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# PROJECT FINAL EVALUATION TERMS OF REFERENCES

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Project Title: Eye care system integration in Afghanistan

*Afghanistan*

Thursday, September 12, 2019

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

# FINAL EVALUATION TERMS OF REFERENCE

Eye care system integration in Afghanistan

Afghanistan

Friday, 23 August 2019

## 1. 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”. For compliance and adhering to FHF M&E standards, the project undertaken in challenging working environment require a final evaluation, the terms of references of which are outlined in this document.

### 1.1. 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.

## 2. 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 third year, last year of its implementation led by HealthNet TPO, managing partner of The Foundation in Afghanistan. The project details are mentioned in below sections.

### 2.1. 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, SHC, 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.

## 2.2. Project Details

PROJECT DETAILS			
<b>Project Name</b>	Eye care system integration in Afghanistan		
<b>Country</b>	Afghanistan	<b>Region</b>	National, Kabul Province and Kabul city
<b>Timing (Start/End Dates)</b>	Nov 2016 – Dec 2019	<b>Duration</b>	3 years and 2 months
<b>Brief Description</b>	<p>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.</p> <p>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 &amp; 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.</p> <p>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.</p> <p>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 &amp; hospitals will be developed.</p>		
<b>Disease Focus</b>	<input checked="" type="checkbox"/> Cataract <input checked="" type="checkbox"/> Refractive error <input type="checkbox"/> Trachoma <input type="checkbox"/> DR <input type="checkbox"/> Child eye health <input type="checkbox"/> Other (specify).....		
<b>Health System Pillars</b>	<input checked="" type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Financing <input checked="" type="checkbox"/> Leadership / Governance <input type="checkbox"/> Information Management		
BACKGROUND			

<b>Main Problems/ Issues:</b>	<p>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 &lt;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.</p>
<b>PROJECT OVERVIEW</b>	
<b>Project Goal</b>	Contribute to ending avoidable blindness in Afghanistan
<b>End of Project Outcomes</b>	Improved eye health system integration in Afghanistan through strong leadership and evidence-based decision making
<b>Outcomes</b>	<ol style="list-style-type: none"> <li>1. Functional and sustainable leadership structure for eye health established in Afghanistan</li> <li>2. Strengthened information base on eye health, eye care service delivery, and barriers to access in Kabul province</li> <li>3. Strengthen PEC and integration with primary and secondary health care</li> <li>4. Strengthened MoPH and other key institutions' capacity to plan and deliver National Eye Health Workforce Plan in Afghanistan</li> </ol>
<b>Key Outputs</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Strong coalition built for eye health within the health and non-health sectors to deliver the work plans</li> <li>• NCEH resourced adequately and task force formed for resource mobilization and for implementing its annual work plan</li> <li>• 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.</li> <li>• Strengthened information base on eye care service delivery in Kabul province by conducting RAAB survey, facility-based assessment and developing capacity building plan</li> </ul>

	<ul style="list-style-type: none"> <li>• 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</li> <li>• Eye health services delivered for vulnerable populations through outreach camps</li> <li>• 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</li> <li>• National Eye Health Workforce Plan developed and embedded within the National Health Workforce Plan</li> <li>• Strengthened capacity of KMUEH and other teaching institutions to deliver the national eye workforce plan</li> </ul>																												
<b>Beneficiaries</b>	<p>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.</p> <table border="1" data-bbox="406 825 1421 1852"> <tr> <td colspan="2" data-bbox="406 825 1421 867"><b>Human Resource Development</b></td> </tr> <tr> <td data-bbox="406 867 1190 1020">Number attending other courses - including computers, management, equipment maintenance etc. (trained in monitoring requirements and/ or evidence-based advocacy tools and techniques)</td> <td data-bbox="1190 867 1421 1020">3 persons</td> </tr> <tr> <td data-bbox="406 1020 1190 1100">Number of eye care workers trained in Primary Eye Care Training of Trainers (PEC TOT Training)</td> <td data-bbox="1190 1020 1421 1100">6 persons</td> </tr> <tr> <td data-bbox="406 1100 1190 1192">Number of other health personnel trained in basic eye health (staff from 43 facilities consisting of SHC, BHC, CHC and DH)</td> <td data-bbox="1190 1100 1421 1192">43 persons</td> </tr> <tr> <td data-bbox="406 1192 1190 1272">Number of community and village health workers trained (Health Post volunteers)</td> <td data-bbox="1190 1192 1421 1272">467 persons</td> </tr> <tr> <td data-bbox="406 1272 1190 1352">Number of teachers and school health staff trained/ oriented in Kabul province districts excluding Kabul city</td> <td data-bbox="1190 1272 1421 1352">450 persons</td> </tr> <tr> <td colspan="2" data-bbox="406 1352 1421 1394"><b>Disease Control</b></td> </tr> <tr> <td data-bbox="406 1394 1190 1474">Number of persons screen in Static Facilities (Primary and Secondary Health Facilities):</td> <td data-bbox="1190 1394 1421 1474">60,000 persons</td> </tr> <tr> <td data-bbox="406 1474 1190 1524">Number of persons screened in Static Facilities (KMUEH):</td> <td data-bbox="1190 1474 1421 1524">45,000 persons</td> </tr> <tr> <td data-bbox="406 1524 1190 1604">Number of persons screened – Outreach (outreach cataract camps organized by NCEH):</td> <td data-bbox="1190 1524 1421 1604">45,000 persons</td> </tr> <tr> <td data-bbox="406 1604 1190 1684">Number of cataract operations with direct financial support (KMUEH):</td> <td data-bbox="1190 1604 1421 1684">3,000 persons</td> </tr> <tr> <td data-bbox="406 1684 1190 1764">Number of cataract operations with direct financial support (outreach cataract camps organized by NCEH):</td> <td data-bbox="1190 1684 1421 1764">3,000 persons</td> </tr> <tr> <td data-bbox="406 1764 1190 1814">Number of children screened in school screenings:</td> <td data-bbox="1190 1764 1421 1814">162,000 children</td> </tr> <tr> <td data-bbox="406 1814 1190 1852">Number of spectacles distributed with direct financial support:</td> <td data-bbox="1190 1814 1421 1852">4,860 spectacles</td> </tr> </table>	<b>Human Resource Development</b>		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	<b>Disease Control</b>		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
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IMPLEMENTATION APPROACH	
<b>Partners</b>	<p>HealthNet TPO will be the FHF managing partner to implement this project in Afghanistan.</p> <p><b>HealthNet TPO</b> 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.</p> <p><b>National Committee for Eye Health</b> 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.</p> <p><b>Kabul Medical University Eye Hospital</b> 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 &amp; 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</p>

### 3. Purpose of the Evaluation

The overall purpose of the final evaluation is to assess the key achievements and to determine the project progress against the designated outcomes to date. And also to document the project effectiveness, accountability, impact and sustainability of the gained achievements. It is expected that the findings will inform future programming decisions. This is an end-term evaluation, although the project does not finish until December 2019. It is being undertaken at this point in time because the results of this evaluation will inform the development and implementation of a new project.

#### Specific Objectives:

The specific objectives of the final evaluation are:

1. To assess to what extent the goal, objectives and outcomes of the Project were achieved
2. An assessment of impact the Project efforts made on local eye health service provision and accessibilities
3. To ascertain the gaps in project implementation and suggest recommendations to address these gaps
4. To document and analyse beneficiaries' views on the effects of the programs, including the perspectives of the most excluded and marginalised groups

5. To document lessons learnt and inform future program planning and designing.

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. It is important that the final evaluation is undertaken according to the monitoring and evaluation framework of The Foundation as it does not have an operational office in Afghanistan, and projects are managed through a partner organization.

### **3.1. Primary Audience of the Findings**

The primary audiences of this project final evaluation are FHF staff involved in the project cycle, FHF regional team, and project implementing partners Kabul Medical University Eye Hospital (KMUEH). The secondary audiences include HealthNet TPO, managing partner of The Foundation in Afghanistan, National Committee for Eye Health (NCEH) of Ministry of Public Health Afghanistan. The Foundation's M&E team will also be interested in the findings of this evaluation to better support other country programs in designing and measuring the impact of the projects and programs. Other audiences may include relevant stakeholders who have an interest in the findings such as the Government of Afghanistan, non-government and other health stakeholders.

## **4. Evaluation Scope and Key Questions**

### **4.1. Scope of the Final Evaluation**

In line with overall purpose, the final evaluation of 'eye care system integration project in Afghanistan' will examine the successes and achievements of the project and provide recommendations for next phase and upcoming programming. The evaluation will focus on the project from the beginning of its implementation since November 2016 and its achievements. The evaluation will assess the contribution of health system pillars i.e. (a) Leadership, (b) service delivery, (c) workforce and (d) equipment in strengthening health system and 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 the consultant with all project documents, mainly in Kabul province and eastern, northern region and progress reports 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 upcoming programming in Afghanistan.

### **4.2. Key Evaluation Questions**

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

1. Effectiveness: To what extent a functional and sustainable leadership structure was established for eye health in Afghanistan?

2. Effectiveness: To what extent is the project improving the coverage of eye care services to vulnerable population in the Kabul province through integrated approach?
3. Effectiveness: To what extent is the project strengthening MoPH and key institutions' capacity to plan and deliver national eye workforce in Afghanistan?
4. Impact: What is the impact of the project in decreasing of avoidable blindness due to cataract and RE?
5. Impact: What is the impact of project in improving eye health services and overall health system in Afghanistan?
6. Sustainability: To what extent the functioning of the National Committee for PBL in Afghanistan is resourced adequately through national budget?
7. Gender Equity: To what extent did the project considere and act on the specific needs of women in order to reduce inequity and accomplish fair distribution of resources?
8. What is status of project expenditures against the annual allocated budget to implement project activities and recommendations for improvement?
9. What are gaps in project implementation based on project achievements against project targets and recommendations for improvement?

## 5. Approach

This evaluation will take a mixed methods approach in which the findings not only assess the project outcomes but also inform recommendation for future programming. 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 reports and monitoring data will be made available to the evaluator/s as baseline information, including

- Project Implementation Plan (PIP) including detailed monitoring and evaluation plan
- Quarterly Progress reports
- Quarterly Output data
- Annual Results Reports
- Mid-term review report
- Other relative information

### 5.1. 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.

## 5.2. 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.

## 6. 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
  - a. IRB Approval letter
  - b. Evaluation plan (for the project), to be approved by The Foundation before field work begins
  - c. 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 with recommendations, summary report, and 1-page brief (for the project)
4. One article for publication as per journal's requirements

## 7. Schedule

Proposed timeline for final evaluation is attached as annex 1 (filename: Annex 1 Final evaluation workplan). The final evaluation start and finish dates as proposed are from 01 October 2019 to 31 December 2019. 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.

## 8. Evaluation team & qualifications

The final 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 final 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.

## 9. 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 with recommendation, summary report, 1-page evaluation brief and one article for publication	30%

## 10. Management and logistics

The final 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 Ibrahim 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 final evaluation.
3	Fred Hollows Foundation	Atiq ur Rehman Regional Program Officer SAME	Contact person, focal point for coordination of the evaluation.

5	Fred Hollows Foundation	Maud Mukova-Moses Monitoring Evaluation & Learning Advisor, Knowledge and Innovation Division	FHF M&E focal person to review, analyse information and share feedback on evaluation documents and reports.
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## 11. 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 **Wednesday, 25 September 2019**. 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

## 12. 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.

## 13. 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.

## 14. 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.

## 15. 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 final evaluation
2. The Fred Hollows Foundation Evaluation Handbook
3. The Fred Hollows Foundation Child Protection Policy
4. Proposal template for consultant/ consulting firm