

# FINAL PROJECT EVALUATION TERMS OF REFERENCE

## PROJECT TITLE: SCHOOL EYE HEALTH EXPANSION PROJECT (SEHE:VN 2002)

COUNTRY: VIET NAM

DATE: JUNE 2024

### 1. INTRODUCTION

The Fred Hollows Foundation (The Foundation) is a secular non-profit public health organization based in Australia, which was founded in 1992 by eminent eye surgeon Professor Fred Hollows. The Foundation focuses on strengthening eye health systems and the treatment and prevention of avoidable blindness caused by Cataracts, Trachoma, Diabetic Retinopathy, and Refractive Error. The Foundation operates in more than 20 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.

The Foundation began working in Vietnam in 1992. Today it is one of the leading Eye care International non-governmental organisations (INGO) in Vietnam. The Foundation works in partnership with the Government; Ministry of Health, Ministry of Education & Training, Vietnam National Eye Hospital (VNEH); medical universities; Departments of Health, Departments of Education and Training; and more than 20 provincial eye care service providers and other INGOs who are working in Vietnam both in eye health and other fields such as IAPB and WHO in Vietnam. Since 2016, The Fred Hollows Foundation Vietnam (FHFVN) and its partners have developed and implemented the school eye health program through the Vietnam Child Eye Care and Better Eyes for Better Education projects which aim to improve eye health among Vietnamese school children by advocating for the national eye care guidelines and policies in place to prevent visual impairments caused by refractive errors for primary and secondary school students in Viet Nam. These both projects finished and achieved the set objectives by the end of 2020 and 2021. To scale up the impact of these projects, a new project named School Eye Health Expansion Project was approved and started implementation at the beginning of 2021.

### 2. PROJECT BACKGROUND

The Viet Nam School Eye Health Expansion project (the project) is developed by FHFVN and its partners to raise that important issue to policymakers, local authorities and community including school children and parents. The project expands and enforces the approved National school eye care guidelines and approved teaching materials on eye care education in the primary and secondary schools in Viet Nam. These key achievements will be expanded nationwide to reduce visual impairment of school students by improving the Knowledge, Attitude, and Practice (KAP) of school students, their parents, and teachers on RE and prevention of other eye diseases which are growing very fast in Viet Nam. In addition, the project will also develop and integrate eye health materials in the piloted preschools in the

project areas, and support children with disabilities by converting the approved teaching materials into sign language and provide basic eye care services in social centres or schools, mountainous areas within the project areas so that poor to near-poor students, orphans, girls, boys and in particular, children with disabilities can access child eye care at their schools and areas.

The project was approved and has been implemented from January 2021 until December 2024 by FHFVN, the Project Management Board (PMB) – an Agency of the Ministry of Education and Training (MoET) and 5 provincial PMBs of Hai Duong, Da Nang, Quang Nam, Tien Giang, and Ben Tre province to implement the respective project activities as their approved budget. During the project implementation, each project partner will cooperate with related agencies to implement the project, for example, the PMB-MoET will cooperate with other related departments at the Ministry of Education and Training (MoET) such as the Department of Preschool, Primary, Secondary education, physical education, and Provincial Departments of Education and Training of Hai Duong, Da Nang, Quang Nam, Tien Giang and Ben Tre to manage the project with the FHFVN. The implementers (5 provincial PMBs) will work in partnership with the health sectors at the ministry and provincial levels to strengthen and enforce the implementation of school eye health in the target districts and schools. The project will also establish new partnerships with the Disabled People's Organization (DPO), local NGOs or related centres experienced in working with students with disabilities.

This project is supported by funding from The Fred Hollows Foundation and the Australian Government's Department of Foreign Affairs and Trade (DFAT). The Fred Hollow Foundation gratefully acknowledges the support from the Australian Government through the Australian NGO Cooperation Program (ANCP).

### **3. PURPOSE OF THE EVALUATION**

This evaluation aims to systematically identify, and document key learnings accumulated throughout the project implementation. By assessing the project's achievements, challenges, and overall impact, the evaluation seeks to provide valuable insights that inform future decision-making, enhance organizational practices, and contribute to the broader understanding of effective strategies for advancing School Eye Health Care. It also aims to provide the information needs of project partners, the donor (Australian Department of Foreign Affairs and Trade (DFAT)), and other countries for their lessons learned later on.

The purposes of this final evaluation (FE) are:

- 1) To consider what factors have most contributed to the Effectiveness, Equity and Impact of the project, and what areas of weakness have impeded progress.
- 2) To assess the sustainability and key lessons learned of the work that has been done so far and provide recommendations to local stakeholders about what needs to be done to consolidate/continue any gains made through upcoming school eye health projects and new country strategy.

#### 4. EVALUATION SCOPE AND KEY QUESTIONS

The final evaluation will assess (1) the Effectiveness, (2) Equity, (3) Long-term impact and sustainability of the projects, and the value of the project's results for the local implementing partners and the project beneficiaries (school students, parents, teachers). The evaluation will come up with practical and specific recommendations to the project stakeholders and FHF.

##### **4.1 BASELINE AND END-LINE COMPARISON (INDICATORS) THE FINAL EVALUATION SHOULD ANSWER THE FOLLOWING KEY EVALUATION QUESTIONS WITH EVIDENCE PROVIDED:**

###### **To identify the changes (Endline vs Baseline):**

- R.E including uncorrected refractive error of primary and secondary school-aged students (boys/girls) in all target project areas vs non-target areas.
- The preschool, primary and secondary students that are following the spectacle-wearing compliance (as medical advice)
- The primary and secondary students (boys/girls) that have visual impairment (with or without wearing spectacles; moderate and severe visual impairment and blindness)

###### **To measure changes in KAP on eye care of preschool, primary and secondary students (Endline vs Baseline):**

- The percentage of primary and secondary teachers that can provide teaching on eye care in schools (R.E, eye diseases, prevent eye diseases...)
- The percentage of preschool, primary and secondary parents that have good eye care practices for their children and themselves (R.E, eye diseases, prevention of eye diseases including wearing spectacle)
- Accuracy of eye screening of primary and secondary school staff (form teachers, youth union staff and school nurses)

###### **To measure changes in accessibility to eye care services of students & their parents (Endline vs Baseline):**

- The percentage of parents that have access to eye care services for themselves and their children (eye care information, eye exams, spectacle, and treatment)
- The percentage of parents who can afford eye care services for themselves and their children.
- The percentage of primary and secondary students (boys/girls) who are referred to eye care services (further medical eye exams for spectacles or other treatment) after eye screening at schools.
- The percentage of primary and secondary students (boys/girls) who accessed eye care services (further medical eye exams for spectacles and other treatments) after they were referred.

###### **Endline:**

The endline is an important step of the final project evaluation. The endline will help measure changes and impacts created by the project on targeted beneficiaries as well as project stakeholders. It also helps to partly evaluate project effectiveness, impact, equity and sustainability of the project. Therefore, to control the quality of the endline and final project

evaluation, the endline should be thoroughly strategized and coordinated between FHFVN and project stakeholders well in advance of the evaluation beginning.

#### 4.2 FINAL EVALUATION

The evaluation will focus on the following themes:

AREA	KEY EVALUATION QUESTIONS
<b>Effectiveness</b>	<ol style="list-style-type: none"> <li>1. To what extent did the designed eye care materials for primary and secondary education enhance the awareness-raising of reduction of visual impairment in students from 6 to 15 years old?</li> <li>2. To what extent did the project intervention have changes in eye care knowledge, attitudes, and practices among school children, and parents (proactive parent involvement in eye care for their children), and teachers in target provinces as a result of the project? Were there any differences between males and females in this regard? If so, in what ways? What implications might this have for future programming?</li> <li>3. Are there any alternative approaches that could have been employed to reach the desired projects' outcomes/objectives? If so, is the current project approach a more efficient use of resources than alternatives?</li> </ol>
<b>Impact</b>	<ol style="list-style-type: none"> <li>1. What are the key impacts of the project compared to the situation of the baseline survey (or results from the previous project) including KAP of school students, their parents, and teachers on R.E increased; and uncorrected R.E reduced?</li> </ol>
<b>Sustainability</b>	<ol style="list-style-type: none"> <li>1. To what extent have the key project partners (MoH, MoET, DoHs, DoETs) demonstrated ownership of each of the project outcomes and a commitment to sustaining project outcomes beyond the life of the project?</li> <li>2. What factors contribute to the sustainability of eye health services and eye health teaching/communication in schools, and how can this be continued after the projects?</li> </ol>
<b>Equity (including gender equity)</b>	<ol style="list-style-type: none"> <li>1. To what extent has the project effectively ensured children with a disability, from poor to near-poor families and ethnic minority groups have equally benefited from this project?</li> <li>2. To what extent did the project promote gender equity?</li> <li>3. To what extent did the project reach girls compared with boys (also taking into account available prevalence and population data by sex)? If there was a gender gap, what were the reasons for this, and what could be done differently to address this in future programming?</li> </ol>

AREA	KEY EVALUATION QUESTIONS
<b>Current gaps and needs of stakeholders</b>	<p>1. What are emerging gaps in the current projects or School eye health programs that prevent MoET/MoH, and provincial, and local authorities from replicating or buying in? (in terms of the legal framework, workforces, final resources, system, and mechanism...) and what actions were taken to bridge them?</p> <p>3. What are the key emerging needs of stakeholders to ensure government SEH in the upcoming years? (legal framework, workforces, KAP, resources, system, and mechanism...)</p> <p>4. What are the remaining key barriers and root causes to accessing the quality of eye care services of key target groups such as poor students, students with disabilities, students belonging to ethnic minority groups, students living in remote and mountainous areas, and orphans?</p>

## 5. APPROACH

The selected consultants are expected to propose the appropriate evaluation approach to achieve the evaluation's objectives and answer the above key evaluation questions. The proposed approach must include methods to collect quantitative and qualitative data, data collection tools, a sampling framework, and a data analysis framework

During the selection process, the proposed approach will be carefully reviewed and agreed upon by the FHF team, which includes FHFVN, the Monitoring and Evaluation advisor, the Medical Advisor, and the Senior Equity and Inclusion advisor.

The survey will be led by a contracted consultant or an external agency to the FHFVN program. It is suggested that the final project evaluation adopts a participatory approach to involve key stakeholders during the evaluation processes. This will foster a culture of learning by seeking to produce information about the projects' achievements and lessons learnt that are of value to stakeholders. The project team from FHFVN will provide the necessary support to provide context and documentation and will coordinate the field visit schedule.

### The final project evaluation should include the following:

- Desk review of all relevant project documentation and other materials such as the Project Design Document (PIP), monitoring and evaluation frameworks, previous project documents (Baseline and MTR reports), and review national strategy, plus legal documents related to SEH.
- Obtaining the relevant ethics clearance certificate.
- Collect the data for the identified indicators at the end line and do a comparative analysis to understand the change made (compared to baseline).
- Interviews and discussions with relevant personnel from FHFVN, and provincial project partners in selected project areas to deeply understand about project.

- Site visits to selected partner MoET (PMB, Physical Education and other related agencies), DoETs and schools, including discussions with education and health staff, conduct interviews and measuring the prevalence of R.E including URE among school's students, the accuracy of visual acuity performed by school staffs as sampled size.
- Conduct group discussions, and interviews to measure KAP of students, their parents and teachers on eye care, spectacle-wearing compliance as well as their involvement to the project activities (children in some selected schools).
- Processing and analysis of data, preparation of key findings and recommendations for presentation to FHFVN
- Brief verbal reporting after field trips to FHFVN's project team and Senior Program Manager to present lessons learnt, findings and recommendations.
- Submission of a draft and final evaluation report, reflecting comments and feedback received from FHFVN's staff and project partners following sense-checking meetings.

Facilitate dissemination workshops of key findings organised by FHFVN.

## 6. DELIVERABLES

All potential consultants are requested to send their detailed final project evaluation including endline plans. The plans are subject to be reviewed by FHF's team. After signing the contract with FHFVN, the selected consultant will be requested to send the revised plans (after discussed with FHF). Once the plans are completed, a draft and final reports including materials to support dissemination are requested to be sent to FHFVN.

The following documents are expected to be sent to FHFVN:

Deliverables of the final project evaluation:

- The final project evaluation plan, and schedules to conduct data collection to target project areas.
- Tools to assess the prevalence of R.E including URE, and topics, questionnaire to assess KAP of key target groups, plus primary data and information collected.
- Ethical approval certificate
- Tools to assess current gaps, impacts, and recommendations of PMBs....by consultant (after analysis)
- Draft and final report of the End line indicators including highlights and analysis of End line's indicators against Baseline's indicators.
- Summary of key findings that will be used at the dissemination workshop and shared with project partners.

Other related documents: photos, stories (if any)

***For the final report, it is recommended that evaluators follow a 1-3-25 reporting format. This will enable a more reader-friendly evaluation report and should include: 1-page summary of main messages, 3-page executive summary, and a 25-page main report, plus any annexes. More information on this format is available through [Better Evaluation](#) and the [Fraser Health Authority, Canada](#).***

***A Learning Note should also be included as an annex to the evaluation report, documenting both the evaluator(s) and The Foundation's reflections on the evaluation process. You can***

*also include the reflections from partners and other key stakeholders if they have been part of the **Evaluation Reference Group.**]*

## 7. SCHEDULE

FHFVN will enter a contract for the final project evaluation for the consultant or his or her company/centre.

The consultant/Team Leader will be required to undertake the following tasks within 47 working days between August – December 2024 as per the following tentative schedules:

### Baseline

Activities	Duration	Person in charge
Develop and discuss endline and final project evaluations with FHFVN (including identifying methods to collect and analyse indicators)	3 days	The team leader
Desk Review of Project and government documentation	3 days	The team leader and other members
Site visits to collect primary data with selected Department of Education and Trainings and Dept of Health, schools for measuring R.E including URE, the accuracy of Visual Acuity, KAP as sampled size.  Visits are required to target and non-target project areas (1-3 project areas. This will be further discussed and agreed with the consultant)	4 days/project area*5 areas = 20 days  1day*3 non target project areas = 3 days	All survey team
Analysis of data collected from interviews and consultations, including documenting key findings and recommendations	10 days	The team leader and other members
Present the first (1 <sup>st</sup> ) draft report to FHFVN for comments and feedback	1 day	The team leader and other members & FHFVN, Country Support Network members
Revise report and send the second (2 <sup>nd</sup> ) report to FHFVN for further comments and reviews	5 days	
Final report production (by end of Dec 2024)	1 day	The team leader and other members
Facilitate sharing workshop (Q4/2024)	1 day	
<b>Total working days for the Endline including Final project evaluation</b>	<b>47 days (max)</b>	

## 8. EVALUATION TEAM & QUALIFICATIONS

The survey team will comprise one external consultant or group, and the project team from FHFVN office with support from members of the Provincial Management Board (PMB) in each province/city. The selected external consultant will act as the Team Leader and is responsible for the planning and delivery of the end-line and final project evaluation survey, and reports and recommendations. The project team will provide the necessary support to provide context and will coordinate the field visit schedule.

The external consultant should have the following skills:

- At least 7-10 years of team leader experience in project research, studies, baseline, end line and final project evaluation.
- Knowledge and experience of child eye health or programs focused on blindness prevention and health system in Vietnam.
- Knowledge and experience of health policy influencing and advocacy.
- Knowledge and experience in the application of GEDSI frameworks to program planning, monitoring and evaluation.
- Demonstrable experience in research, monitoring and evaluating public health programs and eye health programs, including the development and use of quantitative and qualitative data collection tools and participatory evaluation methods. It is recommended to have at least 7-10 years of this experience.
- Strong analytical skills
- Excellent English report writing skills.

## 9. MANAGEMENT AND LOGISTICS

The project team, including the project manager and two project coordinators will be the key people to prepare logistics and coordinate communications between the consultant/s and The Foundation's commissioning team and the project partners. The project team will support the consultant/s with the following: provide access to relevant documents and data; introductions to partners and other key participants; provision of translation support; logistical support to conduct fieldwork; support with travel and accommodation; provision of per diem etc.

## 10. CONFIDENTIALITY

The evaluator/s agrees to not divulge confidential information to any person for any reason during or after completion of this contract with The Foundation. Upon completion or termination of this contract, the evaluator/s undertake to return to The Foundation any materials, files or property in their possession that relate to the business affairs of The Foundation. The consultant is responsible for safety, security and administration of primary and secondary data collected from FHF or otherwise.



## 11. INTELLECTUAL PROPERTY

All intellectual property and/or copyright material produced by the evaluator/s whilst under contract to The Foundation remain the property of The Foundation and will not be shared with third parties without the express permission of The Foundation. The evaluator/s are required to surrender any copyright material created during the term of the contract to The Foundation upon completion or termination of the contract.

## 12. SAFEGUARDING PEOPLE AND ETHICAL CONSIDERATIONS

The Fred Hollows Foundation is committed to ensuring that its activities are implemented in a safe and productive environment which prevents harm and avoids negative impacts on the health and safety of all people, particularly children, vulnerable people, and disadvantaged groups. The Foundation has a zero-tolerance approach to sexual exploitation, abuse, and harassment of any kind. All personnel including contractors/consultants are expected to uphold and promote high standards of professional conduct in line with The Foundation's Safeguarding People Policy including Code of Conduct. Contractors/consultants will be expected to sign and adhere to The Foundation's Safeguarding Code of Conduct and provide any background checks as required.

The evaluator and evaluation team are expected to maintain high professional and ethical standards and comply with The Foundation's **Research and Evaluation Policy**.

Other key ethical and safeguarding considerations that should guide the process are detailed below.

**Informed Consent:** Obtain informed consent from all participants before involving them in the study. Ensure that participants understand the purpose, risks, and benefits of their involvement.

**Privacy and Confidentiality:** Safeguard the privacy and confidentiality of participants. Ensure that any data collected, especially personal and health information, is securely stored and anonymized to protect participants' identities.

**Data Protection:** Comply with data protection laws and regulations to ensure that personal and sensitive data is handled and stored in accordance with legal requirements.

**Anti-Discrimination:** Avoid discrimination and bias in the evaluation process. Ensure that the analysis does not reinforce stereotypes or discriminate against any groups, including people with disabilities and marginalized populations.

**Gender Sensitivity:** Address gender equity considerations throughout the evaluation.

**Disability Inclusion:** Ensure that the data collection activities are accessible to people with disabilities and that reasonable accommodations are made to facilitate their participation.

**Child Safeguarding:** Adhere to child safeguarding policies and practices to ensure the safety and protection of children who may be involved indirectly (i.e. children who are with their caretakers during mapping interviews).

**Ethical Review:** Obtain ethical approval from a recognized ethics committee or review board before commencing the research, addressing all ethical considerations and safeguards.

**Conflict of Interest:** Identify and manage any potential conflicts of interest among the consultants and/or data collection teams and stakeholders involved in the project to maintain transparency and impartiality.

### **13. INSURANCE**

Any consultants involved in this evaluation will be required to have in place insurance arrangements appropriate to the provision of the requirements in this Terms of Reference including travel insurance.

### **14. APPLICATION PROCEDURE**

**CONSULTANTS WHO ARE INTERESTED IN THIS STUDY WILL PROVIDE TO FHFVN THE FOLLOWING APPLICATION DOCUMENTS:**

- Application
- The CV/s of the proposed consultant or team
- Financial proposal for this study including study plan, approach, methods, and tools to collect data and information to meet above mentioned TOR's purposes.
- Examples of relevant reports and a list of relevant research and evaluations that the consultant has previously completed.