

Terms of Reference for End of pilot Evaluation of the IISAH/KMET Fisio-Rehab Project

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List of acronyms and abbreviations

CBR	- Community Based Rehabilitation
CCK	- Clubfoot Care for Kenya
CHV	–Community Health Volunteers
IISAH	- Impact Investment to Support Access to Health
JOOTRH	– Jaramogi Oginga Odinga Teaching and Referral Hospital
NCD	– Non Communicable Diseases
WCPT	- World Confederation of Physiotherapy
HIRO	- Health records and Information Officer
KSP	– Kenya Society of Physiotherapists
KPC	– Kenya Physiotherapy Council

1. Summary

Title	Terms of Reference For End-term Evaluation of the Fisio-Rehab Project by IISAH and KMET on access to physiotherapy services among underserved communities
Purpose	To examine the extent to which objectives of the pilot project were met, and the extent to which the 5 facilities and Communities have laid out sustainable strategies
Expected cost	5,000/= per day, depending on level and experience of consultant.
Location	Mainly from consultant's base, reporting to KMET Office
Duration	30 days in the period April/May, 2017
Start Date	May 1 to May 23 2017
Reporting to	KMET Project & M&E Officers and IISAH in-country Consultant

2. Background

The Fisio-Rehab project, started in August 2015, is a brain child of KMET and the Amsterdam-based IISAH Foundation. The purpose of this project is to improve access to quality physiotherapy in resource limited settings. The project aims at promoting healthcare financing private clinics and quality improvement in public and private facilities respectively. Fisio Rehab project has community based rehabilitation component whose overall goal is to involve the community in the rehabilitation process. The Fisio-Rehab program is being implemented in Kisii and Kisumu Counties in 5 pilot clinics. The clinics involved are Rapha Physiotherapy Clinic, Oasis Physiotherapy Clinic, Kisumu Orthopaedic Clinic, Jalaram Physiotherapy Clinic all in Kisumu County, and Kisii Physiotherapy Clinic in Kisii County. Oasis and Rapha mainly serve clientele in Kisumu East Constituency while Kisumu Orthopedic Clinic serves clientele from Kisumu Central. Kisii Clinic serves clientele from the entire Kisii town and its environs. All the clinics are private and licensed by the Physiotherapy Council with the providers possessing relevant updated certificates of practice from the Kenya Society of Physiotherapists.

The program seeks achieve 3 objectives, namely to:

1. Ensure quality improvement in physical therapy practice through provision of affordable loans to clinics, business and quality training.
2. Improve access to community based rehabilitation through CHV follow up,
3. Identification and referral of cases identified in resource limited settings.

The Fisio-Rehab pilot project has also identified gaps in service provision for those affected by clubfoot deformities. IISAH and KMET have thus developed a one-year intervention that seeks to strengthen capacity of three sites within the KMET operation area i.e. JOOTRH, Kisii Level 5 Hospital and Nyabondo Rehabilitation Centre in clubfoot service provision. Expected results include: increased referral from community and private health facilities for care; enhanced staff capacity to effectively treat club foot; improved quality of club foot management; and reduced stigma on club foot and other disabilities.

The implementation of this project is based on guidelines stipulated in a policy document. The policy targets both service providers including physiotherapists, other health workers, CHVs and the clientele- the target group. In implementing this project quality of services provided is upheld. Physiotherapy and rehab services provided are therefore expected to meet required quality threshold as stipulated by WCPT and KPC. This also applies to the CBR component included in this project also expected to be in line with the WHO CBR matrix. As the project expands research will be key for inculcation of evidence based practice in physio and rehabilitation which according to this document should meet the prescribed research protocols.

3. Purpose and Objectives of Consultancy

The purpose of the consultancy is to examine the extent to which objectives as stated above and in the partnership documents were met, and the extent to which the identified communities have sustainable strategies towards access to physiotherapy and rehabilitation services. The task for the consultant will be as follows:

1. Conduct a desk review of all materials and products and knowledge generated through the project and advise on how the gaps identified can be consolidated.
2. From 1 above, craft a list of possible evaluation questions, against the project documents, and the objectives articulated from the overall work plan.
For example: Is the quality improved (treatment, facility, management); is there business improvement in the clinics (financial, patient visits, increased selling of appliances); is there an improvement in access to care (for underserved communities) ; do local awareness creation sessions contribute to improve knowledge about physiotherapy care and related health issues.
3. Develop a draft design for the end-of-pilot project evaluation, including the methodology, process, and instruments and Participate in the execution of the evaluation as a member of the evaluation team (two team members will be KMET staff).

It is anticipated that the above-mentioned goal will be achieved in two phases. The first phase, to be complete in the first week of May 2017, will be to conduct the desk review, come up with indicative evaluation questions, and develop the design for the evaluation, including the methodology and evaluation instruments.

The main task of the second phase will be to execute the evaluation, the survey (or other self-reporting mechanisms), to conduct fieldwork (around the 5 project facilities) to validate self-reports, and report writing. A tentative timeline for the activities is as follows:

1. Desk Review: about 5 working days (up to May 5)
2. Evaluation Design: about 5 days)
3. Analysis of self-reports: 1 day
4. Confirmatory visits and execution of evaluation in 5 urban informal settlements: 5 days
5. The evaluation team will endeavor to document the Fisio-Rehab project's achievement, experiences in response towards implementation, challenges, and lessons learnt and to identify recommendation for improved coordination and response
6. Reporting: 7 days

4. Process/Methodology

Depending on the evaluation questions methodology can for instance consist of focus groups, key informant interviews, site visits, case studies and a survey of education partners and is designed to be conducted in a short period. Consultant should clarify which methodology is used to answer each evaluation question.

The evaluation will take place across all 5 facilities and communities, which will be compiled into a report. Once a draft is finished, it will be shared with all stakeholders for review and edits before a final paper is released. The final report will be printed and disseminated to all relevant education stakeholders. However lessons learnt exercise would include the following steps:

- Short desk review of existing review/evaluation/reports/response plans/ experiences/lessons learnt relevant to the project.
- One-to-one interviews with key individuals in County Health Office at County level as well as program beneficiaries. The Consultant will integrate feedback from the one-to-one interviews and agree on the main recommendations and priority actions.
- Final report (25-30 pages) outlining the achievement, experiences, challenges, lessons learnt and actionable

5. Key skills, academic/technical background, and experience required

The consultant should be a social science/health/evaluation professional/practitioner with extensive experience in planning, monitoring and evaluating similar programs. The consultant should to offer the following range of skills and experiences:

- Have some programming experience in public health system reform or healthcare improvement programs in general.
- Have extensive practice in evaluating programs with public health with capacity development objectives;
- Demonstrate expertise/experience in developing results frameworks, tools or guides for monitoring and evaluation;
- Be fully acquainted with results-based project management orientation and practices
- Have excellent language and communication and report writing skills, in English.

6. Management Arrangements/Accountabilities

- a. In addition to the tasks outlined above, the consultant is responsible for the following:
 - development of a work plan for executing the evaluation;
 - regular progress reporting to the KMET M & E Office; and,
 - Production of deliverables as shown in the table below, and in accordance with contractual requirements.
- b. The Evaluation Specialist in the Evaluation Office will have overall responsibility to:
 - Co-ordinate, direct and supervise all activities of the consultancy.
 - Guidance throughout all phases of execution;
 - Consultation of KMET internal review process;
 - Participate in the fieldwork to validate self-study reports; and,
 - Approval of all evaluation products;

7. Timeline, budget and deliverables

Output/deliverables	Person days	Deadline	Amount payable (Ksh)
Desk review report, including a suggestion to organise/manage knowledge generated by project and evaluation questions; evaluation design, process and instruments	10	May 10	
Data files, revised analysis framework, 3 pages trip reports for each country visit	5	May 16	
Draft evaluation report; Final evaluation report	7	May 22; May 26	
TOTAL	22		

The consultancy will be for 22 person days during the period of May, 2017. Consultancy fees will be payable in two instalments. The Consultant will be paid as per schedule above, and upon submission of satisfactory products. Within the contract period above, the consultant will be expected to visit KMET Office for the purpose of consultations.

8. Output

- A concise 25-30-page evaluation report outlining the Fisio-Rehab Project's achievement, experiences, challenges, lessons learnt and recommendations.
- Debriefing summary point of key highlight of the evaluation to the KMET Active Inclusion of the Most Vulnerable Project focusing on areas of improvement

9. Expression of Interest

All interested consultants should send an application packet including the following:

1. A technical proposal describing methodological approach and techniques with a time line to conduct the data collection, analysis and development of the report.
2. Updated CV/Resume, and completed Personal History Profile (P11) if KMET does not have it on file already.
3. A sample evaluation report, with the consultant as team leader and/or lead author.

Applicants can apply as a firm or as individuals. In your application, please specify your preferred position with required supporting documents. Interested and well qualified firms and individuals are invited to submit their applications on soft copy to:

hr@kmet.co.ke so as to arrive NOT later than [Friday](#) April 23rd 2017 quoting consultancy title on the “subject line” Or send a hard copy application to:

KMET

Human Resource and Administration Manager,

P.O Box 6805-40103, Kisumu.

Selected candidates should be available to start work immediately.

For further information or to submit an application please address/contact: hr@kmet.co.ke or

Call: 0710 806 160

Website: www.kmet.co.ke

Specific Job Description: <http://kmet.co.ke/index.php/work-with-us/job-opportunities>

Note: Only short listed applicants will be contacted.

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