

Evaluation of RACS International Eye Health Programs - Terms of Reference

Program/project to be evaluated: East Timor Eye Program (ETEP) & Sumba Eye Program (Sumba)

Location/s: Flexible/ remote with a preference for applicants currently based in Dili, Timor Leste or Melbourne, Australia (nil travel to country).

Expected evaluation period: ~30 days

Evaluation manager: Caroline Crothers, Senior Monitoring and Evaluation Advisor, Global Health; Robyn Whitney Program and Operations Manager

Nature of Evaluation: Cross-program evaluation of two eye health projects at mid-term (ETEP) and end-of-program (Sumba).

Organisational Context

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS supports the ongoing development, maintenance of expertise and lifelong learning that accompanies the surgical practice of more than 7,000 surgeons and 1,300 surgical trainees and International Medical Graduates.

RACS also provides specialist medical education, training, capacity development and medical aid to 18 countries in the Asia-Pacific region. Our teams provide clinic mentoring and education to national medical workforces, strengthening the capacity of health services in the region. And our volunteer health professionals work with national clinicians, doctors and health staff who share their knowledge, skills and expertise, in providing essential surgical and medical services to people who are unable to access treatment.

The ultimate goal of RACS Global Health is to support the development of national healthcare systems, through National Surgical Plans and activities that focus on supporting medical workforces and services into the future. By focusing on sustainable training and working in alignment with in-country governments and partners in service delivery, we strive to strengthen national systems and partner institutions. These principles are reflected in our Global Health Monitoring, Evaluation and Learning Framework (MELF).

Program Synopsis – East Timor Eye Program (ETEP)

Duration: whole of program duration: 2000—2023; current funding phase: 2017-2023

The East Timor Eye Project has been supported under various grants with the unifying aim to make *Timor Leste self-sufficient in eye care services by 2020 and help eradicate preventable blindness by 2025*. In the early years, the focus of the ETEP was on delivering curative eye care services. This included cataract and other ophthalmic surgery as well as the provision of spectacles to people affected by the conflict. Over the years, the focus of the ETEP has shifted from service delivery towards capacity building.

The ETEP has three distinct objectives which relate to improving *Service Delivery, Human Resource Training and Infrastructure Development*. These are to:

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1. Strengthen district eye health service delivery and referral processes to enhance access to and availability of eye health care for Timorese people living in rural and remote areas
 2. Increase the capacity of Timorese eye health personnel and management staff to independently deliver quality eye health services and strengthen health systems processes
 3. Upgrade district referral hospitals with necessary ophthalmic equipment and equip the at the national hospital in Dili with sub-specialty equipment to increase the scope of services and treatments available

In service of these objectives, the ETEP delivers a wide-ranging set of in-country training activities in ophthalmology, optometry, eye care nursing and allied eye health specialties, and facilitates capacity building of the national eye health workforce through education and clinical service delivery coupled with on the job mentoring and training. ETEP also supports infrastructure development for eye health services and improvements to patient management systems and referral pathways. Activities are focused at the Hospital Nacional Guido Valadares (HNGV, the National Hospital in Dili) and in all districts via the delivery of outreach services and training support. By contributing to the development of a comprehensive, nationwide and sustainable eye health system, the ETEP is increasing community access to high quality, affordable primary, secondary and tertiary eye care services for the Timorese population.

The ETEP has also played an important advocacy role at the national level, leading and contributing to the development of Timor-Leste's *National Eye Health Strategy 2014-2019* (NEHS) and the *National Eye Care Strategic Plan 2021-2050* (NEHSP), endorsed by the Minister of Health in 2020. RACS through ETEP worked directly with the Ministry of Health and the National Eye Centre on developing the NEHSP to strengthen the national eye health workforce and eye health system and to responsibly transition service delivery and human resource responsibilities to the Ministry of Health. The current phase of ETEP is working with stakeholders to support the delivery of the NEHSP over the first five years of its implementation.

ETEP is implemented in partnership with Timor-Leste Ministry of Health, Hospital Nacional Guido Valadares (HNGV) and Universidade Nacional Timor Lorosae.

Program Synopsis – Sumba Eye Program (Sumba)

Duration: 2012—2020

The Sumba Eye Program's (SEP) overarching goal was to reduce avoidable blindness and vision impairment on the island of Sumba, Indonesia, by providing quality ophthalmology and eye care services, including refractive correction, and by building the capacity of the local eye health workforce.

In service of this goal, the Sumba Eye Program supported intensive outreach clinics, annually at the main hospital, Rumah Sakit Umum Daerah (RSUD) and provided teaching and training of Indonesian eye health personnel, to support the establishment of sustainable local infrastructure for eye care in Sumba. Program activities were supported by RACS Visiting Medical Teams (VMTs) who undertook specialised clinical activities (i.e. consultations and operations) while in-country and supported the ongoing operation of outreach clinics to undertake patient screening, referrals, spectacle dispensing between visits. The Sumba Eye Program was implemented in partnership with the Sumba Foundation, Hasanuddin University and Nusa Tenggara Timur and Sumba Provincial Health Offices.

Evaluation Purpose

ETEP and Sumba program activities have generated significant program evidence and yet, to date reporting has been largely operationally focused. RACS has implemented a program-monitoring process however, the proposed evaluation will be the first in-depth and independent evaluation of both programs. The evaluation should be guided by OECD performance standards to assess the extent to which both programs delivered against their objectives with reference to *relevance, effectiveness, impact, efficacy* and *sustainability* and gender and disability inclusion. The evaluation will also need to analyse alignment of programs to the 4 core domains of change reflected in the RACS MELF, being:

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

Domain of Change 4: Advocacy for sustainable surgical and health care by building partnerships for action at a global, regional, and national level.

Findings will also be used to determine future models for eye health programming to ensure incorporation of lessons learnt into the design of new programs or new phases of existing programs

Proposed Evaluation Focus

This evaluation should focus on the implementation of ETEP (Phases: 2012 to current) and Sumba (2012 to 2020). As both programs have been operating for some time, the evaluation will be an opportunity to formalise learnings and inform related eye care efforts underway across RACS' program portfolio and eye health programming more broadly. Evaluation learnings will support decision-making related to future program planning, design and implementation.

For ETEP, evaluation findings will have a direct application to its ongoing implementation to 2023 and future implementation phases. For Sumba, program learnings will inform decision-making around the ongoing feasibility of its program model and potential application to other settings. To this end, the evaluation should assess the potential for replication and continuation of the ETEP and Sumba program model with reference to:

- **Effectiveness:** How effective have the programs been in achieving key objectives. Compare the performance of both program models and assess their respective strengths and weaknesses in achieving planned results (outcomes and impacts).
- **Impact:** Assess outcomes and impact produced against to RACS' MELF Domains of Change and with consideration for impact levels defined in the RACS MELF i.e.: patients, health workers, hospitals and health systems/ health system actors (such as universities & Ministry of Health).
- **Relevance:** How relevant are the ETEP and Sumba program models to current eye health contexts in Timor Leste and Indonesia. Assess how the models adapted to change in local contexts and what programmatic changes are required to ensure program models remain relevant.

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- *Sustainability*: To what extent have the two program models promoted sustainability of skills in the health workforce and service delivery. What other strategies could have been employed to increase sustainability of capacity building through training, mentoring and direct service delivery
 - *Value for Money*: undertake comparative analysis of the level of resources invested compared to the results achieved through both programs

Evaluation Approach

The evaluation methodology will be predominantly retrospective and incorporate a process-outcome approach, though it will also look prospectively to review the design to make recommendations for the feasibility and future implementation the ETEP and Sumba model(s). The evaluation approach should include analysis of ETEP and Sumba program documents, including monitoring and evaluation (M&E) performance data, progress reports and program implementation documentation including clinical and training activity reports. External program documentation should include health sector planning strategy documents and relevant national health sector documents. In addition, the consultant should undertake extensive key informant interviews with partners and stakeholders based in Australia, Timor Leste and Sumba, Indonesia. Key informants should include program staff, beneficiaries, and key stakeholders including Ministry of Health and implementing partners.

A final workshop to present initial data and findings and gain feedback from stakeholders should be conducted to corroborate and refine findings and recommendations. The location of this meeting will be the RACS Melbourne or Dili office or maybe held remotely (depending on the location of the consultant).

Deliverables

The key deliverables to be produced by the consultant are:

Evaluation plan- This will include a detailed evaluation methodology, target participants, schedule of activities including timing and number of days, and detailed overview of key evaluation outputs.

Partner workshop and draft report- This should include an overview of the evaluation data, key findings, initial narrative, and preliminary recommendations. Following review, initial findings should be explored for discussion via a facilitated workshop with partners and program stakeholders.

Final evaluation report & findings workshop- An externally presentable evaluation report of up to 40 pages which includes findings and recommendations for ongoing implementation and future program design.

Budget

Submissions from interested consultants are expected to include a daily rate. This should include consideration of the number of team members to be considered, and national travel costs (if the consultant is not based in Melbourne).

When applying, all submissions should include a high-level budget that explicitly details the estimated number of days on each core activity and the daily rate of all team members. A payment schedule will be agreed upon with the preferred candidate, with each tranche released upon the approval of core deliverables:

Tranche 1: Evaluation Plan- 30%
Tranche 2: Draft evaluation report- 40%
Tranche 3: Final evaluation report & workshop- 30%

Governance and Accountability

The evaluation consultant will report to the Global Health MELF Senior Advisor and Program and Operations Manager. The MELF Senior Advisor will be the key contact point for all evaluation activities, with regular meetings with Program and Operations Manager at strategic points of consultancy.

Draft evaluation reports will be reviewed and approved by RACS Head of Global Health to support the production of the final evaluation report. Draft reports will need to provide strong qualitative and quantitative evidence to support findings and recommendations. Approval of these milestones will initiate tranche payments according to the schedule detailed in the Budget section below.

Guiding Principles

The RACS Global Health program is led by the guiding principles of;

- Collaboration
- Respect
- Service
- Integrity
- Compassion
- Diversity & inclusion

The consultant will be expected to demonstrate and work by these principles throughout the evaluation period.

Ethics- It is expected that the consultant will advise on and implement best practice principles with respect to ethical and professional research standards. This should include reference to confidentiality, informed consent, transparency, and a do-no-harm approach to engaging with program participants. All evaluation team members will be required to sign the RACS Code of Conduct and meet child protection and other safeguarding obligations as outlined by RACS.

Intellectual property- All intellectual property including materials produced by the evaluator while under contract to RACS will not be used or shared with third parties without the express permission of RACS.

Qualifications

Applications will be accepted from both individual consultants or teams. The specific skills and experience required by the individual or team are as follows:

- Expertise in evaluating specialist global health programs with a preference for candidates with experience in eye health programming in developing contexts
- Experience evaluating programs with a particular focus on health workforce capacity development
- Strong understanding of health system strengthening in developing contexts, with a preference for candidates with demonstrated experience in Timor Leste and/or Indonesia
- Experience working with stakeholders within Ministries of Health and in clinical settings in international settings

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- Experience in conducting mixed methods evaluations to develop practical recommendations for program improvement
 - Ability to work effectively with clients to meet deadlines and deliver to a consistently high standard.

Application guidelines

All applications should include an evaluation proposal that responds to the requirements of the Terms of Reference providing information on the approach, methodology and expected outputs and a high-level budget that details the expected number of days per activity and daily rate of each team member.

Applications should also include:

- An overview of the team composition (if applicable)
- CV of each team member
- A response to the qualification criteria
- Examples of 2 previous evaluation reports
- 2 previous clients as references should their application be shortlisted.

Applications should be submitted to caroline.crothers@surgeons.org, by 5pm Friday 18 June 2021. Applicants should be available for an interview within the 2 weeks following submission. For any enquiries please contact Caroline Crothers, Senior Monitoring and Evaluation Advisor, on 0451 345 561 or caroline.crothers@surgeons.org.