Terms of Reference

End-Line Evaluation for Inclusive Eye Health Services Project

1. Background

1.1. Mnazi Mmoja Referral Hospital (MMH)

Mnazi Mmoja Referral Hospital (MMH) was established in 1955. In 2014, Mnazi Mmoja Hospital was awarded a VOTE and became a department in the Ministry of Health. In 2016, the Mnazi Mmoja Hospital Act was passed by the House of Representatives, where the Act recognizes the Hospital as an agent of the Government and upgraded it to a referral hospital and empowered to establish departments and certain services in accordance with the Act. In the last five years MMH has been transformed to a modern Hospital where specialised services are provided including Ophthalmology, Neurosurgery, Oncology, Dialysis, Emergency, Critical Care Services among others. Due to its status, MMH has become a referral point to all eye health cases serving both Unguja and Pemba Islands which constitute Zanzibar.

1.1. MMH Partnership with CBM

CBM Tanzania has established a partnership with Mnazi Mmoja Hospital in Zanzibar since 2022 to implement a project on prevention of avoidable blindness by focusing on provision of inclusive eye health services, training of eye health care cadres.

2. Program Background

MMH Eye Department is implementing Inclusive Eye Health Program with an overall objective to Reduction of avoidable blindness and visual impairment for all people including people with Disabilities in Zanzibar towards achieving targeted Sustainable Development Goal. This is a three years' project which started in January 2022 to December 2024. The project target group is 382,825 which includes 266,740 (adult 18 and above) people with the eye threatening conditions and sight restoration need benefit from the project; 99,345 (0 – 18) children benefit from the project, 16,696 persons with all kinds of disabilities received eye health services and referred to the rehabilitation centres 44 eye health professional benefitted from the project through different trainings.

2.1. Program Objectives and Results

2.1.1. Overall Objective:

Reduction of avoidable blindness and visual impairment for all people including people with Disabilities in Zanzibar towards achieving targeted Sustainable Development Goal.

2.1.2. Specific Objectives:

Improved the provision of quality and accessible Integrated Eye Health services delivery in Zanzibar

3. Expected Program Results

3.1. Strengthened eye health system in primary and secondary level health facilities.

R01:01. Number of eye health personnel who have completed IEH Training on Ophthalmic nurse/Ophthalmic assistance at Mvumi or KCMC.

R01:02. Number of eye health personnel who have completed IEH trainings on the identification of the Diabetic Retinopathy and its associated eye complications in both Islands

R01:03. Number of eye health consultation performed by the partner at the main hospital satellite clinics and during outreach.

3.1.2. Increased number of people benefiting from inclusive eye health services through Health promotion in the catchment areas.

R02:01. 8,400 eye health consultations performed by the partner at the satellite clinics.

R02:02. 840 eye related surgical procedures (excluding cataract operations) performed by partner.

R02:03 6,500 cataract surgeries performed by partner.

R02:04. 8,000 People screened at the outreach Services.

R02:05. 90% patients who receive cataract surgeries and have a good outcome (VA 6/18 or better)

R02:06. 9,225 spectacles provided to men and women, girls and boys by 2024.

R02:07. 9,000 refractions performed by partner per year.

R02:08. 100 of Glaucoma operations performed.

3.1.3. Increased number of the patients benefitting from ophthalmic rehabilitative services in the project areas every year by 2024.

R03:01. 5 Optometrists trained or upgraded on provision of low vision Services at KCMC or Muhimbili N Hospital.

R03:02. 50 People benefited from quality Low vision therapy and devices.

R03:03. 55 People with severe visual impaired and disability referred to the rehabilitation centres.

R03:04. 2 Low vision outreach sessions conducted to elderly homes (Welezo& Sebleni) and UWZ rehabilitation centre.

R03:05 30 People joined Orientation & Morbidity at the rehabilitation centres (UWZ&ZANAB) by 2024.

R03:06. 100 children received hearing aid devices

R03:07. 7,000 people screened on the Diabetic Retinopathy ,200 treated with Anti VGEF and Laser therapy by 2024.

3.1.4. Mainstreaming inclusion in primary health care facilities, secondary health care facilities and community (schools and DPOs) in Zanzibar.

R04:01. 6 task force meetings with IEH in primary and secondary health facilities conducted by December 2024.

R04:02. Primary Health facilities and Mnazi Mmoja Hospital provided with inclusive environments (ramps construction and accessible toilets installations)

R04:03. Sensitized Ministry of Education and Vocational training on provision of user-friendly environment inclusive environment (ramps and accessible toilets) to at least 40 Schools.

R04:04. Systematic Link established between IEH and OPDs.

3.1.5. Enhanced capacity in managing project by the year 2024.

R05:01. Salary support to the project coordinator and accountant administered.

R05:02. Annual audit conducted

R05:03 Administration costs (stationaries, communication, bank charges, computer etc)

R05:04 Mid-term evaluation conducted.

R05:05 Monitoring, supervising and management of the project activities conducted at PHCCs/PHCU's in Unguja and Pemba

R05:06 End term evaluation conducted.

Now that the program is approaching to the end, Mnazi Mmoja Hospital is looking for a consultant who will conduct end-line project Evaluation in line with the project objectives, outcome, outputs, activities. The consultant shall specifically evaluate the project's relevance, coherence, effectiveness, efficiency, impact and sustainability.

4. The Scope and Purpose of the Project End line Evaluation

4.1. Scope of the evaluation.

The end line evaluation will cover all project activities from January 2022 to 31st December 2024.

4.2. The purpose of project evaluation

The purpose of this end-line evaluation is to assess the effectiveness, efficiency, relevance, coherence, inclusiveness, impact and sustainability of the IEH Project; to identify any problems or challenges that the project has encountered; to issue recommendations, and

to identify lessons to be learned on design, implementation and management. The evaluation's purpose is thus to provide findings and conclusions to meet accountability requirements, and recommendations and lessons learned to contribute to the program's improvement and broader organization learning. The evaluation shall not only assess how well the Program has performed, but also seek to answer the 'why 'question by identifying factors contributing to (or inhibiting) successful delivery of the results. In addition to assess the final outcomes achieved, the evaluation focuses on assessing the impacts of the program, as well as its delivery. The evaluation should compare with baseline conditions (if available) and assess change. The evaluation should also include recommendations and identified key learnings for future projects.

5. Evaluation criteria

The evaluation shall assess project performance against relevance, coherence, effectiveness, efficiency, inclusiveness, impact and sustainability criteria.

5.1.2. Relevance

The consultant shall assess the extent to which intervention objectives and design respond to beneficiaries, global, country and partner/institution needs, policies and priorities. In summary, the consultant should assess whether the intervention was doing the right things.

5.1.3. Coherence

The consultant shall assess the extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa. Includes internal coherence and external coherence: Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which that institution/government adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. In summary, the consultant should assess the compatibility of the intervention with other interventions in a country, sector or institution.

5.1.4. Efficiency

The consultant shall assess how well the program resources were used, showing the extent to which, the intervention delivered results in an economic and timely way.

5.1.5. Effectiveness

The consultant shall assess the extent to which the intervention achieved, or is expected to achieve its objectives and results towards the targeted groups.

5.1.6. Impact

The consultant shall assess the higher-level changes, both positive and negative, expected and unexpected changes of the project interventions. The impact addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify social, environmental and economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion. Beyond the immediate results, this criterion seeks to capture the indirect, secondary and potential consequences of the intervention. It does so by examining the holistic and enduring changes in systems or norms, and potential effects on the targeted population's socioeconomic, political, and cultural well-being.

5.1.7. Sustainability

The consultant shall evaluate the sustainability of the project to measure the likeliness of the project to continue beyond donor's support. Sustainability should be assessed based on levels of stakeholder's engagement, acceptability and ownership of the program activities and its benefits by implementing partners. Sustainability should also be assessed by the continuation of program benefits after the end of the program.

5.1.8. Inclusiveness

Data collected should be disaggregated according to gender, age, and disability.

 Disability Inclusive Development: The evaluation will determine the degree to which people with disabilities have been actively engaged with the project activities, empowered and have benefited from the project on an equal base.

- Gender: How did the program ensure that the needs of women, men, boys and girls
 were taken into account and addressed within activities so as benefit all groups on
 an equal basis?
- **Safeguarding:** What mechanisms were taken by the program to ensure that adults and children at risk in the target area were protected from abuse and maltreatment, and prevented from harmful practices? How have those mechanisms practised; how have they been monitored?

6. Methodology

The consultant is expected to assess the original project theory and to work with the stakeholders to define objectives and their indicators in such a way that they can well be understood.

Data shall be collected from program implementers, beneficiaries, stakeholders, program admin system or any other source as agreed by MMH and consultant.

The consultant is expected to indicate the methodologies to be used for conducting the Evaluation survey in the inception report.

6.1. Time frame

Key task/action	Deadline
Consultancy Advertisement	05 [™] November 2024
Application Deadline	10 th November 2024
Application review, shortlisting and Interview	12 th November 2024
Submission of Inception Report	15 th November 2024
Meeting and signing of the Agreement with the	18 th November 2024
selected Consultant	
Consultancy work/Field phase	20 th November – 10 th December 2024
Submission of draft evaluation report	15 th December 2024
Submission of final evaluation report	31st December 2024

7. Deliverables

The evaluators are expected to deliver the following evaluation products:

- Inception Report (according to CBM template, in English and in simple language)
- Final report of evaluation (according to CBM template, in English and in simple language), MMH will provide support to make the document accessible.
- Data set in an electronic format and submission of the list of stakeholders engaged during data collection/ evaluation.
- Briefing meeting with MMH and CBM at the beginning of the evaluation.
- Meetings with MMH and CBM before signing of the contract and after the submission of the first draft of the report
- A brief outline of the findings and recommendations on 1 page or on a poster that can
 easily be shared with the communities/hospital.

8. Conditions and payment:

- The consultant will use her/his own office/resources/materials and computer in the execution of this assignment.
- The consultant has to ensure complete data security for all data collected, provided
 or processed during the evaluation. All personal data has to be stored securely and
 has to be deleted after the assignment is completed.
- The Consultant is responsible for her/his own accommodation, transportation, food, logistics and all other costs.
- The selected consultant will have to work a fixed amount contract for delivering the
 assignment as indicated in the table above. The consultant should ensure that all
 materials (handouts, data, reports etc.) are shared with MMH/CBM for future use.
- The Consultant's payment shall be subject to all deductions regarding taxes due in Tanzania, including the withholding tax. The Consulting firm will be paid by Mnazi Mmoja Hospital Zanzibar as follows;
 - a) 40% after signing of the Agreement.
 - b) 60% on successful submission of the final evaluation Report.

9. Qualifications and Appointment:

The consultant is expected to have the following qualifications;

- Advanced degree/MSc degree in Public Health/Projects
 Management/Statistics/Community Studies/Development studies/ Social
 Science/Population Studies/Public Administration or any equivalent qualification from a recognised institution.
- Registered business name, with tax clearance operating within Tanzania legal frameworks able to comply with TRA tax regulations including provision of EFD receipt.
- Knowledge and practical experience in working with eye care programmes.
- Proven senior-level evaluation experience (at least 5 years) including knowledge of different evaluation methodologies.
- Strong experience in disability inclusive development (DID).
- Strong analytical skills and ability to clearly synthesise and present findings.
- Ability to provide strategic recommendations to key stakeholders.
- Excellent interpersonal and communication skills including ability to facilitate and work in a multidisciplinary and interdisciplinary team
- Ability to draw practical conclusions and to prepare well-written reports in a timely manner and availability during the proposed period.
- Ability to communicate strongly using English and Swahili language

10. Applications must include:

- 1. Detailed curriculum vitae with three professional references,
- 2. TRA tax clearance certificate
- 3. Suggested methodology for the task,
- 4. Suggested time frame for the task
- 5. Statement of availability during the indicated time frame. (MMH reserves the right to terminate the contract in case the approved consultant is not available at the

- agreed commencement of the assignment and no equally qualified person can be nominated as a replacement).
- 6. Financial offer, including professional fees and other costs, such as logistics, translation or reasonable accommodation for persons with disabilities.

Applications should be sent to: info@mmh.go.tz and cc:

mkelemiabdulrahman@gmail.com, amuumin@yahoo.com, fatmakao@hotmail.com
and dullahkarama@yahoo.com

The Consultant is expected to adhere to MMH'S values and commits to MMH's Policies on Declaration of Human Rights and Anti-corruption Conduct.

MMH encourages Tanzanian nationals including persons with disabilities who meet the qualifications to apply for this position.