

**Terms of Reference for Mid-Term Evaluation of [Eastern Regional Eye and Ear Care Programme \(EREC-P\)](#) Project P00196**

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**EVALUATION SUMMARY**

<b>Program/Project, Project Number</b>	P00196
<b>Partner Organisation</b>	Nepal Netra Jyoti Sangh (NNJS)
<b>Project start and end date</b>	January 2023-December 2027
<b>Evaluation Purpose</b>	<p>To critically assess the project's mid-term status, providing a valuable external perspective on 1) the projects progress in reaching its goals, its 2) result measurement system, and crosscutting topics like 3) inclusiveness, gender sensitivity and sustainability.</p> <p>To capture valuable learning and provide critical feedback and recommendations for adapting the project in ways that enhance its effectiveness to meet its targets, inclusiveness, gender sensitivity, and sustainability</p>
<b>Evaluation Type (e.g. mid-term, end of phase)</b>	Mid-term Evaluation
<b>Commissioning organisation/contact person</b>	NNJS, LEECS (Eastern Regional Eye Care Program)
<b>Evaluation Team members (if known)</b>	
<b>Primary Methodology</b>	Mixed methods: quantitative and qualitative (document review, stakeholder interaction)
<b>Proposed Evaluation Start and End Dates</b>	1 <sup>st</sup> July 2025
<b>Anticipated Evaluation Report Release Date</b>	10 <sup>th</sup> August 2025
<b>Recipient of Final Evaluation Report</b>	31 <sup>st</sup> August 2025

## **BACKGROUND OF PROJECT**

The Eastern Regional Eye Care Programme (EREC-P) now named as Lahan Eye and Ear Care system (LEECS) is the continuation and enhancement of the long-standing programme and cooperation of CBM with NNJS. The main feature of which was the metamorphosis of Sagarmatha Chaudhary Eye Hospital (SCEH) into the world's third largest ophthalmic centre, providing high-quality, high-volume eye services at an affordable cost to many mainly poor patients from Eastern Nepal and Northern India. The overarching goal of all these services are in reduction of visual impairment.

In 1980/81, WHO and the Government of Nepal had conducted a national survey that found all age prevalence of blindness was 0.84%. The prevalence within the age group 50+ was very high with 5.4%. Also, cataract surgical coverage at that time was very low with 35% only. To cope-up with this scenario, NNJS approached CBM in 1983 and because of this joint initiation 12 beds SCEH in Lahan was started. Since then, the EREC-P with its two hospitals is providing affordable quality service to the Nepali patients and patients from Bihar, Uttar Pradesh and West Bengal of India.

Presently, Under the Umbrella of Nepal Netra Jyoti Sangh (NNJS), LEECS comprises of two high volume tertiary care eye hospitals with separate dedicated administrative staffs in Eastern Nepal. The two base hospitals are Sagarmatha Chaudhary Eye Hospital (SCEH) with 450 beds and the Biratnagar Eye Hospital (BEH) with 500 beds and total 37 Primary Eye Care Centres (PECC) are run by both the hospitals in different districts of Koshi and Madhesh province of Nepal.

The program offers preventive, promotive, curative, and rehabilitative services in eye and ear care. Currently LEECS and CBM stand with the partnership for 5 yearlong projects dated 2023-2027. The project completes 2 and half year of its duration within June 2025. The project (p00196) comprises of the community-based outreach activities, hospital-based support activities, strengthen Ear care and capacitating hospital staffs including research studies in various result sections. Hereby the midterm evaluation of the project is a landmark that shall assess the project status and meanwhile see to the possible gap and recommend areas to overcome it to meet the project objective at end of the project cycle. The project is currently functioning its outreach- door to door service in six municipalities, school screening in 4 districts (covering one after other all municipalities of the district), establishing 2 ECCs per year in each different municipalities, camps in different district as per the need. Thus, the project directly reached 9 districts of Koshi and 5 district of Madhesh province.

The baseline data of the project details on the target set on result areas from hospital to outreach activities of eye and ear health along with capacitating staffs for inclusive services. The baseline data reflects, 1,28,835 patients presenting from the koshi and Madhesh provinces for Eye care services and 2,75,000 receiving surgeries on subsidised rate where 30% of the total surgery gets subsidized in EREC-P per year. Likewise, the baseline status of the outreach community-based screening reflects 140000 per year to 2460 people receiving assistive device in subsidised rate. Hereby, the project targets to enhance the reach and meet the people in need with qualitative and affordable services.

**Time frame/phase:** 1.5 months' duration

**EVALUATION OBJECTIVE, SCOPE AND INTENDED USE**

## **OBJECTIVE OF THE MIDTERM EVALUATION OF PROJECT**

The objective of the midterm evaluation is to assess the project's progress until this period (June 2025), particularly looking at effectiveness, inclusion, gender and accessibility practices and sustainability. It also aims to collect feedback and recommendations on changes that need to be made as well as capture lessons and how the lessons can be used for the remaining project implementation period. Specifically, the midterm evaluation will:

- Assess the critical impact of achievements made in each result area
- Measure achievements against baseline and set targets across key result areas.
- Assess the M&E plan to critically evaluate whether indicators are appropriate to capture progress/achievements, enough to capture major project achievement including ease of collection and reporting.
- Assess critically the effectiveness of approaches in considering the needs of women, men, boys and girls as well as approaches in considering disability inclusion.
- Assess critically the effectiveness of the gender focus implemented in the project
- Assess critically and provide recommendations for ensuring sustainability of the results, including an appropriate exit strategy

## **SCOPE OF THE EVALUATION**

The midterm evaluation will cover the project implementation period from January 2023 to June 2025. It covers the all-project municipality of Koshi and Madesh province, including primary eye care center, school and municipalities. The evaluation should focus on 3 areas: achievements/effectiveness; review of indicators; inclusion (both gender and disability) and sustainability practices of each result area. The consultancy firm/organization will be responsible for undertaking the midterm evaluation by designing the overall methodology including tools and data collection methods, quality assurance, data analysis, and writing and sharing the evaluation report. LEECS/CBM-global will supervise and facilitate the process including sharing relevant project documents and tools. Particularly, the evaluation should cover but not limited to the following areas. The evaluation team is expected to complete the evaluation process for a month where data and impact of 2.5 years of the project period will be analyzed.

## **EVALUATION AREAS**

Effectiveness and Achievements

**Result 1 - Marginalized people from Koshi and Madesh Province of Nepal have access to quality comprehensive eye health services at the base hospitals**

Considering the work under Result 1:

- In what ways were marginalized people enabled to access eye health services at base hospitals? What were the challenges?

- How are beneficiaries selected to receive subsidies, what are the strengths and weaknesses of the current beneficiary selection process for subsidized service from project, should and if yes, how could it be improved to better align with the project's intended impact?
- What has the project done well in the result area? What could it do better?
- What do the beneficiaries feel about the service they have received? What difference has it made for them? Consider the perspectives of men and women, people of all ages and people with and without disabilities.
- How is the quality of care/service being monitored at the base hospitals? Is an increase in the quality of care/service event in the base hospitals? Is it effective? What needs to be done better?
- Has the awareness and understanding of disability inclusion increased among hospital staff and decision-makers? What facilitated this, or what could be improved to ensure this?
- Sustainability: To what extent are the activities designed to promote future sustainability, and what are the key elements to consider for a successful exit strategy?

### **Assessment of achievements against indicators**

Considering the indicators for this result – what has been achieved, against baseline and the set targets?

Indicators	Baseline	Target	Midline
Increased % of outpatient examined at subsidized rate	275000	1650000	
% of surgery performed at subsidized rate	30%	30%	
# of spectacles provided to poor children from base hospitals	450	1250	
% of cataract patients visited for follow up	56%	68%	
# of incurable blind persons counselled	163	950	

- Is the project on track to achieve the indicators for each result by the end of 2027?
- Do the indicators remain relevant? Do they require any changes?
- Are the indicators being collected according to the M&E plan, and are their definition, data source, and collection method appropriate to capture progress/achievements? Provide suggestions for improvement where relevant?

**Result 2 - Poor and marginalized people of rural part of Province 1 and Madesh Province of Nepal will receive primary eye care service through community outreach activities and Eye Care Center (ECC).**

Considering the work under this result:

- What has the project done well in this result area? Should it be doing anything else? What could it do better?
- How have eye screening and surgical camps been conducted and ensured quality of services. What was the approach? What were the challenges?
- How have ECCs been established, what was the approach? What were the challenges?
- To what degree have the screening and surgical camps and ECCs improved accessibility of eye care services? What were the challenges?
- Is there any indication that ECCs will continue to exist and grow further? What sustainability mechanisms are in place?
- What approaches of community outreach and awareness led to more people seeking eye and ear care services? Are there more people seeking eye and ear care services?
- How many schools were involved and what can be learned about the approaches for work in new schools in new areas?
- For screening in schools, have these led to kids being identified with having low vision? What has been the follow-up for kids with hearing and vision loss?
- What difference has it made for both boys and girls who accessed screening services? Was there any attention to gender in the school's program?
- Were women, men, girls, and boys with and without a disability equally able to access the services offered? What steps were taken to ensure participation and equal access to services? What were the difficulties and what are the recommendations for addressing the barriers for the remaining implementation period?
- Sustainability: To what extent are the activities designed to promote future sustainability, and what are the key elements to consider for a successful exit strategy?

#### Assessment of achievements against indicators

Considering the indicators for this result – what has been achieved, against baseline and the set targets?

Indicators	Baseline	Target	Midline
No of poor people get eye screening service at the community	0	600000	
% of referred patient visit base hospital/ECC	0	58%	
% of Good (Best Corrected VA) Outcome of DST Camp Surgery	0	75%	
% of knowledge increased on inclusive eye health among community key actors	0	80%	
% of babies at risk of ROP screened	250	150	
No of Green/Smart accessible ECC operated	0	10	

- Is the project on track to achieve the indicators for each result by the end of 2027?
- Do the indicators remain relevant? Do they require any changes?

Are the indicators being collected according to the M&E plan, and are their definition, data source, and collection method appropriate to capture progress/achievements? Provide suggestions for improvement where relevant?

### **Result 3 - Strengthening Nepal National Eye Health system through Teaching training, research, Advocacy, and Networking**

Considering the work under Result 3:

- What has the project done well in the result area? Should it be doing anything else? What could it do better?
- In what ways did the project contribute to strengthening the National/provincial Eye Health system?
- Has the project developed appropriate linkages with various stakeholders, particularly government at local and national levels and contributed to mainstreaming Eye, Ear and Hearing care measures through its approach?
- What were the approaches that worked in terms of influencing the national eye health system to address eye health issues? What did not work and what can be learned to inform approaches for the remaining project period?
- What research on eye and ear health issues have been completed? What did these research pieces lead to? What plans or policies are now in place to address eye health issues and at what level?
- How are Organizations of People with Disabilities (OPDs) engaged in the project? How do OPDs feel about the engagements? Could they be engaged more?

#### Assessment of achievements against indicators

Considering the indicators for this result – what has been achieved, against baseline and the set targets?

Indicators	Baseline	Target	Midline
% participants improved knowledge through CME/Seminar conducted	0	80%	
No of operational research published	0	10	
No of advocacy meeting conducted with provincial governments	0	10	
% of hospital staff increased their understanding on disability and inclusion	0	100%	

- Is the project on track to achieve the indicators for each result by the end of 2027?
- Do the indicators remain relevant? Do they require any changes?

Are the indicators being collected according to the M&E plan, and are their definition, data source, and collection method appropriate to capture progress/achievements? Provide suggestions for improvement where relevant?

### **Result 4 - Accessible ear care services provided in both base hospitals and ECCs**

Considering the work undertaken under Result 4:

- In what ways are the ear care services in both base hospitals accessible to all including people with disabilities?
- To what extent are clients/patients satisfied with the ear care service? How did the project track this? What has gone well and what needs to be done better? Consider the perspectives of men and women, people of all ages and people with and without disabilities.
- What approaches of community outreach and awareness led to more people seeking ear care services? Are there more people seeking ear-care services?

#### Assessment of achievements against indicators

Considering the indicators for this result – what has been achieved, against baseline and the set targets?

Indicators	Baseline	Target	Midline
% of patient with disability card examined on ear and hearing care (Hospital + ECC and outreach)	68211	472500	
No of ear surgery on subsidized rate	2541	1000	
No of hearing aid provided on subsidized rate (0.5% of OPD)	0	300	
No of government officials, stakeholders and OPDs oriented on inclusive ear care services	0	1000	

- Is the project on track to achieve the indicators for each result by the end of 2027?
- Do the indicators remain relevant? Do they require any changes?

Are the indicators being collected according to the M&E plan, and are their definition, data source, and collection method appropriate to capture progress/achievements? Provide suggestions for improvement where relevant?

### **Result 5 - Climate action and Inclusive Disaster preparedness and health emergency response mechanism are established**

Considering the work under Result 5:

- In what ways are the climate action and health emergency response mechanisms inclusive? What was the approach and what were the challenges in instituting inclusive mechanisms?
- In what ways climate action policy of LEECS has supported organization on climate effect mitigation
- What did the climate action policy lead to?

#### Assessment of achievements against indicators

Considering the indicators for this result – what has been achieved, against baseline and the set targets?

Indicators	Baseline	Target	Midline
Inclusive disaster preparedness and response plan developed	Plan is not inclusive	1	
Climate action policy endorsed	0	1	
% of staff Enhanced knowledge on and climate action	0	20	

- Is the project on track to achieve the indicators for each result by the end of 2027?
- Do the indicators remain relevant? Do they require any changes?

Are the indicators being collected according to the M&E plan, and are their definition, data source, and collection method appropriate to capture progress/achievements? Provide suggestions for improvement where relevant?

### **Specific Objective - Eye and ear health system strengthened through improving the access of marginalized people to services in Province 1 and Madesh province Nepal**

Referring to the indicators related to the project's Specific Objective, were these achieved?

- What have been the main successes regarding improved inclusion and accessibility of eye and ear care services in Madesh and Province 1?
- What factors supported the inclusion of people with disabilities in eye and ear care services? What were the challenges?
- Disability and Inclusion: What factors supported the inclusion of people with disabilities in eye and ear care services? What were the challenges?
- Gender: How gender sensitive is the project working under this result?
- Sustainability: To what extent are the activities designed to promote future sustainability, and what are the key elements to consider for a successful exit strategy?
- Limitations: Which factors limit the interpretation of the reviews regarding this result?

#### Assessment of achievements against indicators

Indicators	Baseline	Target	Midline
Increased # of patients with disability accessing services	0	23750	
Increased # of patients presenting from Province 1 and Madesh province	400,000	2325000	

- Is the project on track to achieve the indicators by the end of 2027?
- Do the indicators remain relevant? Do they require any changes?

Are the indicators being collected according to the M&E plan, and are their definition, data source, and collection method appropriate to capture progress/achievements? Provide suggestions for improvement where relevant?

#### **TARGET AUDIENCE AND INTENDED USES:**



The Mid-term evaluation shall provide a detailed account of the achievements, effectiveness, learning and challenges of the project for the LEECS, CBM Global and other CBM Global stakeholders.

Moreover, it shall be used by project as feedback by the target group and how well the intended results and positive (or negative) results have been achieved and recommendation for rest of the project period to achieve project objectives

Therefore, the primary intended users of the evaluation findings include:

- Lahan eye and ear care system (LEECS)
- CBM Global Country Office Nepal
- CBM Global federation and technical team
- CBM Australia.
- CBM Global stakeholders and partners, in Nepal and other countries – for the lessons learned and best practices

### Evaluation Methodology

- Document review (desk review), Key informant interview and Focus Group Discussion with beneficiaries, key stakeholders and governments officials at local level randomly chosen by the evaluator.
- Field visits in the locations of community screening models with a priority of meeting with community people, Organization of people with disability (OPDs) school principals and other concerned stakeholders including government representatives.
- Analyse the target vs achievements to reach the people from unreached project location of both provinces in project implementation locations based on the baseline indicators and target of the period.
- Analyse further strategies to reach the unreached people.
- Final Methodology will be defined in consultation with LEECS, CBM and Consultant team.
- Accessible methodology to ensure participation of persons with disabilities in the mid-term evaluation processes.

## **EVALUATION TEAM AND MANAGEMENT RESPONSIBILITIES**

### **EVALUATION TEAM**

- Professional with relevant academic qualification of Masters in Public health or MD in Ophthalmology or any other discipline with experience in community health or eye health. Candidate must have at least 10 years of field experience in the same. Overall good knowledge of eye and ear care program is required.
- Proven experience of at least 2 similar project evaluation/baseline studies with a record of providing high quality, creative and analytical report.

- Lead evaluator or team member should have knowledge and experience on Safeguarding, Disability inclusion and Gender.
- Excellent written and verbal communication skills in English

## **MANAGEMENT OF LOGISTICS/RESPONSIBILITIES**

### **TECHNICAL SUPPORT FROM CBM:**

Will provide technical support throughout the evaluation process especially in developing the ToR, engage in the evaluation process, feedback for the evaluation questionnaires and final report.

### **LEECS:**

- Manage logistics, such as transportation, food and accommodation, scheduling of interviews and organizing accessible venues, coordination with the stakeholders and beneficiaries and stakeholders
- Identifying “neutral” and disability accessible locations for interviews/ meetings to take place (where people will feel free to speak as openly as possible).
- Organising interviews with beneficiaries according to the evaluator’s requests/methodology.
- Together with CBM CO brief the consultant on the background of the project, on their expectation of the evaluation and on the needs of the stakeholders during the evaluation field phase.
- Ensure that any incident occurring during the evaluation is duly reported and managed and together with CBM CO act as a mediator between stakeholders and evaluation team as needed.

## **KEY DELIVERABLES**

The consultancy form/organization has to deliver the following deliverables from this assignment:

SN	Deliverables	Description	Form
1	Inception Report	Including Detail of Methodology, Data Collection Tools (Questionnaire/ Checklist), Realistic Action/ Field Plan with clear roles and responsibilities	Word file
2	Questionnaire/ checklist / Template	KII, FGD, Case/ Success story, Consent form	Word/ EXcel
3	Draft Report	Full Evaluation Report for review from LEECS and CBM_global in provided template including ✓ Commented M&E Plan assessing the indicators	Word, PDF

		relevance and appropriateness to capture progress/achievements ✓ Clear mention of Findings, Learnings, Recommendations based on a critical analysis and discussion.	
		Annexes	
4	Final briefing	Findings, conclusions and recommendations with LEECS and CBM-Global	virtual
	Final Report	After addressing feedback provided on draft report	Word, PDF
5	Evaluation Brief	2-3 Pages Evaluation Brief Report in English	Word

## EVALUATION OF PROPOSAL

The technical (80%) and detailed financial (20%) proposals will be evaluated based on following:

### TECHNICAL

- Understanding and interpretation of the Terms of reference
- Methodology
- Time line and evaluation schedule
- Organizational/Personnel Capacity Statement
- Relevant experience related to the assignment (Experience in carrying out similar evaluations)
- Team Composition
- Curriculum Vitae with relevant references.

### FINANCIAL

- Proposed budget with detail breaks down.

### PAYMENT TERMS:

The payment will be made on a deliverable basis upon mutual agreement.

- Inception report: 30%
- After Draft report submission: 30%
- After Final report submission: 40%

## REQUIRED DOCUMENTS

### A) TECHNICAL PROPOSAL:

- Company Profile and Updated CV
- Letter of Intent/ Cover Letter
- Company Registration Certificate (if firm/organization)
- VAT/PAN Registration Certificate
- Tax Clearance Certificate of FY 2078/79 (if firm/organization)
- Audit Reports for the last 3 years (if firm/organization)
- Quotation of the Proposed Fee

### **CONDITION OF SERVICE, SAFEGUARDING, AND TERMINATION**

LEECS reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines. LEECS can terminate the agreement with a written email to the consultant.

The consultants/staff/volunteers and Board members should have followed the safeguarding policy of NNJS during the accomplishment of the task. NNJS is committed for safeguarding of children and vulnerable adults. The NNJS/LEECS Code of Conduct and safe guarding policy have to be understood and signed by the team of independent consultant as a condition of entering into a consultancy agreement

### **ACCEPTANCE OF PROPOSAL**

All rights to accept or reject a proposal, without giving any reasons, shall be reserved with LEECS. If deemed necessary, the consultant shall be asked for modifications.

### **TERMINATION OF THE CONTRACT**

LEECS will terminate the contract, if the consultant/firm commits a breach in the performance or observance of its obligation under this ToR. The consultant/firm shall be notified in written form within a week prior to the termination of the agreement.

### **CONFIDENTIALITY**

During the performance of the assignment or any time after expiry or termination of the agreement, the consultant/firm shall not disclose to any person or otherwise make use of any confidential information which the consultant/firm has obtained or may obtain during the evaluation relating to NNJS, CBM-Global and the respondents etc.

### **COPYRIGHT**

The firm/consultant shall collect, and document required information during the entire course of the assessment/ evaluation and include information/data that are not included in the report under annexes. The consultant/firm shall also take relevant pictures. Copyright of all the data and documents will remain with LEECS.

## **ANNEX**

### **APPENDIX: STAKEHOLDER ANALYSIS FOR EVALUATION.**

Stakeholders	What is their interest and contribution in the proposed project?	What is their power and influence in the project (1-5 rating, 1=low, 5=high)	Will the project involve / these stakeholders in the evaluation? How?