TERMS OF REFERENCE FOR THE EVALUATION
OF PROJECTS OF TELEMEDICINE AND E-HEALTH NETWORK
IN CABO VERDE FOR THE PERIOD 2011–2017

1. Background

In 2011, the Government of the Republic of Slovenia defined Cabo Verde as an international
development cooperation programme country. The decision was based on the Resolution on
International Development Cooperation of the Republic of Slovenia for the period up to 2015, which
defines Africa as the priority region and affirms Slovenia's commitment to establish an active bilateral
development assistance programme in one or two African countries. Cabo Verde was selected as a
politically stable country that has established bilateral relations with Slovenia, is keen on stronger
economic cooperation with the European Union, collaborates with Slovenia within the Green Group, and
is not among important recipients of official development assistance, and in which Slovenia has limited
diplomatic presence through non-resident coverage.

On 22 September 2010, the two countries signed the Agreement on development cooperation
between the Government of the Republic of Slovenia and the Government of Cabo Verde (hereinafter:
Agreement), which entered into force on 2 July 2012. Between 2011 and 2017, the cooperation
focused on two out of 8 target areas, as stipulated in the Agreement, namely: 1/ health with e-health
telemedicine projects and 2/ support for education and the granting of scholarships through a
scholarship intended for two Cabo Verdean citizens taking part in undergraduate medical studies in
Slovenia (first enrolment in 2013-14).

Telemedicine and e-health projects, carried out by ITF Enhancing Human Security, focus on the
deployment of a telemedicine and e-health network in Cabo Verde by providing telemedicine and e-
health equipment to eleven (+ 2 planned) pre-selected hospitals on all 9 inhabited islands; by
establishing an uninterrupted medical education platform (videoconferencing and electronic medical
libraries); by providing medical and technical staff training (medical doctors, nurses and IT experts),
responsible for the management and maintenance of the telemedicine network, which at present
includes 11 centres across the entire country; and by the inclusion of the network into the national
health system, thus guaranteeing its sustainability. Using the telemedicine network, two advisory
hospitals with telemedicine centres on each of the two main islands, i.e. São Vicente (Mindelo) and
Santiago (Praia), provide tertiary care to all islands. This allows daily 'teleconsultations' and distance
assistance to individual clinical disciplines (dermatology, cardiology, trauma orthopaedy etc.) on
remote locations across Cabo Verde, permanent virtual medical training, research, and international
cooperation with institutions all over the world, all based on state-of-the-art telemedicine equipment.
The telemedicine and e-health projects represent the most important set of Slovenia's international
development cooperation activities on the African continent.

2. Rationale, purpose and objectives of the evaluation

The evaluation is undertaken for the Ministry of Foreign Affairs (hereinafter MFA) in order to obtain an
overall assessment on the projects of telemedicine and e-health network of the Slovenian

1 Slovenia initiated the creation of the Green Group, which brings together six small countries, i.e. Iceland, Costa Rica,
Singapore, Slovenia, Cabo Verde and the United Arab Emirates. In the past, the Group was focused on the activities relating to
the environment and sustainable development; in addition, it fostered enhanced cooperation among its members in bilateral
relations, as well as economic, research, academic, and other areas.
development cooperation in Cabo Verde. It will allow a consideration of future strategic orientations of Slovenia's international development cooperation on Cabo Verde.

The evaluation objectives are as follows:
- verification of results and of project implementation in the said period, as well as its effectiveness;
- analysis of the elements that have impacted project results;
- analysis of field requirements; and
- preparation of recommendations for the development of future policies, projects and activities.

3. Scope of evaluation

The evaluation will examine the projects of telemedicine and e-health of the Slovenian development cooperation in Cabo Verde in the period 2011–2017, including recommendations for the next period will be drafted.

4. Issues to be addressed and evaluation questions

4.1. Cross-cutting objectives and evaluation questions

An evaluation of the cross-cutting objectives is to be integrated into the evaluation criteria and questions. The programmes and projects will be evaluated in relation to cross-cutting objectives including human rights based approach, gender equality and environmental protection.

4.2. Evaluation criteria and evaluation questions

The evaluation's main objective is to produce an overall assessment of the projects of telemedicine and e-health of the Slovenian development cooperation in Cabo Verde. The evaluation should focus on the evaluation questions listed below. However, the evaluation team is encouraged to address all issues that are relevant for the success of the project.

Relevance
To what extent are the objectives of the project harmonised with the requirements of the beneficiaries, the needs of the state, global priorities and the policies of partners and Slovenia itself?

- What is the significance of projects for end users and to what extent they meet their needs and interest?
- Are the objectives and outputs of the projects in line with Cabo Verдеan policies and strategies in the field of medicine? Are they in line with the requirements of local communities? Are there any similar projects by other donors?
- Are the objectives and outputs of the projects in line with Slovenia's international development cooperation (ending poverty, reducing inequalities and achieving sustainable development, thematic and geographical priorities, the principles of international development cooperation, cross-cutting objectives)?
- How are the development cooperation principles applied:
  - To what extent has the principle of international development cooperation ownership been taken into account by the Republic of Slovenia?
  - To what extent has the principle of international development cooperation inclusive partnership been taken into account by the Republic of Slovenia?
  - To what extent has the principle of transparency and mutual responsibility been taken into account?

Effectiveness
To what extent have the project activities reached, or will reach, the objectives of the projects? It is to be presented whether the results have encouraged the fulfilment of project intentions, or if they will do so in the future.

- To what extent have the objectives of the projects been, or will be, achieved? To what extent have the target groups been, or will be, reached?
- Which are the main factors impacting the (non)fulfilment of the objectives (strengths and weaknesses to be stated)?

Efficiency
How efficiently have the available resources been used to carry out various activities aimed at achieving the planned results in terms of quantity, quality and time?

- How efficiently have the available resources been used to achieve the planned effects or outputs in terms of quantity, quality and time? Do the outputs justify project expenditure?
• Are there have been any less costly solutions/alternatives applying to health centre establishment and technical solutions aimed at sustainable objective fulfilment?
• Have the services, the capacities created and the potential been appropriately used?

Impact
To what extent have the main objectives of the project been achieved, namely the targeted user impact? What have been the positive/negative, direct/indirect, intentional/non-intentional, primary/secondary effects?
• Taking into account the most recent needs/requirements and standard of knowledge, to what extent are the achieved overriding effects appropriate? In which aspects have the projects improved health care? Do they still contribute to, e.g. better accessibility of health care on individual islands? What are other effects, also negative ones?
• Do the projects integrate the human rights based approach and contribute to gender equality and environmental protection? If so, how?

Sustainability
To what extent do positive effects of the projects continue once the financing of the majority of the international development cooperation activities has been concluded? How does the environmental and economic sustainability of the projects show?
• What risks and opportunities can be observed with regard to sustainable effectiveness of the projects? How likely are they to occur? According to forecasts, will the effectiveness of the projects improve or decrease in the future?
• In terms of financing, human resources and overall organisation, to what extent are the health centres capable and prepared to maintain the positive effect of the projects, without any long-term support?

Slovenia’s added value
The effect of the projects on the relations between the Republic of Slovenia and the partner country and the potential for the deployment of similar development cooperation projects in the wider region.
• What is the added value of Slovenia’s engagement and to what extent does the implementation of such projects impact the strengthening of (political, economic, research etc.) relations between the two countries?
• What are possible other areas of cooperation pursuant to the Agreement, taking into account the existing development needs of Cabo Verde and the orientations of Slovenian development cooperation?
• From Slovenia’s point of view, would it be reasonable to extend the projects to other countries in Africa?

5. Methodology
The evaluation will be carried out through a combination of desk study and field work methods, including interviews with the MFA of the Republic of Slovenia and of Cabo Verde, the implementing institution, other donors and partner organizations, and beneficiaries in Cabo Verde. The evaluation team will propose a detailed methodology in the inception report.

6. Evaluation process and time schedule
The main task will be carried out as a desk study supported by oral interviews and electronically received comments and field mission to Cabo Verde. The whole evaluation procedure is estimated to take no more than 4 months (including reporting).

The implementation of evaluation will be carried out in three phases:
1. The inception phase: a kick-off meeting; submitting background documentation (in English and Slovene) and reviewing them as a desk study; preparing an inception report with a detailed implementation plan; and approving the inception report by the MFA;
2. The field phase: includes a briefing by the evaluation team; collecting, consolidating and analysing data; a debriefing workshop to discuss the initial results of the evaluation. A field mission will be carried out to Cabo Verde;
3. The reporting phase comprises the final analysis of data; writing the draft evaluation report; quality assurance of the report; the submission of the draft evaluation report for comments; addressing the comments; writing the final evaluation report.
Time schedule of the evaluation process:
• kick-off meeting (until 8 December 2017);
• inception and desk-study phase (until 22 December 2017);
• interviews and field missions (until 20 January 2018);
• reporting (until 3 March 2018);
• approval of the final report and presentation of the evaluation results (until 16 March 2018).

7. Reporting

The evaluation team will submit to the MFA the following deliverables:

Inception evaluation report (until 22 December 2017)
The desk study results are included in the inception report as a concise analysis of the policies and other documents studied for the evaluation. The desk study report must also contain a plan for the field study, i.e. what kind of questions need to be clarified by interviews, who will be interviewed in the MFA, who will be interviewed in the partner institutions and in the field, an outline of the questions to be asked in the interviews, etc. The inception report must include detailed work methodologies, a work plan and detailed division of labour within the evaluation team, a list of major meetings and interviews, detailed evaluation questions linked to the evaluation criteria in an evaluation matrix (part of tender documentation), and reporting plans, including proposals for tables of contents of the reports. The inception report should identify gaps in received documentation and other potential limitations. It should be in English.

Presentation on the field findings (until 20 January 2018)
Presentation of the field findings must be given in Ljubljana. During the debriefings, the key findings and recommendations could be presented as a power point presentation.

Draft final evaluation report (until 3 February 2018)
The draft final report amalgamates the desk study and the field findings. The evaluation report presents findings, conclusions, recommendations and lessons learnt separately, with a clear logical distinction between them, and it integrates the evaluation results on crosscutting objectives.

The MFA and the relevant stakeholders will submit comments on the draft final report to the evaluation team. The comments will be submitted two weeks after receiving the draft report. The commentary round is only to correct misunderstandings and possible mistakes, not to redraft the report.

Final evaluation report (until 3 March 2018)
The final report must be submitted within two weeks after receiving the comments. The final report must follow the report outlines agreed on during the inception phase. The maximum length of the final report text is 50 pages. The report must be submitted to MFA for formal approval in electronic version in English and Slovene.

Presentation of the evaluation findings (until 16 March 2018)
The evaluation team is expected to give a Power Point presentation of the evaluation findings.

The reporting schedule is included in the contract.

8. Quality assurance mechanisms

The main components of an evaluation report are as follows: executive summary; introduction; context; programme being evaluated; findings; conclusions; recommendations; lessons learned; annexes. The quality checklist for evaluation report is part of tender documentation.

9. Expertise requires

Independent consultants and/or experts are commissioned to carry out the evaluation. The following expertise is required for the evaluation team as a whole (evaluators and the team leader):
• prior experience in project evaluation;
• expertise and prior experience in the area of health, expertise and prior experience in the area of telemedicine and e-health are an asset;
• knowledge of English and Slovene language, knowledge of Portuguese language is an asset;
• organisational skills and project management with prior experience for the team leader.
In the evaluation team different expertise, skills, and experience among team members should complement each other. Required documentation: curriculum vitae, references and examples of evaluation reports recently completed.

10. Budget

The budget of the evaluation is maximum EUR 30,000 incl. VAT.

11. Mandate

The evaluation team is entitled and expected to discuss matters relevant to this evaluation with pertinent persons and organisations. However, it is not authorised to make any commitments on behalf of the Government of the Republic of Slovenia.

12. Reference and resource material

Projects of Slovenian Development Cooperation in Cabo Verde

Act, the Resolution and other documents on the Slovenian Development Cooperation

Evaluation Policy and Guidelines of Slovenian Official Development Cooperation

OECD DAC Evaluating development co-operation: summary of key norms and standards