**TERMS OF REFERENCE FOR CONDUCTING MID-TERM EVALUATION FOR BECause: EYE CARE SERVICES STRENTHENING IN SOUTH SUDAN**

**About Christian Blind Mission**

Christian Blind Mission (CBM) is an international Christian development organisation whose primary mission is to improve the quality of life of people living with disabilities in the poorest countries around the world. CBM strives to fight poverty as a cause and consequence of disability.

**CBM Vision Statement**

An inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential.

**CBM Mission Statement**

CBM is an international Christian development organization, committed to improving the quality of life of persons with disabilities in the poorest countries of the world.

Based on its Christian values and over 100 years of professional expertise, CBM addresses poverty as a cause, and a consequence, of disability, and works in partnership to create a society for all.

# About the project

# Project objectives

**BEC**ause Eye Care: South Sudan Eye Care services strengthening is a project designed to improve eye health services delivery to the three states of Jubek, Imatong and Amadi in South Sudan. The project is the continuing intervention of AID 10313/CBM/SSD financed by AICS that ended in February 2018, the current phase of the project AID11448 is being implemented in partnership with the Ministry of Health and Environment of Jubek State South Sudan, Catholic Organisation for Relief and Development Cordaid and Doctors with Africa CUAMM. The project that is running for three years effective July 2018 and targets a total of 122,235 direct beneficiaries in the three states.

CUAMM and Cordaid manage implementation of primary and secondary eye health services in Mundri East Amadi State and Imatong states respectively. The two organizations work closely with the State Ministry of health to provide technical support to the training of Health figures, training of primary school teachers and community leaders and deliver primary eye care services. they, also provide Ophthalmic Mobiles Units and patients *referral* to Buluk Eye Centre. Additionally, they provide screening in schools and sensitizations campaigns to the community on eye care. All the referrals from Torit and Lui hospitals are received and treated at BEC which is the only secondary eye health hospital in South Sudan

**The overall objective of the project is** Contribute to reduce **the prevalence of avoidable blindness** by 2020 in South Sudan in line with the *National Vision2020 Plan* for South Sudan – MoH GoSS /WHO.

**The specific objectives of the project are:** To improve **access** and **quality** of Eye Care Services delivery in Jubek, Amadi and Imatong States with particular attention to children and vulnerable people in 3 years

The previous phase of the project AID 10313/CBM/SSD financed by AICS prior to the current project and its final evaluation provided some baseline information for this action.

As the project has now reached the half way point, a mid-term evaluation is being commissioned to assess the project progress toward achieving its objectives. The study will identify lessons learnt and provide concrete recommendations in line with the given structure of the project and the donor procedures for the refinement of the project approach, if necessary, and to inform subsequent implementation phases of the project.

# Objectives and Evaluation Questions

The objective of the mid-term evaluation is to understand progress of the actions, processes and methodologies used in the project so far towards achieving project objectives and outcomes and draw out lessons for how BECause Eye Care can be improved during the rest of its implementation for more positive impacts.

Specifically, the mid-term evaluation will be assessing the following.

**Relevance**: *To what extent did the project addresses issues of* accessand **quality** of Eye Health Services delivery in Jubek, Amadi and Imatong States with particular attention to children and vulnerable people

* **Efficiency**: Were the financial resources and other inputs used efficiently to achieve outputs? Are there opportunities to improve efficiency?

* **Effectiveness**: To what extent is the project on track to achieve its objective and outcomes? What progress has been made so far? What factors may be limiting the achievement of intended results?

* **Sustainability**: To what extent are the project’s positive actions likely to continue after the end of the project? In particular, what institutional changes are likely to be sustained beyond the project lifetime? What actions need to be taken to increase the likelihood of the project results being sustainable? To what extent will the target communities continue to benefit from the results achieved through project interventions? The extent of continued institutional support by the government. Could the project survive and continue providing service by its own income & government support when the CBMIT funding ends? What are the best options to overcome such an eventuality?

**Key areas to cover:**

1. **Quality of project design:**
2. As presently designed, is the intervention logic holding true?
3. Is the current design sufficiently supported by all stakeholders?
4. Is coordination, management and financing arrangements clearly defined and do they support institutional strengthening and local ownership?
5. Is the sustainability strategy (handing over strategy to partners) fully understood by the partners?
6. Is the timescale and/or range of activities realistic with regard to the partners' capacities?
7. If applicable: How well has the project design been adapted to make it more relevant? Was it straightforward to do contractually?

1. **Efficiency to date:**
2. How well is the implementation of activities managed?
3. Is the log frame or similar tool used as a management tool? If not, why not? is an activity schedule (or work plan) and resource schedule available and used by the project management and other relevant parties?
4. Is the coordination between partners and CBM field office and the CBM Headquarters supportive of implementation?
5. To what extent are activities implemented as scheduled? If there are delays how can they be rectified?
6. Are funds committed and spent in line with the implementation timescale? If not, why not?
7. How well are activities monitored by the project and are corrective measures taken if required?
8. If appropriate, how flexible is the project in adapting to changing needs?
9. If appropriate how does the project co-ordinate with other similar interventions to encourage synergy and avoid overlaps?

How well are outputs achieved?

1. Have all planned outputs been delivered to date? And in a logic sequence? What is the quality of outputs to date?
2. Are the outputs achieved likely to contribute to the intended results?
3. How well is the Partner Contribution / Involvement working?
4. Do the inter-institutional structures e.g. steering committees, monitoring systems, allow efficient project implementation?
5. **Effectiveness to date:**

1. How well is the project achieving its planned results?
2. What is the quality of the results/services available? Have all planned target groups access to / using project results available so far?
3. Are there any factors which prevent target groups accessing the results/services?
4. Is Buluk Eye Clinic performing its role as planned for supporting other partners in terms of capacity building, trainings and service delivery?
5. To what extent has the project adapted or is able to adapt to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups?
6. **Impact Prospects:**

1. What are the direct impact prospects of the project at Overall Objectives level?
2. What, if any impacts are already apparent?
3. What impacts appear likely?
4. Are the current OVIs/targets realistic and are they likely to be met? Are any external factors likely to jeopardize the project’s direct impact?
5. Have there been/ will there be any unplanned positive impacts on the planned target groups or other non-targeted communities arising from the project? How did this affect the impact?
6. **Potential sustainability:**

1. Financial / economic viability?
2. If the services/results have to be supported institutionally, are funds likely to be made available? If so, by whom?
3. Is there a financial/ economic phase-out strategy? If so, how likely is it to be implemented?
4. What is the level of ownership of the project by target groups and partners will it continue after the end of external support?
5. How far the project is embedded in local structures?
6. What is the level of policy support provided and the degree of interaction between project and policy level?
7. Is any public and private sector policy support likely to continue after the project has finished?
8. How well is the project contributing to institutional and management capacity? How much in % (percentage) is the contribution of own income plus the government to cover the running cost of the project currently? Will this change by the end of the project life to enable it running?
9. How far is the project embedded in institutional structures that are likely to survive beyond the life of the project?
10. Are project partners being properly strengthened (technically, financially and managerially) for continuing to deliver the project’s benefits/services?
11. **Cross-cutting issues:**
12. Have practical and strategic gender interests been adequately considered in the project strategy? Please consider the following aspects of gender mainstreaming:
13. Has the project been planned on the basis of a gender-differentiated beneficiaries’ analysis?
14. To what extent will / could the gender sensitive approach lead to an improved impact of the project?
15. What is the likeliness of increased gender equality beyond project end?
16. Is the project respecting environmental needs? Please consider the following aspects of mainstreaming environmental aspects:
17. Have environmental constraints and opportunities been considered adequately in the project design?
18. Are good environmental practices followed in project implementation (in relation to disposal and managing of medical wastes, etc.)?
19. What capacities exist (within project, project partners and project context) to deal with critical risks that could affect project effectiveness such as climate risks or risks of natural disasters (in the case of projects in sensitive geographical areas / natural disasters hotspots)?
20. Has environmental damage been caused or likely to be caused by the project? What kind of environmental impact mitigation measures has been taken?
21. Has (good) governance been mainstreamed in the project/programme (P/P)? Please consider the following aspects of governance:
22. Is the P/P designed in such a way that it takes into account potential conflict?
23. Is regular, transparent, financial reporting built into the P/P? Are its results widely circulated and understandable?
24. Are there effective anti-corruption monitoring tools in place?

d) As this project is an eye health project it is very important to consider the evaluation of the major strategic priorities of IEHI.

1.How much is the project involving/supporting in the strengthening of the national/state health systems?

2.Does it promote comprehensive eye health service like promotion, prevention and rehabilitation in addition to the curative aspect? What is it doing in this regard?

3.Promoting inclusion in eye health-How far are the projects physically accessible to people with disabilities?

Do they work with DPOs around them to receive and refer needy patients to them?

Is there a plan to develop low vision service to promote inclusion at least in BEC?

e) Focus on quality of service-Cataract surgical outcome monitoring is now mandatory in CBM. Do the all the partners implement CSOM regularly with their cataract surgical service? If not what is the challenge?

f) To what extent is the eye care services to the beneficiaries inclusive?

1. Are the services accessible to person with disability? Are the services based on the **RECU** principle meaning: **R**each, **E**nter, **C**irculate in and **U**se the facilities in the built environment?
2. Is data collected on people with disability? Is it disaggregated?
3. Are the eye care services affordable to people with disability?

g) Children and Adults-at-risk Safeguarding

I. Is there a feedback mechanism for beneficiaries to provide their concerns appropriately? Do they get timely response?

II.        Have the staff, voluntaries, interns, been trained in safeguarding? Do new staff receive inductions on safeguarding?

III.        Is Safeguarding responsibility allocated to a staff or is there a safeguarding focal person?

IV.        Is there a code of conduct? and do staff, voluntaries, interns, suppliers, sign the code of conduct?

V. Is there a written safeguarding policy to which all staff and beneficiaries adhere? Is the policy publicized, promoted and distributed widely to all relevant stakeholders, including beneficiaries?

VI. Is there a risk local mapping that analyzes the potential risks the partner has in the context in which it works?

VII. Is there an appropriate process for reporting incidents?

# Approach and methodology

The project implements a routine monitoring system based on a Log Frame developed at the beginning of the project and corresponding data collection plan to collect data against key outcome indicators. The evaluation methodology is expected to review this data and, as far as possible, allow comparability taking into account any issues around data collection for the first half of the project

The consultant is to visit all the three partners both at Country Office and field (Implementation office) levels and expected to employ a variety of data collection and analysis techniques for both quantitative and qualitative data to ensure a comprehensive evaluation exercise. This will likely include, at a minimum:

* **Document and systems review**: Review of existing documentations, including; project reports, project log frame and monitoring and evaluation data.
* **Surveys**: Application of structured survey questionnaires with a representative, random sample of target population to quantitatively assess outcomes. This will be in greater in scope, breadth and depth compared to standard routine project monitoring.
* **Focus Group Discussions**: With target groups and other stakeholders to assess implementation experiences and effectiveness, document successes, challenges and lessons learned, and develop recommendations for improvement.
* **Key Informant Interviews**: Consultations with key project stakeholders, including staff and partners. Guidance on appropriate stakeholders will be provided by Country Office staff.

**The consultant will be expected to:**

* Review relevant project documents, including but not limited to: project reports, project log frame, household survey reports and data and baseline surveys.
* Collect and review relevant government policy/guideline document, relevant secondary data etc.
* Develop, test and apply survey questionnaires. A representative random sample of the target population should be interviewed to assess outcomes and establish impact of the project interventions in line with log frame indicators. The project is putting a strong emphasis on the need to collect information’s on outcome indicators
* Design and conduct focus group discussions with relevant community members, both male and female, to assess implementation experiences and effectiveness, document successes, challenges and lessons learned, and develop recommendations for improvement.
* Carry out key informant interviews i.e. consultations with key project stakeholders, including field staff and partners. Guidance on appropriate stakeholders will be provided by project and Country Office staff.
* Collate and analyze data.
* Present findings to CBM key stakeholders and staff and invite comments at a one-day workshop in Juba town.
* Draft report and submit to CBM for comments
* Incorporate comments and produce final report

# Expected Deliverables and Timeline

All written documentation is to be submitted in English using Microsoft Word in both soft and hard copy. The main body of all reports should be written in simple, non-technical language (i.e. plain English), with any technical material to be presented in annexes. All primary data collected and analysis conducted for the purpose of the evaluation will remain the property of CBM and must be submitted electronically and in a clear and comprehensible format in Excel.

The evaluation should begin no later than between the 20th February 2020, with the evaluator(s) expected to take a total of 30 days from the day of contracting to complete the assignment.

The consultant will provide the following deliverables to CBM within the timeframe stated:

1. **Inception Report**: within **5 working days** of evaluation launch, a detailed report on the evaluator’s proposed approach to the evaluation will be submitted for approval. This will provide preliminary findings/understandings based on document review, rationale and a detailed description of the methodology and tools, research questions, analytical methods, budget with a breakdown of costs and detailed work plan for the entire exercise. Any draft questionnaires or interview forms will also be submitted for review at this stage.
2. **Data collection**: testing questionnaires, refining data collection tools and administer data collection within 7 working days of the evaluation launch.
3. **Data analysis and reporting: Preliminary Report and Presentation**: within 20 **working days** of evaluation launch, the consultant will present the preliminary findings for discussion at a stakeholders’ workshop. This should include a draft set of recommendations and lessons learnt. At the end of the workshop, a report incorporating comments by stakeholders and, where necessary, responses will be submitted to the Country Liaison Officer.
4. **Final Report**: within 30 **days** of evaluation launch, a detailed report of the overall findings of the mid- term evaluation will be submitted to the Country Liaison and CBMIT for approval. This report should incorporate specific, practical and feasible recommendations for improving project delivery and impact based on learning from project design, implementation and delivery. The main body of the report will include an Executive Summary of no more than 3 pages, outline and rationale for methodology, the main findings, lessons learnt, conclusions and recommendations. Any data collection tools used should be included as Annexes.
5. A Power point presentation outlining key findings and implications, and recommendation for future implementation to be presented at a Stakeholders’ Workshop in March 2020

# Management and Implementation Responsibilities

The consultant will report directly to the Country Liaison Officer and the project Focal Person based in Italy. However, s/he will also be expected to work closely with the field staff. Any proposed changes to the personnel listed in the application must be explained in the inception report and approved by CBM.

**CBM will provide:**

* Relevant project documents
* Guidance and technical support as required throughout the evaluation;
* Logistical arrangements for all field travel;
* Copies of all key background resources identified
* Introductory meetings with key stakeholders
* Comments and feedback on, and approval of, all deliverables within agreed timeline.

**The consultant will be responsible for:**

* Review documents and submit inception report
* Developing the detailed evaluation methodology
* Recruitment and payment of data collectors
* Conducting all data collection
* Analysis of data and reporting in a clear and accessible format preferably paperless data collection data collection system.
* Regular progress reporting to the evaluation manager, including responding to any comments or technical inputs wherever reasonable;
* Production of deliverables within agreed timeline and in accordance with quality requirements of evaluation manager
* Seeking comments and feedback from CBM regularly, through the evaluation manager, in sufficient time to discuss and incorporate these into the final report.
* Production of the final evaluation report containing data against all indicators in the project log frame, evidence-based responses to the key evaluation questions, summary of lessons learnt and recommendations for future implementation.

**Qualification and Desirable Competencies**:

Applications from individuals or teams are welcome and will be assessed on their ability to demonstrate the following qualifications and competencies:

# Essential

* A minimum of 7 years’ experience in carrying out impact evaluations, demonstrable academic and practical experience in qualitative and quantitative research methodology, evaluation design and implementation.
* Strong analytical, facilitation and communication skills.
* Experience of the health related research and development and participatory research at the community level including the undertaking health programme evaluation.
* Excellent reporting and presentation skills.
* Fluency in spoken and written English and arabic is essential.
* The lead researcher should possess a Master’s degree and with practical knowledge in conducting evaluations.

# Desirable

Previous knowledge of conducting evaluation for health programmes in South Sudan.

Interested evaluators or firms are requested to submit:

1. An Expression of Interest detailing their interpretation of the TOR, proposed methodology including sampling framework, work schedule and proposed budget for 6,000 USD
2. A capability statement demonstrating how they meet the required qualifications and competencies;
3. Copies of all relevant Curriculum Vitae (CVs). Only CVs for the specific individuals that will form the proposed evaluation team should be included;
4. A sample of an evaluation report for a similar project completed within the last 24 months (this will be treated as confidential and only used for the purposes of quality assurance);
5. Two references (including one from your last client/employer).

All documents must be submitted by email to the project coordinator Francis Orech Okello

(Francis.Okello@cbm.org) copied to the (chiara.zorzi@cbmitalia.org) by close of business by **Wednesday February 19, 2020.**

The successful applicant will be notified by Thursday **February 27, 2020**

Interested candidates should submit his/her Expression of Interest (EoI) including technical proposal and detailed budget ranging from 5000-6000 USD, detailed work plan of how the evaluation with be carried forward along with a sample of a recent piece of similar work and details of two references, including most recent.