

**Terms of Reference:
Gender-sensitive eye care programme evaluation of Light for the World**

Part A:Key contact details

Name of proposed evaluation	Implementation evaluation of the gender sensitive eye health programme “Equitable, sustainable eye care for all!”	Timeframe proposed for the evaluation	September 2022 – December 2022
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Institution proposing evaluation	Light for the World International	Initial Contact person (name /designation)	Nadir Abu-Samra Spencer, Data Analyst Monitoring, Evaluation, Research
Telephone	+43 1 810 13 00	Email	n.abu-samra-spencer@light-for-the-world.org
Alternative contacts	Klaus Minihuber Head of MERLA	Email	k.minihuber@light-for-the-world.org
	Annabelle Sartoris Programme Coordinator	Email	a.sartoris@light-for-the-world.org

Person(s) that are the custodians of implementation plans arising from the evaluation	<ul style="list-style-type: none"> Strategic Programmes: Svenja Schneider, Annabelle Sartoris, Cyrille Evini MERLA: Nadir Abu-Samra Spencer, Klaus Minihuber Country Office Ethiopia: Suadik Hassen Country Office Mozambique: Nunes Sampaio Country Office Burkina Faso: Philippe Campaore Thematic Director Eye Health: Dr Geoffrey Wabulembo Gender Expert: Jennifer Pitter-Lopez
Other key departments/ agencies involved in the intervention	<ul style="list-style-type: none"> Ministry of Health and Social Affairs, Austria (donor) Hospital Central da Beira, Mozambique (Implementing Partner - IP) Centre Ophthalmologique de Zorgho, Burkina Faso (IP) Jimma University Department of Ophthalmology, Ethiopia (IP) Light for the World: Strategic Programmes Team, Quality & Innovation Team, Global MERLA Group

Part B:Background to the interventions being focused on

Specific unit of analysis of the evaluation	Light for the World (L) is a global disability and development organisation. We empower people with disabilities and enable eye health services in low income countries. Over the last three decades we improved health systems, enabled education for all, and amplified the
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	<p>voices of people with disabilities. We are currently present in 11 countries in Sub-Saharan Africa, Asia and Latin America working on integrated people-centred eye care, inclusive economic empowerment and inclusive education.</p> <p>The planned evaluation will explore the implementation of an 18-months programme (i.e. July 2021 – December 2022) delivered on gender-sensitive eye health in three of Light for the World’s focus countries: Mozambique, Ethiopia and Burkina-Faso.</p> <p>Women and girls are disproportionately affected by blindness and visual impairment. The reasons for this lie mainly in socioeconomic factors and their traditional roles: women tend to have less decision-making power over finances to access health services, and therefore benefit less from ophthalmic treatment; often they cannot leave behind chores of family members they care for, to seek health care and, in the case of infectious diseases such as trachoma, they have greater contact with children. At present, the number of men attending examinations and surgeries is still far higher than women. For example, in Beira in Mozambique, the percentage of eye operations performed on women is 44% compared to 56% on men. The aim is to at least equalise the delivery of ophthalmic care on a mid-term, but not necessarily within the project period, as this is too ambitious to expect.</p> <p>In total, 219,000 eye examinations and 17,550 eye operations are to be carried out, with the aim to increase the percentage of women receiving treatment. In addition, 107 women and men will receive specialist training. By increasing the number of mobile services to 28 in rural regions, it will be possible to reach a higher number of women who would not travel a long distance to a main hospital by themselves.</p> <p>The programme is implemented by one secondary and two tertiary eye care units: Hospital Central da Beira in Mozambique’s Sofala Province; Centre Ophtalmologique de Zorgho, in Burkina Faso’s Plateau-Central Region; and Jimma University Department of Ophthalmology in Ethiopia’s Oromia region.</p> <p>All three units have been reliable partners of Light for the World for many years and have the capacity to treat the most important eye diseases such as cataract, glaucoma, conjunctivitis, trauma, myopia and hyperopia, and corneal diseases. They are also involved in training and further education. In addition to clinical operations at the hospital, mobile units are dispatched to undersupplied rural regions. This is essential in order to reach the most disadvantaged patients; it is also often the only opportunity for women and girls to receive medical eye care.</p>
Planned outcomes of	<p>The interventions work towards the ultimate long-term goal of a more equitable and inclusive society, where women and girls can secure equal access to eye health, and access to eye health is improved for all.</p>

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the interventions	<p>The specific expected results of the programme are as follows:</p> <ol style="list-style-type: none"> Greater, stronger specialist competence in eye health for girls, women and all; Better ophthalmic care for girls, women and all, quantitatively and qualitatively; More effective and efficient local health structures and bodies for sustainable eye care; Cross-border coordination, as well as monitoring, evaluation and learning both in general terms and in respect of gender. 																	
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Duration and timing of the interventions to be assessed (when started, when ends)	July 2021 – December 2022 (18 months)																	
Geographic Reach of Evaluations	<ul style="list-style-type: none"> Burkina Faso (Centre Ophtalmologique de Zorgho, Zorgho): Plateau-Central Region, provinces Ganzourgou, Kouritenga and Boulgou Ethiopia (Jimma University, Department of Ophthalmology, Jimma): Oromia region Mozambique (Hospital Central da Beira, Beira): Sofala province, and, indirectly, a further three provinces in the Central region. 																	
Estimated budget of the intervention	Ca. 950,000 EUR																	
No of people directly	<ul style="list-style-type: none"> 219,000 persons reached with eye examinations 17,550 persons reached with eye surgeries 107 eye health staff reached with specialist training 																	

affected or enrolled	
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Part C:Details on the Evaluation Proposed

Key focus of the evaluation	<p>This is a descriptive, end-term implementation evaluation with two main objectives:</p> <ul style="list-style-type: none"> • Accountability: review, evaluate and document achievements, efficiency, relevance and effectiveness of the gender-sensitive eye care programme in order to ensure internal and external accountability. • Learning & Adapting: Identify and document adaptations and learning generated by applying a gender-sensitive approach for eye health service delivery with the goal to inform future gender-sensitive eye health programming at Light for the World and partners.
Type of evaluation	<p>The proposed evaluation meets the following classification types:</p> <ul style="list-style-type: none"> • External – commission to an external evaluator / evaluation consultancy • End-term – conducted at the end of the programme’s implementation period • Implementation evaluation – assessing the programme’s implementation process, outputs and short-term outcomes / results • Utilization-focused – aimed at accountability and learning & adapting
Likely duration (months)	3 months (end of September to mid-December)
How recently was this intervention evaluated – if not for a long time then higher priority	1 year ago (2021), with routine output monitoring against annual service delivery targets on an annual basis (see Appendices 1a and 2, Statistics summary sheet – collected 2017, and APOM from 2018 onwards).
Approximate budget for the evaluation	The budget for the evaluation in all three countries should not exceed 27,000 EUR (twenty-seven thousand Euro).
Administrative and logistical support	<p>Logistical and administrative support will be provided by Light for the World on international level and through their Country Offices in Ethiopia, Burkina Faso and Mozambique.</p> <p>Full-time staff stationed at the Country Offices include Country Directors, Deputy Country Directors and Programme Officers with specific focus on eye health. There is also around 8-10 admin/finance staff available in the 3 country offices.</p> <p>At international level, the programme coordinator and the MERLA team will oversee the evaluations.</p>

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<p>Management of the evaluation</p>	<p>The evaluation process will be managed internally by Light for the World through an international steering committee composed of a MERLA expert and the responsible Programme Coordinator. The implementation of the evaluation will be commissioned to an external evaluation consultancy through a competitive bidding process.</p>
<p>Main evaluation questions</p>	<p>The following are draft evaluation questions to be further refined in discussion with the evaluator(s):</p> <p>Relevance:</p> <ul style="list-style-type: none"> • What strategies and solutions have partners put in place to ensure equitable access to eye care services for women and girls, and are these strategies appropriate and effective? Has there been an observable difference between different types of eye care services as well as different modalities of service delivery (hospital-based versus outreach)? (This should include a consideration of the patient perspective, with focus on gender.) • Has the programme implemented adequate strategies to raise community awareness of the barriers faced by girls and women in accessing eye health? Has the programme implemented adequate strategies to raise women’s awareness of eye health? What roles have men played in raising awareness of barriers faced by girls and women? <p>Effectiveness:</p> <ul style="list-style-type: none"> • Over the evaluation period, to what extent has the programme improved the competencies of healthcare staff in general and more specifically on issues of equitable access to eye health services for girls and women? • Over the evaluation period, to what extent has the programme facilitated the incorporation of a gender-sensitive approach to eye health services in supported institutions? <p>Efficiency:</p> <ul style="list-style-type: none"> • To which extent has the programme delivered outputs and results in an economic and timely way? • To which extent has the multi-country design of the programme contributed to or hindered efficient programme delivery? What are the trade-offs between the complexity of a multi-country programme and the potential gains in terms of cross-country knowledge sharing and learning? • What kind of structural issues can be observed in the project’s monitoring and management setup and practice, considering the short implementation timeframe and partner reporting issues? <p>Sustainability and Learning:</p>

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	<ul style="list-style-type: none"> • What strategies has the programme put in place to document and share lessons learnt and best practices on gender-sensitive eye care to inform future programming activities? • What strategies are in place to share learning and information between programme stakeholders?
<p>What monitoring and evaluation data or existing evidence can be used including on background and previous documented performance, current programme situation. Is this of good quality?</p>	<ul style="list-style-type: none"> • Consolidated programme output data on eye consultations, surgeries, refraction services, spectacle provision and trainings conducted by the programme, disaggregated by sex, age, level of service provision (primary versus secondary/tertiary), type of surgery. The data covers the year 2021 as well as previous years. Consolidated data for Jan-Jun 2022 is only partially available. currently being collected and reviewed. • Implementing partner reports: 2 6-monthly reports per country for 2nd half of 2021 and 1st half of 2022 (total: 6); quarterly reports for Q3 2022 (total 3) • Internal implementation records of partners (such as outreach reports which might support the statistical monitoring if the annual/half-yearly statistics are not ready) • Gender analysis reports (one cross-country gender study with an extensive country chapters concerning the catchment area around the partnering hospitals; the study was not excellent, but the programme could extract some very useful recommendations. • Six operational audits were conducted to determine the quality of the surgeries performed. • Mid-term internal evaluation report (June 2022) by the Knowledge Management specialist of Light for the World • Equipment maintenance assessment in Ethiopia; conducted country-wide together with other stakeholders • Mid-term evaluation conducted with the partner (consultant was contracted for this) in Burkina Faso
<p>Is there a theory of change?</p>	<p>No.</p>
<p>Evaluation Design Methodology</p>	<p>This will be a descriptive design, that focuses on the relevance, efficiency and effectiveness of the programme. Consideration of outcomes is limited to salient features that are captured by outcome harvesting in relation to the behavioural or attitudinal outcomes observed at the level of eye health staff responsible for service delivery.</p> <p>Gender-specific uptake of services should be at the fore. Given the descriptive focus of the evaluation, it is not anticipated that an experimental or quasi-experimental design will be adopted. In order to capture the adaptations made by eye care providers to ensure more equitable access for women and girls, a light-touch application of the Outcome Harvesting methodology is suggested and interviewing of a limited set of key informants may be carried</p>

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	<p>out therefore. There will be no requirement for a counterfactual based design for establishing impact.</p> <p>Given the emphasis on descriptive methods, the methodological priority should be on rigour in the sampling and informant selection, and in selecting approaches that minimise biases in sampling and ensure sufficient depth and relevance of data collection and analysis. Care should also be taken in ensuring the valid establishing of comparison cases, and ensuring different perspectives are represented. Rigour in the documentation and citing of sources is essential.</p>																		
Likely data providers	<ul style="list-style-type: none"> • Implementing partners staff: ophthalmologists and allied eye health cadres such as ophthalmic nurses, refractionists or optometrists; eye care programme managers; administrative staff • Light for the World international and country office staff: International Programme Coordinator, Country Implementation Managers, Country MERLA managers/officers, Gender experts, Eye care experts • A sample of key informants from women and girls eye care beneficiaries 																		
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Deliverables	<p>The evaluator will deliver the following:</p> <ol style="list-style-type: none"> 1. An inception report with full methodology 2. A draft evaluation report 3. A final evaluation report, including an executive summary and relevant annexes. Light for the World expects that at least 2 drafts will be submitted for review and revision prior to finalizing the report. 4. A PowerPoint presentation of the findings to Light for the World staff (this can be done via video conference). 																		

Call for Proposals

Light for the World is looking for qualified consultants to conduct the final evaluation of a gender-sensitive eye care programme implemented in Burkina Faso, Ethiopia and Mozambique. For further details, please consult the attached TOR.

Timelines:

- Please submit all proposals to Nadir Abu-Samra Spencer, n.abu-samra-spencer@light-for-the-world.org, by 12th of September 2022, COB.
- Please e-mail to Nadir Abu-Samra Spencer (n.abu-samra-spencer@light-for-the-world.org) indicating your intention to bid by the 6th of September.
- Please note the following in the email subject heading: PROPOSAL FOR FINAL EVALUATION OF A GENDER SENSITIVE EYE CARE PROGRAMME

We expect the proposal to include these components:

- 1) Evaluation plan, including:
 - Evaluation methodology
 - Measures or data sources
 - Plan for data collection
 - Plan for data analysis
- 2) Budget in EUR with detailed breakup of unit costs
- 3) Timeline for the evaluation, with timing of key activities clearly outlined
- 4) Key personnel: CVs or biographic summaries of key personnel
- 5) A summary profile of the organization
- 6) A summary of similar or relevant evaluations conducted

Criteria for Selection

Proposals will be evaluated based on the following criteria:

- Demonstrated understanding of the objectives of the evaluation
- Understanding of the rights-based approach, the gender mainstreaming approach in the context of health interventions and the Outcome Harvesting methodology
- Experience in conducting evaluations of similar types of interventions
- A demonstrated capacity to deliver evaluations in a timely fashion in multiple African countries
- The ability to produce high-quality evaluations and reports
- Appropriateness of the evaluation approach
- Feasibility of the evaluation within budget and time parameters