

TERMS OF REFERENCE (TOR)

Final Evaluation

Vietnam Comprehensive Eye Care Development Project (SIBV)

October – November 2016

1. Introduction

This Terms of Reference (ToR) is in relation to the final evaluation (FE) of the Viet Nam Comprehensive Eye Care Development Project (*SIBV project*). This is to describe the purpose, scope, methodology and other aspects of the FE.

The FE is planned to be conducted in 15 days in October and November 2016 and will involve desk assessment, field work for stakeholder consultation and data collection as well as report production. A FE Team composed of project staff and partners will be led by an independent external consultant, who has wide experience in both community ophthalmology and project evaluation.

At the end of the FE, a report will be produced containing the key project results and recommendations which will be used to inform ongoing Project plans and practices.

2. Background and Project Description

The Fred Hollows Foundation (FHF) has supported prevention of blindness activities in Vietnam since 1992. In partnership with the key government stakeholders – the National Ministry of Health (MoH), local Provincial People’s Committees (PPC), Provincial Departments of Health (PDoH) and the Vietnam National Institute of Ophthalmology (VNIO) – FHF has developed a highly successful comprehensive eye care model implemented in 20 provinces throughout the country. The model supports interventions at all levels of the health system to address service capacity, quality and accessibility issues; and promotes equitable access to eye care services for individuals, their families and communities.

Since 2004 The Fred Hollows Foundation (FHF) and Standard Charter Bank (SCB) have worked in close partnership through the Seeing is Believing Initiative (SIB) to support the prevention of blindness projects in Vietnam. In total, four projects have been supported through SIB to date, worth more than USD 2 million.

The current project which named “**Vietnam Comprehensive Eye Care Development Project**” - **SIBV** started in January 2013 and will complete in December 2016 with the total budget of US\$1,238,690. Within this total, SCB will fund US\$ 990,951 (80%) and FHF will contribute US\$224,738 (20%).

All activities of this project are fully aligned with Vision 2020 goals and Vietnam’s national PBL plan with close collaboration and coordination of Vietnam National Institute of Ophthalmology (VNIO) and Ministry of Health (MOH). The project addresses several of the key priorities identified in the National Eye Health Planning Workshop held in Hanoi in June 2011, including: increasing cataract surgery rates; improving the quality of outcomes

from cataract surgery through the use of CSOM/CSSS (Cataract Surgical Outcome Monitoring/Cataract Surgical Surveillance Software); implementing eye health awareness campaigns down to the village level; building eye health human resources at the district, commune and village levels; training refractionists and eye nurses; developing refractive error programs in schools; and working closely with Prevention Blindness (PBL) Steering Committees to strengthen their operations and develop and implement detailed work plans.

The SIBV project aimed to expand the FHF Viet Nam's comprehensive eye care model into two new provinces: Dak Nong and Lam Dong, and scale-up in two existing provinces: Vinh Long and Tien Giang. Dak Nong and Lam Dong provinces were selected for this project because of an identified critical need for eye care services. These two provinces are located in mountainous areas, and have a high poverty rate and a large ethnic minority population. With the support from the project, these two provinces were expected to increase the cataract surgery rate (CSR) and to address the lack of eye care personnel, equipment and infrastructure to be able to treat and prevent eye diseases.

In Vinh Long and Tien Giang where FHF had worked (for over five years under community eye care projects), the CSR had increased before this project commenced. The SIBV project was designed to build on existing initiatives and expand into new districts which had not yet established a comprehensive model of eye care, and where services remained out-of-reach of the most poor and marginalized. Access to quality pediatric services, which were identified as a significant unmet need in the Mekong Delta, along with refractive error (RE), were expected to be solved in this project.

PROJECT TITLE: Vietnam Comprehensive Eye Care Development Project.

Duration: 1st January 2013 – 31st December 2016.

Goal: To contribute to the reduction of avoidable blindness and visual impairment in Vietnam.

Purpose: To support local health authorities to strengthen eye health services and infrastructure for the delivery of high quality, affordable, and accessible eye care across four provinces in Vietnam.

Objective 1: To increase the number and skills of eye care service providers at all levels to improve the coverage, quality and sustainability of eye health services.

Objective 2: To strengthen delivery of eye care services through improving available infrastructure and facilities.

Objective 3: To build awareness of eye health and improve access to quality treatment for the main causes of blindness and vision impairment.

Objective 4: To raise the profile of blindness as a public health issue and build local provincial support for eye health program

3. Purpose and Scope of the Evaluation

This is a final (summative) evaluation of the SIBV project. The project's design anticipated an independent evaluation at the close of the project to produce evidence on the project's effectiveness to meet the information needs of donors (the Standard Chartered Bank). The evaluation is also intended to meet the needs of the following users:

- FHF office in Vietnam – to inform decisions about and design of future projects in Vietnam
- FHF Development Effectiveness team – to provide information about what has worked and why to inform other comprehensive eye care projects supported by the Foundation
- The VNIO, who may use outcomes of the evaluation for their PBL planning and support to provinces in future.
- Partners in 4 project provinces of Vietnam, to inform the ongoing provision of services after the project finishes.

Therefore, there are three purposes for this final evaluation:

- (1) To consider what factors have most contributed to the effectiveness of this project, and what areas of weakness have impeded progress.
- (2) To document the lessons learned about the effectiveness of the models of this project to inform standard setting and advocacy work. According the FHF Viet Nam Country Program Strategy 2015-2020, the Foundation is moving away from this kind of comprehensive eye care project towards projects that are more focused on standard setting and advocacy. Therefore, the importance of this evaluation is not just to account to the donor to justify similar interventions in future, but more to document what FHFVN learnt about the effectiveness of the models, specifically for district eye care service delivery and school child eye care management
- (3) To assess the sustainability 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 (in terms of eye health services) made through this project.

The FE should answer the following key evaluation questions with evidences provided:

Effectiveness:

- To what extent were the individual project objectives and outputs achieved and what contributed most to the achievement of the overall program purpose?
- How well did the project respond to the needs of specific target groups - the poor, children, women, ethnic people, and people with disabilities and people with less accessible locations?
- How effective have training activities undertaken through the project been at building human resources of the local health systems to deliver eye care services? (How well have challenges to identifying and mobilizing staff for training activities been handled? What was the quality of the training delivered? To what extent are trainees able to apply their skills in the workplace after training? Is there adequate post-training follow-up and supervision?)
- How well has the project involved commune and village health workers and school/school health personnel? How did the project support them and what have they contributed to the community on eye health care and eye care awareness raising.

- Have there been any attitudinal changes and increase in community awareness as a result of the project, and participation and ownership of program activities by the community?
- To what extent have partner relations between the major project stakeholders supported the effectiveness of the project?
- What elements of the service delivery model at local level used in this project should inform national standards, e.g. for district eye care services and child eye care?

Efficiency:

- Were infrastructure renovated and equipment provided by the project appropriate to the context, and being used efficiently to improve service delivery?
- Were the IEC material and activities undertaken through the project appropriate and cost-effective to improve community awareness and behaviors on eye care?
- To what extent have project management procedures supported efficient implementation of the project?

Relevance:

- The extent to which the objectives of the project have remained consistent with the beneficiaries' requirements, Provincial Blindness Prevention (PBL) plans and country needs (i.e. to the operating context)?

Sustainability:

As sustainability is a main focus of this project, this evaluation should assess how sustainable are improvements to eye care services resulting from the project, focusing particularly on:

- How effectively has the project integrated with the public health system, including existing structures, administrative systems and personnel.
- Establishing the necessary physical facilities to adequately screen, treat and refer patients.
- Increasing the number and building the capacity of public health care personnel to deliver eye care services.
- Increasing the volume and quality of cataract surgeries which will increase community awareness and improve the reputation of treatment services.
- Strengthening the patient referral network for patients to access eye care services from the village level to the provincial level.
- Increasing the awareness of blindness prevention and treatment in the community through multiple channels resulting in an increase in patients accessing eye health services and preventing eye disease.

Then the evaluation should provide the recommendation about what local stakeholders should do to consolidate/foster ongoing improvement to eye care service delivery once the project finishes

Documentation:

- As the evaluation purpose mentioned, this evaluation will also document the effectiveness models, specifically for district eye care service delivery and school

child eye care management. These documents then will be used for advocacy purpose which is included in new FHFVN projects as well as for sharing to other FHF country offices.

4. Final Evaluation Team

The Final Evaluation Team will comprise one external consultant, one ophthalmology expert (if need), two staff from FHF Vietnam Office and M&E specialist from FHF head office, with support from a member of the Provincial Management Board (PMB) in each location. The external consultant will act as the Team Leader and is responsible for the planning and delivery of the evaluation, and reports and recommendations. The project team of FHF Vietnam will provide necessary support to provide context, documentation and will coordinate the field visit schedule.

External consultant

The external consultant should have the following skills:

- Evaluation Team Leader experience,
- Knowledge and experience of community eye health or programs focused on blindness prevention and health system in Viet Nam,
- Knowledge and experience of cross-cutting policies and programs, including gender, disability and child protection,
- Demonstrable experience in 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,
- Strong analytical skills,
- Excellent report writing skills.

FHF Viet Nam FE Team Members

FHFVN project manager of SIBV project and another staff will actively be involved in the evaluation process including preparation, planning, field work, report review etc.

M&E specialist from FHF head office: TBC

Other Expected FE Participants

National/Regional Level: VNIO Eye Care Department ophthalmologist or an ophthalmologist from HCMC (TBC) or Da Nang Eye Hospital (TBC).

Provincial Level: Project management boards, Provincial department of Health representative, Provincial department of Education and Training.

District/Community Level: TBC

District Hospital and Commune Health Station staff participating in the project

Village Health Workers trained in PEC under the Project

Beneficiaries:

- Direct: In-patients and out-patients in eye departments, post eye surgery patients in the community.
- Direct: Children who have received free spectacles through school RE screening activities and eye diseases surgeries through child eye treatment activity.

- Direct: Eye care personnel at all levels of the health system trained under the Project (e.g. ophthalmologists, basic eye doctors, eye nurses, hospital managers, commune/village health workers, school health personnel)
- Indirect: Family and community members in the project areas

5. Approach and Methodology

It is suggested that the evaluation adopts a participatory approach to involve key stakeholders in the process. This will foster a culture of learning through seeking to produce information about a project's achievements and lessons learnt that is of value to stakeholders. A participatory approach involves collaboration between stakeholders and beneficiaries, throughout the planning and conduct of the evaluation.

The project team from FHF Viet Nam will provide necessary support to provide context and documentation, and will coordinate the field visit schedule.

The evaluation should include the following:

- Desk review of all relevant project documentation and other materials such as the project design document (PDD), annual work plans, monitoring and evaluation framework, project and program reports, VISION2020 program guidelines, mid-term review report/findings, policy documents and national and provincial level strategy documents.
- Interviews and discussions with relevant personnel from FHF, project partners and other relevant stakeholders.
- Site visits to selected partner hospitals and clinics, including discussions with eye doctors and nurses.
- Site visits to selected communities, including discussions with Commune and Village Health Workers, school health personnel and students and patients.
- Brief verbal reporting after field trips to FHF Viet Nam Country Manager to present lessons learned, findings and recommendations.
- Submission of a final evaluation report, reflecting comments and feedback received from selected staff from FHF.

6. Consultancy Services and timeframe

FHF Viet Nam will enter into a contract for services with the FE Team Leader. The FE Team Leader will be required to undertake the following tasks within 15 working days from October to November 2016 as per following tentative schedule:

6.1 Desk Assessment of Project Documents (2 days)

The FE Team Leader will review the following key project documents over a period of two days:

- PDD/Proposal and attachments;
- Partnership Agreements, such as Memorandum of Understandings (MoUs) and Annual Partnership Agreements (APAs);
- FHF Quarterly Progress Reports; donor biannual project reports;
- PDD, Mid-Term Review Report.

6.2 FE Plan Production (2 days)

The FE Team Leader will produce an Evaluation Plan in consultation with FHF Viet Nam over a period of two days. The FE Plan will elaborate on this TOR and will represent the agreement between the consultant and FHF Viet Nam on how the FE will be conducted.

The FE plan will include: an updated field review schedule; list of persons to participate/consult during the FE; definition of FE team member roles and responsibilities; and the key FE approaches and methodologies, including questionnaires (and/or compile appropriate questions and discussion points) to guide discussions during Field Review consultations.

The final FE Plan will be submitted to FHF Viet Nam at least 4 weeks before FE field visit.

6.3 FE Field Review and Consultations in Project Locations (6 days):

(To be developed after finalizing FE plan) It is expected that 2 of 4 project provinces will be selected for field review.

6.4 Final FE Report Production (5 days)

A review report will be the principal output of the evaluation. This will include consideration of:

- Successes and challenges faced by the project in preventing and alleviating avoidable blindness in Viet Nam;
- Analysis of the project management and support systems (in Australia and Viet Nam) to identify strengths and gaps;
- Recommendations for future directions and strategies for FHF and the local partners to contribute to the prevention of avoidable blindness and achievement of the VISION 2020: The Right to Sight goals in Viet Nam.

The FE Team will report to FHFVN Country Manager.

The FE report will be prepared by the FE Team Leader. The production of this report will include facilitating and incorporating comments, and feedback from the FE team members and project partners. The final report will be produced over a period of five days and is to be submitted to FHF Viet Nam about 3 weeks after the FE ends at the latest.

The FE report must be written in English and Vietnamese. The evaluation report will be prepared in Vietnamese and English so as to be shared with local partners, FHF and the donor.

The final report format should include the following headlines: *Acknowledgments, Acronyms, Introduction, Executive Summary, Background, Objectives, Methodology, Results/findings, Lessons learnt, Study Limitations, Conclusions and Recommendations, Appendices, References*

The FE will be followed by a Final Evaluation Presentation Workshop with all relevant partners' participation in December 2016. The FHF Viet Nam will confirm with the consultant about his/her participation and the relevant cost will be paid separately.

Note:

- Consultant payment rate: Please provide us the competitive fee of the service.
- Working days do not include travel time.

7. Contact persons

- Phan Thi Trang - Project Manager and M&E coordinator: tphan@hollows.org, Mobile: +84 905125222
- Dang Vu Bao – Project Officer: bdang@hollows.org, Mobile: +84 95290025

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