

Terms of Reference

Integrating School Health - deworming and eye health in Liberia

End of term evaluation

Background

Project name: Integrating School Health - deworming and eye health in Liberia

Project number: 54011

Project duration: 01/10/2018 – 01/10/2021 (No-Cost Extension until 01/04/2022)

Project budget: \$1,998,317 USD (\$2,398,317 USD including \$ 400,000 USD of component funding provided by Sightsavers, supporting eye health infrastructure and country support costs)

Project partners: Ministry of Education, Liberia; Ministry of Health, Liberia; Phebe Hospital and School of Nursing, Liberia

Key stakeholders: School-aged children, District Education Officers (DEOs), teachers, Optometric Technicians, community members, Ministry of Health (MOH) and Ministry of Education (MOE).

General information on project areas: The project is implemented in four counties in Liberia: Bong, Sinoe, Grand Kru and Maryland where mapping exercise has shown the highest prevalence of neglected tropical diseases, particularly soil-transmitted helminths (STH), lymphatic filariasis (LF), schistosomiasis and onchocerciasis.

Project design, goal, objectives, and outputs: The project aims to improve health and education outcomes for school-aged children by using a joint platform to deliver both deworming and eye screenings services to counteract factors impacting on children's academic performance. Hence, the project is designed to bring together the Ministry of Health and the Ministry of Education to support the delivery of health services through schools. A particular focus is placed on ensuring that school-aged girls and boys are reached in equal numbers, with specific methodologies to address the current gap in enrolment between genders.

The overall goal of the project is to contribute to the health outcomes of school-aged children in Liberia by implementing a School Health Integrated Programme addressing uncorrected refractive error and deworming against soil transmitted helminths (STH) through a school-based platform. The project is also focusing on providing the same services to out-of-school children. The implementation of this model involves coordinated efforts between the Ministry of Health and Ministry of Education to facilitate teachers and health professionals to conduct deworming and vision screening concurrently in schools. Community engagement through sensitisation and

mobilisation also plays a major role in this project to encourage support from parents, community leaders and the communities. The advocacy outcome of the project focuses on integrating refractive error and deworming into revised School Health and Education Sector Plans to promote sustainability of this model of service delivery.

The project has the following objectives and associated outputs:

1. Train teachers and eye health professionals to carry out school-based deworming and vision screening for school-aged children in areas of significant need.

Outputs:

- produce training materials based on School Health Integrated Programming (SHIP) guidelines,
- train 33 District Education Officers as master trainers to cascade training to teachers,
- train 2,400 teachers over a three-year period in eye screening and deworming drug distribution,
- train four Optometric Technicians (one per county) to supplement limited existing human resources.

2. Monitor and supervise implementation of this school-based deworming and vision screening at scale.

Outputs:

- reach a minimum of 76,920 children over three years with deworming and vision screening,
- source deworming drug treatments against STH at appropriate levels to support MDA.

3. Facilitate referral for children and teachers identified with visual impairment and provide spectacles for those who need them.

Outputs:

- based on findings from the SHIP pilot¹, dispense an estimated 1,852 pairs of high-quality eyeglasses to children and 1,440 pairs to teachers over three years,
- manage further examination, treatment, and referral of those that fail vision screening based on the protocols developed during the SHIP project.

4. Sensitise parents and community members to participate in and support the school-based deworming and screening interventions, both to ensure enrolled children participate, and to encourage the mobilisation of school-age children not enrolled in school, with particular emphasis on girls.

Outputs:

- host community sensitisation meetings in target communities across the four counties, supported by mass communication where possible, such as radio.

¹ Implemented by Sightsavers Ghana.

5. Advocate for and facilitate processes for the institutionalisation of these integrated school health interventions in Liberia.

Outputs:

- assess and build capacities of key stakeholders/partners to facilitate institutionalisation,
- engage key MOH and MOE stakeholders at county and national level from inception to completion, from start-up meetings through to advocacy meetings to sharing findings and successes later in the project, to encourage long-term uptake of successful interventions.

Purpose of Evaluation

The end of term evaluation will review the achievements of the project against its objectives and explore the key successes and challenges the project has encountered. It will also review the project's Theory of Change, and document key recommendations and learnings that can be taken forward to inform future project design and delivery.

Evaluation criteria questions

RELEVANCE: IS THE INTERVENTION DOING THE RIGHT THINGS?

The extent to which the intervention objectives and design respond to beneficiaries'², global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

- How have the project activities aligned with national/local health and education policies and priorities?
- Were the objectives of the project aligned with the needs of targeted populations, especially school-aged girls and out of school children?
- How did the project adapt planned activities in light of the COVID-19 pandemic?

COHERENCE: HOW WELL DOES THE INTERVENTION FIT?

The compatibility of the intervention with other interventions in a country, sector or institution, and the degree to which the project design and implementation is internally coherent.

- What steps have been taken to ensure the project collaborated with relevant actors and fit with other initiatives around eye health and NTDs in the targeted areas?
- To what extent was the project Theory of Change used to guide project delivery?

EFFECTIVENESS: IS THE INTERVENTION ACHIEVING ITS OBJECTIVES?

The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

² Beneficiaries is defined as: "the individuals, groups, or organisations, whether targeted or not, that benefit directly or indirectly, from the development intervention."

- To what extent were the project objectives fulfilled? What were the key challenges and successes (if any)?
- What evidence exists to determine whether the project has been effective in reaching girls and out-of-school (non-enrolled) children?
- How effective was the referral model used by the project to provide glasses for those in need?
- Was the model of cascading training from master trainers to teachers an effective way of reaching the project's objectives?

EFFICIENCY: HOW WELL ARE RESOURCES BEING USED?

The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

- How well were the project resources managed, including during the COVID-19 pandemic?
- How efficient was the project's supply chain, in particular for spectacles and deworming drug treatments?

IMPACT: WHAT DIFFERENCE DOES THE INTERVENTION MAKE?

The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.

- What emerging evidence is available on the higher-level effects of the project, including any negative or unintended consequences?

SUSTAINABILITY: WILL THE BENEFITS LAST?

The extent to which the net benefits of the intervention continue or are likely to continue.

- Has the project successfully engaged and supported the government to institutionalise school health interventions and integrate refractive error and deworming into existing School Health and Education Sector Plans?
- What are the barriers (if any) for the institutionalisation of the SHIP intervention in the national Sector Plans?

Review Team

The evaluation will be contracted to an external consultancy through an open tender.

Team members should have the following core competencies and experience:

- Knowledge/understanding of relevant public health project/programme approaches.
- Thematic expertise in public health with comprehensive understanding of preferred practices/policy issues at global and national levels.

- Extensive experience in monitoring and evaluation for public health project/programmes (eye health and/or NTDs preferred), with strong skills in both qualitative and quantitative approaches.
- Experience designing and facilitating multi-stakeholder workshops and/or theory of change reviews.
- Experience of project and/or M&E work involving children would be an advantage.
- Prior experience working in the West African region, including data collection experience.
- Consultants based in Liberia or in the West Africa region would be preferred.
- Ability to produce concise, readable and analytical reports.
- Excellent communication skills in written and spoken English. Relevant local language skills would be an advantage.

Ethics and safeguarding

The evaluation team will adhere to the contractual terms and conditions with Sightsavers, including clauses in relation to confidentiality, data protection and intellectual property rights. It is expected that the evaluation will fully follow ethical principles for evaluation, and that the team will adhere to Sightsavers' guidelines on ethical considerations for evaluation (Appendix 1), Safeguarding Policy and Code of Conduct (Appendix 2). It is also a requirement that all members of the evaluation team have completed the short UNICEF online course 'Introduction to ethics in evidence generation', or equivalent, before embarking on the evaluation.

Methodology

The evaluation team should detail the approach and methodologies to be used to indicate how they will fulfil the requirements of the Terms of Reference and address the evaluation objectives and questions. These will include qualitative and quantitative methods/tools as appropriate to conduct this evaluation.

The evaluation team should also outline how they will:

- address any ethical considerations arising for this assignment, as well as
- address safety and contingency measures relating to COVID-19 including alternative options for primary data collection.

The evaluation should include the following steps:

1. Review relevant reference material and data, as listed in the section below, plus any additional relevant documents identified by Sightsavers or the consultant team.
2. Development of a detailed Inception Report describing the conceptual framework the evaluation team will use in undertaking the evaluation. The report should contain the methodology, quantitative and qualitative data collection methods and instruments, the assessment questions, sampling methodology, work plan, etc. It should reflect the team's review of literature and the gaps that the primary data collection will fill. Fieldwork will only commence once this report has been reviewed and agreed with Sightsavers.
3. Desk-based data review and data collection in the intervention regions (if feasible) – interviews/focus groups with project implementers, partners, other relevant actors in the

sector, and if appropriate, service recipients/beneficiaries. The evaluation team will be expected to retain complete data sets (in Excel/Word) of all the quantitative data as well as any formally documented qualitative data gathered during the exercise. These data sets should be provided to Sightsavers on request.

4. A debriefing session with the project team at the end of the data collection period and an online meeting with project stakeholders to discuss initial findings and recommendations ahead of submitting the draft report.

5. Development of a Draft Report (no more than 40 pages excluding annexes, written in English) containing initial findings and co-produced recommendations. The draft report should be submitted to Sightsavers within four to six weeks of completion of the data collection. Sightsavers will provide feedback on the draft versions to the evaluation team.

6. Development of a Final Report submitted to Sightsavers within 15 working days of receiving the feedback on the draft report. A summary of the key findings and learnings should also be produced in PowerPoint slides or another suitable format.

Detailed guidelines on how to structure the Inception Report and Evaluation Report will be provided to the evaluation team prior to commencement of the activity, and reporting templates can also be shared.

Reference Material

Various sources of information will be made available to the consultant/team. These will include relevant project documents such as:

- Project proposal
- Budget
- Implementation plan
- Logical framework
- Indicator Collection Guide
- Project reports (Narrative and financial)
- Project monitoring data
- Reports of meetings with partners, trip reports
- Associated pieces of research
- Advocacy plans

Timeframe

Indicative structure and phasing of the evaluation

Phase	Activity	Timeframe
Phase I – Inception phase: Review of secondary documentation, development of approach and tools	Desk research /literature and data review; may include online meetings with project team for further details and clarifications about the project	November-December 2021
	Inception Report	January 2022

	Revision of collection methods and tools based on Inception Report comments	January 2022
Phase II: Field Data Collection	Field visits & further data-collection	February 2022
Phase III – Analysis and production of evaluation report	Data analysis and preparation of draft report	March 2022
	Online stakeholder meeting	March 2022
	Draft and share report for review	April 2022
	Finalise report based on feedback	April 2022

Potential challenges and limitations

There are several challenges that the evaluation is likely to face, and the consultant will be required to detail these limitations and any mitigation strategies as appropriate in the Inception Report. These are likely to include:

- The evolving nature of the COVID-19 pandemic is highly likely to have an impact upon the timing and the scope of the evaluation. The contracted consultant will be required to provide contingency plans for different scenarios, such as conducting the review remotely in case of travel restrictions.
- Logistical delays and unforeseen events impacting on the evaluation, particularly the in-country activities, travel and fieldwork schedules.
- Budget constraints – the scope of the evaluation and fieldwork should be planned in proportion to the budget available.
- Contextual changes such as election activity, political instability, etc.

Expected scope of work and payment

We anticipate the work will require approx. 40-50 person days input, depending on the methodology and approach proposed. Interested parties should submit to Sightsavers an Expression of Interest. This should include roles and responsibilities of the consultants and number of days input, as well as a proposed workplan and indicative budget, including team members' daily rates for the assignment and any other anticipated expenses not covered by Sightsavers.

Sightsavers will usually cover the following directly, but applicants should outline any other costs likely to be incurred for the assignment so that these can be discussed and approved in advance.

- Economy class airfares
- In-country transportation
- Hotel accommodation and meals
- Meeting venue hire and associated equipment e.g. projectors

SCHEDULE OF PAYMENT

The following payment schedule will be adhered to:

- On acceptance and approval of inception report: 40%
- On acceptance and approval of final report: 60%

Appendices

Appendix 1: Sightsavers ethical considerations in evaluations

Ethical Guidelines in our Evaluative Work

This document outlines Sightsavers' approach to ethical considerations in its evaluative work. It outlines some of the ethical principles that guide our work, ethical obligations of evaluators, and our obligations towards participants in evaluations⁸. This overview can be applied both to externally commissioned pieces of work, as well as internal learning exercises, and is designed to complement any specific ethics statements that are developed for discrete pieces of work. Each evaluative exercise will also need to consider whether any in-country ethical approval is required, before work commences.

Ethical principles in evaluative work

Obligations of evaluators

- **Independence and impartiality**

Evaluators should be free of bias, and ensure that they are not unduly influenced by the views or statements of any party. Where the evaluator comes under pressure to adopt a particular position or to introduce bias into the evaluation findings, it is the responsibility of the evaluator to ensure that independence of judgement is maintained.

Evaluations must give a comprehensive and balanced presentation of strengths and weaknesses of the policy, programme, or project being evaluated, taking due account of the views of a diverse cross-section of stakeholders.

- **Credibility**

Evaluations shall be credible and based on reliable data and observations. Evaluation reports shall show evidence of consistency and dependability in data, findings, judgements and lessons learned; appropriately reflecting on the quality of the methodology, procedures and analysis used to collect and interpret data. Evaluators shall endeavour to ensure that each evaluation is accurate, relevant, and timely and provides a clear, concise and balanced presentation of the evidence, findings, issues, conclusions and recommendations.

- **Conflicts of interest**

Conflicts of interest shall be avoided as far as possible so that the credibility of the evaluation process and product shall not be undermined. Any potential conflicts of interest should be disclosed and dealt with openly and honestly. Under some circumstances, it may be necessary to engage an evaluator who was a past connection with the object of the evaluation, for example where there is a very small pool of competent experts. In such a case, measures to safeguard the integrity of the evaluation shall be adopted and such measures shall be disclosed in the evaluation report.

Obligations to participants

Evaluators shall respect people's rights to provide information in confidence and make participants aware of the scope and limitations of confidentiality. Evaluators must ensure that sensitive information cannot be traced to its source so that the identity of the individuals are protected. Informed consent will be sought from all participants, using a standardised form that has been adapted for the specific exercise. In the case that the participants are children or vulnerable groups, then consent forms will be adapted accordingly and necessary additional steps will be taken to safeguard their participation. This may include the use of additional consent forms for parents, guardians or caregivers, and consideration must be given to ensure that participation in the evaluation is and continues to be in the child, or person's best interests.

Where appropriate, background information, consent forms and evaluation tools should be provided in the language of the participant, in varying formats such as plain language, pictorial/visual cues, large print, Braille and/or audio, based on individual preference.

- **Respect for dignity and diversity**

Evaluators shall respect differences in culture, local customs, religious beliefs and practices, personal interaction, power relations, sexual orientation, gender roles, disability, age and ethnicity and be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations, while using evaluation instruments appropriate to the cultural setting. The evaluators shall also keep disruption to a minimum while information is obtained, providing the maximum notice to individuals or institutions they wish to engage in the evaluation, optimising demands on their time and respecting people's right to privacy.

- **Rights of participants**

In including individuals or groups in the evaluation, evaluators shall ensure their right to self-determination where prospective participants are treated as autonomous agents and must be given the time and information to decide whether or not they wish to participate and be able to make an independent decision without any pressure or fear of penalty for not participating. Participants shall be selected fairly in relation to the aims of the evaluation. Care shall be taken to ensure that marginalised or otherwise excluded groups are represented as appropriate. Where the evaluation involves the participation of members of vulnerable groups, evaluators must be aware of and comply with legal codes governing, for example, interviewing children and young people. As discussed above this may include additional or adapted consent forms, and as part of this, evaluators should have completed the online **UNICEF ethics training** and comply with Sightsavers organisational **safeguarding policy** and **Modern Slavery and Human Trafficking Statement**.

People with a disability are entitled to full and equitable participation in evaluations as outlined in the UN Convention on the Rights of Persons with Disabilities. This includes people with a cognitive impairment, intellectual disability or a mental illness. Many people with disability will have full capacity to participate and should not be excluded solely due to their disability. The impact of a disability is often dependent on environmental and social barriers; hence researchers should seek to ensure that evaluations are inclusive of people with disability and that their specific participation limitations are addressed.

- **Confidentiality**

Evaluators shall respect people's right to provide information in confidence and make participants aware of the scope and limits of confidentiality. All personally identifiable data must be redacted from final reports that are disseminated or shared within or outside of the

organisation. The evaluator should also ensure that data is stored securely, i.e. in password protected files or encrypted safe storage devices.

Original data, including interview records and meeting notes shall be de-identified and retained in confidential files by the evaluators until completion of the evaluation. The evaluators shall determine an appropriate time for further retention, after which such data shall be securely disposed of in accordance with Sightsavers’ organisational data protection policies.

- **Avoidance of harm**

Evaluators shall seek to minimise the risks to, and burdens on, those participating in the evaluation, and seek to maximise the benefits and reduce unnecessary harms that might occur from the evaluation, without compromising the integrity of the evaluation. Any potential harms and/or benefits to the participants should be noted in the methodology section of the Inception and Final report, and justification should be provided in the case that compensation is provided to participants. Avoidance of harm to the evaluators themselves shall also be considered, particularly in terms of safety, potential trauma, culture shock and the availability of emotional support. Sightsavers’ global physical security framework and global travel policies apply.

Reporting of findings

The evaluation findings shall be presented and discussed at the appropriate national or local level to enable stakeholders to respond and input into them, before the report is finalised. Sightsavers, or the commissioner of the evaluation if different, should ensure that the evaluation findings are made accessible to the persons affected by the evaluation upon request, and to any others with legitimate claims or rights to receive the results. As a norm, the executive summaries of evaluation reports shall be made public on Sightsavers’ website, however there may be exceptions made on a case by case basis. The evaluation managers shall ensure high standards of accessibility and presentation of the reports, and use a range of relevant channels to disseminate the final report and findings.

All materials generated in the conduct of the evaluation are the property of the contracting party or the donor on whose behalf Sightsavers is commissioning the evaluation (i.e. Sightsavers and, where relevant grant funders) and can only be used or distributed with permission.

Summary

Below is a brief overview of the responsibilities of Sightsavers, and the parties contracted by Sightsavers to conduct evaluative exercises:

Responsibility of Sightsavers	When
Ensure that all members of the evaluation team have completed the online UNICEF ethics training and adhere to Sightsavers’ safeguarding policy and code of conduct.	Ongoing
Ensure that an ethics statement is produced for all evaluations, which outlines the principles around data protection and ethical conduct for interviews, FGDs and other evaluative activities.	Inception stage
We are committed to seeking informed consent of participants in all evaluative activities. Sightsavers’ Evaluations Team will provide an informed consent template which should be used at all times unless discussed otherwise.	Before field work
We are committed to ensuring that personal information is protected, and that data relating to informants such as individual	Report drafting/ review and dissemination

names will be kept confidential and redacted from evaluation reports.

Responsibility of contracted parties	When
All members of the evaluation team are required to complete the online UNICEF ethics training and adhere to Sightsavers' safeguarding policy and code of conduct.	Before beginning of evaluation activities
The consultant(s) will outline how the evaluation will address all ethical aspects of the evaluation. This will include ethical principles and conduct around data protection and ethical conduct for interviews, FGDs and other evaluative activities.	Inception stage (Section in the report or as a separate ethics statement)
Informed consent is systematically sought and informed consent forms are used for all engagement with participants; unless otherwise discussed with Sightsavers' Evaluations Team	Data-collection/field work stages
Ensure that all personal information and data will be kept confidential and not disclosed in the report.	Report drafting/ review and dissemination
The consultants will not share the report, the data or any of its findings without the prior consent of Sightsavers' Evaluations Team.	Final report stage and dissemination

Appendix 2: Sightsavers Code of Conduct for Representatives

(to be applied within and out of working hours¹)

I, (insert name), acknowledge that I have read and understood Sightsavers' Safeguarding Policy.

By signing this document, I agree:

- To comply with the Safeguarding Policy of Sightsavers and this Code of Conduct.
- To report any concerns or incidents in line with the procedures set out in the policy.
- To raise awareness of the policy and Code of Conduct in my work environment where relevant.

I will:

- Be committed to playing my part in creating a culture of openness and mutual accountability in the work place. This culture will enable all safeguarding concerns to be both raised and discussed. This will in turn ensure inappropriate and abusive behaviour is challenged.
- Help create and/or uphold an environment that is safe, positive and encouraging, where children and adults are listened to and respected as individuals.
- Ensure the use of the 'Two Adult Rule'. This means, when interacting with at-risk adults and/or children in a work context, I will ensure that another adult is present or within reach at all times.
- Ensure physical contact is at all times appropriate and not an invasion of the individual's privacy.
- Use positive, non-violent methods to manage behaviour.
- Respect an individual's dignity and their need to be safeguarded at all times when taking photographs, filming or writing reports for public relations work.
- Ensure that when photographing, filming or interviewing children and adults, the guidelines within the policy are followed and that consent has been obtained, individuals are properly dressed and are not depicted in a way that is abusive, sexually provocative, demeaning or culturally inappropriate or that characterises them as being entirely reliant on the viewer².
- Protect and handle personal data of others with care, to minimise the risks posed by third parties who receive information about children and adults from Sightsavers or its partner organisations.
- Respond to safeguarding concerns according to the reporting protocol³.
- Comply with any investigation led by official bodies (including interviews) and make available any information necessary.

¹ For consultants and volunteers, this only applies while undertaking Sightsavers business, but this includes out of working hours while on Sightsavers business.

² Consent Form is in Annex 5 of the Safeguarding Policy

³ Reporting form for safeguarding concerns is in Annex 4 of the Safeguarding Policy

I will never:

- Engage in sexual activity or have a sexual relationship with a child, regardless of consent or local custom. Mistaken belief in the age of a child is not a defence.
- Condone or in any way force an at-risk adult, or a child, to participate in any form of sexual activity, real or simulated, on the internet or in any other medium.
- Make sexually suggestive comments or actions to an at-risk adult or a child, even as a joke.
- Touch, hold, kiss or cuddle an at-risk adult or a child, in an inappropriate and/ or culturally insensitive way.
- Marry a person below the age of 18, regardless of consent or local custom.
- Help at-risk adults or children with acts of an intimate or private nature, which they can do for themselves. Such actions may only be undertaken for an individual who has acknowledged the need for that assistance directly or through a parent/guardian.
- Engage in activities involving close body contact with at-risk adults and/or children, beyond professional requirements
- Hit or otherwise physically assault, or physically abuse an adult or a child. Use any form of corporal punishment as a disciplinary measure.
- Condone, or participate in behaviour with at-risk adults or children that is illegal, unsafe or abusive, including being part of harmful traditional practices, spiritual, ritualistic or substance abuse.
- Act in ways intended to shame, humiliate, belittle or degrade others, or otherwise perpetrate any form of emotional abuse.
- Exploit adults or children for their labour (e.g. domestic servitude, street begging) or for sexual purposes, or participate in the trafficking of children. The definition of child domestic servitude does not include occasional house help, babysitting, kitchen gardening during school holidays or general domestic tasks out of school time.
- Develop relationships with children or adults that could be deemed exploitative or abusive.
- Spend excessive time alone with an at-risk adult or a child, away from others, behind closed doors or in a secluded area (in line with the 'Two Adult Rule')
- Take an at-risk adult or a child, who has been involved in our programmes, to my home, or visit them in their home where I may be alone with them.
- Sleep in the same bed or the same room as an at-risk adult or a child met through work or allow them to stay overnight at my home.
- Take an at-risk adult or a child, met through work alone in a vehicle unless it is absolutely necessary, and only with parental/guardian and managerial consent.
- Favour certain at-risk adults and/or children to the exclusion of others, as I recognise that this can further ostracise individuals from their peers.

Location and date: _____

Signature: _____