
PROJECT END LINE EVALUATION TERMS OF REFERENCE

Project Title: Cataract Quality Improvement
Intensive Project (CATQIIP)

April 2022

The Fred Hollows Foundation
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AUSTRALIA

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Cataract Quality Improvement Intensive Project (CatQIIP)

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1. INTRODUCTION

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organisation based in Australia, which was founded in 1992 by eminent eye surgeon Professor Fred Hollows. The Foundation focuses on strengthening eye health systems and the treatment and prevention of avoidable blindness caused by Cataract, Trachoma, Diabetic Retinopathy, and Refractive Error. The Foundation operates in more than 25 countries across Australia, The Pacific, South and Southeast Asia, and Africa. The Foundation was named The Australian Charity of the Year 2013 in the inaugural Australian Charity Awards.

Over the past several years, The Foundation has begun to explore quality of care in a broader sense than simply cataract surgical outcomes. High-quality eye care services involve the right care, at the right time, responding to the service users' needs and preferences, while minimizing harm and resource waste.

2. PROJECT BACKGROUND

The Foundation has made several efforts in the past to support and improve the clinical quality of cataract surgery, in most countries it works, surgical outcomes are either not measured, or fall well below the WHO recommended standards. Further, The Foundation has previously had a rather narrow view of quality, focusing only on post-cataract surgery visual acuity. However, achieving health care quality is broader than just clinical outcomes, and must encompass safety, effectiveness, timeliness, efficiency, and equity. The Foundation has recently committed in the global strategy to a renewed focus on quality and have begun to develop a quality framework for the cataract pathway and a set of minimum standard guidelines to guide partner facility quality improvements.

The purpose of Cataract Quality Improvement Intensive project (CatQIIP) is to develop and test a capacity building methodology for supporting partner hospitals to achieve the long-term goals and outcomes set out in the Cataract Quality Improvement Framework. This project was intended to build the capacity of FHF team members and partners in continuous quality improvement through formal external training, a series of participatory learning sessions and mentoring support for partners to implement quality improvement changes within their organizations.

This project is an intensive 14 month mentoring and learning program aimed at increasing equity of eye health services, building partners knowledge and capacity in continuous quality improvement, increasing cataract clinical quality, productivity, and cost efficiency, gender equity and inclusion and reducing waste related to cataract surgical services in three pilot countries (**Bangladesh, Kenya and Ethiopia**).

Project Partners:

- **The Fred Hollows Foundation** – technical partner responsible for the provision of assessment tools and guidelines, training, and mentorship support.
- BNSP Hospital (Bangladesh)
- Homa Bay County Teaching and Referral Hospital, Kenya)
- Jimma University Hospital (Ethiopia)

3. PURPOSE OF THE EVALUATION

The Fred Hollows Foundation is commissioning an end of project evaluation for the “Cataract Quality Improvement Intensive Project”. The purpose of the evaluation is to determine the extent to which the project’s intended outcomes were achieved and factors that contributed to this. It is also intended to assess the costs associated with delivery of the intervention and explore the implications of scaling the approach to other partners and countries.

The Foundation intends to use the findings of the evaluation, alongside other key inputs, to determine its future approach to improving the quality of cataract care delivered by its implementing partners. The key audiences for the evaluation findings are FHF country teams, technical teams, and head office. The report will also be used by implementing partner hospitals, stakeholders, and key government officials from pilot countries.

The following key evaluation questions will guide the end of project evaluation:

Key Evaluation Question	
DOMAIN 1	OVERALL RESULTS
1.1	What changes to management or clinical practice, and/or to CQI systems and processes did partner hospitals make as a result of their participation in the project?
1.2	What improvements to patient outcomes were observed during the project term, as a result of practice changes implemented?
1.3	What improvements were introduced to clinical / hospital waste management during the project term, as a result of practice changes implemented?
1.4	Was the project delivered as planned? What worked well and what were the challenges? How were challenges addressed?
1.5	How critical to the observed changes (and why) was each of the following intervention components: a) learning session 1; b) learning session 2; c) learning session 3; d) learning session 4; e) email support from FHF staff; f) site visits; g) mentoring calls; h) monthly reporting.
1.6	What type of CQI support do partners perceive they need, and why? How appropriate to their needs, did they perceive the approach employed in this project?
DOMAIN 2	TRAINING
2.1	To what extent did training participants perceive the learning sessions appropriate, useful and aligned with their expectations?
2.2	To what extent did training participants report an increase in their knowledge and skills as a result their participation in training?
2.3	From the FHF staff perspective, how effective and relevant was the training?
2.4	To what extent did FHF staff perceive they had sufficient prior training and experience, available time, and appropriate learning tools to deliver quality training?
DOMAIN 3	QUALITY MINIMUM STANDARDS AND ASSESSMENT TOOL & PROCESS

Key Evaluation Question	
3.1	Are the minimum standards clear, comprehensive and appropriate (do they cover what they ought to)?
3.2	What is the face and content validity of the measurement tool against these standards (on 'its face' does the measurement tool measure the right things, and does it cover everything it ought to)?
3.3	To what extent do FHF staff consider the baseline assessment results represented the reality of practice within partner hospitals?
3.4	To what extent did FHF staff perceive they had sufficient prior training and experience, available time, and appropriate tools to support baseline assessment?
DOMAIN 4	MENTORSHIP SUPPORT
4.1	To what extent did partners perceive the mentorship support appropriate, useful and aligned with their expectations?
4.2	To what extent did partners report an increase in their knowledge and skills, and capacity to deliver as a result of the mentorship support?
4.3	From the FHF staff perspective, how effective and relevant was the mentorship support?
4.4	To what extent did FHF staff perceive they had sufficient prior training and experience, available time, and appropriate tools to provide mentorship support?
DOMAIN 5	IMPLEMENTATION COSTS
5.1	By project role, what staff time was invested in delivery of the project?
5.2	By expense type, what direct costs were incurred in delivery of the project?
5.3	In total, what did the project cost to deliver?

The following research questions are also included in this scope of work

Research Questions	
What level and type of investment, and organisational change would be required to scale up appropriate CQI approaches to all other relevant partners?	
1	Which approaches to CQI support might suit different types of partners, and why?
2	What proportion of FHF's implementing partners would be appropriate to engage in different types of CQI support approaches, and why?
3	What level and type of staffing (and other resources) might be required to support further CQI activities over the short, medium, and longer term, and why?

4. APPROACH

This evaluation will follow The Foundation's Evaluation Policy and approach, and the selected evaluator is expected to plan and conduct the evaluation in close consultation with the FHF CATQIIP team, and partners where possible, to ensure the evaluation is conducted in a way that maximizes the usefulness and uptake of the findings.

We expect as an initial step the evaluation will document the project's underlying theory of change in collaboration with the CATQIIP team, and the evaluator will test the theory using a mixture of quantitative and qualitative evidence. The evaluator chosen to conduct this evaluation will be expected to provide a detailed methodology for data collection and analysis based on the Key

Evaluation and Research Questions above. This can be negotiated and refined between project implementation partners, The Foundation, and the evaluator as part of the contracting process but may include:

- Analysis of secondary information including data, reports and other project documentation held by FHF
- Consultation and discussion with CATQIIP team (program and medical), partner hospitals and staff from pilot countries involved with project implementation
- Structured observations where possible
- Key Informant Interviews or focus group discussions with stakeholders (both primary and secondary) including partner hospital staff and other key persons.

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

- All project design documents, including monitoring framework and indicators, key evaluation questions and evaluation plan
- Project Implementation Plan, including detailed monitoring and evaluation plan (base document and variations during project implementation period)
- Monthly and Quarterly Statistical details (quantitative data)
- Staff training data

The Foundation will provide:

- Focal person to support in undertaking the assignment and provide all related documents.
- Feedback on the Evaluation Plan and methodology
- Feedback on draft reports and other deliverables
- Necessary documents as described above
- Coordination with consultant and focal person in pilot countries for dissemination of findings and reports to internal and external stakeholders

Note: The Foundation also require all raw data collected/generated during the evaluation. The consultant /organization will provide all cleaned data with proper labelling in excel spreadsheet format. Interview transcript shall be compiled and labelled. A backup of raw data shall be provided on CD/DVD.

a. Milestones, Deliverables and Timeline

The evaluation is expected to start by second week of May2022 for an estimated duration of working 60 days. The proposed timeline and the evaluation milestones and deliverables are listed below:

Deliverables and Milestones	May		June				July	
	3	4	1	2	3	4	1	2
Deliverable 1: Presents a draft of the theory of change to FHF team for review and input prior to submitting final version		X						
Deliverable 2: Prepare and submit a draft evaluation plan and associated data collection tools for FHF Team for review			X					
Deliverable 3: Approved evaluation plan and associated data collection tools				X				
Deliverable 4: Ethical and any other local approvals required				X				
Deliverable 5: Data Collection Completed					X			

Deliverable 6: submit draft report to FHF for review and feedback							X	
Deliverable 7: Approved final report (The Foundation recommends that evaluators follow a 1-3-25 reporting format.)								X
Deliverable 8: Meetings with project evaluation reference group (as required)		X			X			X

5. EVALUATION TEAM & QUALIFICATIONS

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

Qualifications

The consultant or team lead must have:

University degree or equivalent in Public Health, Development, Economics, Public Policy, International Program Planning & Development, International Relations/ Diplomacy, or another relevant subject.

- Company / firm profile
- A copy of the organization's certificate of registration and tax registration certificate
- Details of experience in development sector and at least two recommendation letters from past employers /principals for satisfactory and timely completion of the assigned task/job in related area/discipline.

Experience

- Minimum 10 years of experience in public health and/or health program studies, evaluations of health projects and working with INGOs, Bilateral and Multilateral organizations, with practical experience of advising international organizations on designing and implementing large scale projects or initiatives.
- Demonstrated experience in program evaluation within the Bangladesh, Kenya, and Ethiopia health system.
- Demonstrated experience planning and implementing final project evaluations.
- Demonstrated competence in managing quantitative data
- Proven track record of conducting qualitative research including the development of interview questions and qualitative data analysis.

Skills

- Experience of project design, development, and evaluation.
- Strong skills in data analysis and use of different data analysis tools.
- Demonstrated skills in designing evaluations and using different tools and techniques to collect data e.g., FGD and IDI etc.
- Excellent written and English skills required or excellent analytical, writing and presentation skills.
- Strong interpersonal and communication skills.

a. Management and Logistics

The management arrangements for the evaluation will be as follows:

Responsibilities of the End Line Evaluation Consultant

A consultant or consultancy company will be identified to carry out the following:

- Design the overall methodology and process of data collection and analysis
- Design of all questionnaires and data gathering instruments.
- Design of data gathering approach and plan.
- Seek any necessary ethical approval from relevant bodies.
- Organization of data gathering exercise.
- Collection and analysis of data.
- Drafting of Final Evaluation Report.
- Amendment of draft report based on feedback.
- Presentation of Final Evaluation Report
- The selected consultants are responsible for maintaining high professional and ethical standards throughout the conduct of the evaluation.

Responsibilities of FHF Team

The Final Evaluation will be managed by the Program Manager of the Project, Ms. Dilshad Bano. The management of FHF pilot countries M&E Team and FHF Global Support Network will be engaged in the review of documents, questionnaires, and the report. The Foundation will form CATQIIP Final Evaluation Advisory Group who will be responsible for:

- Coordination and support to undertake the evaluation
- Provide access to relevant documents
- Ensure milestones are met
- Coordinate review and approval of deliverables
- Liaison with pilot country team (as per project locations) and related partner hospitals
- Organisation of meetings and gathering of feedback as required

b. Principles of Work Process and Methods

During the End-line Study it is extremely important that it is carried out in a manner that the beneficiaries are comfortable with the approach. The following is a description of the principles that must be applied.

- Research methods will respect the privacy and sensitivities of the beneficiaries
- The approach to data gathering must be participatory and the permission of all participants must be sought and recorded.
- All data must be sex disaggregated.
- Data gathered must represent the sex disaggregated and geographical location

The data gathering team might be asked by different stakeholders about the future programmes and opportunities by the Foundation for respective health facility or the area in surrounding. It is important that they are able to gather data without raising expectations of things that the Foundation cannot commit at this stage.

6. APPLICATION PROCEDURES

Interested applicants are requested to submit the technical and financial proposal (**ATTACHED AS APPENDIX 2**) information as part of the initial screening by **May 6, 2022**. The following documents should be submitted via email to following contact person.

Ms. Dilshad Bano

Email: dbano@hollows.org

Program Manager -CATQIIP

1. A **Cover Letter**, signed by a duly authorized representative of the Applicant's organization, mentioning the total bid amount.

2. An **Organization Information (form as provided in Appendix 1)**
3. A **Technical Proposal (Template provided in Appendix 2)**, may add pages for additional information
4. A **Financial Proposal (Template provided in Appendix 2)**
5. Registration Certificate, NTN Certificate, and any other relevant document
6. Past Performance References - Please provide a Past Performance Projects List including past performance
7. reference and two recommendations with contact details.
8. Profile of consultancy firm, CVs of lead and team member(s), and only CVs of persons in case of individuals to carry out assignment.
9. An example of a recent/relevant assignment report.

NOTE:

- **ONLY SHORTLISTED FIRMS/CANDIDATES WILL BE CONTACTED.**
- **KINDLY MENTION Subject line as “QUOTATION FOR END-LINE EVALUATION – CATQIIP”**
- **IN CASE OF ANY QUERY RELATED TO END LINE EVALUATION CONTACT PHONE 92 3359219468 DURING OFFICE TIMING (9:00 AM – 5:00PM Pakistan time) MONDAY – FRIDAY.**

7. 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.

8. 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.

9. 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.

10. OTHER

The evaluator and evaluation team is expected to maintain high professional and ethical standards, and comply with The Foundation’s Research Ethics and Data Management 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.

APPENDIX 1: ORGANIZATION INFORMATION

A. REGISTRATION FORM

Date

❖ Minimum Documents Required (Mandatory):

- Copies of updated Legal documents (Company/Firm registration, Tax certificate)
- A detailed profile of the Company/Firm
- Last 3 year's annual audit reports

A	GENERAL DETAILS	
1.	Name of the Company/Firm:	
2.	Full address of Permanent Office:	
	Telephone:	
	Fax:	
	Email Address:	
	Website:	
3.	Contact Person:	
	Designation:	
	Mobile No:	
	Email Address:	
4.	Chief Executive Name:	
	Telephone:	
	Mobile No:	
	Email Address:	
5.	Year of starting organization:	
6.	Nature of Services: please describe in short	
7.	Certification (If any)	
a.	ISO Certification:	
b.	Others Certification:	
8.	Have you ever worked with The Fred Hollows Foundation? If, Yes When?	

B. TECHNICAL EXPERIENCE

Please provide samples of current and past evaluations done especially gender responsive by your company/firm

Note: Please include copy of supporting documents to verify the information you have mentioned above, where applicable.

Appendix 2: TECHNICAL & FINANCIAL PROPOSAL TEMPLATE (to be completed by consultant)

Project Summary	
Project Name	
Country	



Proposed Start date	End date:	Duration:																									
Lead researcher /consultant – name, affiliation, and contact details. Role within the evaluation / research study.																											
Other members of the proposed research team (if relevant). Note role within the evaluation / research study																											
Approach, sampling method (including sample size), and quality assurance plan.	<i>(Please use the details outlined in the ToR as a guide. Suggested refinements to the proposed approach are welcomed. There is no need to repeat details outlined in the terms of reference. Please reference the ToR, describe additional details and note any suggested refinements to the proposed approach. In particular note the proposed sample size [and how this has been calculated], the proposed materials [or how new tools will be developed and tested], and how it is proposed that quality will be assured and monitored)</i>																										
Details of at least two relevant research studies (client, scale, geographical area, duration of study, references etc. to be provided as example)																											
Detailed budget	<p>The summary budget should be provided in a given table format. The budget should indicate the funding costs for i) direct labour or personnel costs (such as salary and labour on-costs) and ii) direct operational costs (such as consumables, travel and other), any other costs to be incurred.</p> <p>Budgeting Format:</p> <table border="1"> <thead> <tr> <th></th> <th>Description</th> <th>Unit cost</th> <th>No. of units</th> <th>Frequency</th> <th>Total cost</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Personal Cost</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.1</td> <td>Principal Investigators/Team Leader</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.2</td> <td>Operations/Field Head</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Description	Unit cost	No. of units	Frequency	Total cost	1	Personal Cost					1.1	Principal Investigators/Team Leader					1.2	Operations/Field Head				
	Description	Unit cost	No. of units	Frequency	Total cost																						
1	Personal Cost																										
1.1	Principal Investigators/Team Leader																										
1.2	Operations/Field Head																										

	1.3	Health Researchers/Research Consultants				
	1.4	Research Executive				
	1.5	Field Executives				
	1.6	Enumerators (Male & Female)				
	1.7	Specialists costs (Data Editing, Coding, Entry, Transcription, and Processing)				
		Sub Total				
	2	Operational Costs				
	2.1	Logistics (vehicles/Petrol/insurance/medical coverage)				
	2.2	Food & Accommodation				
	2.3	Printing, Stationery, Courier, Communication cost				
		Sub Total				
		Total Costs (include currency)				
Payment Schedule						
The payments will be processed as per the following payment schedule:						
Phases of Work		Payment Plan				
Evaluation Planning Phase		25%				
Inception Phase						
Field Preparation and Training Phase		50%				
Data Collection, Management, Analysis Phase						
Reporting and Dissemination		25%				

Referees	
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***END**