

Terms of Reference for Evaluation ¹

1. Evaluation Summary

Project ID and Program/Project Name	Cameroon Clubfoot Care Project
Name of Partner Organisation/s	Cameroon Baptist Convention Health Services (CBCHS)
Project start and end dates; phase of project if applicable	January 2020 – December 2023
Evaluation Purpose	To provide future orientations on the project
Evaluation Type	End of Phase
Contracting organisation/contact person	CBC Health Services Prof Tih Pius Muffih, MPH, PhD Director of Health Services. Cameroon Baptist Convention Baptist Centre Box 1 Nkwen, Bamenda Email: spd@cbchealthservices.org . bamendadhs@gmail.com
Evaluation Team members (if known)	
Primary Methodology	Mixed Method

¹ Evaluation ToR, Final Report and Management Response to be uploaded in ProMIS Project page Document library.

Proposed Evaluation Start and End Dates	25 th September to 7 th October 2023
Anticipated Evaluation Report Release Date	
Recipient of Final Evaluation Report	12 th October 2023

2. Project Description (max 1 page)

In 2014, CBCHS in collaboration with an International Christian development organization called the Christoffel Blinden Mission (CBM), 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 CBCHS was engaged for clubfoot care in Cameroon.

In her efforts to eradicate neglected conditions, at the end of Mercy Ship's mandate, the MoH in collaboration with 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.

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 overall objective of this project is to reduce the incidence of mobility impairment caused by clubfoot and improve social inclusion of children born with and living with clubfoot. As specific objective, the project seeks to improve access to quality clubfoot care for 1600 of new cases of clubfoot expected in six regions of the 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.

3. Evaluation Objective and Intended Use

The purpose of this evaluation is to inform future orientations and assess the level of effective implementation of the project, challenges, and opportunities for improvement of the project beyond 2023. More specifically, the objectives are:

- To assess the outcomes of the implementation of CCCP : 2020 to 2023.

- To establish lessons learnt and identify future challenges;
- To reflect on the relevance, overall strategy and achieved results;
- To identify strengths and weaknesses and levers for sustainability;
- To develop recommendations for the future focus, and for enhancing its organisational structures, core activities and operations.
- Document and provide evidence of what has been the significant changes since the inception of the project.

4. Scope of the evaluation

The evaluation should focus on CCCP implemented in the six regions of Cameroon namely; Northwest, Southwest, Littoral, Centre, Adamawa, and West Regions from January 2020 to December 2023.

The evaluation should assess results achieved, lesson learned, challenges faced and emerging successful practices in clubfoot treatment. The role of Ministry of public health (MOH), MINAS, Health Districts, Community structures, management of clubfoot clinics and parents/care givers with children born with clubfoot accessing clubfoot treatment should be reviewed and to what extent project approaches contributed/influenced this.

In terms of target groups, the evaluation should consider getting the views of children born with clubfoot, parents/care givers of children born with clubfoot, community leaders, regional delegations of public health, Health districts having health facilities operating under the CCCP, Clubfoot clinicians, MOH, MINAS, CBM and CBCHS management staff as well as project staff.

5. Limitations

Since 2017, the Northwest and the Southwest Region has been in humanitarian crisis with a reduced development space. Hence, sporadic security incidents may affect timing, and levels of participation of key participants.

6. Target audience and learning

The evaluation findings will be used by CBCHS and her partners (including MOH) for learning, service improvement, and defining of new strategic orientations for her work in clubfoot care service delivery. It is also expected that the findings will provide CBM, MOH and CBCHS a repertoire of proven successful approaches and lessons learnt from project

planning, implementation, monitoring and learning that would guide future project management and inform effective strategies for sustainability of clubfoot care health programs.

7. Evaluation Questions

The overall assessment-question should be: has the project, after four years of implementation, met the expectations formulated in the Project design (narrative and log frame), did 1600 new clubfoot cases access quality clubfoot care treatment, does the project outcome justify its continuation, in a similar or adjusted form, are there lessons learnt that are worth upscaling and sharing with other stakeholders?

Specific objective	Result 1	Result 2	Result 3	Result 4
Assess indicators.	<ul style="list-style-type: none"> - Assess indicators - Assess effectiveness - Assess efficiency - Assess changes - Assess sustainability - Assess replicability - Assess participation 	<ul style="list-style-type: none"> - Assess/measure indicators - Assess effectiveness - Assess gender - Assess the same criteria as Result 1 	<ul style="list-style-type: none"> - Assess/measure indicators - Assess the same criteria as Result 1 	<ul style="list-style-type: none"> - Assess indicators

1. RELEVANCE - Is the project/programme doing/ has it been doing the right things?

The evaluation should assess if the project design responded to the overall objective and the extent to which the specific objectives were met. It should measure the involvement of parents of children with clubfoot, the community, health facilities and MOH in achieving the set objectives.

2. COHERENCE - How well does/did the project/programme fit in the broader national and international context?

The evaluation should determine if the project fitted into country's health sector strategic plan and also examine the extent to which it contributed to the country's

strategy for the elimination of disabilities. It should examine to what extent the right of children with clubfoot were respected or violated.

3. EFFECTIVENESS - Is the project/programme achieving its objectives?

The evaluation should consider if the project design was the most effective means of achieving the results and the extent to which the results have been achieved considering the relative importance of each result area. The evaluation should examine how the inputs (financial, technical and human) contributed or hindered the achievement of the specific objective and results;

4. EFFICIENCY - How well have resources been planned and used?

The evaluation should assess whether the cost of the project can be justified by its results, taking alternatives into account;

5. IMPACT - What difference did the project make?

The evaluation should determine the long-term effects of the project, whether these are positive or negative, intended or unintended, and the relation to the overall objective. It should also determine the main successes regarding getting policy and practice change within different levels of government, lessons learnt with the benefit of hindsight, what any future project need to do, ensure, or not do, with regard to effectively influencing government health system, extent to which the project has adapted appropriately to changing circumstances (e.g. Covid- 19, political instability). What have been the biggest changes: what was the situation then and what is the situation now. Provide quantitative comparisons drawing on monitoring information CBCHS has. How is the project perceived by the public? Does it receive media attention and coverage?

6. SUSTAINABILITY - Will the benefits last?

- * The evaluation should determine if the project outcomes and impacts will be sustained without continuing external financial or technical support; anything particular that is outstanding that would jeopardise its ongoing impact. What is sustainable and what is ready for this project to withdraw particular attention from?

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7. Safeguarding of children and vulnerable adults

- * The evaluation should adhere to safeguarding ethics during the entire evaluation process if children at risk are involved and also consider/report on child safeguarding aspects of the project. It should investigate how a safe environment for children has been established and maintained throughout the stages of planning and implementation and in its partnerships with other stakeholders. Assess the degree to which the CBC and CBM safeguarding standards are known and understood by the various stakeholders.

8. Equality and inclusion/gender equality

The evaluation should investigate the degree to which children with clubfoot are empowered by the project and the extent to which men, women, persons with and without disabilities were involved in treatment of children with clubfoot.

8. Methodology

The evaluation should depend on both primary and secondary data. We suggest that this should be a quantitative and qualitative evaluation, speaking in depth to a wide range of people involved in the project.

- A review of secondary data on indicators that measure project progress. Secondary data sources should include but not limited to project proposal, logframe, project progress reports, monitoring reports, and project deliverable.
- Structured and semi-structured interviews would be the preferred approach. Separate interviews should be conducted with groups of men and women. Self-administered questionnaire should be used to gather the opinions of respondents who might not be available on schedule or those who might need time to reflect prior to responding.
- key informant interviews and focused group discussions with a wide range of stakeholders including but not limited to: Health stakeholders (Regional delegation of public health, Health districts, community health workers, clubfoot clinic staff, hospital administrators), community leaders, and project staff.

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

9. Management Responsibilities and Evaluation Team

Commissioning responsibility

CBM, liaising with the Country Office, is responsible for reviewing the Terms of Reference and approving key documents in the evaluation process, including:

- Reviewing draft contract and approval of final contract.
- Detailed methodology as proposed by consultant.
- Draft evaluation report.
- Final evaluation report – before final payment milestone.
- CBM should also participate in key planning and scoping meetings with consultant and country office to determine more detailed evaluation approach.

Management Responsibility and Logistics

A point person from the CCCP should be involved in supporting the evaluation logistics on a day to day basis.

Partner has responsibility for:

- Working with the Country Program Manager to organise meeting schedule for evaluation team.
- Identifying “neutral” and disability accessible locations for interviews/ meetings to take place.

Evaluation Team

A team of 6 is suggested, plus a translator/interpreter will be needed. The evaluation team could include CBM country staff, other people engaged with the project (but not employed by the project), and a project staff member from CCCP. All team members should have the skills to conduct interviews, facilitate small group discussions and take notes. It is important that there are both men and women on the evaluation team, and that at least one person on the team is a person with a disability.

The team leader should not have been involved in the Project Implementation. S/he should have a background in evaluations, be familiar with the principles and practice of inclusive health, and be fluent in English.

Team leader has responsibility for:

- Organising team, managing work processes and training team evaluation methodology and data collection tools.
- Developing evaluation methodology and liaising with Project Manager regarding meetings required to be organised.
- Managing any conflicts of interest arising.
- Developing interview question guides, training evaluation team, testing approaches, and quality control.
- Managing collection and collation and confidentiality of data
- Undertaking evaluation team briefings and end of day debriefings
- Ensuring Products are delivered by due dates.

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 of experience 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.

10. Deliverables

- The consultant should work in consultation with CBM to develop a more detailed methodology and approach, and should then develop interview questionnaires/guides based on these and train the evaluation team in their use.
- On the final day of field work, the consultant should present feedback on the main findings of the review on the last day of the field visit. This could be a verbal report, supported by some draft summary notes/ slides.
- The inception report should be due by 21st September, 2023.
- The full evaluation report:
 - Should be presented in the format defined by CBM (see annex 1).
 - Be submitted to CBM CO for review and comment by 7th October, 2023.
 - Finalised Report including a power point presentation due by 12 th October, 2023 to be shared with CBCHS to inform next steps.
- Final payment will be made on acceptance of the final report.

11. Evaluation Schedule

Insert expected time frame for the entire evaluation, including time for preparation and in-country briefings. You may consider a planning meeting (online) that is scheduled weeks before the field work, during which methodology and sampling is discussed.

(Note: Calculating number of days required will allow you to estimate the rough cost based on daily professional and logistic fees. For preparation of evaluation budget pls consult [this document](#).)

Task	Location	Number of Days	Expected Dates
Briefing	Online/CBM office		

Desk Study	Consultants' desk		
Field Phase, Project Visit or remote data collection phase			
De-briefing with initial findings	Online/partner office		
Analysis and draft report	Consultants' desk		
Finalising report	Consultants' desk		
(Option of wrap-up workshop with stakeholders)	Online/partner or CBM office		
TOTAL			

12. Payment Mode

Give an indication on the management of payments. Detail payment milestones according to delivery of specific products (batches of payment – inception, mid-term, final). There is no need to write the total amount available for this evaluation in the TOR. You need to refer to country specific contractor agreement if you engage external evaluators.

Please detail what costs will be covered by whom, such as:

- Logistic costs: airfares, accommodation, visa fee, local transport (those costs will be reimbursed upon receipt of proper invoices).
- Make sure that VAT is added to fees either by the consultant or by your office.

13. Applications

Please insert here:

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

- A technical proposal
- Indicative budget (including consultancy fee, travelling cost and other associated costs)

All applications should clearly be marked as 'End of Phase Evaluation of the Cameroon Clubfoot Care Project (CCCP)' and should reach the Directorate of Health Services by **Monday, 18 September, 2023**, at the following address;

*Director of Health Services
Cameroon Baptist Convention*

Baptist Centre

Box 1 Nkwen, Bamenda

Email: spd@cbchealthservices.org / bamendadhs@gmail.com

Prof Tih Pius Muffih, MPH, PhD

Director of Health Services

14. Documents

The following documents will be made available to the consultant:

- Project proposal
- Logframe
- Project progress reports
- Mid-term evaluation report
- Monitoring reports

Appendix 1: Stakeholder Analysis for Evaluation.

Stakeholders	What is their interest and contribution in the proposed project?	What is their power and influence in the project (1-5 rating, 1=low, 5=high)	Will the project involve / these stakeholders in the evaluation? How?
Primary Stakeholders			
Children treated of clubfoot	Beneficiary	5	Interview
Parents off children treated of clubfoot	Beneficiary	5	Interview/FGD
Secondary stakeholders			
Ponseti clinic staff	Provide treatment	5	FGD
Facility Administrators	Administrative support to clubfoot clinics	3	KII
CBR Field Workers	Create awareness, identification and follow-up of children with clubfoot	3	FGD
Community/Religious leaders	Create awareness, identification and mobilize resources for clubfoot treatment.	2	KII/interview
Regional/district authorities of public health	Demand generation and reporting	2	KII/interview
Regional/district authorities of Social Affairs	Demand generation	2	KII/interview

MOH staff	Policy formulation	4	KII
Project staff	Project implementation	5	FGD
CBM staff	Coordination	3	KII