

Appendix B

Terms of reference for STEP evaluation

End Evaluation of the STEP project (version 19 June 2019)

1. Introduction/Background information

Two of the main goals of the Liliane Fonds's new multi-annual plan (2018-2020) are 1) to provide evidence about the success of interventions 'on the ground' and 2) to create added value to specific thematic areas. The ultimate goal for both these elements is to improve and further develop our role as an organisation in facilitating the work of Strategic Partner Organisations (SPOs) to effectively coach their Partner Organisations (POs).

One of the initiatives to concretise this ambition is the STEP-pilot: 'Support Tools Enabling Parents' of children with neurodevelopmental disabilities (NDs), and mainly children with Cerebral Palsy (CP). The one-year pilot (mid '18 until mid '19) runs in two regions of Africa: with a group of 12 POs (from Uganda, Tanzania and Kenya) around Lake Victoria and a second batch of 4 POs in NW-Cameroon. The project itself reaches approximately 175 families, each living with a child with CP.

Overall, the STEP-pilot is aimed at developing new methods and tools to be offered to and used by fieldworkers to ensure that the quality of life as well as the functioning of children with CP improves. To do so, STEP not only focuses on therapeutic and more technical aspects of dealing with Cerebral Palsy but also looks at caregivers' and fieldworkers' needs, in the wish to have impact in a more holistic manner, as conceptualised in the ICF framework.

1.1 Goal and Objectives of the project

The goal of this project is to improve the quality of life and functioning of children with neurological disorders.

The objectives of the project are to:

1. Improve the quality of comprehensive intervention process by including all ICF domains to explore and describe main difficulties from the clients' perspective, assessment, (SMART) goal setting, monitoring and evaluation of goals for children with NDs among fieldworkers.¹
2. Train fieldworkers in a functional approach of rehabilitation and in so doing contribute to improving the quality of rehabilitation for children with NDs and making it relevant and meaningful.
3. Enable fieldworkers to coach caregivers to feel confident in taking care of their child and supporting them in daily life in what (s)he is capable of.
4. Enable fieldworkers to feel more confident after the STEP training in addressing main difficulties (in terms of knowledge, attitude, and practice) expressed by clients.

1.2 Activities of the project

- Within the STEP project there are several components consisting of:

¹ To achieve this goal, we developed training and supportive tools for fieldworkers. So, it is important to evaluate the effect of the training of the fieldworkers and supportive tools as **process evaluation**

- A methodology and tools for a baseline study and an end-line study
 - Training semi-professional staff (mainly fieldworkers and some professionals) in the use of the methodology and tools for the baseline and end-line study
 - Conduct a baseline study in Uganda
 - Conduct an end-line study in Uganda
 - Data analysis of baseline and end-line studies in Uganda, which will result in 11 case studies
- **Training component** consisting of the:
 - Development of a curriculum as well as training tools and materials
 - Development of the so-called RehApp CP to support the fieldworkers (and professional rehabilitation staff) in their work
 - Training fieldworkers and caregivers in:
 - Use of assessment/goal setting tools for children with neuro-developmental disabilities
 - Functional rehabilitation techniques of children with neuro-developmental disabilities
 - Coaching fieldworkers in the field
- **Support tools:**
 - Ensure that CBR fieldworkers have access to the necessary materials and equipment such as assistive devices and medicine mainly for epilepsy
 - Provide fieldworkers with a smartphone
 - A logbook which is kept by the caregivers and used for describing the assessment, goals, rehabilitation plan as well as keeping records of progress
 - Provide fieldworkers with a backpack with essential materials that can be used for assessment as well as rehabilitation
 - The development of an online platform where additional more detailed information about CP can be found, e.g. tools, manuals, etc.
 - Introduction of 2 WhatsApp groups where fieldworkers can post questions, videos and photographic materials for review and advice
- **Knowledge management:**
 - Developing the STEP online platform to provide fieldworkers and other key stakeholders with training material and other resources
 - Hold meetings with advisory board to update on and receive feedback on STEP developments
 - Conduct an end evaluation to review the overall process design as well as outcomes and outputs of the pilot
 - Hold a debriefing workshop with Lake Victoria Region POs and key players from POs in Cameroon to round off the pilot as well as discuss upscaling strategy
 - Organise and hold a STEP Symposium in the Netherlands
 - Presentation of STEP in the LINC Africa 2019 meeting
 - Inform SPOs through regular newsletters
 - Write 2 to 3 publishable publications about the STEP project

2. Objective and scope

2.1 Objective of the evaluation²

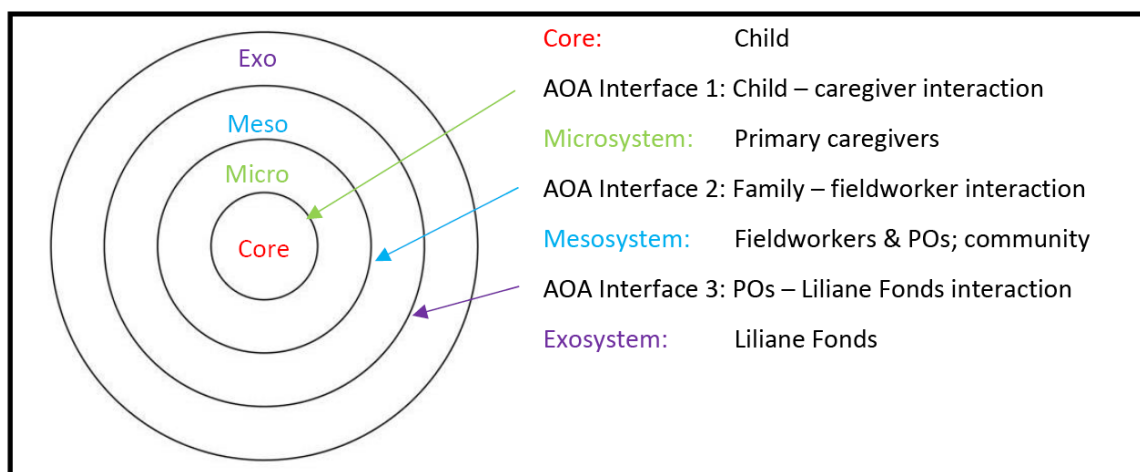
² The objective gain insight in the project outcomes has been removed, since the qualitative study will focus on this topic. In an annex you will find the evaluation criteria linked to the outcomes as defined in the project.

The project was officially launched at the end of May/beginning of June 2018, meaning it is more than halfway through the total project duration. An end evaluation is initiated for the following reasons:

- To gather lessons learned to improve the project methodology and provide recommendations by means of a qualitative analysis of the training of the fieldworkers and the supportive tools.
- To enable LF to make a final decision on upscaling or not.

2.2 Evaluation questions/criteria

The objectives are translated into looking at the interaction between the different layers as described in the Bronfenbrenner model. Related questions are linked to this.



MICROsystem: child and caregiver.

- Review of logbook and any other relevant documents
- Brief clinical assessment of the child and evaluation of the rehabilitation received, (including goals set, evaluation of any assistive devices, evaluation of access to medicines)
- Interview with family
- Contextual observations in the home and community

Linking to outcomes of the project that refer to:

- Is there improved quality of life and functioning of children with neurodevelopmental disabilities and their parents?
- Improved quality of rehabilitation and support for children with neurodevelopmental disabilities and their parents/caregivers
- Parents are aware about the prognosis, potential and limitations of their children with neurodevelopmental disabilities.
- Assistive devices and necessary medicines are available.
- Parents of children with neurodevelopmental disabilities feel valued by members of their community.

MESOsystem: Field workers,

- Background interview with rehab worker (informal) for an outline of the intervention process
- Coaching /support
- Trainings
- Role of local project leader

Linking to outcomes of the project that refer to:

- Improved quality of assessment, goal setting and selection of rehabilitation interventions among professional staff/fieldworkers.

- Improved knowledge and skills of CBR field workers in the care and rehabilitation of children with neurodevelopmental disabilities. Pointers may be:
- Relevant staff trained in use of assessment tools, in setting rehabilitation goals and developing appropriate interventions.
- Available staff is competent in providing necessary interventions to children with neurological disorders and capable of optimally involving parents/caregivers.

EXOsistem: LF, Project staff

- Project structure
- Project staff
- Changes within the project
- Project leader/steering group etc.
- Investment

Linking to question related to upscale:

- How has the implementation unfolded? (e.g. what happened, what choices were made, what were the results)
- How does this compare to the original implementation plan? What changes or deviations were made?
- What informed such changes, and what were the outcomes for implementation?
- How did implementation unfold differently in different settings? What were the factors influencing this?

2.3 Target group of the evaluation

- Management staff of the project organisation (PO)
- STEP fieldworkers employed by POs
- Children with neurodevelopmental disabilities who are taking part in the STEP project
- Caregivers of children with neurodevelopmental disabilities within the STEP project

6. Evaluation Methodology and Reporting

Prior to the actual evaluation, the prospective evaluators are asked to submit an **inception report**. The inception report should outline what the evaluators aim to achieve and list the planned activities and methodology for the evaluation in order to reach the objectives. The inception report should be concise and between 5 to 10 pages. Proposals will be carefully reviewed by the STEP project team and the Steering Committee. On basis of consensus about quality of the proposed study the contract will be awarded to one applicant.

The **methodology** of the evaluation may include a combination of a desk review, field travel, key informant interviews with staff of STEP partners and other relevant stakeholders, as well as other appropriate evaluation tools to be proposed by the evaluator. This evaluation is largely a process evaluation but include elements of outcome evaluation as well. The division should be made clear in the proposal and the prospective evaluator should take note of the fact that a separate outcome study takes place in Uganda: see Footnote 2.

Confidentiality of information – all documents and data collected from interviews etc. will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their permission.

Communication of Results – after the desk review an inception report will be presented, after the actual field work an official report of the evaluation will be prepared. This report will be supplemented by a presentation of preliminary findings for key stakeholders (both internal and external).

Final reports for the evaluation – the outcome of the evaluation should be laid down in a concise report, with an executive summary of maximum 2 pages of the evaluation and focused on practical recommendations. These recommendations should be prioritised, and the number of recommendations should not exceed 10 in total. A feedback round is needed before the reports are considered final. 30 Pages maximum.

7. Organisation of the evaluation

7.1 Team composition

- The external evaluator is having proven experience in working in an African context and in the field of disability and development and is knowledgeable about childhood disability.
- The external evaluator is having a solid background in complex evaluation studies and upholds high academic standards in his/her work.
- The external evaluator will be selected on basis of the quality of the submitted inception report.
- This study may be done by one external person or a team and should make use of local people as translators/interpreters who don't have any affiliation with the work of the Liliane Fonds, the SPOs or POs evaluated.

7.2 Location

The study will be carried out aiming relevant POs in the Lake Victoria region and where possible Cameroon will be included.

7.3 Timeline

The study is to be carried out during July 2019.