

Terms of Reference for Evaluation ¹

1. Evaluation Summary

Project ID and Program/Project Name	P10357 (BMZ PN: 7274) Improving ophthalmic care for children and young adults in Masvingo Province, Zimbabwe
Name of Partner Organisation/s	Reformed Church in Zimbabwe
Project start and end dates; phase of project if applicable	01.06.2023 to 31.12.2026
Evaluation Purpose	To assess the project's overall performance, effectiveness, efficiency, relevance, impact, and sustainability, and to document lessons learned and best practices to inform future programming and decision-making.
Evaluation Type	Final evaluation
Contracting organisation/contact person	CBM Zambia CO
Evaluation Team members (if known)	<i>(e.g. team of x number of external consultants OR mixed team of CBM staff and external consultants)</i>
Primary Methodology	<i>(e.g. Mixed Methods, incl. quantitative and qualitative methods; theory-based evaluation; participatory; inclusive; appreciative inquiry etc.)</i>
Proposed Evaluation Start and End Dates	23 October to 03 December.
Anticipated Evaluation Report Release Date	
Recipient of Final Evaluation Report	CBM, BMZ

¹ Evaluation ToR, Final Report and Management Response to be uploaded in ProMIS Project page Document library.

1. Project Description (max 1 page)

Project Objectives

Overall Objective: The eye health of children and young adults with and without disabilities in Masvingo province in Zimbabwe is improved

Specific objective: 48 886 children and young adults in Masvingo province have improved access to comprehensive eye health services.

Project timeline: 3 years 6 months

Project budget: EUR1,084,538

Project location: Masvingo Province, Zimbabwe (all 7 districts)

Target population: children and young adults 0-24 years, 240 primary health care workers, 1500 village health workers, 20 ophthalmic nurses

Stakeholders: Ministry of Health and Child Care, Ministry of Primary and Secondary Education, Disability Affairs Department, Zimbabwe Association of the Visually Handicapped, Federation of Organisations of Disabled People in Zimbabwe

Summary of activities

Name of Activity	Status	Budget (EUR)
Result 1		
1.1 Equipment of the Morgenster opticians' workshop	OngoingCompleted	20,995
1.2 Procurement of spectacle frames and lenses	Completed	23,111
1.3 Procurement of ophthalmic equipment and instruments for Morgenster Eye Department and 6 district level health facilities.	Complete	106,310
1.4 Procurement of medicines and consumables	Ongoing	34,130
Result 2		
2.1 Training of Ophthalmic nurses in Refraction and Diagnostics	Completed	30,848
2.2 Training on inclusion of persons with disabilities and WGSSQ:	Completed	18,398
2.3 Training in inclusive eye health	Completed	7,043

2.4. Training of nurses and village health workers in primary eye care (PEC) and referral:	Ongoing	163,135
2.5 Training of Ophthalmic nurses in low vision	Completed	12,863
Result 3		
3.1 Planning the school screenings	Completed	1,797
3.2 Training of school health coordinators and teachers.	Completed	20,094
3.3 Screening of school and out-of-school children and young adults	Ongoing	102,529
Result 4		
4.1 Awareness raising in the communities.	Completed	49,595
4.2 World Sight Day celebrations	Ongoing	17,192
4.3 Development of IEC materials	Completed	11,749
4.4 Procurement of IEC material	Completed	66,736
Result 5		
5.1: Half-yearly monitoring meetings	Ongoing	33,526
5.2: Kick Off Meetings	Completed	5,029
5.3 Provincial Prevention of Blindness Committee (PPBC) Meetings	Completed	20,565
5.4 Meeting of the Steering Committee	Ongoing	20,223
5.5 Project closure meetings	Ongoing	10,809
Result 7		
7.1 Project officer	Ongoing	69,886
7.2 Project manager	Ongoing	20,321
7.3 M & E Assistant	Ongoing	42,355
7.4 Finance Officer	Ongoing	63,533
7.5 Chief Accountant	Ongoing	5,296

7.6 Driver 1	Ongoing	5,400
7.7 Driver 2	Ongoing	5,400
Result 8		
8.2 Bank Charges	Ongoing	6,353
8.3 Office Utilities	Ongoing	6,354
8.4 Internet and Telephone	Ongoing	10,589
8.5 Office Cleaning	Ongoing	2,118
8.6 Procurement of Project Vehicle	Completed	41,370
8.7 Motor Vehicle Insurance	Ongoing	8,276
8.8 Project Vehicle maintenance	Ongoing	3,201
8.9 Monitoring Visits by RCZ Staff and MoHCC	Ongoing	17,409

2. Project Summary

Background

Children and young adults in Masvingo Province face significant barriers to accessing eye care services, including long distances to health facilities, shortages of equipment and medicines, limited specialized eye health personnel, inadequate screening services, and low awareness of eye diseases. Most existing eye care services focus on adults, leaving a major gap in pediatric and youth eye health.

Project Goal

To improve the eye health of children and young adults with and without disabilities in Masvingo Province by reducing preventable visual impairment and blindness through accessible, inclusive, and quality eye care services. The project aims to reduce preventable eye disease and blindness among this population from an estimated 5% to below 3%.

Key Interventions

1. Strengthening Eye Health Infrastructure

- Equip Morgensater Eye Unit and six district health facilities with modern ophthalmic equipment and medicines.
- Upgrade the optician workshop to increase the production and availability of affordable spectacles.
- Improve availability of diagnostic equipment, consumables, and essential eye medications.

2. Building Capacity of Health Workers

- Train 20 ophthalmic nurses in refraction, low vision management, disability inclusion, and data collection.
- Train 240 primary healthcare workers in primary eye care and referral systems.
- Train 1,500 village health workers to identify, manage, and refer eye conditions at community level.

3. Expanding Screening and Treatment Services

- Conduct school and community-based eye screenings across all seven districts.
- Screen approximately 65% of children and young adults in the province (over 635,000 individuals).
- Ensure timely referral, treatment, provision of spectacles, and follow-up care for identified cases.

4. Community Awareness and Inclusion

- Conduct awareness campaigns on eye health, prevention, and treatment.
- Engage community leaders, teachers, disability organizations, and government stakeholders.
- Develop and distribute accessible information, education, and communication materials.
- Promote inclusion of children and young adults with disabilities in all services.

5. Expected Results

By project completion:

All seven secondary-level health facilities in Masvingo Province will provide pediatric eye care services.

48,886 children and young adults will have improved access to quality eye care.

At least 2.5% of service users will be children and young adults with disabilities.

More than 635,000 children and young adults will be screened for eye conditions.

Health workers and community volunteers will have improved capacity to deliver and refer eye care services.

Communities will demonstrate increased awareness and early health-seeking behavior regarding eye diseases.

Sustainability

The project is embedded within existing government and church health systems and aligns with Zimbabwe's National Eye Health Strategy. Sustainability will be supported through strengthened public health capacity, school-based screening systems, ongoing government involvement, revenue from affordable eye services and spectacles, and enhanced provincial coordination structures for eye health.

3. Evaluation Purpose and Objectives Purpose

The purpose of the end-of-project evaluation is to independently assess the relevance, effectiveness, efficiency, impact, sustainability, and inclusiveness of the project "Improving Ophthalmic Care for Children and Young Adults in Masvingo Province, Zimbabwe" implemented by RCZ with support from CBM between June 2023 and December 2026. The evaluation will determine the extent to which the project has achieved its intended outcomes and generated sustainable improvements in access to quality eye health services for children and young adults, including persons with disabilities.

Specific Objectives

The evaluation will:

- Assess the extent to which the project achieved its overall and specific objectives and intended results.
- Evaluate the effectiveness of interventions aimed at strengthening eye health infrastructure, service delivery, human resource capacity, screening programs, and community awareness.
- Assess the relevance of the project design and implementation approach in addressing priority eye health needs in Masvingo Province.
- Examine the efficiency of project implementation, including the use of financial, human, and material resources.
- Assess the project's contribution to improving access to inclusive eye health services for children and young adults, particularly those with disabilities.
- Evaluate the sustainability of project outcomes, systems, partnerships, and capacities beyond the project period.
- Identify lessons learned, best practices, innovations, and challenges that can inform future programming in eye health and disability-inclusive health services.
- Generate evidence-based recommendations for RCZ, CBM, government stakeholders, and development partners.

Why the Evaluation is Being Conducted

The evaluation is being undertaken to provide an independent assessment of project performance and accountability to beneficiaries, donors, implementing partners, and relevant government stakeholders. It seeks to determine whether the project has delivered its intended benefits and whether the investments made in infrastructure, equipment, capacity building, screenings, and awareness initiatives have resulted in meaningful improvements in eye health outcomes among children and young adults in Masvingo Province.

The evaluation will also verify achievements against the project's results framework and contribute to organizational learning for future eye health and disability-inclusive health interventions.

Why the Evaluation is Being Conducted now

The evaluation is being conducted at the end of the project implementation period, when the major activities, outputs, and expected outcomes have been delivered and sufficient evidence exists to assess results and sustainability prospects. Conducting the evaluation at project closure allows stakeholders to:

- Measure final project achievements against baseline and target indicators.
- Assess the effectiveness of interventions implemented over the project cycle.
- Determine whether strengthened systems and capacities are likely to continue beyond project funding.
- Document lessons and good practices while implementation experiences remain fresh among stakeholders.
- Inform decisions regarding future investments, scale-up, replication, or integration into government systems.

4. Expected Benefits and Use of the Evaluation

The evaluation will generate valuable evidence and learning that will:

- Demonstrate project achievements, outcomes, and value for money.
- Inform future eye health programming in Zimbabwe and similar contexts.
- Support strategic planning by RCZ, CBM, and government partners.
- Identify successful approaches for increasing access to eye health services among children, young adults, and persons with disabilities.
- Strengthen accountability to donors, beneficiaries, and stakeholders.
- Provide recommendations for sustaining and scaling successful interventions.
- Contribute to national and provincial efforts to strengthen inclusive eye health systems.

5. Scope of the Evaluation

Geographic Scope

The evaluation will cover all seven districts of Masvingo Province where the project was implemented.

Thematic Scope

The evaluation will assess all major project components, including:

- Procurement and installation of ophthalmic equipment and medicines.
- Strengthening of the Morgenster Eye Unit and district health facilities.
- Capacity building of ophthalmic nurses, primary health care workers, and village health workers.
- School- and community-based screening programs.
- Disability inclusion and use of disability-disaggregated data systems.
- Awareness raising and community mobilization activities.
- Coordination, monitoring, and stakeholder engagement mechanisms.
- Sustainability measures and institutional strengthening efforts.

Time Scope

The evaluation will cover the entire implementation period from June 2023 to December 2026.

6. Limitations of the Evaluation

Potential limitations may include:

- Limited baseline data for some indicators relating to children and young adults with disabilities.
- Difficulties in attributing observed changes solely to project interventions due to the influence of other health initiatives and contextual factors.
- Potential recall bias among respondents when reporting experiences over the implementation period.
- Time and resource constraints limiting coverage of all project beneficiaries and stakeholders.
- Possible logistical challenges in reaching remote communities across the seven districts.

- Incomplete routine data records in some facilities, particularly during early project implementation stages.

The evaluator should identify and document any additional limitations encountered during the study and explain measures taken to mitigate them.

7. Target Audience

The primary audience for the evaluation includes:

- Reformed Church in Zimbabwe (RCZ)
- CBM Global and CBM Zimbabwe Country Office
- Donor agencies and funding partners
- Ministry of Health and Child Care (MoHCC)
- Ministry of Primary and Secondary Education (MoPSE)
- Provincial and District Health Authorities
- Organizations of Persons with Disabilities (OPDs)
- Morgenster Eye Clinic and participating district health facilities
- Community leaders and project beneficiaries
- Development partners working in eye health and disability inclusion.

8. Learning

The evaluation should generate learning around the following key questions:

Service Delivery

- What interventions were most effective in improving access to eye health services for children and young adults?
- Which approaches best supported early detection and treatment of eye conditions?

Disability Inclusion

- To what extent did the project succeed in reaching children and young adults with disabilities?
- What barriers to inclusive eye health service delivery remain?

Capacity Strengthening

- How effective were training and mentorship initiatives in improving health worker competencies?
- What competencies and systems are likely to be sustained after project completion?

Community Engagement

- Which awareness and mobilization approaches most effectively influenced health-seeking behavior?
- How can community participation be strengthened in future programs?

Sustainability

- Which project investments and outcomes are most likely to continue after donor support ends?
- What mechanisms are needed to strengthen long-term sustainability and government ownership?

Strategic Learning

- What lessons, innovations, and best practices can inform future eye health programs in Zimbabwe and elsewhere?
- What adaptations should be considered for future disability-inclusive health interventions?

Role of the Evaluation Team in Facilitating Learning

The evaluation team will play a dual role of assessing project performance and facilitating learning among stakeholders. Beyond measuring results, the evaluators will generate evidence, insights, lessons learned, and practical recommendations that can improve future programming and decision-making.

Specifically, the evaluation team will:

- Apply a participatory and utilization-focused evaluation approach that actively engages project stakeholders throughout the evaluation process.
- Create opportunities for reflection and learning through consultations, interviews, focus group discussions, validation meetings, and dissemination workshops.
- Identify good practices, innovations, challenges, and unintended outcomes emerging from project implementation.
- Analyze factors that contributed to successes and constraints, with particular attention to inclusive eye health services for children, young adults, and persons with disabilities.
- Facilitate validation of findings with key stakeholders to ensure ownership of results and recommendations.
- Present findings in a clear and actionable manner that supports decision-making, programme improvement, sustainability planning, and future project design.
- Produce practical recommendations and lessons learned that can be applied within RCZ, CBM, government systems, and similar eye health interventions elsewhere.
- Intended Users and Learners of the Evaluation

The evaluation findings will be used by a wide range of stakeholders for accountability, learning, policy development, and programme improvement.

Primary Users

Reformed Church in Zimbabwe (RCZ)

- To assess project performance and achievement of planned results.
- To strengthen future project design and implementation.
- To improve organizational learning and institutional capacity.

CBM Zimbabwe and CBM Global

- To assess the effectiveness and sustainability of investments in inclusive eye health.
- To inform strategic planning, resource allocation, and future eye health programming.

- To document and share lessons and best practices across countries and programmes.

Donors and Funding Partners

- To determine whether project resources were used effectively and achieved intended outcomes.
- To inform future funding decisions and partnerships.
- Secondary Users

Ministry of Health and Child Care (MoHCC)

- To inform planning, strengthening, and scaling of paediatric and inclusive eye health services.
- To support evidence-based policy and resource allocation decisions.
- To improve service delivery, referral systems, and eye health programming within health facilities.

Ministry of Primary and Secondary Education (MoPSE)

- To understand the effectiveness of school-based screening approaches and opportunities for integration into school health programmes.

Organizations of Persons with Disabilities (OPDs)

- To understand the extent to which disability inclusion objectives were achieved and identify areas requiring further action.

Morgenster Eye Clinic and Participating Health Facilities

- To improve quality of care, service delivery models, and sustainability mechanisms.

Development Partners and NGOs

- To learn from the project's experience and replicate successful approaches in similar contexts.

Communities and Beneficiaries

- To gain awareness of project achievements and contribute perspectives that can shape future interventions.

Expected Learning Outcomes

The evaluation is expected to generate learning on:

- Effective models for improving access to paediatric eye care in rural settings.
- Strategies for integrating disability inclusion into eye health services.
- Approaches to strengthening community-based screening and referral systems.
- Sustainable mechanisms for maintaining eye health services beyond donor funding.
- Lessons for scaling up inclusive eye health services within Zimbabwe's health system.
- Good practices that can be replicated in other provinces and countries.

9. Evaluation Questions

9.1 Relevance

- Did the project address the priority eye health needs of children and young adults, including persons with disabilities?
- Were project interventions appropriate for the target population and local context?
- Were the needs and perspectives of persons with disabilities, girls, boys, and other vulnerable groups adequately considered in project design and implementation?

9.2 Coherence

- How well was the project aligned with national eye health policies and strategies?
- How consistent was the project with CRPD, CEDAW, SDGs, and disability inclusion principles?
- How effectively did the project coordinate with government, OPDs, schools, and other stakeholders?

9.3 Effectiveness

- To what extent were the project objectives and targets achieved?
- Did access to quality eye care improve for children and young adults, including those with disabilities?
- How effective were capacity-building activities for health workers and community volunteers?
- How effective were screening, referral, and treatment services?
- Did awareness activities improve eye health knowledge and care-seeking behaviour?

9.4 Efficiency

- Were project resources used economically and efficiently to achieve results?
- Were equipment procurement, training, and outreach activities implemented in a timely manner?
- Did the project provide value for money?
- Were resources allocated equitably to meet the needs of different beneficiary groups?

9.5 Impact (please also refer to annex 2 Impact matrix)

- What changes has the project contributed to in eye health outcomes among children and young adults?
- What difference did the project make in the lives of persons with disabilities?
- What changes occurred in community attitudes and health-seeking behaviour regarding eye health?
- Were there any unintended positive or negative effects?

9.6 Sustainability

- Are project benefits likely to continue after project completion?
- Will trained health personnel continue providing quality eye care services?
- Are systems for maintenance of equipment, supply of medicines, and service delivery sustainable?
- Have project approaches been integrated into government and institutional systems?

10. CBM Programme Quality Principles

Safeguarding of Children and Vulnerable Adults

- Were safeguarding measures integrated into project implementation?
- Were staff and volunteers aware of and compliant with safeguarding requirements?

- Were reporting and response mechanisms accessible and effective?
- Were children and vulnerable adults able to participate safely in project activities?

Equality, Inclusion and Gender Equality

- To what extent did women, men, girls, boys, and persons with disabilities participate in and benefit from the project?
- Were services accessible and inclusive for persons with disabilities?
- Were gender and disability barriers effectively addressed?
- To what extent was disability-disaggregated data collected and used for decision-making?

Advocacy

- Did the project contribute to stronger commitment to inclusive eye health among key stakeholders?
- Were partnerships with government and OPDs effective in promoting inclusive eye health?
- What advocacy outcomes or policy changes can be linked to the project?

Accessibility and Universal Design

- Were project services, facilities, and information accessible to persons with disabilities?
- Were accessibility considerations integrated into project implementation?
- What accessibility barriers remain?

Additional cross-cutting Questions

- What worked best in improving access to eye care for children and young adults?
- What were the most effective approaches for reaching persons with disabilities?
- What lessons should inform future inclusive eye health programmes?
- What interventions have the greatest potential for scale-up and sustainability?

11. Methodology

The end-of-project evaluation will use a mixed-methods, participatory, and utilization-focused approach, combining quantitative and qualitative methods to assess project performance, outcomes, impact, sustainability, and disability inclusion. The methodology should enable triangulation of findings from multiple sources and provide credible evidence against the OECD-DAC evaluation criteria and CBM Programme Quality Principles.

Evaluation Approach

The evaluation shall:

- Be participatory and inclusive, ensuring meaningful involvement of beneficiaries, government partners, health workers, Organisations of Persons with Disabilities (OPDs), community leaders, caregivers, and project staff.
- Apply a disability-inclusive lens throughout the evaluation process.
- Assess outcomes for different groups of beneficiaries based on sex, age, disability status, and location.
- Use both quantitative and qualitative methods to validate findings.
- Ensure compliance with CBM safeguarding, ethical, and data protection requirements.

Proposed Data Collection Methods

The consultant is expected to use an appropriate combination of the following methods:

- Desk review of project documents, baseline studies, monitoring data, annual reports, training reports, screening records, and project monitoring databases.
- Key Informant Interviews (KIIs).
- Focus Group Discussions (FGDs).
- Beneficiary interviews and case studies.
- Surveys or structured questionnaires where appropriate.
- Observation visits to health facilities and project sites.
- Validation workshops with stakeholders.

The final methodology, sampling strategy, data collection tools, and analytical framework will be developed by the consultant and agreed upon with RCZ and CBM during the inception phase.

Inception Report

The selected consultant will be required to submit an inception report within the agreed timeframe after contract signing. The report should include:

- Detailed evaluation methodology.
- Sampling framework.
- Data collection tools.
- Stakeholder consultation plan.
- Ethical and safeguarding considerations.
- Data management plan.
- Evaluation workplan and timeline.

The inception report shall be reviewed and approved by RCZ and CBM before commencement of fieldwork.

Participation and Inclusion

The evaluation shall ensure meaningful participation of project stakeholders throughout the process.

Particular attention should be given to the inclusion of:

- Children and young adults with disabilities.
- Children and young adults without disabilities.
- Female and male beneficiaries.
- Caregivers and family members.
- Community leaders.
- Teachers and school health coordinators.
- Village Health Workers (VHWs).
- Primary Health Care Workers.
- Ophthalmic Nurses.

- Ministry of Health and Child Care representatives.
- Ministry of Primary and Secondary Education representatives.
- Disability Affairs Department
- Organisations of Persons with Disabilities (OPDs).
- RCZ and CBM staff.

Disability Inclusion and Accessibility

The evaluation must be fully accessible and disability-inclusive.

The consultant shall:

- Ensure participation of persons with different types of disabilities.
- Use the Washington Group Short Set Questions when collecting disability-disaggregated data.
- Conduct interviews and discussions in accessible venues.
- Provide reasonable accommodation as required (e.g., sign language interpretation, accessible information formats, mobility support, extended interview time).
- Ensure participation of caregivers where required.
- Adapt data collection tools to meet communication needs of participants.

Safeguarding

The evaluation team shall adhere to CBM safeguarding standards and policies relating to children and vulnerable adults.

This includes:

- Obtaining informed consent and assent where applicable.
- Ensuring safe interview environments.
- Maintaining confidentiality and anonymity.
- Establishing referral procedures should safeguarding concerns arise during fieldwork.
- Ensuring that no participant is exposed to harm because of participation in the evaluation.

Data Disaggregation

All quantitative and qualitative data should, where possible, be disaggregated by:

- Sex (female/male).
- Age group (children, youth, adults).
- Disability status.
- District/location.

This will enable assessment of the project's contribution to equality, inclusion, and disability outcomes.

Data Security and Privacy

The evaluation team shall ensure compliance with ethical standards and data protection requirements.

This includes:

- Obtaining informed consent from all respondents.
- Obtaining parental/guardian consent for interviews involving children.
- Secure storage of collected data.
- Protection of personal and sensitive information.
- Restricted access to datasets and recordings.
- Secure destruction of identifiable information after completion of the evaluation.

Stakeholder Consultation

The evaluation is expected to consult the following groups:

Stakeholder Group	Proposed Method
Children and young adults with disabilities	FGDs, interviews, case studies
Children and young adults without disabilities	FGDs, interviews
Caregivers and parents	FGDs, interviews
Village Health Workers	FGDs
Primary Health Care Workers	KIIs, FGDs
Ophthalmic Nurses	KIIs
Teachers and School Health Coordinators	FGDs, KIIs
Health Facility Management	KIIs
Ministry of Health and Child Care	KIIs
Ministry of Primary and Secondary Education	KIIs
OPDs	KIIs
Community and traditional leaders	KIIs
RCZ Project Team	KIIs
CBM Representatives	KIIs

Validation, Learning and Feedback

The evaluation should facilitate learning and ownership among stakeholders throughout the process.

The consultant shall:

1. Conduct stakeholder debriefing sessions at the end of fieldwork.
2. Present preliminary findings to RCZ and CBM for factual verification.
3. Facilitate a validation workshop involving key stakeholders, including government representatives, OPDs, health workers, and project staff.
4. Engage stakeholders in discussing findings, lessons learned, and recommendations.
5. Incorporate stakeholder feedback into the final report.
6. Produce a concise learning brief highlighting key lessons, best practices, and recommendations for future programming.

Where feasible, evaluation findings should also be shared with beneficiaries and community representatives through community feedback meetings or simplified summary presentations to ensure accountability to project participants.

Expected Learning Process

Project participants should contribute to:

- Validation of findings.
- Interpretation of results.
- Identification of good practices and challenges.
- Development of practical recommendations.
- Reflection on sustainability and future programming.

12. Management Responsibilities and Evaluation Team

1. Commissioning Responsibility

The end-of-project evaluation will be jointly commissioned by the Reformed Church in Zimbabwe (RCZ) and CBM Zambia Country Office. RCZ, as the implementing partner, will lead coordination of the evaluation process while CBM will provide technical oversight and quality assurance.

The responsibilities shall include:

- Finalisation and approval of the Terms of Reference (ToR).
- Participation in the procurement and selection of the evaluation consultant/team.
- Review and approval of the Inception Report.
- Review of draft evaluation findings and recommendations.
- Approval of the Final Evaluation Report and associated deliverables.
- Facilitation of stakeholder engagement and dissemination of findings.

A joint Evaluation Management Committee comprising representatives from RCZ and CBM will oversee the evaluation process and provide strategic guidance throughout the assignment.

2. Management Responsibility and Logistics

RCZ and CBM will jointly support the management of the evaluation process.

RCZ Responsibilities

- Provide project documentation and monitoring data.
- Coordinate access to project sites and beneficiaries.
- Arrange interviews and stakeholder meetings.

- Facilitate communication with government departments, health facilities, schools, and OPDs.
- Organise local transport, accommodation arrangements, and meeting venues where required.

CBM Responsibilities

- Provide resources and facilitate payments to the consultant
- Provide technical guidance on evaluation quality standards and disability inclusion.
- Review and approve evaluation deliverables.
- Support stakeholder engagement and dissemination of findings.
- Ensure compliance with CBM's Programme Quality Framework and BMZ evaluation standards.

Consultant Responsibilities

- Develop the evaluation methodology and tools.
- Conduct data collection, analysis, and report writing.
- Manage fieldwork activities.
- Ensure ethical standards, safeguarding, confidentiality, and informed consent are maintained.
- Produce agreed deliverables within the specified timelines.

Disability Inclusion and Accessibility

RCZ and CBM will work together to ensure:

- Accessible venues for meetings and focus group discussions.
- Sign language interpretation where required.
- Accessible communication materials.
- Reasonable accommodation for persons with disabilities participating in the evaluation.
- Transportation arrangements where needed for vulnerable participants.

3. Evaluation Team

The evaluation shall be conducted by an independent consultant or consulting team with demonstrated expertise in evaluation of health and development programmes.

Essential Qualifications

The Team Leader should possess:

- A postgraduate qualification in Public Health, Social Sciences, Development Studies, Monitoring and Evaluation, Health Systems, Ophthalmology, Disability Studies, or a related field.
- At least 7 years of experience conducting programme and project evaluations.
- Demonstrated experience applying OECD-DAC evaluation criteria.
- Experience conducting evaluations for NGO projects
- Strong analytical and report-writing skills.
- Experience leading mixed-method evaluations.

Technical Expertise

The evaluation team should collectively demonstrate expertise in:

- Public health and health systems strengthening.
- Eye health and/or disability-inclusive health programming.
- Monitoring, evaluation, and learning (MEL).
- Disability inclusion and rights-based approaches.
- Gender equality and social inclusion.
- Safeguarding of children and vulnerable adults.
- Quantitative and qualitative data analysis.

Disability Inclusion

Consistent with disability-inclusive development principles, the evaluation team should be diverse and gender-balanced where possible. Preference will be given to teams that include:

- A person with a disability within the evaluation team; and/or
- A representative from an Organisation of Persons with Disabilities (OPD) serving as an advisor or team member.

Language and Soft Skills

The team should demonstrate:

- Fluency in English.
- Ability to conduct interviews in local languages directly or through interpreters.
- Strong facilitation and stakeholder engagement skills.
- Excellent interpersonal and communication skills.
- Experience working with government institutions, communities, children, and vulnerable groups.

12. Deliverables

The consultant/team will be responsible for delivering the following outputs.

Deliverable	Description
Inception Report	Detailed methodology, workplan, sampling approach, data collection tools, stakeholder mapping, ethical considerations, and evaluation matrix
Data Collection Tools	Questionnaires, interview guides, FGD guides, consent forms and other tools
Debrief Presentation	Presentation of preliminary findings to RCZ and CBM following fieldwork
Draft Evaluation Report	Comprehensive draft report incorporating findings, conclusions, lessons learned and recommendations
Final Evaluation Report	Revised report addressing comments from RCZ and CBM
PowerPoint Presentation	Summary of key findings and recommendations for stakeholders
Evaluation Dataset and Annexes	Interview guides, questionnaires, attendance registers, data collection instruments and supporting documentation
Learning Brief	Brief summary of key lessons learned and strategic recommendations

Reporting Requirements

The Final Evaluation Report shall:

- Follow the standard CBM/BMZ Evaluation Report format.
- Include an Executive Summary in English.
- Present findings against OECD-DAC evaluation criteria.
- Present findings against CBM Programme Quality Principles.
- Include lessons learned and practical recommendations.
- Contain disaggregated findings by sex, age, and disability status where possible.
- Include all supporting tools and instruments as annexes.

Dissemination and Feedback

The consultant will facilitate:

1. A findings validation workshop with RCZ, CBM, government stakeholders, OPDs, and health sector representatives.
2. A presentation of final findings and recommendations.
3. Development of a stakeholder-friendly summary of findings.
4. Feedback sessions, where feasible, with project participants and community representatives to promote accountability and learning.

13. Evaluation Schedule

Insert expected time frame for the entire evaluation, including time for preparation and in-country briefings. You may consider a planning meeting (online) that is scheduled weeks before the field work, during which methodology and sampling is discussed.

(Note: Calculating number of days required will allow you to estimate the rough cost based on daily professional and logistic fees. For preparation of evaluation budget pls consult [this document](#).)

Task	Location	Number of Days	Expected Dates
Briefing	Online/CBM office	1	
Desk Study	Consultants' desk	3	
Field Phase, Project Visit or remote data collection phase		21	
De-briefing with initial findings	Online/partner office	1	
Analysis and draft report	Consultants' desk	5	
Finalising report	Consultants' desk	3	
(Option of wrap-up workshop with stakeholders)	Online/partner or CBM office		
TOTAL		35	

14. Payment Mode

Payments will be made in accordance with the signed consultancy agreement and upon satisfactory completion and approval of agreed deliverables by RCZ and CBM.

The proposed payment schedule is as follows:

Payment Milestone	Deliverable	Percentage
1st Payment	Approval of Inception Report and workplan	30%
2nd Payment	Completion of fieldwork and submission of presentation/debriefing of preliminary findings	30%

Final Payment	Submission and approval of Final Evaluation Report and all supporting documents	40%
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All payments will be subject to applicable taxes and statutory deductions in accordance with the laws of Zimbabwe. Consultants are required to submit a valid Zimbabwe Revenue Authority (ZIMRA) Tax Clearance Certificate (ITF263). Consultants who do not provide a valid Tax Clearance Certificate shall be subject to withholding tax at the prevailing rate prescribed by ZIMRA, currently 30% of the invoiced amount. Any applicable VAT should be clearly indicated in the financial proposal and on invoices, where the consultant is VAT registered.

Cost Responsibilities

The financial proposal should clearly distinguish between professional fees and other operational expenses.

Consultant Responsibilities

- Professional fees.
- Accommodation and meals
- Transportation costs
- Communication and office costs.
- Data analysis and report writing.
- Insurance and personal equipment.

RCZ/CBM Responsibilities (or as agreed in the contract)

- Facilitation of stakeholder access.
- Introduction letters and permissions.
- Provision of project documentation.
- Logistical coordination support.
- Sign language interpreters and translation
- Venue hire
- Participants meals
- Other approved fieldwork related expenses

All financial arrangements shall be governed by the applicable contractor agreement and procurement procedures.

15. Applications

Expressions of Interest (EOI) shall be submitted by **[Insert Closing Date]** to **[Insert Email Address]**.

The application package should include:

- Brief profile of the consultant, consultancy firm, or evaluation team.

- Detailed CVs of all proposed team members.
- Technical proposal demonstrating understanding of the Terms of Reference and proposed methodology.
- Proposed workplan and availability of the team.
- Financial proposal, including professional fees and reimbursable costs.
- Examples of similar assignments conducted in the past.

Only complete applications will be considered.

The contracting organisation reserves the right to request references and examples of previous evaluation reports during the selection process.

The contractor further reserves the right to terminate or renegotiate the contract if proposed key personnel become unavailable and acceptable replacements cannot be provided.

Compliance Requirements

All team members, including consultants, researchers, interpreters, enumerators, data collectors, and support staff, must:

- Sign and comply with the CBM and/or RCZ Code of Conduct.
- Sign and comply with the Child and Adult Safeguarding Policy.
- Adhere to data protection, confidentiality, and privacy requirements.
- Follow ethical research standards and informed consent procedures throughout the assignment.

16. Documents Available to the Evaluation Team

The following documents will be made available to the selected consultant(s) after contract signature:

Project Documentation

- Approved project proposal.
- Project logical framework/results framework.
- Theory of Change (where available).
- Project budget and financing plan.
- Annual workplans.

Monitoring and Reporting

- Baseline and feasibility study reports.
- Annual narrative reports.
- Progress and monitoring reports.
- Indicator tracking tables.
- Training and screening reports.
- Routine monitoring data.
- Disability-disaggregated datasets where available.

Financial and Administrative Documents

- Relevant financial reports.

- Audit reports.
- Procurement and equipment records.

Evaluation and Learning Documents

- Previous reviews and assessments.
- Relevant internal learning reports.
- CBM Programme Quality Framework (PQF).
- CBM Evaluation Guidelines.
- CBM Safeguarding Policies and Code of Conduct.

Policy and Context Documents

- Zimbabwe National Health Strategy.
- Relevant disability and inclusion policies.
- Relevant Ministry of Health and Ministry of Education documents.

Appendix 1: Stakeholder Analysis for the End Evaluation

Stakeholder	Interest and Contribution to the Project	Power & Influence (1-5)	Involvement in Evaluation and How
Children and Young Adults with Disabilities	Primary beneficiaries; access eye screening, treatment, spectacles, referrals, and rehabilitation services. Provide direct evidence of project outcomes and inclusion.	3	FGDs, beneficiary interviews, case studies, outcome validation.
Children and Young Adults without Disabilities	Primary beneficiaries of screening, treatment, and awareness activities.	3	FGDs, beneficiary interviews, surveys.
Parents, Guardians and Caregivers	Support treatment-seeking, adherence to referrals, and follow-up of beneficiaries.	3	FGDs, KIIs, outcome and sustainability discussions.
Village Health Workers (VHWs)	Conduct community awareness, identification, and referral of eye health cases.	3	FGDs and KIIs on capacity building, referrals, and sustainability.
Primary Health Care Workers	Provide primary eye care services and referrals.	4	KIIs and facility assessments.
Ophthalmic Nurses	Deliver diagnosis, treatment, screening, and referral services.	4	KIIs, competency assessment, validation workshops.
Teachers and School Health Coordinators	Support school screenings and referral of learners with eye conditions.	3	FGDs and KIIs.
Children with Disabilities' Special Schools (e.g. schools for the blind, deaf, and intellectual disabilities)	Facilitate access to eye care services for learners with disabilities.	3	KIIs and site visits.
Community Leaders (Traditional, Religious and Local Leaders)	Mobilize communities, influence health-seeking behaviour, and support awareness campaigns.	4	KIIs and validation meetings.
Organisations of Persons with Disabilities (OPDs)	Promote disability inclusion, advise on accessibility, and advocate for rights.	4	KIIs, FGDs, participation in validation workshops.
Reformed Church in Zimbabwe (RCZ)	Implementing partner responsible for project delivery and sustainability.	5	KIIs, document review, management meetings, validation workshops.
Morgenster Mission Hospital Management	Host institution for the Eye Unit and central service provider.	5	KIIs, facility assessment, validation workshops.
Project Staff (Programme Manager, M&E, Finance and Technical Staff)	Responsible for planning, implementation, monitoring, and reporting.	5	KIIs, document review, lessons learned sessions.

Ministry of Health and Child Care (MoHCC)	Strategic partner responsible for health policy, staffing, and sustainability of services.	5	KIIs, policy review, validation workshop participation.
Provincial Medical Directorate and District Health Executives	Oversee eye health service delivery and integration into public health systems.	5	KIIs and stakeholder workshops.
Ministry of Primary and Secondary Education (MoPSE)	Supports school screening and health promotion activities.	4	KIIs, validation meetings.
Ministry of Public Service, Labour and Social Welfare	Supports disability inclusion and social protection systems.	3	KIIs where relevant.
Provincial Prevention of Blindness Committee (PPBC)	Coordinates provincial eye health initiatives and advocacy.	4	KIIs and validation workshops.
CBM Country Office	Technical and financial partner providing oversight, guidance, and quality assurance.	5	KIIs, management meetings, review of findings.
CBM Global Technical Advisors	Provide strategic direction on eye health, inclusion, and programme quality.	4	KIIs and review of draft findings.
Donor (BMZ/Bengo)	Provides funding and accountability requirements.	5	Primarily users of evaluation findings; consultation if required.
Zimbabwe Association of the Visually Handicapped (ZAVH)	Represents persons with visual impairments and promotes inclusion.	4	KIIs and validation meetings.
Federation of Disabled Persons in Zimbabwe (FODPZ)	Advocates for disability rights and inclusive development.	4	KIIs and validation meetings.
Other NGOs and Eye Health Partners (e.g. LCDZ, SOLIDAMED and CBM Global)	Complementary stakeholders in eye health programming and system strengthening.	3	KIIs and lessons learned discussions.
Community Members	Benefit indirectly from improved eye health services and awareness.	2	Community FGDs and feedback sessions.

APPENDIX 2

IMPACT MATRIX

Impact (Overall Objective)	Indicators	
	Initial Value (quantitative and qualitative)	Target value (quantitative and qualitative)
The eye health of children and young adults with and without disabilities in Masvingo province in Zimbabwe is improved	The number of children and young adults with and without disabilities in Masvingo Province suffering from preventable eye disease or blindness each year is currently estimated at 5%	At the end of the project, the number of children and young adults with and without disabilities in Masvingo Province suffering from preventable eye disease or blindness each year is less than 3%.
Outcome (Specific Objective)	Indicators	
	Initial Value (quantitative and qualitative)	Target value (quantitative and qualitative)
48 886 children and young adults in Masvingo province have improved access to comprehensive eye health services.	Only the eye unit at Morgenster Hospital provides a limited form of paediatric eye care, treating only 673 children and young adults in the last 12 months. None of the 6 district health facilities in Masvingo province provide paediatric eye care.	Upon completion of the project, all 7 secondary health facilities (Morgenster Hospital Eye Unit and 6 District Health Facilities) in Masvingo Province will provide paediatric eye care services.
	There is little data to suggest that children and young adults with disabilities use eye care services in the target facilities, although national disability statistics suggest that about 7% of people have a disability.	By the end of the project, at least 2.5% of children and young adults accessing eye care services in the target facilities will be children and young adults with disabilities (representing approximately 1/3 of the estimated population of children and young adults with disabilities in Masvingo province).
Outputs (Results)	Indicators	
	Initial Value (quantitative and qualitative)	Target value (quantitative and qualitative)

1. The eye unit at Morgenster Hospital and the 6 district health facilities are better equipped to provide quality and inclusive eye care to children and young adults.	The eye department of Morgenster Hospital has only 3 static microscopes and one mobile microscope along with one field analyser, one A/Scan, one tonometer and three static slit lamps. For paediatric ophthalmology the department lacks Ishihara colour plates, Frisby Stereotest Seam Test with 3 plates, Duochrome test chart, Hertel Exophthalmometer, Auto Ref Keratometer, APPA OCT 2018 machine, portable slit lamp and other diagnostic equipment.	At the end of the project, the eye department of Morgenster Hospital will be equipped with Ishihara colour plates, Frisby Stereotest Seam test with 3 plates, Duochrome test board, Hertel Exophthalmometer, Auto Ref Keratometer, portable slit lamp, APPA OCT 2018 machine and other diagnostic equipment to provide quality and comprehensive paediatric ophthalmology services.
	The 6 district facilities only have Snellen charts and tetracycline eye ointment. They do not have the necessary equipment and consumables to provide even minor paediatric ophthalmic services.	At the end of the project, the 6 health facilities in the district will be equipped with ophthalmoscopes, torches, N8 viewing panels and diagnostic guidance algorithms to provide quality and comprehensive paediatric ophthalmology services
2. Eye health personnel at the primary and district levels have strengthened their capacity to provide quality and comprehensive eye health services.	None of the sampled Primary Care Nurses (PCNs) have received formal training in Primary Eye Care (PEC) or in disability inclusion. They are not able to treat minor cases that should be treated at the primary level (e.g. eye allergies, conjunctivitis) and instead refer most eye health cases to the secondary level.	At the end of the project, 218 (31 per district from the 7 districts of Masvingo Province) PCNs are trained in PEC and disability inclusion to address minor eye problems at the primary level. -1500 - Village Health Workers (VHW) (214 per district from the 7 districts of Masvingo Province), are trained in primary inclusive eye care.
	None of the sampled ophthalmic nurses (OPNs) in the six district health facilities have received	At the end of the project, 20 OPNs (5 from Morgenster Hospital Eye Unit and 15 from district health facilities) are

	formal training in refraction and the diagnosis of refractive errors to treat uncorrected refractive errors (URE) in the district health facilities. Instead, they refer cases to the eye department of Morgenster Hospital, where there is limited capacity, especially to treat low vision cases.	trained in refraction and diagnosis of refractive errors to treat URE in district health facilities. The 5 OPNs from Morgenster Hospital Eye Unit are trained in Low Vision to effectively manage patients with low vision.
	None of the sampled Village Health Workers (VHWs) have received formal training in primary eye care (PEC) or disability inclusion to identify and refer community cases to the primary health level.	By the end of the project, 1500 VHWs (214 per district from the 7 districts of Masvingo Province) will be trained in PEC and disability inclusion to improve identification and referral of eye health cases to the primary health level.
3. children and young adults with and without disabilities have better access to comprehensive eye examinations through community and school-based screening programmes in Masvingo province.	In Masvingo province, there is currently no comprehensive screening programme at community or school level to identify and refer children and young adults with eye care needs.	By the end of the project, 65% of children and young adults with and without disabilities in Masvingo province will be screened for eye health (635,518 children and young adults). At the end of the project, 5% (31,775) of the children and young adults screened, with and without disabilities, are being treated for eye health problems.
4. Community members and leaders in Masvingo Province are more sensitised to inclusive eye health promotion and prevention strategies and related health and social services.	According to the 2019 RAAB survey for Masvingo Province, "lack of awareness" is one of the top two reasons why people do not seek ophthalmic services. According to the National Eye Health Strategy 2021 -	At the end of the project, 3 920 adult community members and leaders are sensitised on inclusive eye health promotion, prevention and related health and social services to support early eye health seeking behaviours of children and young adults with and without disabilities.

	2025, there is a lack of key messages, events and materials on eye health.	At the end of the project, key messages and inclusive materials on eye health will be available for use at awareness-raising events for children and young adults with and without disabilities, as well as community members and leaders in the seven target districts.
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