Terms of Reference
Evaluation of Capacity Building Program

1. Introduction and Background

1.1 Introduction

**Orbis International** is a non-aligned, non-profit, global development organisation whose mission is to transform lives through access to quality eye health. To achieve its mission, Orbis provides education and training, eye care management systems development, technical and financial support, and research in order to build the capabilities of its partners. Orbis International manages four Global Programs (Flying Eye Hospital, Hospital Based Programs, Fellowships and Cybersight) and Country Programs in Asia, Africa and Latin America and the Caribbean.

**Orbis International-Ethiopia (OIE)** is a legally registered country office of Orbis International, carrying out the same mission in Ethiopia. OIE’s projects are under three program areas: Capacity Building, Rural Eye Care and Advocacy & Research. Capacity Building has been OIE’s main program, although in recent years more resources have gone into Rural Eye Care.

This Terms of Reference (TOR) sets out the background to an external Evaluation of OIE’s Capacity Building Program for the period 2006-2016, the evaluation process, expected deliverables and outcomes. From 2006-2016, the Program has implemented nine projects in universities and hospitals in five regions of Ethiopia, with an investment of more than USD4.5 million. Annex 1 lists the projects, with start and finish dates, budgets and funding source.

OIE is the co-owner of the Evaluation report and findings with Orbis International. The conclusions and recommendations of the Evaluation will inform work by OIE, supported by Orbis Europe, Middle East and Africa (EMEA) and Orbis International, on a revised approach to health system strengthening (HSS) in Ethiopia.

1.2 Background

The Capacity Building Program is Orbis’s flagship program in Ethiopia. It is a good fit with Orbis’s strategic approach globally and nationally. However, Orbis has not attracted significant external funding to capacity building as a program theme in the last 3-5 years.

The Orbis Global Strategic Plan sets out the need for Orbis programs to work, explicitly and deliberately, within a HSS framework. Thus, the Evaluation will seek evidence for the contribution of the Capacity Building Program to HSS and make recommendations towards a revised program approach with a clear HSS rationale and with projects that make strategic contributions to program goals.

The Capacity Building Program was driven by a number of factors which remain relevant for a revised HSS program in Ethiopia:

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1 From 2012-2015 spending on Capacity Building was less than 25% of OIE’s total program spending

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1. Too many adults and children are blind or have low vision that can be prevented, treated or have the impact minimised
2. Treatment is not sought early enough for childhood blindness
3. People in need do not access existing eye health services due to low awareness in communities, a challenging socio-economic context, traditional beliefs, distance to health services, household decision making structures and competing priorities
4. Identification/referrals cannot only reside with the formal public health system
5. There are too few skilled eye health workers, at all levels, to meet the need
6. The public health system is under-funded and under-resourced in all of the WHO’s six building blocks for health systems

The Capacity Building Program aimed to contribute to the reduction of avoidable blindness and visual impairment in Ethiopia. Although there is no over-arching plan, the program consisted of projects which respond to the factors above. The major objectives of these projects were to:

1. Create a national ‘ophthalmologic center of excellence’ at Addis Ababa University
2. Establish a national eye bank at the Addis Ababa University that operates as a self-sufficient institution
3. **Build capacity** of eye care personnel through the provision of training:
   - in community eye health
   - of new cadres of cataract surgeons and optometrists
   - in subspecialty areas of ophthalmology (e.g. paediatric ophthalmology, retina, oculoplastics, glaucoma, anterior segment, cornea transplantation)
   - in maintenance and management of ophthalmic and other medical equipment, etc.
4. Support the establishment of **tertiary eye care centres** in Hawassa and Gondar through provision of training, equipment and consumables
5. Increase access to quality (subspecialty-level) eye health care services to more people in program intervention areas
6. Increase awareness among people in program intervention areas on the importance of seeking early medical services for eye conditions for themselves and their children to ensure early detection and treatment

Towards tackling the huge gap in trained eye health personnel, OIE supported the departments of ophthalmology in Addis Ababa, Gondar and Hawassa Universities to improve the quality and quantity of teaching, research and eye health service delivery. It played a significant role in commencement of subspecialty eye health training and services in paediatric ophthalmology, retina, oculoplastics, glaucoma, anterior segment, etc. These specialised trainings and services were almost non-existent prior to OIE’s intensive involvement.

OIE has worked closely with these academic institutions through fellowships, using Cybersight to link local eye health personnel with external mentors, the Flying Eye Hospital, hospital-based programs, and provision of equipment, consumables and teaching aids. It assisted the establishment of child eye health tertiary facilities at Gondar, Hawassa, and Menelik II hospital (Addis Ababa) in collaboration with the departments of ophthalmology in the respective universities.

OIE supported the establishment and training of cadres of optometrists and of nurses to carry out adult cataract surgery. OIE also supported training in repair, maintenance and management of ophthalmic and other medical equipment (e.g. anaesthesia, ultra sound, cardiac monitors, X-
ray machines) for biomedical engineers/technicians, health managers at regional health offices and hospitals and end users such as ophthalmologists, operating theatre nurses, ophthalmic nurses etc.

OIE supported the establishment of an Eye Bank in Ethiopia in the early 2000s. Up to 2011, OIE supported the Eye Bank to become self-sustaining.

2. Purpose and Outcomes of the Evaluation

2.1 Purpose
The purpose of the Evaluation is to:

- Assess the performance and results of the Capacity Building Program in relation to project goals above
- Assess the effects of the program on target groups, partner institutions and hospitals
- Analyse the coherence of projects as a program and contribution to Orbis’s strategic objectives
- Generate evidence of organisational learning and accountability
- Make recommendations which can inform the design of a revised program with a clear HSS rationale

2.2 Outcome
The Evaluation will generate conclusions and recommendations which will enable Orbis to design a new programmatic approach to HSS in Ethiopia, with appropriate projects making strategic contributions to achieving program goals. This could be an approach to strengthen teaching and training institutions as well as research and advocacy.

2.3 Outputs

- Output 1: Literature Review: Summarise and consolidate the results of and learning from Orbis’s Capacity Building interventions, using existing documentation (proposals, annual reports, reviews and evaluations)
- Output 2: 2-page summary recommendations, identifying opportunities for new or revised HSS interventions in Ethiopia, arising from current policy and good practice standards
- Output 3: Report on the views of stakeholders on the successes and challenges of the Capacity Building Program and opportunities for new and revised HSS interventions

2.4 Deliverables:
The evaluators will deliver the following products:

1. An inception package, outlining:
   a. Evaluation design and methodology (including data collection tools, data organisation and analysis, sampling procedures, quality assurance and ethical considerations).
   b. Work-plan
   c. Proposed report structure
2. A presentation to and discussion with (a) Orbis Ethiopia and (b) the Evaluation Reference Group before the end of the field work, highlighting: significant findings and draft recommendations
3. A draft report to be reviewed by OIE and the Evaluation Reference Group
4. **A final report** of not more than 40 pages, excluding annexes but including an Executive Summary of max 3 pages

5. **A power-point presentation** of the main findings, conclusions and recommendations, suitable for Orbis to use in presentation of the evaluation results to stakeholders

In addition the evaluators will provide:
- Completed evaluation questionnaires (in hard copy)
- Cleaned data set using SPSS for the quantitative part
- Audio-taped qualitative data

3. **Evaluation Scope, Criteria and Questions**

3.1 **Scope**
This Evaluation will cover the period 2006 to 2016 and will encompass past and present projects and interventions under the Capacity Building Program in five regions (Addis Ababa, Amhara, Oromiya, Southern Nations, Nationalities and Peoples Regional State (SNNPRS) and Tigray).

The program has six major objectives (see page 2) and assessing progress against these will set the main parameters for the evaluation.

3.2 Evaluation Criteria and Questions
The crucial questions for the Evaluation to answer are:

1. How **effective** and **efficient** were projects in achieving their: (i) targets and (ii) objectives (allowing for external factors potentially contributing to these results and noting changes in objectives during the life of projects)?

2. What were the strengths, gaps/challenges and lessons learned with respect to results achieved (and distribution of results), implementation and application of learning to project design and interventions?

3. Have projects had other notable effects on institutions and individuals? These may be positive or negative, and planned or not planned

4. What are the recommendations for a revised program focused on HSS, incorporating learning (e.g. on sustainability of benefits, scale-up or replication) and opportunities arising from policy and good practice?

The Evaluation will use the OECD-DAC criteria (effectiveness, efficiency, relevance, sustainability and impact\(^2\)) to provide a full picture of program performance. The questions will be revised and focused as the methodology is agreed with the evaluators in the inception phase (see Deliverable 1).

4 Evaluation Approach
The Evaluation will use a mix of methods and tools. The methodology, tools and a work-plan will be developed during an inception phase. The methodology will enable identification of lessons learned and opportunities arising from policy and practice to inform recommendations on a new HSS program for Orbis in Ethiopia.

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\(^2\) This is not an impact evaluation. On impact, the Evaluation will look for evidence of wider changes where Orbis interventions have made a contribution
Work to deliver the Evaluation will include:

4.3.1 Review of program and project documentation and other Orbis documents
   a. Review and analysis of documentation to: validate project reporting; identify lessons learned and changes to project aims, objectives and approaches, including responses to project and program evaluations, and identify potential opportunities for future HSS program development
   - Quarterly and Annual Reports
   - Donor reports
   - External reports commissioned by OIE and Orbis EMEA
   - Orbis Global Strategy 2015-2019
   - Orbis Global Theory of Change

4.3.2 Review of policy and good practice documentation
   a. Review of a limited and select set of well-regarded studies and systematic reviews to identify good practice in HSS against which to assess the program’s approaches
   b. Review of national and international health and eye health policy to identify opportunities for future HSS program development
   - Ethiopian health policy and investment in health, eye health, human resources for health, and policy aimed at HSS
   - WHO and IAPB guidance on eye health services and resources and on HSS
   - Orbis Global Strategy and Global Advocacy Strategy
   - Orbis Ethiopia strategy and operational plan

4.3.3 Stakeholder engagement
   a. Key informant interviews, including with:
      - The Federal Ministry of Health
      - Selected informants from Regional Health Bureaus
      - Selected informants from Addis Ababa University, Hawassa University, Gondar University, Assela Hospital, Debre Tabore Hospital, Maichew Lemlem Karl Hospital, Eye Bank of Ethiopia
      - Beneficiaries of past and present projects
      - Civil society: professional associations in Ethiopia and East Africa (COECSA); INGOs (FHF, HCP, Seva), OIE and, the wider Orbis community, Orbis volunteer faculty
   b. Visits to a limited number of project locations (see Annexe 1) to meet beneficiaries, partners and staff to get their perspectives and to verify project results reporting
   c. Semi-structured interviews and focus group discussions to probe and validate the documentary evidence provided by past and present projects

5. Timeline and tasks
The Evaluation is expected to start in September 2016. The final report is to be submitted in November/December 2016. Evaluators submitting proposals are asked to show how many working days are required to complete of all tasks in the assignment.

Table: Tasks to be completed

<p>| S. No | Category                                                        | Due Date | Responsible |
|-------|-----------------------------------------------------------------|----------|-------------|-------------|
|       |                                                                 |          |             |             |</p>
<table>
<thead>
<tr>
<th>S. No</th>
<th>Category</th>
<th>Due Date</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Submission of technical and financial proposal</td>
<td>By 29 July 2016</td>
<td>Evaluator</td>
</tr>
<tr>
<td>2.</td>
<td>Selection of evaluator and contracting</td>
<td>Mid-August 2016</td>
<td>OIE and Reference Group</td>
</tr>
<tr>
<td>3.</td>
<td>Preparation and start of work</td>
<td>Mid-September 2016</td>
<td>OIE, Reference Group, with evaluators</td>
</tr>
<tr>
<td>4.</td>
<td>Review documentation</td>
<td>TBD</td>
<td>Evaluator</td>
</tr>
<tr>
<td>5.</td>
<td>Stakeholder engagement</td>
<td>TBD</td>
<td>Evaluator</td>
</tr>
<tr>
<td>6.</td>
<td>Draft report and presentation of preliminary results</td>
<td>TBD</td>
<td>Evaluator</td>
</tr>
<tr>
<td>7.</td>
<td>Review and feedback on draft report and preliminary results</td>
<td>TBD</td>
<td>Evaluation Reference Group</td>
</tr>
<tr>
<td>8.</td>
<td>Final report and summary power-point presentation incorporating comments</td>
<td>November/December 2016</td>
<td>Evaluator</td>
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6. Conduct and Management of the Evaluation

The Evaluation will be managed by a team consisting of Dr Alemayehu Sisay (Country Director, OIE); Lene Øverland (Director of Programme, Orbis EMEA); and Andrew Wardle (Programme Manager – Evaluation Co-ordinator, Orbis EMEA). In Ethiopia, Samson Tesfaye is responsible for co-ordination and logistics.

An Evaluation Reference Group will guide the evaluation. This is composed of:

- Orbis Ethiopia: Dr Alemayehu Sisay
- Orbis EMEA: Lene Øverland; Andrew Wardle
- Orbis International senior managers: Dr Jonathon Lord, Global Medical Director; Danielle Bogert, Director Faculty Relations & Clinical Services; Sugandha Midha, Senior Manager M&E; Oury Diallo, Director Financial Analysis and Programme Finance

The role of the Reference Group is to:

- Sign-off the Terms of Reference
- Agree the selection of evaluators
- Review, advise on and endorse methodology proposed by evaluators
- Seek advice from key individuals and teams within Orbis (see below)
- Review and feedback on findings and the draft report
- Approve products and disseminate findings

At critical points in the Evaluation, the Reference Group will consult with individuals and teams, including:

- Orbis Programme Committee chairs: Rob Waters (Orbis International) and Larry Benjamin (Orbis EMEA)
- OI CEO and President: Rob Ranck
- Volunteer faculty: Donald Brosnahan, Parikshit Gogate and Dan Neely (and others who have significant experience of the Capacity Building Program)
- Orbis EMEA senior management team: Jenny Sheils, Rebecca Cronin, Allan Thompson, David Bennett; plus Amelia Geary, Reshma Dabideen
• Fundraising departments worldwide

7. **Evaluator Selection**

Orbis will use the following process to select the evaluators:

7.1 Potential evaluators submit a Proposal electronically to Andrew Wardle, which includes:
   
a. **Cover Letter:** with the name of the evaluator or company, contact details, and brief information on the applicant
   
b. **Technical proposal** that addresses the following:
      
      i. **Understanding of the TOR**
      
      ii. **Response to the proposed evaluation approach shown in the TOR** and indicating any perceived challenges
      
      iii. **Methodology and Work-plan:** outline the methodology to be used to answer the key questions and an outline work-plan showing what this would involve
      
   c. **Financial Proposal** including itemized costs for all elements of the task. Appropriate tax should be included
   
   d. **Curriculum vitae:** experience and qualifications; contact details for referees; and copies of previous evaluation work for a minimum of three clients during the last 3 to 6 years.
   
   e. **Companies applying for the assignment** should describe the qualifications and experience of their proposed team and the roles of each team member
   
   f. **Confirmation of availability, start date and completion date**

7.2 The technical proposals will be assessed against the following criteria:

   a. **Understanding of the TOR** and the extent to which the proposal addresses this (20 %)
   
   b. **Appropriateness of the evaluation approach and methods** and realism in identifying the work involved and potential challenges (40%)
   
   c. **Relevant skills and experience** (20%)
   
   d. **Quality of the proposal** in terms of language, clarity, accessibility (20%)

7.3 The Reference Group will shortlist candidate evaluators. Those shortlisted will be interviewed by members of the Reference Group (with representation from Program management, finance, M&E, but not necessarily the full group), using an agreed set of questions and assessment criteria

7.4 Proposals will be subject to a price and quality comparison

7.5 The Reference Group will recommend evaluators to the OIE country director and the Orbis EMEA programme director

The evaluators will have had no association with or interest in the design, implementation or supervision of past or current projects within the capacity building or other Orbis programs, nor will they expect to do so as Orbis staff in the foreseeable future.

8. **Required Qualifications and Experience**

The Evaluation is open to suitably experienced individuals or companies. The selected evaluators will demonstrate the following qualifications and competencies:
1. Evaluation expertise sufficient to complete the evaluation and make recommendations based on evidence and analysis
2. Expertise and experience in evaluating health and eye health programs, projects, policy and practice, including technical expertise on eye health and public health
3. Understanding and experience of the health and eye health policy and practice environment in Ethiopia/ Southern Africa
4. Understanding and experience of health systems strengthening policy and practice in Ethiopia / Southern Africa
5. Excellent spoken and written English, and for the national evaluator excellent spoken and written Amharic. (Translation will be provided for international evaluator if necessary)
6. Excellent spoken English and report writing skills

The evaluator/s will consult with the Evaluation managers to agree ways of working.

9. Support from Orbis
   - Feedback on Evaluation methodology and work-plan
   - Access to program, project and other documents needed to complete the Evaluation
   - Support logistics, such as international travel and hotel bookings
   - Introducing/linking the consultant to stakeholders
   - Prompt payment, on agreement by Orbis that work is completed to the expected standard and with supporting invoices and receipts, of professional fee and other costs arising from the contract
   - Guidance and feedback during the Evaluation including on deliverables
   - Comment on the draft report and power-point presentation

10. Submission of proposals

The deadline for Proposals is Friday 29 July 2016.

International evaluators should submit proposals to:
   - Andrew Wardle, Programme Manager, Orbis EMEA, awardle@orbis.org.uk

Ethiopia evaluators should submit proposals to:
   - Dr Alemayehu Sisay, Country Director, Orbis International Ethiopia,
     Alemayehu.Sisay@orbis.org
Annex 1: Past and present projects under Capacity Building Program

<table>
<thead>
<tr>
<th>Project Code</th>
<th>Project Title</th>
<th>Partners</th>
<th>Dates</th>
<th>Funding source (unrestricted, unless noted)</th>
<th>Orbis budget USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>3001</td>
<td>Community Eye Health Training for Graduate Program in Ophthalmology</td>
<td>Medical Faculty, Addis Ababa University, Addis Ababa</td>
<td>1 March 2006 – 31 August 2010</td>
<td>EMEA: 2010 ($7,500) OI: $305,241</td>
<td></td>
</tr>
<tr>
<td>3002</td>
<td>Developing Ophthalmologic Center of Excellence at Addis Ababa University</td>
<td>Department of Ophthalmology, Faculty of Medicine, Addis Ababa University, Addis Ababa</td>
<td>1 March 2006 – 31 December 2010</td>
<td>EMEA: 2010 ($14,000) OI: $917,442</td>
<td></td>
</tr>
<tr>
<td>3012</td>
<td>Tropical Eye Institute Establishment (TIE)</td>
<td>Hawassa University, SNNPR</td>
<td>1 March 2006 – 31 December 2010</td>
<td>EMEA: 2006-09 ($485K unrestricted + $312K restricted) OI: $763,588</td>
<td></td>
</tr>
<tr>
<td>3013</td>
<td>Upgrading the Department of Ophthalmology, Gondar University to a Tertiary Center</td>
<td>Gondar University, Amhara</td>
<td>1 March 2006 – 31 December 2010</td>
<td>EMEA: 2009 ($143K) OI: $690,783</td>
<td></td>
</tr>
<tr>
<td>3027</td>
<td>Support three Secondary Eye Care Units to improve Cataract surgical and Refractive services in three regions of Ethiopia</td>
<td>Assela Hospital, Oromiya; Debre Tabore Hospital, Amhara; Maichew Lemlem Karl Hospital, Tigray</td>
<td>20 March 2014 – 15 October 2016</td>
<td>EMEA: 2015 ($94k) + Henry Wyndham ~$100K OI: $369,285</td>
<td></td>
</tr>
</tbody>
</table>

Total: $4,635,934