fieldwork (to be conducted following Ethics Approval)	10 days	The evaluation team, FHF evaluation reference group (for technical advice)
6. Analysis of data collected from the desk reviews and field trips	3 days	The evaluation team
7. Data validation workshop with FHF staff	1 day	The evaluation team
8. 1 st draft report completion – using the provided 1:3:25 format. <i>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.</i>	5 days	The evaluation team FHF
9. Final reports include: <ul style="list-style-type: none"> ✓ A full report in English. ✓ An executive summary report in Bangla to disseminate to partners. ✓ Comprehensive recommendation section for project scale up/development 	5 days	The evaluation team
Presentation of the report at the Closing workshop (date to be confirmed)	1 day	The evaluation team
Total	30 days	

7. SCHEDULE:

Particular	August 2025				September 2025			
	Week -1	Week -2	Week-3	Week -4	Week -5	Week -6	Week -7	Week -8
Confirmation of consultant								
Sign contract (and Safeguarding policy) and start of work								
Collect ethical approval								
Pre- workshop, tools, design, and plan by consultant								
Field Activities								
Data Analysis								
Sharing first draft								
Power Point presentation on first draft								
Suggestions/feedback on first draft								
Sharing the final Report								
Dissemination								

8. 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 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.
- 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).

9. MANAGEMENT AND LOGISTICS:

FHF Bangladesh Program Manager will be the evaluation contact point from The Foundation. He will be the focal point for the evaluator/s throughout the evaluation process, coordinating communications between the evaluator/s and The Foundation's evaluation reference group, ensuring milestones are met, and coordinating review and approval of deliverables.

The evaluation focal point will provide all the secondary data/documents outlined in the above sections. For example, access to relevant documents and data, introductions to partners and other key participants, and logistical support to conduct field work as required.

The Foundation evaluation reference group will be involved in key milestones outlined in the deliverable section.

Stakeholder	Key Contact	Role/responsibility in the evaluation
The Foundation	Evaluation Focal Point	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. Provide quality evaluation report. 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.

10. 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.

11. 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.

12. 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](#).

Contractors/consultants will be expected to sign and adhere to The Foundation's Safeguarding Code of Conduct and provide any background checks as required.

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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.

Other key ethical and safeguarding considerations that should guide the entire equity analysis process to ensure "Do No Harm" principles are applied throughout are detailed below.

1. **Informed Consent:** Obtain informed consent from all participants, especially Aboriginal and Torres Strait Islander people and vulnerable groups, before involving them in the study. Ensure that participants understand the purpose, risks, and benefits of their involvement.
2. **Privacy and Confidentiality:** Safeguard the privacy and confidentiality of participants. Ensure that any data collected, especially personal and health information, is securely stored and anonymized to protect participants' identities.
3. **Data Protection:** Comply with data protection laws and regulations to ensure that personal and sensitive data is handled and stored in accordance with legal requirements.
4. **Anti-Discrimination: Avoid discrimination and bias in the research process. Ensure that the analysis does** not reinforce stereotypes or discriminate against any groups, including people with disabilities and marginalized populations. This includes ensuring the accessibility of venues and information provided as part of this research process, so that persons with disability can participate meaningfully on an equal basis with others.
5. **Gender Sensitivity:** Address gender equity considerations throughout the research, acknowledging the unique challenges faced by Aboriginal and Torres Strait Islander women and men.
6. **Disability Inclusion:** Ensure that the data collection activities are accessible to people with disabilities and that reasonable accommodations are made to facilitate their participation.

13. 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.