Innsbruck, 06.08.2024

Terms of Reference (ToR) for

Mid-term Evaluation[1]

Business Partnership Title:	Empowering the Hearing Healthcare Sector in Developing and Emerging Countries
ADA Project Number	2530-00/2021
Duration:	February 2022 – January 2025
Total Project Budget:	EUR 3,897,000
Countries:	14 countries in Asia and Sub-Sahara-Africa
Implementing Organisations:	MED-EL with support of (local) partners
Funding Organisation:	Austrian Development Agency

[1] This evaluation has to follow OECD-DAC standards and principles as well as the ADA Guidelines for project and program Evaluations.

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Context and Background

The World Health Organization[2] estimates that 430 million people worldwide suffer from disabling hearing loss. As a common sensory disability, hearing loss has a significant impact on the quality of life of those affected. Untreated hearing loss can have far-reaching negative consequences on well-being and social inclusion: It severely restricts a child's development and limits educational achievement. Later in life, it limits the professional development, employment opportunities and economic prospects of adults. Yet the awareness, prevention, diagnosis and treatment of hearing impairment remains a challenge in many countries. Huge gaps exist between the needs of the population in terms of hearing healthcare and existing capacities.

In response to this situation, the Austrian medical device company MED-EL initiated the Hearing Healthcare Alliance (HHA) project, co-funded by the Austrian Development Agency (ADA). As a family-owned company, MED-EL takes a long-term perspective and wishes to contribute to the socio-economic progress in developing and emerging regions. In the context of the HHA, MED-EL works together with local partners mostly from the public and the private sector and is supported by ICEP, an Austrian NGO that contributes its expertise in project management as well as social impact, i.e. the alignment of business strategy in emerging markets with sustainable local development.

The overall goal of the Hearing Healthcare Alliance is to significantly improve the diagnosis and rehabilitation of people with hearing impairment by establishing sustainable local structures in the hearing healthcare sector in 13 (initially 14) developing countries (9 in Sub-Saharan Africa, 4 in South Asia). The current project follows a pilot phase in Côte d'Ivoire and Bangladesh, and takes a holistic approach by targeting four main components whose implementation varies from one country to the other, depending on prevailing needs:

- Capacity development for sustainable structures in the hearing healthcare sector
- Early diagnosis for people with hearing impairment
- Qualification of local hearing healthcare experts
- Communication, research & gender equality

The project's ultimate beneficiaries are people with disabling hearing loss, reaching an estimated 78,800 persons in the countries concerned. Another important target group are (hearing) healthcare professionals and students. The Strategic Partnership started in February 2022 and will end in January 2025; MED-EL is currently revising a project prolongation until July 2025 and considering applying for another phase.

To make sure the project meets the criteria of relevance, impact, effectiveness, efficiency, coherence, and sustainability, one central component, the "Early diagnosis

[2] WHO (2021). *World Report on Hearing.* Geneva: World Health Organization.

for people with hearing impairment" – in particular the Newborn Hearing Screening (NHS) – shall be evaluated in 2024/2025. Under this component, the project provides various types of hearing screening equipment and extensive training to ensure proper implementation and follow-up of hearing screenings. The participating health professionals – audiologists, nurses, midwives – learn how to implement the screening protocol, record and report screening information, and inform parents/family members of the results in both theoretical and practical sessions.

Knowledge sharing complements the training and enables further learning. Globally, the Newborn Hearing Screening component will have, by the end of the project, amongst others:

- Equipped 47 health centres and hospitals for adequate new-born hearing screening
- Provided 26 hearing screening trainings (set-up/basic and advanced) for local teams
- Organized monthly monitoring and online support sessions in each country for a period of 2 years (max. 3 years)
- Trained around 100 health professionals in screening and screening tracking
- Screened at least 42,400 newborns.

The Hearing Screening component was selected after several in-depth consultations among the partners and the project team as the most suitable component for evaluation because:

- Hearing screenings contribute to inclusive health services.
- Early diagnosis would be an important component in the envisaged consecutive phase.
- Establishment of effective and sustainable structures and processes to ensure that the screenings continue in the medium and long term and after the project-supported pilot period of 2 to 3 years (coverage of costs like consumables (electrodes), eventual repairs, staff, ...) constitute a major challenge.
- (Future) project interventions can have an influence on the context (e.g. capacity building) and the structural anchoring of NHS programs and thus on their long-term sustainability.

Newborn hearing screenings make vital contributions to social inclusion, since early detection of hearing impairment is critical for optimal language development, emotional well-being, academic and professional success. Moreover, healthcare systems benefit from cost savings associated with timely interventions, as addressing hearing loss at an early stage is often more efficient and cost-effective.

The issue of hearing screenings and their sustainable anchoring are a major concern for health professionals in the sector, as shown by the high numbers of screenings in the project that by far outnumber the target indicators, but also by the high proportion of proposed projects that emerged in the framework of the public health trainings. The establishment of hearing screenings in different countries that use different approaches make it particularly interesting for analysis. For example, whether patients

have to pay or not for the screenings, or whether the project pays an extra compensation to staff doing the screenings.

These factors influence the effectiveness and sustainability of screenings and are decisive to ensure that the screenings continue in the medium and long term and after the project-supported pilot period of 2 to 3 years: Will they cover their costs like consumables (electrodes), eventual repairs, and staff? Hence, they best be considered from the very beginning of the establishment of a hearing screening programme.

To ensure that the evaluation can provide sufficiently detailed information to fulfil its purpose and functions, the two countries Benin and Nepal were selected based on the following criteria: different regions, population size, availability of data, access to experts, duration of implemented NHS programmes, comparable challenges in the institutionalisation of NHS with different starting points.

Newborn Hearing Screening in Country 1: Benin

Benin in Western Africa has approx. 13.3 million inhabitants. The NHS programme started in the first semester in four clinics and has exceptionally high monthly screening coverage rates of over 90%, which makes Benin not only the best performing country within the Hearing Healthcare Alliance but also better than a lot of countries of the Global North. Despite the success of the screening, it is still difficult to secure sustainable funding and political support for a broad and systematic anchoring of the NHS in the national health sector to allow for upgrading of the NHS from pilot project to national program status.

Newborn Hearing Screening in Country 2: Nepal

Nepal in the SAARC region has approx. 30 million inhabitants. The screening programme started in the second semester in one of the main public clinics in Nepal and is moderately successful since it has been facing infrastructural, technical and organizational/administrational challenges over the first 18 months. However, it is a good example to show which measures can be taken to overcome initial hurdles. As in Benin, it is still difficult to secure sustainable funding and embedding in the health system. Nevertheless, the active involvement of government officials since the very beginning laid the foundation for a possible inclusion of such universal newborn hearing screening programmes in the government system.

Purpose, functions, and objectives of the evaluation

The evaluation's purpose is to provide recommendations on sustainable and inclusive anchoring as well as scaling up of Newborn Hearing Screenings that will be based on lessons learned and good practices (learning & steering focus). Consequently, while the

evaluation will fulfil all three functions – learning, steering, and accountability – to a varying degree, its primary function will be learning.

The objectives of the evaluation are:

- To provide evidence on different modalities of implementing a hearing screening and allow to learn about how modalities and context lead to successful results in terms of having a sustainable hearing screening program established after 2-3 years (learning and steering function), more specifically:
- Show where and why the NHS has worked well (and where and why not).
- Outline basic criteria for effective and sustainable implementation of hearing screening programmes, including (but not limited to) human resources.
- Evaluate and compare alternative business models for NHS.
- Abstract specific project experiences with hearing screenings into practical recommendations on how to establish, accompany and support hearing screenings in a project context with a view to ensuring sustainable anchoring and continuation.
- To generate evidence on the critical factors that make NHS a tool for improving the social inclusion of people with hearing loss.
- To contribute to accountability via data analysis of realized hearing screenings.

The main users of the evaluation will be MED-EL, in particular (but not limited to) the project team, project partners both in the countries of evaluation and other project countries, as well as other partners such as ICEP and ADA.

Scope of the evaluation

The evaluation will be conducted from mid-October 2024 to March 2025.

Focus countries of the evaluation will be Benin and Nepal.

The period covered by this mid-term evaluation is the entire duration of the project, starting from February 2022 up to the time of the evaluation.

Notwithstanding the scope of the evaluation – the Newborn hearing screenings – cross cutting themes will also be considered and reflected upon in the evaluation, in particular gender equality, social inclusion, the principle to leave no one behind, and the human rights-based approach to development.

The ADA Guidelines for Programme and Project Evaluation (see Annex) as well as the OECD DAC standards and guidelines provide the framework for this mid-term evaluation and must be followed.

Evaluation questions

A) SUSTAINABILITY (Will the benefits last?)

1. Which business models for the NHS are likely to be sustainable in different contexts and why?

2. Which project interventions (e.g. training, capacity development, financial support) have contributed to creating an enabling environment for the NHS to function beyond the duration of the project?

B) RELEVANCE (Is the intervention doing the right things?)

3. How appropriate was the design of the hearing screening component to promote inclusiveness?

C) EFFECTIVENESS[3] (Is the intervention achieving its objectives?)

4. In how far did the hearing screenings and related project activities actually contribute to inclusive hearing healthcare?
5. What enables and what hinders the successful implementation (i.e. high screening rates) of Newborn Hearing Screenings?

Design and Approach

This evaluation should follow a non-experimental approach using mixed methods and comply with the ADA Guidelines for Project Evaluations. Both qualitative and quantitative data will be gathered and analysed (quantitative data sets will be provided but might have to be complemented with additional data, such as total number of births at a hospital screening site).

The data collection and analysis methods used for this evaluation must be sufficiently rigorous to conduct a fair and impartial evaluation. Evaluators should use a variety of methods to collect the required data and allow for triangulation. While the evaluator(s) will be provided with a draft list of contacts, they shall revise the list and – at the latest with the inception report – include a definite methodology that guarantees a broad perspective on the evaluated topics, including an approach that allows to gather the views and experiences of women, men, professionals, beneficiaries and (if possible) non-beneficiaries. Where group interviews / focus groups are held, care must be taken that the views of all participants will be reflected. The evaluation might also include visits to newborn hearing screening sites, preferably by local evaluation team members.

DESK STUDY / EXISTING DATA

- Narrative reports with specific attention to Component 2 – Hearing Assessment including NHS
- Quantitative data from Newborn Hearing Screenings
- Other available data (to be researched) such as health statistics
- Training material, reports and evaluations/assessments from NHS training sessions
- Minutes and other documents from NHS monitoring sessions
- Policy documents that provide framework for NHS
- Business plans for NHS (where applicable)
- .....

PRIMARY DATA

[3] Evaluation questions are based on OECD/DAC criteria. Additional criteria not explicitly part of this evaluation: COHERENCE: How well does the intervention fit?; EFFICIENCY: How well are resources being used?; IMPACT: What difference does the intervention make?

Methods: Semi-structured, individual or group interviews, focus group discussions, Surveys[4]; Case study; Observation; and others

Stakeholders to be interviewed:

- Beneficiaries such as parents of screened children (including children that have been referred for follow-up)
- Staff (doctors, nurses, midwives) working at the screening sites
- Other experts knowledgeable on Newborn Hearing Screenings (technique, structure, processes, ...) such as administrative clinic/hospital staff, suppliers of equipment, trainers etc.
- Government officials
- MED-EL local staff
- Path Medical as know-how expert and screening device supplier

Altogether, about 15-20 interviews / group discussion partners in each country as well as expert input from project staff will be gathered. All data must be collected and processed in a sex-disaggregated manner.

An initial proposition for methodology and methods (including interview partners) must be presented by the consultant in the technical offer. The proposition will be finalized for the inception report, which will give details on the evaluation design and how evaluators will work with diverse stakeholders to get sufficiently objective insights.

Workplan

Deliverables

Evaluators must submit the following deliverables:

- A draft evaluation inception report (maximum 10 pages without annexes), with the main focus on the methodological proposition, and in line with the checklist in the ADA Guidelines for Programme and Project Evaluations, Annex 5
- Presentation of inception report
- A final evaluation inception report that takes into account feedback from ADA, MED-EL, and ICEP and guides the further evaluation process
- Presentation of preliminary findings (virtual meeting)
- A draft final evaluation report (30-40 pages without annexes), including a draft analytical summary (max. 4 pages) and the (draft) Result Assessment Form/RAF (part of the report requirement) in English. The report must be aligned with the checklist in the ADA Guidelines for Programme and Project Evaluations, Annex 6
- Presentation of draft evaluation report
- The final evaluation report (30-40 pages, without annexes), the final summary and the completed Result Assessment Form (RAF) form
- A summary presentation of the final evaluation report in ppt (virtual or live meeting)

[4] Purpose and complementarity of surveys, if envisaged, have to be clearly outlined.

ADA-Guidelines for Program and Project evaluations and its annexes must be taken into account. Reports (inception and evaluation) must be structured and include the content as detailed in the relevant Annexes, and be submitted in English.

Formatting of the reports: All reports will be in Arial or Times New Roman font (letter size 11 or 12) and single-spaced. Reports will be submitted in Word and PDF formats in their final layout.

Procedures and logistics: Evaluators will cover all their travel expenses as well as all expenses for printing, copying, data entry and other services in support of the evaluation.

MED-EL reserves the right not to pay contractors or to withhold part of the amount payable if the requirements set for this assignment are not met or if the deadline set for the completion of the tasks is not respected. Evaluators will be in frequent contact with the evaluation managers at MED-EL and ICEP and will inform immediately of any delays or other difficulties that may affect the effective and timely implementation of the evaluation process.

The evaluation team is responsible for arranging and coordinating field visit dates with all partner organisations.

Timetable

The assignment should start in October 2024 and be finalised latest March 2025.

	Name of task	Timeline
Inception phase	Kick-off Meeting: Briefing of the evaluation team	Mid-Oct. 2024
	In-depth study documentation & research on existing data	October/ November 2024
	Drafting of inception report and submission	
	Feedback on inception report (ADA, ICEP, MED-EL)	
	Incorporation of feedback and finalization of inception report	
Data collection	Virtual Interviews, further document review	January 2024 to March 2025
	Data collection in target countries	
Analysis and report	Data analysis and presentation of preliminary findings	
	Drafting of evaluation report, including annexes	
	Feedback on the draft evaluation report	
	Incorporation of feedback, finalisation and submission of evaluation report (including RAF)	

Evaluation Management Arrangements

The evaluation will be managed by ICEP in close cooperation with the evaluation focal point at MED-EL and the concerned country project managers.

ICEP will:

- Steer and coordinate the evaluation process
- Ensure compliance with the principles and standards for good evaluations
- Ensure the quality and timeliness of the evaluation
- Be the contact point for the evaluator(s) and ADA programme and project manager

MED-EL will be responsible for

- Providing documents, information and feedback on project-specific questions
- Introducing the evaluator(s) to relevant stakeholders and explaining the purpose and objectives of the evaluation
- Reflecting and providing inputs and feedback on the inception and the evaluation report
- Owning, disseminating and following up on the evaluation's outcome

Requirements for the Evaluator(s)

The evaluation can be undertaken by only one or by a team of evaluators. In case a team of evaluators works on it, responsibilities of each team member (including the lead) and coordinating mechanisms must be clear. It is expected that each team member collects and analyses data themselves (neither pure coordination functions nor outsourcing of data collection tasks to third persons are foreseen). Local team members will be considered a strong asset. Minimum requirements for the evaluator(s) are:

- Experience in evaluating large-scale international projects funded by institutional donors, ideally in connection with the private sector, proven by at least three evaluations (for the team lead)
- Experience in the public and/or the private health sector in the context of developing and emerging countries
- Proven expertise in minimum one of the countries/regions would be of advantage
- Knowledge of quantitative and qualitative collection and analysis of data, including proven experience in planning and conducting semi-structured interviews and focus group discussions
- Proven experience in the use of participatory methods
- Excellent reporting and communication skills; strong analytical skills
- Fluent in English and excellent report writing skills in English; working knowledge of French
- Knowledge of local languages within the evaluation team would be an advantage
- Sensitivity on culture, gender equality and inclusion
- Subject matter expertise in Hearing Healthcare would be an advantage
- None of the team may have been involved in the design, implementation or monitoring of this project
- All team members must respect the ethical standards and guiding principles of the evaluation, in particular impartiality and independence
- Reliably available throughout the proposed schedule

Specifications for the Submission of Offers

It is estimated that approximately 50-75 working days will be needed to conduct the evaluation. The available budget for the evaluation is in a range of 32.000 - 40.000 Euros net plus VAT (including travel and related costs). VAT needs to be identified as such.

Offers of interested bidders need to consist of:

1. A technical offer of max. 8 pages, including
   - Understanding of the assignment
   - Presentation of the overall approach including appropriate measures for stakeholder / beneficiary participation
   - Work plan, including the division of tasks and the estimated working days per expert
   - CVs of all team members (as annexes) including references of previous evaluations

2. A financial offer, including
   - Fees per expert incl. estimated number of working days
   - Travel expenses
   - Other expenses

MED-EL's project team and its project partner ICEP will score the bids based on the technical offer (70%) and the financial offer (30%).

Note on value added tax: With reference to Article 24.3 of the Austrian Development Agency General Terms and Conditions of Contract for Consultant Services and Similar Intellectual Services (hereinafter "General Terms"), the Contractor shall only be entitled to charge to the CA value added taxes incurred during the implementation of the Service Contract in the event that, at the time of the submission of the final financial statement, the Contractor can prove that such value added taxes are not recoverable by any means, and it is established that they are effectively borne by him/her.

To be considered in the selection process, candidates must not have been involved in the design, monitoring or implementation of the project that is being evaluated.

The offer shall be submitted as pdf by 16th September 2024, 22.00 CET via email to both c.westermayer@icep.at and sebastian.holler@medel.com with the reference "Offer Evaluation Hearing Healthcare Alliance".

Questions should be addressed to both, at the latest by 10th September 2024.

Background Documents

These (and other) documents relevant to the project will be shared with the best bidder after kick-off. The list of documents is only indicative to show which documents are available.

- The project homepage: https://hearinghealthcare.medel.com/
- Grant Agreement between MED-EL and ADA (including all annexes especially the project proposal, logframe and EGSIM assessment and recommendations by ADA)
- Agreements between MED-EL and the local partners
- Project progress reports for the project implementation period (as available), including indicator reports for the target regions
- Information on NHS, i.e. monitoring, numbers, lost to follow-up as well as screening data and statistics of the participating clinics in both target countries
- Preliminary draft list of key project staff and relevant stakeholders to be interviewed

Annexes

ADA Guidelines for Framework program and Project Evaluations including annexes, specifically:

- Quality checklist for the inception report (Annex 5)
- Evaluation report quality assurance checklist (Annex 6)
- Evaluation matrix (Annex 7)
- Feedback matrix (Annex 8)
- Results assessment form (Annex 9)