



MID-TERM EVALUATION TERMS OF REFERENCES

Project Title: Eye care system integration in Afghanistan

*Afghanistan*

Tuesday, July 17, 2018

South Asia and Middle East (SAME) Regional Team

The Fred Hollows Foundation

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**Acronyms**

|  |  |
| --- | --- |
| APA | Annual Partnership Agreement |
| APB | Afghanistan Prevention of Blindness |
| BHC | Basic Health Center |
| BPHS | Basic Package of Health Services |
| CHC | Community Health Center |
| CSC | Cataract Surgical Coverage |
| DH | District Hospital |
| EPHS | Essential package of Health Services |
| FHF | The Fred Hollows Foundation |
| FHF SAME | The Fred Hollows Foundation: South Asia and Middle East |
| HDI | Human Development Index |
| HMIS | Health Management Information System |
| HNT | HealthNet TPO |
| HP | Health Post |
| HSS | Health Systems Strengthening |
| IMR | Infant Mortality Rate |
| IRB | Institutional Review Board |
| KMU | Kabul Medical University |
| KMUEH | Kabul Medical University Eye Hospital |
| MFR | Monthly Financial Report |
| MMR | Maternal Mortality Rate |
| MoEd | Ministry of Education |
| MoHE | Ministry of Higher Education |
| MoPH | Ministry of Public Health |
| NCEH | National Committee for Eye Health |
| NGO | Non-Governmental Organization |
| OT | Operation Theatre |
| PEC | Primary Eye Care |
| PIP | Project Implementation Plan |
| QPR | Quarterly Progress Report |
| RAAB | Rapid Assessment of Avoidable Blindness |
| SHC | Sub Health Centre |
| SVI | Sever Visual Impairment |
| TOT | Trainer of Trainee |
| ToR | Terms of Reference |
| VA | Visual Acuity |
| VI | Visual Impairment |
| WHO | World Health Organization |

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| MID-TERM EVALUATION TERMS OF REFERENCE |
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| Eye care system integration in Afghanistan |
| Afghanistan |
| Tuesday, 26 June 2018 |

# **Introduction**

The Fred Hollows Foundation (FHF also referred as ‘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.

FHF has been working in Afghanistan since 2006 to assist in the prevention and control of avoidable blindness in the country. FHF initially supported the eye department of the regional hospital of Nangarhar and a school eye health program in Nangarhar Province. Later on, the support extended to Laghman Province, focusing on strengthening the eye care services in the provincial hospital. This was followed by The Afghanistan Prevention of Blindness (APB) project (2013-2016) which implemented a comprehensive eye care program comprising of screening and treatment of cataract (Disease Control) and training mid-level staff for eye care services (Human Resource Development) with the Kabul Medical University Eye Hospital (KMUEH). The Foundation also successfully completed The Afghanistan School Eye Screening Project which established and strengthened the delivery of quality, accessible eye care services for the prevention of childhood blindness and vision impairment in Nangarhar Province.

FHF, in partnership with HealthNet TPO is currently implementing a project in Kabul Province, “Eye Care System Integration in Afghanistan”. This project requires a mid-term review, the terms of reference of which is outlined in this document.

# **The Fred Hollows Foundation Partnership with HealthNet TPO**

HealthNet TPO is an international organization, working in Afghanistan since 1994, providing ongoing support to the Ministry of Public Health on primary healthcare, hospital services, mental health, control of communicable diseases, and health workforce development.

HealthNet TPO and FHF have been collaborating since 2007 through the regional hospital in Nangarhar Province. To effectively implement and monitor the project activities of the partners, FHF chose HealthNet TPO as a managing partner for the projects in Afghanistan in 2016 and developed a comprehensive eye care project based on consultative process with implementing partners and coordinating agencies.

# **Project Background**

The Fred Hollows Foundation is currently implementing a multiyear comprehensive project under the theme and title ‘Eye care system integration in Afghanistan’ to strengthen the eye care health system in the country. The three years project is under its second year of its implementation led by HealthNet TPO, managing partner of The Foundation in Afghanistan. The project details are mentioned in below sections.



# **Project Rationale**

An eye health prevalence survey in 2011 showed prevalence of bilateral blindness in 3 provinces of Afghanistan namely Badakhshan, Herat and Laghman (VA <3/60 in the better eye, with best correction or pinhole) of 2.49%, 2.53% and 2.88% respectively. This is the only recent blindness data available in the country and no data is available for Kabul province, the catchment area of this project.

The current eye health system in Afghanistan demonstrates very low service coverage, low surgical rate and inadequate planning for eye care services. The issues related to the existing scenario are listed below:

**Leadership & Governance:** The country had established National Committee for Eye Health (NCEH) in early 2000. The NCEH lacked acknowledged governance structure, budget and work plans. Further, limited resources and lack of capacity for planning and monitoring compounded the existing situation. The country too had difficulty in envisioning the long term goals for eye health in Afghanistan (National Eye Health Plan). The dearth in data to draw conclusions about the magnitude of the problem related to eye diseases and eye health systems also contributed to the current situation.

**Health Financing:** Though eye care is a part of the Basic Package of Health Services (BPHS), primary eye care is not available at HP, BHC, CHCs and DHs due to lack of trained personnel and infrastructure. Eye care is not fully integrated into Essential Package of health services resulting in very high cost of treatment. Patient need to spent approximately US$ 65/per cataract surgery at the province/regional hospital.

**Information:** The only available data on blindness is the RAAB study done in 2011 in 3 provinces and Trachoma study done in 5 provinces. Similar data does exist for Kabul province. The HMIS of the MoPH does not have any indicators on eye care which is essential for understanding the demand, need and barrier to eye care services and reach.

**Technology and Supplies:** Resource mapping and facility assessment are not carried out to understand the gaps in providing eye care services. The medical supply available under the BPHS is limited, other equipment and supplies are available only at province level hospitals where ophthalmologists are available.

**Service Delivery:** Only 9 out of 34 provinces have an established Provincial Eye Care Center and are limited to the central part of the country and few major cities. Eye care has not been integrated even at the district level hospital and only 7 secondary eye care treatment centers are available in the entire country.

**Human Resources:** National eye health work force plan not available and not integrated into the National health workforce plan. As a result, eye health workforce is inadequate in terms of numbers, level and distribution. There are only 3 tertiary training institutes, 143 ophthalmologists and 118 Mid-level personnel for a population of more than 30million. The training institutes lacked the adequate infrastructure too.

# **Operating Context**

The health system in Afghanistan has limited health service delivery coverage (50% population in 70% districts[[1]](#footnote-1)) due to inadequate infrastructure facilities, acute shortage of skilled health providers at primary, secondary and tertiary level, poor information systems and weak implementation of the newly approved national health policy[[2]](#footnote-2). According to the World Health Organization, over 600,000 people suffer total blindness in Afghanistan and about 1.5 million are visually impaired. The prevalence of blindness is estimated at 1.5 – 2%. Cataract remains the main cause of blindness at 60%, followed by trachoma, corneal opacities, uncorrected refractive errors, glaucoma and trauma. With a backlog of over 200,000, only 15,000-22,000 cataract surgeries are performed annually (21,500 in 2015)[[3]](#footnote-3).Cataract surgical rate in 2007 was 610/million population and in 2015 slightly higher at about 900 surgeries/million.

Eye care services are limited to the central part of the country and a few major cities. Only 9 out of 34 provinces have an established provincial eye care center and there are only 7 secondary eye care treatment centers in the entire country and 3 tertiary training institutes. Lack of trained eye care personnel is one of the key barriers to people receiving the help they need. The current number of staff is well below the minimum advised by the WHO (143 doctors, 118 Mid-level personnel for a population of more than 30 million). Eye health financing is not fully integrated into the Essential Hospital Health Services elevating the cost of treatment to 65$/per surgery. Complicated cost recovery mechanisms (partly because of well-meant anti-corruption instruments) make the implementation of poor patient subsidies very challenging. Although Primary Eye Care (PEC) is part of the Basic Package of Health Services (BPHS), Health Post (HP), Basic Health Center (BHC), Community Health Center (CHC) and District Hospital (DH) often lack the capacity (trained human resources) to provide PEC services. One of the underlying causes of the fragile eye health system in the country is the disempowered eye health leadership. The National Committee for Prevention of Blindness has been in place since the early 2000s but functioned for many years without an acknowledged governance structure, budget and work plans

# **Project Details**

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| **PROJECT DETAILS** | | | | |
| **Project Name** | Eye care system integration in Afghanistan | | | |
| **Country** | Afghanistan | **Region** | National, Kabul Province and Kabul city | |
| **Timing (Start/ End Dates)** | Nov 2016 – Dec 2019 | **Duration** | 3 years and 2 months | |
| **Brief Description** | In Afghanistan, till date eye health has not been prioritized and integrated into broader health sector policies. The National Committee for Eye Health (NCEH) is responsible to develop strategic policy framework on eye care in the country. Technical support will be provided to NCEH to strengthen its capacity, draft/update the terms of reference of the committee, and develop the National eye care plan and annual work plan. The project will also support NCEH in developing basic advocacy/communications materials to advocate eye care issues, learning, and research findings. It is expected that by the end of the project NCEH will have an empowered and well-resourced team to provide guidance on relevant policies in Afghanistan.  Rapid Assessment of Avoidable Blindness (RAAB) study will be conducted in Kabul province including the Kabul city. In parallel, the project will carry out the facility assessment across selected service centers (District Hospital, Community Health Centre, Basic Health Centre, Sub Health Centre& Health Post) in the Province and Kabul Medical University Eye Hospital (KMUEH) to improve the wider stakeholder’s understanding of infrastructural gaps. Thus the project will generate new evidence about the burden of diseases and capacity of the eye care system to meet the needs.  With the aim to increase the accessibility of the people in the rural areas to comprehensive quality eye care services, primary eye care training will be provided to HP, SHC, BHC, CHC and DH staff of Kabul Province. Outreach camps will be planned in more remote areas to facilitate accessibility to treatment process. School eye health programs will be necessitated to identify and treat refractive errors in school going children.  National eye health workforce plan will be developed and integrated into the health workforce plan of the country. Based on the findings of facility assessment and situation analysis, a plan on the requirements to strengthen the capacity of the KMUEH and other teaching institutions & hospitals will be developed. | | | |
| **Disease Focus** | ☒Cataract ☒ Refractive error ☐ Trachoma ☐ DR ☐ Child eye health ☐ Other (specify)……….. | | | |
| **Health System Pillars** | ☒Service Delivery ☒Workforce ☒Equipment☐ Financing ☒ Leadership / Governance ☐ Information Management | | | |
| **Thematic Focus** | ☐ Gender ☒ Vulnerable Populations ☐ Disability ☒ HSS ☐ Education ☐ Public sector only ☐ Private sector only ☐ Public/private partnership ☐ Other (specify) ……………………………… | | | |
| **How will we deliver?** | ☒ Direct Programming ☒ Advocacy ☐Partnerships☐ Other | | | |
| **BACKGROUND** | | | | |
| **Main Problems/ Issues:** | According to the World Health Organization, the prevalence of blindness is estimated at 1.5 – 2%. Cataract remains the main cause of blindness at 60%. Cataract surgical rate in 2007 was 610/million population and in 2015 slightly higher at about 900 surgeries/million. RAAB survey conducted in Badakhshan, Herat and Laghman in 2011 showed a prevalence of bilateral blindness (VA <3/60 in the better eye, with best correction or pinhole) of 2.49%, 2.53% and 2.88% respectively. This is the only recent blindness data available in the country and no such data is available for Kabul province - the catchment area of this project. Eye care services are limited to the central part of the country and a few major cities. Only 9 out of 34 provinces have an established provincial eye care center and there are only 7 secondary eye care treatment centers in the entire country and 3 tertiary training institutes. The country has only 142 ophthalmologist and 118 Mid-level personnel for a population of over 30million which is very low and not sufficient to provide primary eye care as part of the Basic Package of Health Services (BPHS). The National Committee for Eye Health (NCEH) has been in place since the early 2000s but is functioning without an acknowledged governance structure, budget and work plans. The finalization of the long term vision for eye health in Afghanistan (National Eye Health Plan) is difficult due to lack of data and analysis about the magnitude of the problem related to eye diseases and eye health systems. | | | |
| **PROJECT OVERVIEW** | | | | |
| **Project Goal** | Contribute to ending avoidable blindness in Afghanistan | | | |
| **End of Project Outcomes** | Improved eye health system integration in Afghanistan through strong leadership and evidence based decision making | | | |
| **Outcomes** | 1. Functional and sustainable leadership structure for eye health established in Afghanistan 2. Strengthened information base on eye health, eye care service delivery, and barriers to access in Kabul province 3. Strengthen PEC and integration with primary and secondary health care 4. Strengthened MoPH and other key institutions’ capacity to plan and deliver National Eye Health Workforce Plan in Afghanistan | | | |
| **Key Outputs** | * Improved accountability of the National Committee for Eye Health through providing technical support in drafting/updating the terms of reference for the committee and getting it approved by the MoPH * Strong coalition built for eye health within the health and non-health sectors to deliver the work plans * NCEH resourced adequately and task force formed for resource mobilization and for implementing its annual work plan * Improved capacity of NECH to plan, monitor and advocate eye health through developing advocacy materials and training the NECH’s National coordinator and its team. * Strengthened information base on eye care service delivery in Kabul province by conducting RAAB survey, facility based assessment and developing capacity building plan * Primary Eye Care integrated into primary health care by providing training to staff in HP, SHC, BHC, CHC and DH and providing basic eye care equipment based on the assessment * Eye health services delivered for vulnerable populations through outreach camps * Improved access to basic eye care for school children in their school premises through school eye health program. The school teachers will be trained in VA testing and arrangements will be made to provide spectacles or treatment to children having eye problems. Forming task force and to include school eye screening program as part of school health package * National Eye Health Workforce Plan developed and embedded within the National Health Workforce Plan * Strengthened capacity of KMUEH and other teaching institutions to deliver the national eye workforce plan | | | |
| **Beneficiaries** | The project will impact and improve Afghanistan’s eye care system. Kabul province including the Kabul city having a population of 4,372,977 is the major catchment area for this project. | | | |
| **Human Resource Development** | | | |
| Number attending other courses - including computers, management, equipment maintenance etc. (trained in monitoring requirements and/ or evidence based advocacy tools and techniques) | | | 3 persons |
| Number of eye care workers trained in Primary Eye Care Training of Trainers (PEC TOT Training) | | | 6 persons |
| Number of other health personnel trained in basic eye health (staff from 43 facilities consisting of SHC, BHC, CHC and DH) | | | 43 persons |
| Number of community and village health workers trained (Health Post volunteers) | | | 467 persons |
| Number of teachers and school health staff trained/ oriented in Kabul province districts excluding Kabul city | | | 450 persons |
| **Disease Control** | | | |
| Number of persons screen in Static Facilities (Primary and Secondary Health Facilities): | | | 60,000 persons |
| Number of persons screened in Static Facilities (KMUEH): | | | 45,000 persons |
| Number of persons screened – Outreach (outreach cataract camps organized by NCEH): | | | 45,000 persons |
| Number of cataract operations with direct financial support (KMUEH): | | | 3,000 persons |
| Number of cataract operations with direct financial support (outreach cataract camps organized by NCEH): | | | 3,000 persons |
| Number of children screened in school screenings: | | | 162,000 children |
| Number of spectacles distributed with direct financial support: | | | 4,860 spectacles |
| **IMPLEMENTATION APPROACH** | | | | |
| **Partners** | HealthNet TPO will be the FHF managing partner to implement this project in Afghanistan.  **HealthNet TPO** is an international organization, working in Afghanistan since 1994, to support the Ministry of Public Health (MoPH) in primary healthcare, hospital services, mental health, control of communicable diseases, and health workforce development. HNTPO will lead the project implementation in Afghanistan and will coordinate with the implementing partners – NCEH, MoPH, and Kabul Medical University/ Kabul Medical University Eye Hospital.  **National Committee for Eye Health** under the MoPH was formed in early 2000 and the National Eye Health coordinator was appointed and National Prevention of Blindness committee was formed consisting of various stakeholders from eye care, health and non-health sectors. NCEH will be the key implementing partner for developing workforce plan and specific components, outcomes in particular, to initiate the dialogue with the Government. NCEH will also be responsible in conducting the RAAB survey in Kabul province in collaboration with HNTPO and KMUEH.  **Kabul Medical University Eye Hospital** was established by KMU and is governed by the Ministry of Higher Education (MoHE). FHF has been supporting KMU-MoHE for development of eye care services, teaching & training. KMUEH will be the implementing partner for performing cataract surgery for the referred patients following the PEC training and will be a part of the working group (Taskforce) for the development of National Workforce Plan for eye health | | | |
| **RESOURCES** | | | | |
| **Budget** | Local currency: Afghanistan Afghani 44,513,203 $AUD: 860,990 | | | |

# **Purpose of the Evaluation**

The overall purpose of mid-term evaluation is to assess the key achievements and to determine the project progress against the designated outcomes to date. The findings of the evaluation will be used to shape the implementation of the remaining component of this project, if required. The evaluation has been initiated by the FHF South Asia and Middle East regional team and will be commissioned to an individual consultant or local consulting firm in Afghanistan to investigate according to monitoring and evaluation framework of the project. The findings will be shared with a wide range of audiences and stakeholders, who are outlined below. The mid-term evaluation is being undertaken according to the monitoring and evaluation framework of The Foundation, and is important as The Foundation does not have an operational office in Afghanistan, and projects are managed through a partner organization.

**Specific Objectives:**

The specific objectives of mid-term evaluation are as follows:

1. To review and determine the project progress of different components of the project against project targets
2. To review project expenditures against the budget allocated to implement the project activities
3. To identify the gaps in project implementation and suggest recommendations to address these gaps

# **Primary Audience of the Findings**

The primary audiences of this project mid-term evaluation are FHF regional and head office, HealthNet TPO, managing partner of the Foundation in Afghanistan, National Committee for Eye Health (NCEH) of Ministry of Public Health Afghanistan and implementing partner for this project Kabul Medical University Eye Hospital (KMUEH) Kabul, Afghanistan. The M&E team under Knowledge and Innovation Division at The Foundation who provide technical support to across the Foundation’s projects will be interested in the findings of this evaluation to better support country programs in designing and measuring the impact of the projects and programs. The audience of the findings can be categorized into the following three categories:

1. FHF staff involved in program planning and implementation, advocacy and research and other areas of The Foundation as appropriate
2. Partners who worked on this program in Afghanistan
3. Relevant stakeholders who have an interest in the findings such as the Government of Afghanistan, non-government and other health stakeholders

# **Evaluation Scope and Key Questions**



# **Scope of the Mid-Term Evaluation**

In line with overall purpose, the mid-term evaluation of ‘eye care system integration project in Afghanistan’ will examine the successes and achievements of the project so far and suggestions & recommendations for improvement to achieve the overall goals and end of project outcomes. The evaluation will focus on project under implementation since November 2016 and will focus on the project achievements till June 2018 (20 months implementation). The evaluation project will focus three health system pillars i.e. (a) service delivery, (b) workforce and (c) equipment with thematic focus on health system strengthening to reach vulnerable populations. The project geographic area is limited to Kabul city and Kabul province where Kabul Medical University Eye Hospital (KMUEH) as implementing partner is providing cataract services and HealthNet TPO is conducting school screening activities in all 14 districts of Kabul province. National Committee for Eye Health project team is leading outreach cataract surgeries camps in several provinces other than Kabul province. The list of camps organized and details of cataract surgeries conducted during outreach camps will be provided to consultant with all project documents and progress report to accurately plan the site visits for interview/ focus group discussions with beneficiaries for evaluation purpose. The evaluation will identify any issues that need to be taken into consideration for the remainder of the project implementation.

# **Key Evaluation Questions**

The mid-term evaluation project will only focus on effectiveness of various components of the projects and 4 evaluation questions against 3 designated project outcomes (first three questions are to evaluate the effectiveness of the project and the forth question is to assess the gender). Various monitoring questions have been mentioned in the table below as per M&E framework of the project.

Program related key evaluation questions to be answered as part of this evaluation are:

1. To what extent has a functional and sustainable leadership structure for eye health established in Afghanistan?
2. To what extend the project improved the coverage of eye care services by vulnerable population in the Kabul province through integrated approach?
3. To what extent the project strengthened MoPH and key institutions’ capacity to plan and deliver national eye workforce in Afghanistan?
4. To what extent has the project considered and acted on the specific needs of women in order to reduce inequity and inequality and accomplish fair distribution of resources?
5. What is status of project expenditures against the annual allocated budget to implement project activities and recommendations for improvement?
6. What are gaps in project implementation based on project achievements against project targets and recommendations for improvement?

The monitoring indicators that will assist with completing this evaluation are listed below:

| **Area** | **KEQ#** | **Key Evaluation Question** | **Outcome or Outputs for Monitoring** | **MQ#** | **Monitoring Question** |
| --- | --- | --- | --- | --- | --- |
| Effectiveness | KEQ1 | To what extent a functional and sustainable leadership structure for eye health established in Afghanistan? | Outcome 1: Establishment of functional and sustainable eye health leadership structure | | |
| Output 1.1: Improved accountability of the National Committee for Eye Health (NCEH) | MQ1.1 | Has Terms of References (ToR) of NCEH been updated? |
| Output 1.2: Strong coalition built for eye health within the health and non-health sectors | MQ1.2 | Has annual work plan for the NCEH developed? |
| MQ1.3 | Has participation and contribution of health and non-eye health stakeholders in NCEH improving over time? |
| Output 1.3: NCEH resourced adequately | MQ1.4 | Has task force formed for resource mobilization? |
| MQ1.5 | Has the task force developed and implemented resource mobilization plan? |
| Output 1.4: Improved capacity of NCEH to plan, monitor and advocate for eye health. | MQ1.6 | Has NCEH’s National Coordinator and members trained on nation eye care plan’s monitoring requirements and /or evidence based advocacy tools and techniques? |
| MQ1.7 | Has basic advocacy/communications materials developed to advocate eye care issues/learning/research findings etc? |
| KEQ2 | To what extend the project improved the coverage of eye care services by vulnerable population in the Kabul province through integrated approach? | Outcomes: Improved eye care coverage | | |
| Output 2.1: strengthened information based on eye care service delivery in the Kabul province | MQ2.1 | Has pre-project RAAB carried out in Kabul province and Kabul city? |
| MQ2.2 | Has capacity based assessment of health facilities in Kabul province (DH, CHC, BHC, SHC, and HP) and KMUEH conducted? |
| MQ2.3 | Has capacity building plan (e.g. training and basic equipment) developed based on findings of the assessment? |
| Output 3.1: PEC integrated into primary care in the facilities across Kabul province& referral path developed | MQ2.4 | Have training materials developed and printed for training of primary health care staff in primary eye care? |
| MQ2.5 | How many HP, SHC, BHC, CHC and DH staff trained in primary eye care in Kabul province? |
| MQ2.6 | How many patients referred by trained staff of HP, SHC, BHC, CHC and DH? |
| MQ2.7 | How many HP, BHC, CHC and DH in Kabul province provided with the basic equipment based on findings of facility based assessment? |
| MQ2.8 | How many cataract surgeries provided with consumables? |
| Output 3.2: Eye health services delivered for vulnerable populations through outreach camps | MQ2.9 | Have surgeons and nurses (outreach team) oriented on gender equitable eye care service delivery? |
| MQ2.10 | Have National Eye Care Coordination Office delivered eye health services to vulnerable populations through outreach camps? |
| Output 3.3: Improved access to basic eye care for school children | MQ2.11 | Has NCEH formed a national task force consisting of UNCEF, MoE, MoPH, HCI etc which has been endorsed by the MoPH to advocate for implementation and resourcing of school eye screening program as part of school health package? |
| MQ2.12 | Has schools in Kabul city and Kabul province selected in coordination with provincial health and education department? |
| MQ2.13 | Have selected teachers trained in VA testing, referral and ensuring that children wear glasses (those who require)? |
| MQ2.14 | Has HCI’s mobile team screened children who identified by trained teachers at targeted schools and provide spectacles for those who require it? |
| MQ2.15 | Hospitals to establish referral pathways for follow up case? |
| KEQ3 | To what extent the project strengthened MoPH and key institutions’ capacity to plan and deliver national eye workforce in Afghanistan? | Outcome: Increased capacity to plan and deliver national eye workforce. | | |
| Output 4.1: National Eye Health Workforce Plan developed and embedded within the National Health Workforce Plan | MQ3.1 | Has NCEH formed a national task force endorsed by MoPH and conducted situation analysis to explore eye health workforce issues |
| MQ3.2 | Has the taskforce developed national eye health workforce plan including career plan and deployment strategy? |
| MQ3.3 | Has NCEH advocated to MoPH for the integration of the national eye health workforce plan in to the national health workforce plan for Afghanistan with the intention to increase financial resources for the eye health workforce |
| MQ3.4 | To what extent national workforce plan is embedded in the national health workforce plan and acted on? |
| MQ3.5 | How many non-eye health stakeholders participating actively in the National Committee through Task force? |
| Output 4.2: Strengthened the capacity of KMUEH and other teaching institutions to deliver the national eye workforce. | MQ3.6 | Has a plan developed based on the findings of facility and situation analysis of the national eye health workforce on what is needed for strengthening the capacity of the KMUEH and other teaching institutions and hospitals to implement plan |
| MQ3.7 | Has KMUEH supported to develop/revise its strategic plan 2017-2020 |

# **Approach**

This evaluation will take a mixed methods approach. It will involve analysing existing quantitative and qualitative monitoring data that has been collected over the duration of the project, and complementing this with qualitative data obtained through interviews, focus groups, observations and site visits with FHF’s implementing partners in Afghanistan, stakeholders involved with the program, and other stakeholders such as the Government of Afghanistan.

The inclusion of beneficiaries’ views on the effects of the programs that were implemented, including the perspectives of the most excluded and marginalised groups is an important factor in this evaluation. Data collection methods should be appropriate and relevant to the context. Apart from above-mentioned approach, the consultant is suggested to propose an appropriate methodology for data collection and analysis based on the key questions to be answered. The ultimate approach to be taken can be negotiated and refined between the evaluation commissioning manager/team and the selected evaluator/s as part of the contracting process. The existing project monitoring data i.e. progress reports will be made available to the evaluator/s as baseline information that has been collected against the key evaluation questions.



# **Ethics and other approval**

This evaluation should be conducted in accordance with the country code of conduct and as set out in The Foundation’s Evaluation Policy and Handbook. Formal ethical approval from Institutional Review Board (IRB) Afghanistan will be required prior to start any field activities and should be submitted with inception report. The consultant will work with FHF and FHF’s partner organisation in Afghanistan to obtain ethical approval.

# **Evaluation Plan**

A detailed evaluation plan will be developed by the consultant/ evaluator, which will break down the key evaluation questions and demonstrate how each question will be answered through the evaluation, including what data is already available, and what will be collected through field work, and how, and what evaluation tools will be used*.* A separate evaluation plan will be required for the project.

# **Deliverables**

The specific products or outputs to be delivered by the evaluator/s include, but not limited to, an evaluation plan and detailed methodology; presentation of preliminary and ultimate findings; draft and final evaluation report. The additional materials include the support in dissemination of findings (e.g. slide decks, posters, infographics) etc.

1. Inception report
   1. IRB Approval letter
   2. Evaluation plan (for the project), to be approved by The Foundation before field work begins
   3. Evaluation tools or instruments e.g. questionnaires, interview and FGD guidelines, training materials, database and data quality management and control plan
2. Data analysis and draft report (for the project) including final dataset of the evaluation
3. Final report, summary report, and 1-page brief (for the project)
4. One article for publication

# **Schedule**

Proposed timeline for mid-term evaluation is attached as annex 1 (filename: Annex 1 Mid-term evaluation workplan). The mid-term evaluation start and finish dates as proposed are from 01 July 2018 to 31 December 2018. The key evaluation events are mentioned in the proposed timeline that include but will be negotiated and refined with the selected evaluator/s as part of the contracting process. The timeline includes desk review; briefing; evaluation plan; data collection and analysis; presentations; draft and final reports etc and indicative dates for each event. Furthermore, all the key expected deliverables mentioned above are included in this proposed timeline and sufficient time has been allocated for each event based on the scope and complexity involved.

# **Evaluation team & qualifications**

The mid-term evaluation of eye care system integration project in Afghanistan will be outsourced to third party consulting firm/ individual consultant based on qualification and technical skills to complete the evaluation. The major reason behind commissioning the assignment to third party consulting firm/ individual consultant is that The Foundation do not have legal registration in the country and, although, partner organization HealthNet TPO has all the required experience and qualification to undertake the assignment, it is seen as beneficial to have an independent evaluation. The mid-term evaluation will be managed by The Foundation’s South Asia and Middle East (SAME) regional team with technical support from M&E team of The Foundation. The evaluation project will be coordinated and supported locally by HealthNet TPO in the country.

# **Payment Schedule**

The payment to consultant/ consulting firm will be released against deliverables. The Foundation will release the payment after successful submission and approval of following reports:

|  |  |  |
| --- | --- | --- |
| # | Deliverable | Payment in Percentage |
| 1 | Inception report including IRB approval letter, evaluation plan and data collection tools and instruments | 30% |
| 2 | Data analysis and draft report | 40% |
| 3 | Final report, summary report, 1 page evaluation brief and one article for publication | 30% |

# **Management and logistics**

The mid-term evaluation will be led and managed by The Foundation’s South Asia and Middle East (SAME) regional team with technical support from M&E team of The Foundation. As country focal person, Atiq Ur Rehman, Regional Program Officer SAME will be focal point for evaluator/s throughout the evaluation process, coordinating and communicating between the evaluator/s and The Foundation’s commissioning team, ensuring milestones are met, and coordinating review and approval of deliverables. SAME Regional Team will form an Evaluation Committee comprising of members from SAME Regional Team, FHF M&E team and HealthNet M&E team for this assignment based on skills and sectoral/ technical experience, contextual knowledge and understanding; team leadership skills and experience; writing and communication skills; and language skills.

All key stakeholders who have a formal role in managing and decision-making of the evaluation are mentioned in the table below and the process for review and approval of each deliverable clearly articulated. The Foundation will provide all the share relevant information and data and access to available project documents; introductions to partners and other key participants for the evaluation. The evaluator/s will be responsible to hire and train field team to conduct primary data and make logistical and translation support to conduct field work.

|  |  |  |  |
| --- | --- | --- | --- |
| # | Partner/ Stakeholder | Key Contact | Role/ Responsibilities |
| 1 | Lead evaluator (consultant) | TBD | Coordinate the evaluation team, provide quality evaluation products/ reports to FHF in line with agreed timeframes. Advice on any issues affecting the evaluation process. |
| 2 | HealthNet TPO | Dr Ehsanullah Ibrahimi  M&E Coordinator  HealthNet TPO  ibrahimi.hntpo@gmail.com  Phone: +93 (0)774279884 or 0799750715 | Partner organization focal person for coordination and in country support to undertake the mid-term evaluation. |
| 3 | Fred Hollows Foundation | Atiq ur Rehman  Regional Program Officer SAME | Contact person, focal point for coordination of the evaluation. |
| 4 | Fred Hollows Foundation | Cathy Malla  Regional Program Coordinator SAME | Alternate contact person for coordination of evaluation. |
| 5 | Fred Hollows Foundation | Sarah Leslie  Monitoring and Evaluation Advisor, Knowledge and Innovation Division | FHF M&E focal person to review, analyse information and share feedback on evaluation documents and reports. |

# **Application procedures**

Interested consulting firms/ Consultants can submit their application along with technical and financial proposal (budget) to Regional Program Officer of South Asia and Middle East regional team, Atiq ur Rehman at [**aurrehman@hollows.org**](mailto:aurrehman@hollows.org). The deadline for submission of proposals is **Sunday, 28 July 2018**. Late submissions will not be considered. The Foundation is looking for consultants for this evaluation having:

* Legal registration with the government of Afghanistan
* Demonstrated track record of producing high quality evaluations of public health projects/programs
* Relevant qualifications and experience in undertaking evaluations similar to this evaluation
* Credibility to engage with stakeholders in the Afghanistan context, including government
* Experience of evaluation in a health systems context
* Understanding of eye health programs and knowledge of the global eye health agenda
* Knowledge and understanding of the political and cultural context of Afghanistan
* Ability to analyse quantitative and qualitative data
* The consultant is also required to produce a copy or excerpt of a recent evaluation report that they have completed.
* CV of lead evaluator should also be shared as an attachment to the application

# **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.

# **Other**

The Foundation is committed to ensuring a safe environment and culture for all 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 Child Protection Policy and sign the Child Protection Code of Conduct.

Following documents have been attached as annex.

1. Workplan for mid-term evaluation
2. The Fred Hollows Foundation Evaluation Handbook
3. The Fred Hollows Foundation Child Protection Policy
4. Proposal template for consultant/ consulting firm

1. WHO Humanitarian Health Action: Afghanistan (<http://www.who.int/hac/donorinfo/afg/en/index1.html>) [↑](#footnote-ref-1)
2. WHO Humanitarian Health Action: Afghanistan (<http://www.who.int/hac/donorinfo/afg/en/index1.html>) [↑](#footnote-ref-2)
3. MoPH presentation, April 2016 [↑](#footnote-ref-3)