

Terms of Reference for Evaluation

EVALUATION SUMMARY

Program/ Project	Strengthening Eye Care Services and Promoting Inclusive Community in Dien Bien Province – Phase 2 P3382
Project number	
Partner	Dien Bien Centre for Disease Control Dien Bien Provincial Department of Health Dien Bien Provincial Department of Labour, Invalids and Social Affairs
Project start and end dates	January 2017 – December 2020
Evaluation Purpose	To assess the achievements of the project against the planned results and reflect on and document lessons learned and best practice.
Evaluation Type (eg mid-term, end of phase)	Final evaluation
Commissioning organisation/contact person	CBM Country Office - Vietnam
Evaluation Team members (if known)	<ul style="list-style-type: none"> - A lead evaluator and team members are: - A person with disability representing voices of persons with disabilities. - Inclusive (eye) health expert (ideally to have an eye doctor with experiences in inclusive eye health; or an expert working on inclusive health area)
Primary Methodology	Key informant interviews, focus group discussion, desk review of reports, reflection workshop.
Proposed Evaluation Start and End Dates	October/November 2020
Anticipated Evaluation Report Release Date	Draft: 20 TH October Final Report: 10 TH November
Recipient of final evaluation report	<ol style="list-style-type: none"> 1. Dien Bien Centre for Disease Control (CDC) 2. Dien Bien Provincial Department of Health (DOH) 3. Dien Bien Provincial Department of Labour, Invalids and Social Affairs (DOLISA) 4. CBM Vietnam Country Office 5. CBM Australia

1. BACKGROUND OF PROJECT

The Strengthening Inclusive Eye Care Services in Dien Bien Province project has been implemented in two phases across a seven year period. Phase 1 (2014 – 2016) focused solely on health care, partnering with the Dien Bien Provincial Health Department and Dien Bien Social Disease Control Centre across nine districts to achieve three outcomes:

1. (1) Improve the skills of health professionals who are well qualified & provide affordable, quality eye services.
2. (2) Improve awareness of the availability of affordable, quality eye care services through community health education & outreach services, particularly of women & girls, children and all people with disabilities.
3. (3) Strengthen the management and coordination of eye services through the Provincial Project Management Unit.

This second project phase, undertaken across four years (2017 – 2020), built on achievements, outcomes and lessons of the original project design, both solidifying on, and extending the objectives beyond improving eye care, to focus on improved inclusivity, collaboration and social integration for people with disabilities. Overall it aimed to contribute to the realisation of an inclusive community, one which fosters better participation in and equitable and inclusive access to health care services and social integration opportunities for disadvantaged groups including women, people with a disability and ethnic minorities. The new phase increased project partners by including the Department of Labour, Invalids and Social Affairs (DOLISA)

The project sought to achieve five key results:

1. Disability inclusion is introduced, recognized and adopted by all departments (Health, DOLISA, DOET) in Dien Bien province; and existing health system are strengthened to be more inclusive.
2. Eye care services at the province & district level are strengthened and become more inclusive, accessible and affordable.
3. Increased community awareness of eye care, including refractive error.
4. Development of an intervention plan to support social integration of people with disabilities in Dien Bien city and Dien Bien district;
5. Capacity building and upskilling in project management, coordination, monitoring, evaluating and reporting for project partners.

Total project budget:

Year	Budget (VND)
2017	2,272,254,500
2018	2,870,998,050
2019	2,728,867.11
2020	2,063,707,747 (Annual budget 1,968,702,747 (+ 96,643,000 Covid funding))
Total: 2017 - 2020	10,484,549,402

2. EVALUATION PURPOSE, SCOPE AND INTENDED USE

2.1. Evaluation Purpose

As Phase 2 of the Strengthening Eye Care Services and Promoting Inclusive Community in Dien Bien Province approaches conclusion the evaluation will highlight achievements and learnings from the project (2017-2020) against the key result areas contained within the project log frame.

The purpose of this evaluation is:

- a. To assess the achievements and impact of the project – intended and unintended. Were the objectives achieved – why/why not?
- b. To assess the sustainability of the achievements of the project.
- c. To highlight significant learning that can inform the government partners and CBM in future work.

2.2 Scope of the Evaluation

The evaluation will consider what was achieved in Phase 1 and how this has been built on during Phase 2. It will focus on the lessons learned from the project. It should demonstrate what approaches in healthcare systems strengthening and disability inclusion have been successful and why, in order to inform future projects in Vietnam or similar contexts.

2.3 Intended use

The target audience of this evaluation includes:

- Dien Bien partners (Centre for Disease Control, Provincial Department of Health, Provincial Department of Labour, Invalids and Social Affairs)
- CBM Vietnam Country Office
- CBM Australia

The final evaluation report will be an important document for showcasing the achievements of the partners and the impact of ANCP funding. Depending on the results of the evaluation, it may be used by the partners to advocate to the National Ministry of Health and Ministry of Labour, Invalids and Social Affairs to adopt practices used by the project.

3. EVALUATION QUESTIONS

The evaluation will consist of 3 areas of enquiry:

1. What programmatic changes were made as a result of recommendations of the 2015 Evaluation of *Vietnam Eye Health and Low Vision Projects funded by CBM Australia* (appendix 1) and what impact did this have on project outcomes.
2. What aspects of the project approaches have been successful, that could inform replication in other contexts?
3. How sustainable are the outcomes from the project? How could this be strengthened?

Guiding questions:

1. What programmatic changes were made as a result of recommendations of the 2015 Evaluation of Vietnam Eye Health and Low Vision Projects funded by CBM Australia (appendix 1) and what impact did this have on project outcomes.

Focus on Recommendations 1, 5, 7, 9, 11, 12, 14, 16, 17 and 20.

- a. Since 2015 to what degree has there been a change in how disability inclusion has been addressed – move away from linking with eye health to a more holistic approach?
- b. If recommendations were not adopted, what were the reasons for this?

2. What aspects of the project approaches have been successful, that could inform replication in other contexts?

- a. What were some key success of the project across each of the result areas? What were the main factors supporting these achievements?

Result 1

- b. How have the different levels of government been influenced to be more responsive to the needs of people with disabilities? What changes has this resulted in and what were the challenges?
- c. What were the barriers or challenges in integrating disability inclusion within the departments? Did these differ between departments?
- d. What was the role of people with disabilities in affecting change? How were people with disabilities voices contributed to the design, implementation and monitoring of the project?

Result 2

- e. How inclusive, accessible and affordable do different stakeholders find the eye health services? Does this differ between districts?
- f. What barriers were overcome and what lessons were learnt from these?

Result 3

- g. What evidence is there that capacity building of teachers and school health workers increased the number of referrals of refractive errors of children?

Result 4

- h. Compared to before the project, what changes has the project led to for people with disability?

- i. What has the project achieved in terms of providing more avenues for connection and support for people with disability (employment, access to pensions, membership of groups)? What systems and supports have been established? What have been the main achievements in phase 2? Have some people benefited more than others, and why is that?

3. How sustainable are the outcomes from the project?

Result 1

- a. What changes will be sustained when funding and monitoring associated with the project cease?
- b. Following the conclusion of the project, what measure are in place to ensure these changes are maintained?

Result 2

- c. How will eye health providers continue to be held accountable for inclusivity, accessibility and affordability beyond the conclusion of the project?
- d. What barriers still exist for people with different types of impairments, ethnic minorities, and women in accessing eye care and how will these continue to be addressed after the project conclusion?

Result 3

- e. How successful was the coordination between the Department of Health and DOLISA in refractive error management?
- f. What were some of the opportunities and barriers to success? What differences could be seen from Phase 1?

Result 4

- g. To what degree will the achievements in inclusion continue without specific project support or intervention?.
- h. What measures has the project supported to ensure the sustainability of the Dien Bien Cultural Club of Disabilities?

4. METHODOLOGY

Data collection could be obtained via reflection workshop, FDGs and KIIs with diverse representation of DPOs and disability groups engaged in the project. Desk review of narrative reports, project visit reports and other monitoring reports from the life the project. Central to any activities undertaken as part of the evaluation should be the principle of do no harm. If there is any risk to the evaluators, partners, communities or any other person involved in the evaluation of contracting or spreading the Covid-19, then activities should be modified or forgone. If any data is collected remotely via technology such a telephone, SMS

or online, consideration needs to be given to accessibility and respondents that may be left out due to lack of access to technology and resulting biases of the data.

5. LIMITATIONS

The ongoing restrictions as a result of the Covid-19 pandemic may limit the ways in which data can be collected and how stakeholders can be engaged during the evaluation.

6. EVALUATION TEAM

	Name	Role(s)
1	An external Consultant/Lead Evaluator	Lead evaluation team to: <ul style="list-style-type: none"> - Develop approach, methodology and tools for project evaluation - Gather primary and secondary data - Analyse findings - Write report draft in English and Vietnamese - Facilitate debrief meeting to present initial findings - Finalize report based on feedbacks
2	DPO representative (a person with disability)	<ul style="list-style-type: none"> - Review the inclusion of persons with disabilities in project context as well its sustainability in integrating in to existing system. - review inclusivity of evaluation process - provide DI insight into approach and analysis.
3	An inclusive (Eye) Health Expert (ideally to have a team member who is eye doctor with experiences in inclusive eye health or an expert in inclusive health care).	<ul style="list-style-type: none"> - Review the inclusivity, accessibility, and affordability of eye care activities and its sustainability.
5	Ngoc Anh Nguyen, Program Officer, CBM Vietnam	<ul style="list-style-type: none"> - Provide inputs - To give inputs in regards of methodology and approach of the final evaluation - To provide input on the result and/or the analysis of the report

		- Logistic support and liaison with the partner
--	--	---

Sign language and/or ethnic language translator might be required depending on final team members.

Gender balance between evaluation team members is recommended.

7. STEERING COMMITTEE

A small steering committee will be engaged to support the roll out of the evaluation consisting of the CBM Australia's Program Coordinator for Vietnam and CBM Vietnam Program Officer. The steering committee will be responsible for reviewing an initial first draft of the report prior to the draft report being distributed for wider feedback.

8. COORDINATION AND LOGISTICS

Country Coordination office has responsibility for:

- Agreeing and financing a contract with the local external evaluator.
- Organising in-country logistics in consultation with the partners.
- Reviewing the draft final report to ensure correctness of terms, standard procedures and the likes cited in the report. CBM must ensure that such comments are given a one-week turnaround time.
- Providing documents available at CBM's CO relevant to the project.

Project Partner has responsibility for:

- Ensuring that data are available for checking by evaluation team.
- Providing access to all documents, beneficiaries, project staff and other project stakeholders required by the evaluation team
- Working with CBM Vietnam Country Office to organise meeting schedule for the evaluation team.
- Arrange translators/interpreters
- Identifying "neutral" and disability accessible locations for interviews/ meetings to take place (where people will feel free to speak as openly as possible).
- Organising interviews with beneficiaries according to the evaluator's requests/methodology.
- Organising a brief meeting with relevant stakeholders to share the evaluation findings.

9. PRODUCTS

The Evaluation Team Leader is expected to submit a report using CBM's evaluation report template (appendix 2) structured according to the headings and sub-headings in section 3. Evaluation Questions; complemented with attachments as necessary. The evaluation report can be written in Vietnamese and the Vietnam Country Office will translate it into English, and distributed to CBM for comments and further review. The evaluation team should also conduct a debrief session to provide information to stakeholders on initial findings of the evaluation and clarification of the result of data collection and/or analysis. After receiving the review, the Evaluation Team Leader will finalize the report and submit to CBM. The final version of the evaluation report will be shared with all partners as a presentation. The first draft report should be submitted by 15th September and the final report by 30th September. A brief meeting to share the evaluation findings with relevant stakeholders will be organised on December 2020. Additional products that may be useful for partners to showcase the achievements of the project can be discussed during the evaluation. This could be supported by CBM Australia's Program Quality Team following the evaluation.

10. DURATION AND PHASING

Task	Location	No. of Days	Expected Dates
Briefing by CBM management, document review, team planning	Country Office Vietnam	3 days	2-4 th Sept
Clarification from Project Partner, document review if required	Country office	1	8 th Sept
Survey, interviews with stakeholders	Dien Bien	5 days	14 – 18 th Sept
Evaluation team to analyse findings to arrive at a preliminary conclusions/recommendations	Dien Bien	1	19 th Sept
Debrief partners and relevant stakeholders	Skype Call	1	25 th Sept
Report writing		5	Last week of Sept and first week of oct (28 th Sept – 9 th Oct)

Submission on the first draft report		1	20 th Oct
Final Report		1	10 th Nov

11. COSTS AND PAYMENTS

Cost of project final evaluation have been allocated by project and planned based on budget availability. Consultant payments, logistics and other expenditures for the project final evaluation will be conducted by CBM Vietnam Country Office.

12. APPENDIX

APPENDIX 1 EVALUATION OF VIETNAM EYE HEALTH AND LOW VISION PROJECTS FUNDED BY CBMA (ATTACHED)

Requirements for evaluation team:

- Proven experience in conducting final evaluation, including building data collection methods, data collection and analyzing, reporting, and providing recommendations. Working experience related to persons with disabilities and disability inclusion is preferred.
- Proven ability to coordinate well and smoothly with different agencies and partners in the same workshop.
- Adherence to CBM's child safe guarding policy.

Interested candidates/consultant team can send the cv and full proposal with estimated budget to email: Nguyen Ngoc Anh ngocanh.nguyen@cbm.org and email Laura Nicholson LNicholson@cbm.org.au before 8th Aug, 2020.

APPENDIX 2 – CBMA EVALUATION REPORT TEMPLATE

Evaluation Report Title

CONTENTS

Title page	10
Index, list of abbreviations, map	10
Executive summary.....	10
Background.....	10
Introduction.....	10
Methods	11
Evaluation findings and analysis.....	11
Conclusions.....	11
Lessons learnt	11
Recommendations.....	11
Lessons learned about the evaluation process.....	11
Annexes	11
Annex 2: Management response tool	Error! Bookmark not defined.

TITLE PAGE

Title of evaluation, date of completion of report, name of evaluators (and their organisation if relevant), name of donor.

INDEX, LIST OF ABBREVIATIONS, MAP

EXECUTIVE SUMMARY

The evaluation report starts with an executive summary of three to five pages. The summary contains a brief overview of the purpose, objectives, scope, methods of the evaluation and refers to the most important recommendations, results and lessons learnt.

BACKGROUND

In this chapter, the fundamental information on the program being evaluated is summarised, i.e. program and programme context (national, political, economic, social, cultural background), program title and number, duration, name of program partner, location, costs, objectives, expected results and planned changes with regard to the target group (outcome), logframe (must be added to the annex), details on the target groups (number according to sex, ethnicity, etc.).

INTRODUCTION

Contains a brief description of the purpose, objectives and scope of the evaluation and briefly explains whether there have been any restrictions during the evaluation.

METHODS

This section offers an overview of the quantitative and qualitative methods applied (including an overview and explanation on the number of the persons included per method, as well as criteria for selecting the program locations etc.) Techniques used during collection and processing of data and information (e.g. data triangulation) should be mentioned as well. The evaluation report should also mention possible limitations (e.g. the non-availability of key informants) of the methodology, as well as the possible resulting effect of this on the evaluation, particularly its independence.

EVALUATION FINDINGS AND ANALYSIS

In this chapter, the evaluation findings are presented in detail, and some analysis reported. The evaluation report should be structured according to the objectives and evaluation questions as listed in the Terms of Reference. Results referring to cross-cutting issues need to be considered under the evaluation questions. Statements and conclusions must be comprehensible and be supported by data. Wherever it seems relevant, data must be presented and interpreted in a sex-disaggregated manner. Gender must be addressed as a separate sub-section.

CONCLUSIONS

This section contains a summary of the results of all evaluation questions and includes all information issues (e.g. assessment of the intervention logic) which were mentioned under the scope of the evaluation. The conclusions are based on the results and the analysis, and are comprehensible on this basis.

LESSONS LEARNT

Lessons learnt result from the conclusions and can be subdivided e.g. in strategic, policy, sector, management, implementation relevant lessons learnt and others.

RECOMMENDATIONS

In this chapter, recommendations are listed on the basis of the individual evaluation questions. It is important that the recommendations are feasible. It must also be clearly identifiable to who the recommendations are addressed to. It is recommended to present the recommendations in a matrix.

LESSONS LEARNED ABOUT THE EVALUATION PROCESS

Detail any issues that worked well or did not, in terms of the conduct of the evaluation. This can be helpful to the organisation for future learning.

ANNEXES

These could include logframe, Terms of Reference, schedule of the evaluation, list of key informants, list of documents used, questionnaires or other instruments used in the evaluation; Reports prepared for the field study; Information regarding the evaluators; Management Response tool for follow up of recommendations (see Annex 2 of this doc).