



Terms of reference for an EXTERNAL EVALUATION of the impact of the 2024 Project Contract between Child-Help and Bethany Kids Kenya

1. Introduction and background

Context of the project:

In Kenya, every year at least 4000 children are born with Spina Bifida. This is a congenital disability in which the spinal canal is already early in pregnancy not completely closed in one or more places. In reality the number is even higher because only the children who received medical care are being counted.

66% of people with SB also develop hydrocephalus.

In Kenya there are only two public hospitals offering surgical care and there is a limited number of neurosurgeons. For many children with SB and/or Hydrocephalus from the rural areas, the travel distance to these hospitals is very long. On the other hand, the clinics located closer to where they live often have limited resources and the medical staff has limited knowledge, resulting in little to no education on the causes, treatment and prevention of complications and about lifelong care for these children.

Bridging this gap is done through mobile clinics done by the private hospital in Kijabe, Bethany Kids, which is the subject of this evaluation. The mobile clinics comprises nurses, orthopaedic paediatricians, physical therapists, and a social worker.

Goals and priorities:

Identifying partnerships and planning for the key objective of working towards improving the quality of life of people living with SBH through timely interventions, empowerment and advocating for policies.

Understanding how the work done translates to achieving higher access to care for our target group (people with SB or SBH).

Organisations involved:

Bethany Relief and Rehabilitation International – BRRI is an organisation established in 2001 with the support of Child-Help, to improve the lives of children with disabilities.

In 1998, the Bethany Crippled Children's Center was established, which performed orthopaedic surgeries. More and more children with Spina Bifida and Hydrocephalus were brought in for surgeries and for bowel cleanses, but this was a major challenge, because these children had to stay in the hospital for a long time for follow-up, which meant there was no room left for other children. Therefore, in 2001 a special department called BRRI was established which specialised in children with Spina Bifida and Hydrocephalus.

Bethany Kids has 40 staff members, 2 permanent volunteers (therapists) and 60-70 volunteers in the

regions who refer children with spina bifida and hydrocephalus to the mobile clinics and Kijabe Hospital.

Child-Help is a non-profit organisation that works in synergy with other organisations towards improving the quality of life of children with spina bifida and/or hydrocephalus and empowerment in the Global South. More information about Child-Help is available at child-help.be and child-help.international.

Child-Help is currently seeking an external evaluator of the 2024 Project Contract between Child-Help and Bethany Kids. Applications should be addressed to Lies Blondelle, staff member at Child-Help Belgium: lies@child-help.be at the latest by November 28th, 2024.

2. Purpose and objectives of the evaluation

General purpose of the evaluation:

To assess the effectiveness, efficiency, sustainability and impact of the project.

Specific objectives:

The external evaluation includes the evaluation of the KPIs and Results/Outcomes achieved during a period of January - June 2024.

Note: The KPIs and Outcomes here reflect a plan for the whole year of 2024.

Outcome	Planned KPIs
<ul style="list-style-type: none"> • Clients with SB/SBH will report an improvement in their social continence, societal engagement and acceptance through follow-ups (face-to-face visits and phone calls) by self or parent reporting. • The same client group will report on improved independence with rehabilitation and continence management by the ability to demonstrate standard rehabilitation and continence management processes and through prevention of secondary complications (e.g., pressure ulcers, urinary tract infections), which are found in medical records. 	<p>Carry out 4500 face to face visits. Seeing each client with SB at least twice a year in order to give quality care leading to social continence, improved independence with healthcare and prevention of secondary complications as well as societal engagement and acceptance.</p> <p>Carry out 1000 phone follow ups. Emphasis on phone follow up will be defaulters (according to defaulter definition), no show (didn't come for given/provided clinic date), those with hydronephrosis and those with wounds</p>
<ul style="list-style-type: none"> • Children and young adults with SB/SBH will receive timely surgical interventions. To achieve this, we will track the number of surgeries performed and the time elapsed between referral and surgery. • A reduction in surgical complications and mortality rates for individuals with SBH undergoing corrective and treatment surgeries will be noticed. 	<p>Carry out an average of 40 corrective and treatment surgeries a month for 12 months (total 480 surgeries in 2024) for children and young adults with SPinaBifida and Hydrocephalus</p>

<ul style="list-style-type: none"> ● Trained health professionals will demonstrate improved clinical knowledge and skills in SBH care as measured by a post-training competency assessment. ● Trained health professionals will report increased confidence in their ability to provide SBH care. ● Increase in the number of individuals with SBH receiving care from trained health professionals in the target geographical areas by tracking the number of patients receiving care from trained health professionals. ● One follow up clinic will be run fully by trained professionals in the last half of 2024 - Bethany Kids team will provide technical support and one person from each discipline will be available for practical support when needed. ● Engage trained professionals by having at least 1 trained professional joining Bethany Kids during each clinic (106 clinics in total) in order to further expand their clinical competence. Health professionals will be given a post-clinic competency assessment. 	<p>Train 100 health professionals divided across four trainings in 2024 with the aim of increasing their clinical knowledge and ability to help clients within their geographical area of practice. The emphasis will be on training the following professionals; Nurses, Physical Therapists, Occupational Therapists and Orthopaedic technicians and technologists.</p>
<ul style="list-style-type: none"> ● Clinics will have two youth mentors and advocates present with previously demonstrated ability to transfer knowledge and convey their perspectives. ● Individuals with SBH who visit the clinics will report receiving helpful support from youth mentors and advocates. This will be measured by surveys at the end of the clinics. ● Increase in public awareness of SBH in the communities served by the clinics. This will be measured by conducting surveys in different areas where our target group is coming from, before and after clinics. 	<p>Facilitate the presence of 2 youths in every 2024 clinic serving as clinic mentors and advocates.</p>
<ul style="list-style-type: none"> ● Participants will demonstrate increased knowledge of family life, sexuality, and reproductive health as measured by a pre- and post-training assessment. They will also report on self-confidence and body image as measured by a pre- and post-training assessment. 	<p>Train 20 young adults with SB and HC in the second half of 2024 on Family life, sexuality and reproductive health.</p>
<ul style="list-style-type: none"> ● Participants will demonstrate improved independence skills and will report increased self-advocacy skills, as measured by a pre- and post-training assessment. ● They will also develop personalised transition plans that address their individual needs and goals. ● Participants will report increased confidence and self-esteem as measured by a pre- and post-training assessment, as well as evaluator observations during follow-ups. 	<p>Train 75 youth transitioning out of primary school (25 at a time 3 times a year) During the holiday Months (April, August and December 2024) with the aim of guiding them to achieving independence and self care through life transitions.</p>
<ul style="list-style-type: none"> ● Attendees will demonstrate increased understanding of SBH, as measured by a pre- and post-session assessment, and out of them, at least 30% will report increased 	<p>Carry out 8 public education sessions on Spina Bifida and Hydrocephalus in September and October in Churches and</p>

willingness to support individuals with SBH in their communities.	other religious places so that communities understand SB and HC.
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Based on the above objectives and KPIs, the purpose of this evaluation is to:

- Assess project performance against set targets
- Evaluate the relevance of the project approach in relation to the needs of the target group.
- Analysis of the sustainability of project results after the project period.
- Determine the effectiveness and efficiency of resource use.
- Evaluate important additional elements such as
 - the involvement of experts by experience (people who have SBH themselves) in the management of 'the project'
 - optimising the situation of women
 - a good composition of the governing bodies of Bethany Kids as organisation

3. Evaluation Application Details

The application should comprise the following:

- Detailed budget necessary for the completion of this project.
 - The budget should also indicate whether international travel and visa is required.
- The evaluator should also include a narrative with a set of working questions and/or hypotheses that will guide the evaluation.
- The report of this evaluation should be structured in two parts, namely results from the desk study, based on documents that are provided ahead of the evaluation tasks and review of documentation at the field site, and a narrative report of field visits.
- The report should also contain photographs taken during the field visits. The deadline for receipt of the evaluation is March 28th, 2025.

3. Scope of the review

- **Time scope:** January - June 2024
- **Geographical scope:** Bethany Kids organises mobile clinics on the following sites: Kisii, Kisumu, Kitale, Eldoret, Narok, Kaplong, Kajiado, Nakuru, Thika, Joytown, Embu Meru, Machakos, Mombasa, Nairobi, Naivasha, Nyahururu, Migori, Homa Bay, Samburu, Bungoma, Kakamega, Siaya, Garisa. Aside from that, they provide their services in Kijabe, where they are located.
- **Thematic scope:**
 - Contenance management
 - Secondary complications
 - Mobile clinics
 - Trainings of professional
 - Trainings of non-professionals
 - Trainings of youth and young adults
 - Collaboration with Spina Bifida & Hydrocephalus Association Kenya on improving access to care
- **Target groups:**

- People with spina bifida and/or hydrocephalus (children and their caregivers, youth, young adults)
- Medical professionals working directly with the people with SB/SBH
- Non professionals working directly with SB/SBH
- Youth with SB/SBH
- Young people with SB/SBH

5. Evaluation criteria

- **Relevance:** to what extent did the project match the needs and priorities of the target group?
- **Effectiveness:** to what extent did the project achieve its objectives?
- **Efficiency:** How efficiently were resources (time, money, personnel) used to achieve the intended results?
- **Impact:** What wider changes (positive or negative) has the project brought about in the target group or wider community?
- **Sustainability:** How sustainable are the results of the project in the long term? Will the effects continue after the project support ends?

5. Methodology

- **Evaluation approach:** what methods will be used to conduct the evaluation (quantitative, qualitative or a combination)? This may include interviews, surveys, focus groups, field visits or desk research.
- **Data collection:** How and where will the data be collected? Description of data collection methods such as conducting participatory evaluations, use of secondary data, etc.
- **Analysis:** What analysis techniques will be used to interpret the data collected? How will the results be compared with the project goals and indicators?
- **Stakeholder engagement:** How will stakeholders be involved in the evaluation? For example, through participatory approaches where communities, staff or partners actively provide input.

6. Expected results and products

- **Final report:** The final report should include at least:
 - Summary of evaluation findings.
 - Assessment of effectiveness and impact.
 - Recommendations for improvement of the project or future projects.
- **Presentation of findings:** The evaluator may need to make a presentation to Child-Help, Board of Directors or other stakeholders on the results of the evaluation.

7. Time frame and planning

- **Application receipt deadline:** November 28th, 2024.
- **Start and end date of the evaluation:** 3rd March 2025 - 9th March 2025
- **Deadline for receipt of external evaluation report:** March 28th, 2025.
- **Planning of activities:** Provide detailed planning of the various evaluation phases, such as data collection, field visits, analysis and reporting.

- **Expected duration of each phase:** 5 work days in total, of which 2 days can be spent in a review of documents and documentation pertaining to the 2024 contract, and 3 days in field visits in Kenya.

8. Roles and responsibilities

- **Coordination of the external evaluation:** Patrick Devlieger will coordinate the external evaluation. Patrick Devlieger is the contact point with Child-Help and can be reached at patrick@child-help.be.
- **Evaluation committee:** Who is responsible for overseeing the evaluation? A committee is often formed to oversee the process and serve as a point of contact for the evaluator.
 - The Management Team of Child-Help International:
 - Janet Manoni (Director of Programmes), and
 - Solomon Baganja (Director of Finance)
 - 2 staff members of Child-Help Belgium:
 - Mieke Van Poucke (Coordinator at Child-Help Belgium)
 - Patrick Devlieger (Staff member at Child-Help Belgium)
- **Evaluator(s) Qualifications, Experience, and Skills :**
 - **Data Analysis Skills:** Proficiency in designing data collection instruments and collecting data. Proficiency in quantitative and qualitative data analysis techniques, including statistical analysis and interpretation.
 - **Research Methodology:** Familiarity with various research methodologies, such as surveys, interviews, focus groups, and document reviews.
 - **Cultural Sensitivity:** Understanding and appreciation of cultural nuances, particularly within the Kenyan context.
 - **Knowledge of Disability:** Knowledge and experience working with individuals with disabilities, specifically spina bifida and hydrocephalus.
 - **Project Evaluation:** Ability to assess project goals, objectives, and outcomes against established criteria.
 - **Impact Assessment:** Capacity to measure the project's impact on beneficiaries, communities, and the healthcare system.
 - **Sustainability Assessment:** Skill in evaluating the project's long-term viability and potential for replication.
 - **Reporting:** Ability to prepare clear, concise, and informative evaluation reports.
 - **Stakeholder Engagement:** Skill in effectively communicating with project staff, beneficiaries, and other stakeholders.
 - **Independence:** The evaluator should be independent from the project and its implementing partners to ensure objectivity.
 - **Ethical Conduct:** The evaluator must adhere to ethical principles in conducting the evaluation, including confidentiality and respect for participants.
 - **Flexibility:** The evaluator should be adaptable and able to work within the constraints of the project's timeline and resources.
- **Responsibilities - Evaluator:**
 - **Develop an evaluation plan:** This plan should outline how the evaluator will assess the project's performance against set targets, relevance, sustainability,

and resource use efficiency. It should include data collection methods, analysis techniques, and a detailed timeline for completion.

- **Collect and analyse data:** Collect data through document reviews (project reports, medical records, training materials), interviews (project staff, beneficiaries, healthcare professionals), surveys (clients, healthcare professionals), and field observations at mobile clinics. Analyse the data using quantitative and qualitative techniques to identify trends, patterns, and key findings.
- **Assess project effectiveness:** This involves evaluating if the project achieved its intended outcomes (improved client continence, timely surgeries, increased knowledge among professionals, etc.)
- **Assess project efficiency:** This involves evaluating if the project achieved its outcomes by using resources (funding, staff time) in a cost-effective manner.
- **Assess project sustainability:** This involves evaluating the likelihood that the project's benefits will continue after the project period ends.
- **Assess project relevance:** This involves evaluating if the project approach addresses the needs and priorities of the target population effectively.
- **Prepare a comprehensive evaluation report:** The report should present the findings, conclusions, recommendations, and limitations of the evaluation in a clear and concise manner. It should include visuals such as graphs and charts when appropriate.
- **Responsibilities - Client:**
 - **Provide information:** Provide the evaluator with all necessary documents (Financial, Narrative, Statistical reports), data, and access to relevant stakeholders (staff, beneficiaries, healthcare professionals) for interviews and surveys.
 - **Facilitate data collection:** Assist the evaluator in scheduling interviews, focus groups, and field visits at mobile clinics.
 - **Review the evaluation plan:** Provide feedback on the evaluation plan to ensure it aligns with project goals and objectives.
 - **Respond to inquiries:** Answer any questions the evaluator may have about the project or its activities.
 - **Implement recommendations:** Consider and implement the recommendations from the evaluation report to improve project outcomes and sustainability.
 - **Share report findings:** Collaborate with the evaluator in disseminating the evaluation report to relevant stakeholders.
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9. Budget and cost estimate

- **Available budget:** The evaluator should propose a budget containing a daily fee for up to maximum 5 days, of which 2 days can be spent in a review of documents and documentation pertaining to the 2024 contract, and three days in field visits in Kenya. State the budget available for the evaluation, including fees, travel, accommodation, and other expenses. (1000-1500 EUR)
- **Payment schedule:** Payment will be made in 2 instalments.

- 1st 60% before starting the work described in the ToR, at latest by 24th February 2025.
- 2nd 40% after the review of the evaluation, at latest by 7th April 2025

10. Ethics and confidentiality

- **Ethical considerations:** The evaluator should comply with ethical standards, such as ensuring confidentiality and informed consent of participants in the evaluation.
- **Confidentiality of data:** All data collected should be treated confidentially, especially on sensitive issues within development projects.

11. Risks and mitigation strategies

- **Potential risks:** Identify potential challenges and risks that may affect the evaluation, such as hard-to-reach target groups, political unrest or lack of available data.
- **Mitigation strategies:** Indicate what strategies will be used to minimise these risks, for example by applying additional data collection methods.

12. Annexes

- [Half Year Narrative Report 2024-KE-Bethany Kids](#)
- [2024-Budget Application-KE-Bethany Kids](#)
- [2024 Statistical Report-KE-Bethany Kids](#) [do the additional analysis]
- [2024 HY Report Evaluation-KE-Bethany Kids](#)

Summary of reference terms:

The ToR serves as a **detailed guide** for evaluating a development project and helps clarify:

1. **Purpose and scope** of the review.
2. The **methodology** and **criteria** that will be used.
3. The **responsibilities** of all involved.
4. The **timetable** and **expected outcomes**.