

Terms of Reference

Mid-term review of the 'Strengthening Pakistan's Response to Diabetic Retinopathy' Project

1. Background

Project name – Strengthening Pakistan's Response to Diabetic Retinopathy

Project number - 75061

Project duration – March 2014 – February 2019

Project budget – \$1,250,000

Project partners – The project will be implemented in three geographical locations by institutions with a track record of driving forward quality eye health services to their local communities – the Al Ibrahim Eye Hospital (AIEH) in Karachi, Holy Family Hospital (HFH) in Rawalpindi and the College of Ophthalmology and Allied Vision Sciences (COAVS) at the King Edward Medical University, Mayo Hospital in Lahore. All three hospitals will implement the programme in full cooperation and support of the Comprehensive Eye Care (CEC) Cells of Sindh and the Punjab who will be instrumental in ensuring that DR services are incorporated at the provincial level and the learning from the programme informs policy and the sustainability of DR services. They bring to the programme their considerable resources and expertise.

- **Al Ibrahim Eye Hospital (AIEH)** is a long-standing partner of Sightsavers, committed to implementing innovative approaches to improve eye care. It also has long standing partnerships with CBM, FHF and BHVI. Since 2002, AIEH, with Sightsavers' support, initiated low vision services, the District Comprehensive Eye Care (DCEC) project in Kharan Baluchistan, piloted community based DR project in Gadap town Karachi, and instituted a Childhood Blindness Control Program. The current DR project (funded by Sightsavers) has been successful in embedding the programme within PHCs, including supporting LHWs to incorporate awareness-raising and community education on DM and DR.
- **Holy Family Hospital (HFH)** is an affiliate of the Rawalpindi Medical College and has a track record of excellence in service delivery in eye health, research and undergraduate and post-graduate medical training. HFH has previously implemented the SiB phase IV program from January 2011 to December 2015 successfully. HFH is planning to develop a new DR unit, which will be ready for launching from year 3 of this project.
- **The College of Ophthalmology and Allied Vision Sciences (COAVS)** at the King Edward Medical University, Mayo Hospital has also has a track record of innovation and commitment to achieving the objectives of V2020. Since its inception in 1999, it has developed active partnerships with, and successfully

implemented many programmes supported by, many international eye health agencies including FHF, CBM and Sightsavers¹.

General information on project area – Pakistan is a densely populated country with an estimated population of 184.35 million². With an annual public expenditure of 1.4% of GDP on education and 0.7% on health, the development parameters are far from the MDG targets. The maternal mortality ratio is more than 500 per 100,000 live births, and the infant mortality rate more than 97 per 1000 live births (in remote areas, 157 per 1000 live birth). According to a recent survey by Transparency International, 60% of the population in Pakistan is living below the poverty line.

This project will work in three districts of Pakistan:



- **Karachi:** The capital of Sindh Province is the country's economic hub and is one of the world's largest cities with an estimated population of 20 million. The project locations, Gadap Town and Bin Qasim Town with a population of 1 million, are located in the semi-urban catchment area of Al-Ibrahim Eye Hospital (AIEH).

¹ Sightsavers key support has been for the training of mid-level Eye Care Professionals as well as for the training of Ophthalmologists in Community Ophthalmology. Furthermore the concept of District Comprehensive Eye Care (DCEC) was piloted through COAVS in Punjab which was then replicated at national level by government and other INGOs. The first Childhood Blindness Control Programme was also supported by Sightsavers and was implemented by COAVS in major district of Punjab; this was adapted at national level by FHF and CBM. COAVS is one of the pioneer institutes for piloting of SAFE strategy for the Trachoma control programme in Pakistan with the support of Sightsavers.

² Source: UNDP Pakistan Official website. <http://www.undp.org/content/pakistan/en/home/countryinfo/>

- **Lahore:** Capital of Punjab Province and Pakistan's second largest city, Lahore is home to over 9.8 million people. The project location, Datta Gunj Buksh Town, is a heavily populated urban area with over 1 million people. One of the findings of the KAP survey done in Gadap by Sightsavers in (2009) was that lack of awareness on health and education are perennial problems This area is within the catchment population of the College of Ophthalmology and Allied Visual Science (COAVS) at the Mayo Hospital.
- **Rawalpindi:** This city is adjacent to the Islamabad Capital Territory, and is the fourth largest city of Pakistan, with an estimated population of 4.5 million. The project location is Rawalpindi Tehsil with an estimated population of 1 million. The HFH hospital is located in Rawalpindi.

Project Goal, Purpose and Specific Objectives –

Goal: To contribute to the reduction of avoidable blindness due to sight-threatening diabetic retinopathy (STDR) in three districts of Pakistan.

Purpose: To prevent visual impairment due to diabetic retinopathy (DR) through early detection, regular follow up and appropriate management of sight-threatening diabetic retinopathy amongst known diabetics in three districts of Pakistan.

Specific Objectives:

1. Men and women, who are known diabetics, are diagnosed with DR and treated for STDR in three districts in Pakistan.
2. Hospitals in three districts in Pakistan have a referral system in place to ensure known diabetic patients are screened for DR and a management plan established.
3. Hospitals in three districts in Pakistan have functioning tracking system that record referrals, screening, treatment and follow-up of known diabetic patients.
4. A sustainability plan to transfer ownership of the DR services from Sightsavers to hospitals in three districts in Pakistan has been achieved.

2. Purpose of Mid-Term Review

The overall purpose of this mid-term review is to assess progress against project outputs and establish likelihood of achieving specific objectives. The MTR will assess the challenges that have been met and will give recommendations on any specific changes/adjustments the project should make for future implementation. The MTR will also highlight any key learning.

The Mid Term Review designed for this project will address the following evaluation questions:

1. How is the project progressing against its objectives at this point? What has worked well and been achieved?

- 1a. Is the project implementation going according to plan? What were the factors which enhanced or hindered project implementation and achievement of outputs targets?

- 1b. What key programmatic 'milestones' have been achieved up to mid-point of the project? What were the factors that led / facilitated to doing so? Is there any need for modifications in the design?
- 1c. Are the systems in place to document the costs of key processes or activities?
- 1d. What strategies are in place for reaching diabetics? Are they sufficient? Do any changes need to be made to the approach?
- 1e. How accurate have the programme's assumptions been in relation to the population prevalence of DM, DR and STDR, and compliance rates for laser and VR surgery? What changes, if any, need to be made?
- 1f. How have DM patient pathways for DR screening and treatment been strengthened? How could it be improved?
- 1g. Is the trend of resource utilisation (including financial) in line with the original projections? If not what are the key areas of over and/or underutilisation and how will these be managed going forward? (Please refer to the queries numbered 46, 47, 48, 49 and 51 on the latest Query Log submitted to IAPB, most of which are budget related)
 - In particular, what changes to the budget need to be made to reflect what is needed for the remaining period to ensure that the project is no longer forecasting an underspend? What plans need to be put in place?

2. What has been a challenge? What needs to be immediately changed as a result of the review?

- 2a. How has the programme responded to the following key challenges?
 - Health seeking behaviours?
 - Uptake of services
 - Compliance to treatment advice
 - Integration of DR care with existing diabetic services
 - Data collection from the community level
 - Compliance data for DM care, DR care and annual follow-ups
 - Changes in clinical trends
- 2b. Are any changes to the programme necessary as a result of identified challenges, in order that future implementation is not affected?
- 2c. Were any other challenges identified, and if so, how were these mitigated?
- 2d. What is the status of each of the 12 time-bound Action Plan points set up in response to the IAPB monitoring visit in April 2016? What progress has been made on those Action Plan points relevant throughout the project?

3. What are the prospects at this point for realisation of purpose and goal being achieved? What is the prospect for sustainability of project achievements?

- 3a. At the current pace, what is the likelihood that the project will achieve remaining targets in the second half? What is the likelihood that the project's purpose and goal will be achieved? In particular, how do the trends in screening to treatment ratios compare to the project assumptions, and what may be the probable reasons for the patterns noticed? (Please refer to number 51 in the most recent query log).
- 3b. What benefits or gains are envisaged to continue beyond the project, and what measures are in place now to ensure this sustainability is realised at project end point?

4. Can any broader learning be identified at mid-point in the project?

- 4a. What were the key learnings from the implementation till now? How will these be incorporated in the project design going forward?
- 4b. Are we reaching the intended target groups?
- 4c. What additional support will the project need going forward? Do we anticipate any major additional needs in the future?
- 4d. Has the project been coordinated with the activities of other players on the ground? Is the project helping to develop institutional capacities of implementing partners, and if so, how?
- 4e. Are there any unanticipated positive or negative events/factors that have impacted upon the project design?

3. Review Team

The MTR shall be conducted by an external team or consultant(s), selected through competitive Expression of Interest submission process. The team or consultant should be suitably-qualified and experienced individual/s, who can provide the following competencies and experience:

- Experience in results-based monitoring and evaluation for international development project/programmes, with strong skills in both qualitative and quantitative approaches
- Qualification in Diabetic Retinopathy (desirable)
- Fluency in English
- Experience in project management on the field, preferably in Pakistan context.
- Excellent analytical skills and English writing skills

4. Methodology

The successful bidder is expected to provide an evaluation design as part of their Expression of Interest, describing their understanding of the Terms of Reference. This should detail the approach and framework proposed. It is expected that quantitative and qualitative approaches will be employed as appropriate and suitable, within the timeframe and resources available, and the proposed methodology should capture perspectives of key stakeholders, including programme partners and beneficiaries, where appropriate, triangulating evidence from a number of sources to give validity to findings and conclusions.

It is envisaged that the methodology will include:

Literature review: Relevant documentation will be made available to the consultant. The first stage will be a literature review and will employ an approach which provides a consistent and systematic analysis of all documentation.

Interviews and Focus Group Discussions (FGDs): interviews and FGDs will be conducted with various stakeholders including project staff, partners, and beneficiaries, in order that the consultant can answer the evaluation questions.

Field visits: visits to partner hospitals may be necessary.

5. Reference Material

The following key documentation will be provided to the evaluation team (a full and detailed list will be provided prior to inception):

- Project description
- Project logframe
- A list of facilities and their locations
- SiB reports and appendices
- Relevant Sensitive Reporting reports
- IAPB visit report
- IAPB visit report management response and action plan
- DR QSAT report
- Query Logs

6. Timeframes

An indicative timeframe is provided in the table below. The evaluation is expected to take place between December 2016 and April 2017.

The evaluation will follow the key phases below. Months when each phase is expected to be complete are indicated in brackets:

Phase I - Desk study: Review of documentation and elaboration of field study

The lead consultant/Evaluation team will review relevant documentation from section 5 above (Reference material). Based on this review and discussions with Sightsavers, they will produce an Inception Report which will include an elaborated plan, methodology and sampling strategy of the data collection for evaluation study. The final evaluation will only proceed to the next stage upon approval of this Inception Report. An appropriate Inception Report format will be made available to the team as part of the contract.

Phase II: Field Data Collection

This phase of the final evaluation will seek to collect primary data on the evaluation questions. The consultant/team will use the agreed plan, methodology and sampling strategy to conduct the field work. It is envisaged that all three districts will need to be visited.

Phase III – Data analysis and production of evaluation report

The consultant/team will draw out key issues in relation to the evaluation questions and produce a comprehensive final evaluation report.

6.1 EXPECTED NUMBER OF DAYS INPUT BY EVALUATOR/EVALUATION TEAM

Phase	Activity	No of Days
Phase I – Desk study: Review of documentation and elaboration of field Study	Desk research /literature Review	3 days
	Inception Report	2 days
	Revision of collection methods and tools based on inception report comments	1 days
Phase II: Field Data	Field Visits & Data-collection	10 days

Phase	Activity	No of Days
Collection		
Phase III – Analysis and production of evaluation report	Debriefing (In-country)	0.5 days
	Data analysis and preparation of draft report	4 days
	Review of draft report from feedback.	2 days
	Submission of final report	--
Total		22.5 days

7. Outputs/ Deliverables

Key outputs of this evaluation are as follows:

1. An Inception Report
2. A draft Evaluation Report
3. A final Evaluation Report
4. Data sets (Excel or Word files) – for all collected data (quantitative and qualitative)
5. PowerPoint presentation summary, summarising the key findings from the evaluation.

7.1 INCEPTION REPORT

A submission date for the inception report will be agreed at the start up meeting. This report should demonstrate the evaluation team's understanding of the task and propose a list of tools and sub questions for the evaluation. It should reflect the review of literature and the gaps that the field work will fill.

Field work will only commence once this report has been reviewed and agreed with Sightsavers.

7.2 DRAFT REPORT

The evaluation team/consultant is required to submit a draft report to Sightsavers. The draft report should be submitted 10 working days following completion of fieldwork. This draft should provide an objective assessment of, and answers to, the evaluation questions detailed above.

Sightsavers will provide feedback on the report within 15 working days of acknowledged receipt. The report should conform to the Sightsavers reporting format, which will be made available to the consultant on signing the contract.

7.3 FINAL REPORT

A revised final report (not more than 40 pages including executive summary and excluding annexes) should be resubmitted 5 working days following receipt of comments from Sightsavers on the draft report. The report should conform to the agreed reporting format, and should incorporate all feedback received. There may be further feedback and redrafting requested if deemed necessary by Sightsavers.

7.4 DATA SETS

The evaluation team will be expected to submit complete data sets (in Access/Excel/Word) of all the quantitative data as well as the original transcribed qualitative data gathered during the exercise. These data sets should be provided at the time of submission of the final report.

7.5 SUMMARY FINDINGS

On submission of the final report, the team is expected to submit a PowerPoint presentation (**maximum 12 slides**), summarizing the methodology, challenges faced, key findings under each of the evaluation criteria and main recommendations.

8. Reporting Format

Detailed guidelines on how to structure the evaluation report will be provided to the evaluation team prior to commencement of the activity, and reporting templates will be provided which the team should use for the Inception Report and the Evaluation Report.

Please note that penalties up to 10% of agreed fees may be imposed for noncompliance with the requirements 7.1 to 7.4 and reporting format provided.

9. Administrative/Logistical support

9.1 BUDGET

The consultant should submit to Sightsavers an Expression of Interest indicating their daily rates for the assignment. Sightsavers will assess Expression of Interests submitted according to standardized quality assessment criteria, as well as on the basis of their competitiveness and value for money in line with the budget available for this evaluation. The daily fees proposed by the applicant should exclude expenses such as:

- Economy class airfares and visas. (where applicable)
- In-country transportation
- Hotel accommodation (bed, breakfast and evening meals taken at the place of accommodation)
- Stationery and supplies
- Meeting venue hire and associated equipment eg projectors

Sightsavers usually cover the above costs, unless otherwise stated. The consultant/team is expected to cover all other costs and materials not mentioned above related to this exercise as part of their daily fees or equipment (eg laptops).

9.2 SCHEDULE OF PAYMENT

The following payment schedule will be adhered to:

- On signing the contract: 20%
- On acceptance and approval of inception report: 20%
- On submission of draft final report: 30%
- On acceptance and approval of final report: 30%

9.3 MODE OF PAYMENT

As agreed by Sightsavers and the consultant.