



**CAMEROON BAPTIST CONVENTION  
HEALTH SERVICES  
Director of Health Services  
P.O. BOX 1 Bamenda, North West Region  
Republic of Cameroon**

Ref. CBC/DHS-L/21/6112  
November 4, 2021

## **TERMS OF REFERENCE FOR ENGAGING A CONSULTANT TO CONDUCT A MID-TERM EVALUATION OF THE CAMEROON CLUBFOOT CARE PROJECT**

### **A. BACKGROUND**

The Cameroon Baptist Convention started providing health services to the people of Cameroon as early as 1936 in the Northwest Region and these services have expanded to cover all ten Regions of Cameroon. Currently, the Cameroon Baptist Convention (CBC) Health Services health infrastructure consist of 9 hospitals, 31 Integrated Health Centers and 52 Primary Health Centers, and a Central Pharmacy with capacity to produce, procure and distribute medical supplies and consumables.

In 1952, the CBC Health Services started providing care to Persons with Disabilities through the establishment of the Mbingo Leprosy Hospital. With the advent of the Decade for disabilities in the 1980s, the CBC Health Services increased her commitment to providing care to Persons with Disabilities by expanding the scope of its services to include diverse forms of disabilities.

In 2014, the CBC Health Services in collaboration with Christoffel Blinden Mission (CBM), an International Christian development organization designed the Cameroon Clubfoot Care Project (CCCP) for the population of Cameroon. Following the successes registered during the first phase, a second phase of the project was implemented from 2016 to 2018. In 2018, within the framework of Mercy Ship's mission to Cameroon, a tripartite collaboration between the Ministry of Health (MoH), Mercy Ship and the CBC Health Services was engaged for the management of Clubfoot in Cameroon.

In her efforts to eradicate neglected conditions, at the end of Mercy Ship's mandate, the Ministry of Health in collaboration with the CBC Health Services and CBM developed a National initiative for the management of Clubfoot in Cameroon. Following this action, the Honorable Minister of Health approved the Ponseti Method as the gold standard for the treatment of Clubfoot in Cameroon.

### **B. CONTEXT**

Clubfoot is the most common orthopaedic disabling condition that babies can be born with. The prevalence of clubfoot is estimated at 1.11 (95% CI: 0.96 – 1.26) /1,000 live births in sub-Saharan Africa. Therefore, approximately 40 to 50 children/million population are born with clubfoot in Cameroon each year, based on a crude birth rate of 38/1,000 population. Clubfoot is avoidable with early diagnosis and appropriate cost-effective treatment using the Ponseti

Technique. Most deliveries in Cameroon are carried out by Nurses and Midwives many of whom do not have adequate knowledge about these musculoskeletal deformities and so do not do appropriate referrals.

Clubfoot service provision in Cameroon is coordinated by the Cameroon Clubfoot Care Project of the CBCHS who is a technical partner to the Ministry of Public Health in the management of clubfoot. In the efforts to ensure proper coordination in the management of clubfoot, a MoU was signed between MoH and CBCHS in May 2021. This has added to the steps taken to ensuring that children born with clubfoot receive quality treatment using the Ponseti method.

The Cameroon Clubfoot Care Project is in its third phase of implementation for a duration of 4 years, from 2020 to 2023. The main aim of this phase of the project is to ensure the provision of quality clubfoot services to children in six regions of country through a national program framework. With funding from CBM, the project currently coordinates activities in 17 Ponseti treatment clinics in the Northwest, Southwest, West, Littoral, Adamawa, and the Centre regions.

### **C. AIM OF CONSULTANCY**

This consultant is requested to carry out a formative evaluation aimed at assessing the level of effective implementation of the project, challenges and opportunities for improvement. Specifically, this consultancy will:

- Assess the progress of the implementation of activities of the project
- Determine level of participation of stakeholders
- Identify areas that require improvement to step up project effectiveness, efficiency, and sustainability.

### **D. METHODOLOGY**

The consultant will suggest a full methodology. However, the methodology for the evaluation should engage both qualitative and quantitative methods and should include the following stages;

- A review of secondary data on indicators that measure project progress. Secondary data sources will include project proposal, logframe, project progress reports, monitoring reports, and project deliverable.
- key informant interviews and focused group discussions with a wide range of stakeholders including but not limited to: hospital administrators, Physiotherapist, community leaders, parents of children with clubfoot, MoH, and project staff.

The selected consultant(s) will be expected to develop detailed methodology in agreement with CBC Health Services and CBM which will be annexed to the final Terms of Reference.

### **E. EXPECTED OUTPUT**

The consultant will be expected to produce a concise report that comprises:

- Standalone executive summary (3-5 pages), background, methodology, findings and conclusions in line with defined objectives.
- Power point presentation of the process and outcome to be presented at a learning event to be attended by relevant stakeholders including CBM.

### **F. SCOPE**

This work includes desk review as well as generating new information through various qualitative and quantitative methods.

Geographically, this consultancy will focus on the six regions where clubfoot clinics are found.

### G. TIMEFRAME AND DURATION

The selected consultants will complete the work in less than 20 days beginning with the date of signature of the contract and ending with the acceptance of the final report. Specific timelines will be defined in the contract.

### H. REPORTING

Consultant(s) will report to the Director of CBC Health Services through the SEEPD Program Manager.

### I. CONSULTANT QUALIFICATION, SKILLS AND EXPERIENCE

The consultant/s should possess the following minimum qualification and skills:

- Post graduate Degree in either Development Studies, Sociology, Anthropology, or Public Health.
- At least 5 years experience in conducting contextual analysis, research, and program development.
- Excellent analytical, facilitation and report writing skills.
- Experience in the use of participatory and gender sensitive participatory research methodologies.
- Familiarity with socio-economic trends in Cameroon and a working knowledge of official and local languages will be an asset.
- Familiarity with Disability Inclusive Development will be an advantage.

### J. SUBMISSION OF EXPRESSION OF INTEREST

Consultants that meet the qualification, skills and requirements mentioned above should submit an expression of interest including

- A Technical Proposal
- An Indicative Budget (including consultancy fee, travelling cost and other associated costs)

All applications should clearly be marked 'Mid – Term Evaluation' and should reach the Directorate of Health Services by **Friday, November 19, 2021** at the following address;

Director of Health Services  
Cameroon Baptist Convention  
Baptist Centre  
Box 1 Nkwen, Bamenda  
Email: [spd@cbchealthservices.org](mailto:spd@cbchealthservices.org) / [bamendadhs@gmail.com](mailto:bamendadhs@gmail.com)



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