



RFP – Selection of Consultant(s) for End-term Evaluation | Childhood Blindness Project

Project Title: Sitapur Eye Hospital - Orbis Comprehensive Childhood Blindness Project (Phase – II)

1. Introduction and Background

1.1 Introduction:

These Terms of Reference (TOR) outline relevant details for Orbis to hire an external evaluator to lead an end-term evaluation of **Sitapur Eye Hospital - Orbis Comprehensive Childhood Blindness Project (Phase – II)**.

Orbis International works around the world to prevent blindness and restore sight for children and adults in places where eye care is out of reach—so vision problems don’t make it harder to learn, earn a living, or enjoy life. Around 1.1 billion people live with vision loss, but with the right care, 90% of it is entirely avoidable. That is why Orbis trains doctors, nurses, and other eye care professionals to provide care in their own communities—and works to make sure people of all ages can access the eye exams, glasses, medicine, and surgeries they need to protect and restore their sight. Orbis began this work more than 40 years ago with the Flying Eye Hospital, a teaching hospital on a plane that brings expert training and care where they’re needed most. Today, we also work with local hospitals and clinics across Africa, Asia, and Latin America to make eye care available to more people, and we use and develop technology—like our award-winning Cybersight e-learning and telehealth platform, artificial intelligence screening, and virtual reality training—to help eye care teams treat patients more effectively. Orbis ranks in the top 3% of U.S. charities, having earned top marks for transparency and accountability from Charity Navigator, GuideStar, and the Better Business Bureau. To learn more, please visit orbis.org.

2. Project Information

2.1 Project goal: To reduce avoidable blindness and visual impairment among children in the three target districts of Uttar Pradesh by developing affordable, sustainable, quality child eye care services.

2.2 Project objectives:

- I. To develop infrastructure and strengthen the capacity of human resources at the base hospital (**Sitapur Eye Hospital-Children’s Eye Care Center**) and its community networks (**Seven Vision Centers**) to provide quality pediatric eye care services .
- II. To eliminate barriers to eye health by increasing access to comprehensive pediatric eye care services for children in rural and remote areas via the seven vision centres.
- III. To develop an enabling environment and increase the knowledge base in the community about prevention and treatment of avoidable blindness in children.

2.3 Target population and project sites:

The primary catchment area for service delivery are children aged 0-18 years from the three districts of Sitapur, Bahraich, and Lakhimpur Kheri in Uttar Pradesh. The estimated combined population of children in these three districts is 4.1 million. Other adjacent districts where SEH is currently providing eye health services constitute the secondary catchment area with an approximate population of 6 million.

Vision center locations

S.No	Location of VC	District
1	Mahmudabad	Sitapur
2	Khairabad	Sitapur



3	Nanpara	Bahraich
4	Lakhimpur	Lakhimpur Kheri
5	Gola	Lakhimpur Kheri
6	Paliya	Lakhimpur Kheri
7	Aira Khamariya	Lakhimpur Kheri

2.4 Project duration: Jan 01, 2023-Dec 31, 2025

2.5 Project partner-Sitapur Eye Hospital, Sitapur

2.6 Project strategy and approach:

This project aptly fits within Orbis’ strategy under the umbrella of its Childhood Blindness Initiative as well as within the stated focus area of pediatric eye care in the Global Strategic Plan 2022-2026.

Objective 1- To develop infrastructure and strengthen the capacity of human resources at the base hospital and its community networks to provide quality pediatric eye care services.

Supported infrastructural modifications to deliver quality child eye care:

- Despite Sitapur Eye Hospital (SEH) offering subspecialty services, pediatric eye care was underdeveloped. The key challenges included not having a dedicated child-friendly eye care facility at the base hospital. In response, the project supported the establishment of the Children’s Eye Centre (CEC) at SEH. The design and development of the CEC were informed by lessons and best practices from 33 similar centers previously implemented by Orbis in India. In addition to the infrastructure upgrades, the project facilitated the procurement and installation of essential equipment to enable pediatric eye examinations and surgical procedures.
- Other fixed facilities operated by SEH, like vision centers, did not have the required infrastructure, equipment, and human resources to deliver eye care services to the children in their catchment area. The project supported to strengthen the existing vision centers (VCs) across the three target districts with equipment and upskilling of human resources to enhance the delivery of quality eye care services for children. These centers, primarily catered to adult populations prior to the intervention.
- Recognizing the challenges posed by unreliable electricity in the region, four of these VCs were equipped with solar energy systems to ensure consistent energy access and uninterrupted service delivery. This intervention also contributes to the Sustainable Development Goal (SDG) related to affordable and sustainable energy. The remaining three centers (Nanpara, Gola, and Paliya) were already converted to Green Vision Centers (GVCs) in a previous phase of the program. Seven e-bikes were also provided to enable staff to conduct eco-friendly outreach, screening, and community education activities in their respective catchment areas.

Developed HR capacity through appropriate training

- Developing human resource capacity through appropriate training was a key component of the project, in recognition of the global shortage of trained eye health professionals — particularly in pediatric ophthalmology. To address the human resource gap, the project supported infrastructure and service



delivery enhancements at both hospital and the vision centre, with a strong focus on developing essential cadres of trained personnel.

- Identified partner staff were trained in skill areas specific to pediatric eye care. Optometrists, staff nurses, and vision technicians were trained. In addition, customized training opportunities were offered to ophthalmic professionals through Multi-Disciplinary Hospital-Based Training (HBTs) and Orbis' e-learning platform, **Cybersight**. This strategy aimed to equip the clinical team to manage a higher volume of pediatric patients and treat more complex cases.

Objective 2: To eliminate barriers to eye health by increasing access to comprehensive pediatric eye care services for children.

- Access to eye care services at secondary or tertiary facilities, particularly in rural and remote communities, remains a key challenge due to distance, cost of travel, and lost wages. To create access, the vision centers conducted community-based activities, at schools, Anganwadi, and pediatric camps screening Children identified during primary screening were referred to the vision centers for secondary evaluation and children requiring further diagnosis or surgical interventions were referred to the base hospital. The project supported all pediatric surgeries, including those requiring examination under anesthesia, either through project funds or contributions from the partner hospital. Free or subsidized spectacles were provided to children needing refractive correction.
- Digital data management systems were deployed in three additional centers (Laharpur, Biswan, Khairabad), ensuring all seven vision centers are equipped with software that enables secure, efficient, and continuous patient data management.
- In the event of school closures due to the pandemic or other disruptions, door-to-door screening was implemented to maintain service continuity.

Objective 3: To develop an enabling environment and increase the knowledge base in the community about prevention and treatment of avoidable blindness in children.

Improve health-seeking behavior through the following strategies:

- One-to-one counseling and education of patients at all service points (including tertiary hospital, vision centers).
- Information dissemination during outreach camps using audio-video materials, posters, group discussions, and distribution of leaflets.
- Engaging local media like FM Radio channels and Local Cable TV channels for mass communication.
- Using community volunteers to reach communities with eye health information.

3. Objectives and Outcomes of the Evaluation

3.1 Evaluation objectives:

- Assess the overall performance of the project in relation to project goal and objectives.
- Assess short-term and long-term results on the community arising out of project interventions.
- Assess if there has been any societal or systemic changes that may contribute to long term sustainable impact.
- Assess if any unanticipated outcomes (positive/negative) are there in the project; if so, what were they?
- Assess the effects of the program on target groups and partner institution
- Assess the determinants of sustainability beyond the project period.



3.2 Evaluation outcome:

The desired outcome of the evaluation is to generate evidence of the impact of the program with documented learnings and recommendations that Orbis can use to design Childhood Blindness projects in the future.

3.3 Evaluator deliverables:

An inception package, outlining:

- a. Evaluation design and methodology. In the methodology section, detail:
 - data collection tools
 - sampling procedures and sample size
 - quality assurance
 - data analysis
 - Stakeholder mapping
 - ethical considerations

(Also, include methodology to determine the effectiveness of the project and include information on the evaluation methodology and activities and indicate how project effectiveness can be measured beyond the project period.)

b. Work-plan

2. **A presentation** to Orbis highlighting significant findings and draft recommendations before the end of field work.
3. **A draft report** to be reviewed and commented on by Orbis.
4. **A final report** is to be submitted as per the structure below.
5. **A power-point presentation** of key findings, conclusions, discussion and recommendations, suitable for Orbis to use in presentation to stakeholders.

3.3.1 Structure of the final report

The report should be written in English and include the following sections:

- Acknowledgments
- Table of contents
- Executive summary
- List of abbreviations
- Introduction
- Background: overview of project, strategy, and activities
- Methodology: methods, limitations
- Findings
- Strengths, gaps/challenges, and lessons learned
- Discussion
- Recommendations
- Annexes: TOR; data collection tools; lists of interviewees, documents reviewed, sites visited; and disclosure of any evaluation team member's conflict of interest, etc.

4. Evaluation Scope, Questions, and Methodology

4.1 Scope of the evaluation:

- The evaluator will carry out the evaluation study and visit project locations in districts of Sitapur, Bahraich, and Lakhimpur Kheri in Uttar Pradesh.
- During the evaluation exercise the evaluator will review relevant data from existing database to carry out a desk review and analysis.



- Visit and interview the stakeholders at the facility and community sites.
- Interview beneficiaries who were prescribed and provided spectacles and received surgeries to assess their knowledge and attitudes.
- Interview a group of patients/families who did not accept spectacles and/or surgeries.
- Assess satisfaction level of the project beneficiaries.
- Assess institutional learnings on how the project has added value to the organization as a whole.

The consultant will be required to create an evaluation report based on the following criteria.

Criteria:

- **Relevance** – Whether the project was relevant to the objectives set?
- **Adequacy** – Whether it catered to the needs of the three districts in terms of the project objectives.?
- **Efficiency** – Resources expended versus outputs achieved?
- **Effectiveness** – To what extent the project has achieved the objectives outlined in the project.
- **Cross Cutting**– To what extent cross cutting issues such as gender equity and inclusion was addressed?
- **Impact**- To what extent has there been any societal or systemic changes that may contribute to long term sustainable impact.
- **Sustainability** – Scale and Scope to replicate in other places as well the local three districts – Policy and System?

4.2 Evaluation questions:

Relevance

- To what extent were the project interventions and approach/strategies suited to the needs of the community and the proposed project objectives? Are there any gaps?
- To what extent has the infrastructure of the Children Eye Center (CEC) been developed as planned to improve access to pediatric care services in the community?
- How adequately does the Children Eye Center (CEC) respond to the needs of pediatric eye care, including surgical interventions?
- Is the full-time availability of two pediatric ophthalmologists at the Base Hospital sufficient to meet the surgical needs of the catchment area?

Effectiveness

- How effective was the project in achieving its goals and objectives? What are the factors that contributed to these results or achievements? (allowing for external factors potentially contributing to these results and noting changes in objectives during the life of projects)?
- Have there been any unanticipated outcomes (positive or negative)? If so, what are they?
- To what extent have the network of Children Eye Center (CEC) and the Green Vision Centers (GVCs) able to improve access to pediatric eye care services for children?
- To what extent has the community access to services changed before and after the implementation of the project?
- To what extent has the capacity building of the optometrists, staff nurses and vision technicians improved in providing quality pediatric eye care?
- How effective was the referral pathway from the outreach to GVCs and from GVCs to the base hospital?

- To what extent was the strengthening of the Children Eye Center (CEC) effective in providing effective coverage around eye care within and beyond catchment?
- How effective was the setting of solar panels in ensuring uninterrupted services at the vision center?
- What specific barriers (e.g., geographic, financial, social) have been addressed and reduced or eliminated?
- To what extent was the data management system used effectively for ensuring continuity of care?
- Which strategies have been most effective in engaging community stakeholders such as teachers, ASHAs, and Anganwadi workers?
- Assess benefits of engaging community stakeholders (as teachers, ASHAs, and Anganwadi workers)
- Which awareness raising strategies (e.g., IEC materials, media campaigns, patient education) were most effective in improving community knowledge about eye health?

Efficiency

- To what extent were the resources (including financial) used efficiently ?
- Do the outcomes of the intervention represent value for money?

Cross cutting

- To what extent is the community aware and engaged proactively in seeking services on eye health care?
- Has there been a noticeable increase in pediatric patient footfall at Sitapur Eye Hospital and Green Vision Centers (GVCs) due to community awareness activities?
- How satisfied were the program beneficiaries on the program service delivery?
- What are the challenges faced by the partner on program implementation strategies.
- To what extent was gender integrated in the program?
- Has the project addressed the eye care needs of children with special needs? Did children and young adults with disabilities avail services at the GVCs and the base hospital? Were there any challenges? If yes, how were they addressed?
- Have projects had other notable effects on institutions and individuals (i.e., partners, beneficiaries, health facilities, etc.)? These may be positive or negative, and planned or unplanned.
- Have the project activities in the community led to increased awareness around eye care and improved eye health seeking behavior? If yes, then how? If no, why ?

Sustainability

- What are the successful ways of engaging with the community? What is the plan to sustain it beyond the project period?
- How does the partner hospital plan to continue the services initiated during the project? (Staff, infrastructure and service continuity, financial stability)?
- What are the key factors contributing to the sustainability of the project?
- What proportion of the operating cost of the vision center is being met directly by the revenue generated at the GVCs?
- Which sustainability measures were initiated during the project and have been formally institutionalized?
- What more should be done to strengthen the likelihood of sustaining benefits of the project?

Scalability:

- Has the project demonstrated a model that can be replicated?



- Are there specific challenges (financial, infrastructure human resources, cultural/geographic) to wider deployment of this model?

Impact

- What impact has a trained pediatric team had on the quality and scope of services provided at the Primary level?
- Assess whether there has been any societal or systemic changes that may contribute to long term sustainable impact?

Learnings, Challenges and recommendations (Challenges, learnings and recommendations)

- What were the learnings?
- What are the gaps/challenges ?
- What lessons were learnt with respect to results achieved (including distribution of results), implementation, and application of learning to project design and interventions?
- What are the recommendations for a revised project with the same focus?

4.3 Evaluation methodology:

The evaluator is expected to design an appropriate methodology to answer the evaluation questions. The methodology and data collection tools will be finalized in consultation with Orbis. Typically, the evaluator is required to travel to project sites and have face-to-face discussions with various project stakeholders to gather required information

A. Review secondary data including but not limited to: the project plan; M&E operational plan, data collection instruments, quarterly and annual progress reports; financial reports; medical/hospital data; and event reports, case studies, and special assessments/surveys.

B. Generate primary data via methods such as the following:

- Retrieve core indicator data directly from the Data tools and analyses to unearth trends in volume of patient services provided (e.g. # of patient visits, # of spectacles prescribed, # of surgeries performed etc.) from partner hospitals, as well as validate data that's already been reported.
- Collect and analyze data from eye health facilities (e.g. vision centers, base hospital etc.)
- Interview health facility staff, management, and other key informants
- Consult with relevant Orbis staff
- Collect case stories to show the outcome or impact of the project. Case stories can be patients who received services from the partner hospitals, or hospital staff who received training
- Conduct partner and patient satisfaction surveys.

5. Timeline and Tasks (To be discussed)

- RFP shared with potential evaluators by 6th Aug 2025
- Proposals received from interested evaluators by 26th Aug 2025
- Evaluator selected by 20th Sept 2025
- Inception meeting and work plan shared by 30th Sep 2025.
- Share design and tools developed by 14th Oct 2025
- Review Evaluation design and tools developed by 21st October 2025
- Finalize design and tools in consultation with Orbis by 28th Oct 2025



- Field visits-key informant interviews, and secondary data analysis completed by 20th Nov 2025
- Findings presented by evaluator by 30th Nov 2025
- Draft report submitted by 15th Dec 2025
- Orbis feedback on draft report provided by 19th Dec 2025
- Final report submitted by 26th Dec 2025

6. Expected Competencies of and Selection Criteria for the Evaluator

6.1 Expected Competencies of the Evaluator

The evaluator should have:

- At least a master’s degree in the field of public health/medicine/development studies/social science or other relevant discipline.
- Experience in research and evaluation in public health and community ophthalmology.
- Professional familiarity with hospital settings
- Strong methodological skills in the development and implementation of data collection tools, data management, and analysis
- Excellent written English and report writing skills
- Oral and written proficiency in the local language

6.2 Evaluator Selection Criteria

Criteria	Weight in Points
Technical proposal	
Personal/Organizational Background	
Relevant academic qualification (e.g., ophthalmology, public health, M&E, etc.)	5
Relevant experience (e.g., evaluation/ research/ survey in eye health)	15
Team (preferred over an individual evaluator)	5
Proposal Developed by Evaluator	
Proposed methodology	20
Proposed data management and analysis plan	10
Structure and presentation of proposal	5
Work plan/ time frame	10
Total	70
Financial proposal	
Proposed budget	30
Grand Total	100

7. Submission Checklist for Proposal

The evaluator will submit a detailed proposal. The proposal must describe the methodology, tools, and analysis plan in detail. The proposal should be divided into two parts: technical and financial. The financial proposal will include the evaluation’s estimated cost and list the evaluator’s daily rate. The technical part will contain the following sections:

- Background of evaluation company or organization
- Detailed evaluation methodology
- Detailed work plan/timeframe
- Evaluator’s CV listing relevant experience
- References



Proposals will be subject to a price and quality comparison.

8. Payment Schedule

Adapt installments and percentages to your country/project's needs

1st installment (30%) will be made upon signing of the contract.

2nd installment (30%) will be made upon submission of first draft.

3rd installment (40%) will be made upon submission of final report.

9. How to Apply

Interested applicants are requested to submit proposal (technical and financial) and required documents on or before **26th Aug 2025**. Application should be submitted via email to renu.sharma@orbis.org

Please mention **"TOR for End-term Evaluation | Childhood Blindness Project "** in the email subject line.

10. Considerations

10.1 Ethical Considerations:

The evaluation will respect human subjects' considerations such as confidentiality of responses in interviews or discussions as well as any personal patient information (which will not include identifiers) and obtaining informed oral consent from patients participating in interviews or surveys.

10.2 Safeguarding Policy

The evaluation will respect and adhere to Orbis safeguarding policy. Orbis has a zero-tolerance policy for harm, abuse, neglect and exploitation of beneficiaries by Staff and Representatives. Orbis recognizes its duty of care and ensures that concerns the organization has about a child or vulnerable adult's safety within the communities in which we work are reported to the appropriate authorities.

10.3 Child Protection Policy:

The firm/individual shall comply with the Child Protection Policy of Orbis International. Any violation /deviation in complying with Orbis' child protection policy will result in termination of the agreement.

10.4 Binding:

All documents, papers, and data produced during the assessment are to be treated as Orbis property and restricted for public use. The contracted agency/consultant will submit all original documents, materials, and data to Orbis International, India Country Office.