**TERMS OF REFERENCE**

**FOR**

**CONSULTANCY FOR DIFFERENTIATED CARE WITH QUALITY IMPROVEMENT APPROACHES**

**Title: Support NASCOP to conduct Baseline and End Line survey to evaluate project outcomes of implementing Differentiated Care approaches using QI methodology.**

**Kenya Red Cross Society (KRCS) and NASCOP with Financial Support from Global Fund**

**August 2018**

**1. Summary**

* 1. **Purpose:** To evaluate the program outcomes for implementation of Differentiated Care using quality improvement approach.
	2. **Partners:** MOH, CHMT of the participating counties
	3. **Duration:**  80 working days (45 working days for baseline assessment and 35 working days for End line assessment)
	4. **Estimated Dates:**
* Start date for Baseline survey: September 2018.
* Start date for End line assessment: July 2019
	1. **Geographical Location:**

The study will be implemented in 7 **Intervention counties** (Kisumu, Vihiga, Homabay, Nakuru, Nairobi, Mombasa and Kwale) and 5 **Control Counties** (Kiambu, Migori, Kajiado, Kakamega and Taita Taveta).

* 1. **Target Population:**

Adults on ART

* 1. **Deliverables:**
		+ Submission of the completed protocol to KNH-UON ERC or any other approving body as need be for approval.
		+ Training reports for the survey team at Baseline survey.
		+ Training reports for the survey team at End line survey.
		+ Progress reports during study implementation.
		+ Baseline survey report.
		+ End line survey report.
	2. **Methodology:**

Retrospective study to assess the impact of implementing Differentiated Care (DC) using quality improvement approach on patient’s outcomes and cost efficiencies on both patient and health care providers in the 70 intervention sites in seven select counties compared to non-intervention sites in the five select counties.

* 1. **Study Management Team:**

The Ministry of Health through the National AIDS & STI Control Program (NASCOP).

**2. General Background**

**Overview:**

By 2019, the Ministry of Health in Kenya, through NASCOP, intends to have 90% of all Kenyans living with HIV know their HIV status, 90% of those diagnosed with HIV receive treatment, and 90% of HIV+ Kenyans on antiretroviral therapy to have achieved viral suppression. To work towards these targets, the National program launched the 2016 ART guidelines which provide recommendations for Differentiated Care models to support the rapid ART scale up. Differentiated Care which is a client-centred approach that promises to improve patient and provider preferences and satisfaction while improving program quality and cost efficiency. Widespread implementation of differentiated care approaches could help facilities provide care to more persons living with HIV/AIDS and retain those already in care.

NASCOP, with the support of the Global Fund support is currently implementing Differentiated Care with a quality improvement approach in seven selected counties (Kisumu, Homabay, Vihiga, Mombasa, Nairobi, Kwale and Nakuru). The program is working in collaboration with the counties to provide technical assistance to 70 selected health facilities across the 7 counties. The goal of this project is to producing evidence that differentiated care approaches can be adopted by health facilities, leading to measurable efficiencies.

The Specific Project Objectives are:

1. To integrate at least one differentiated care approach along the cascade of HIV care (test, treat, retain).
2. To measure the impact in terms of improvement of indicators for testing, linkage to treatment, treatment retention.
3. To estimate the change in cost efficiency along the cascade of HIV care.

**Project Goal:**

To demonstrate that health facilities that integrate quality improvement processes in differentiated care implementation achieve better outcomes and program efficiencies.

**Project Outcomes:**

* Implementation of at least one DC approach using QI approach for service delivery.
* Improved viral suppression.
* Improved patient retention to care**.**
* Improved program efficiencies in service delivery along the HIV cascade.

**3. Study Purpose & Scope:**

* 1. **Purpose:**

To evaluate the program outcomes associated with integrating quality improvement processes in differentiated care implementation.

* 1. **Scope***:*

The study will be undertaken in 70 health facilities across the 7 intervention counties participating in PQE activities (Homabay, Mombasa, Kwale, Vihiga, Kisumu, Nakuru, and Nairobi) and selected facilities in 5 control counties (Migori, Kajiado, Kakamega, Kiambu and Taita taveta).

The project has a consultant already working on the costing elements specifically. The additional consultant will help with the completion of the sections of the protocol that address assessment of patient and provider experience for the implemented DCM-QI approaches

* 1. The study will seek to assess:
1. The impact of the implemented DC approaches with QI methods by the facilities on patient outcomes as well as program efficiency.
2. The effectiveness of Quality Management structures established in facilities to support Quality Improvement.
3. The effectiveness of teamwork in implementing DC through establishment of roles and responsibilities for Quality Improvement teams and frequency of meetings held to discuss and monitor improvement work.
4. The effectiveness of leadership support and involvement in mobilizing and allocating resources to support Quality Improvement work which includes; time, human resource, infrastructure, data systems to track outcomes.
5. The effectiveness of mechanisms put in place for data collection and analysis to measure facility specific processes of care (PDSA)
6. The effectiveness of established mechanisms for identifying improvement gaps, redesigning process flow to depict DC pathways and providing solutions modifiable barriers.
7. The impact of knowledge transfer to support DC implementation through QI coach training, learning sessions and continuous capacity building sessions, review facility specific progress, and address challenges in implementation.

**4. Methodology:**

* Retrospective study to assess the impact of implementing Differentiated Care (DC) using quality improvement approach on patient’s outcomes and cost efficiencies on both patient and health care providers in the 70 intervention sites in seven select counties compared to non-intervention sites in the five select counties
* Facilities drawn from five counties not implementing DC with a QI approach will be used as study control.
* The survey will utilize available NASCOP and facility program data and additional information on patient and provider experience will be collected by appropriate methodologies. The consultant may recommend other effective approaches to meet the data requirements for the evaluation.

**5. Quality & Ethical Standards**

Approval to conduct the study will be obtained from Kenyatta National Hospital Ethical Review Committee. The Baseline and End line survey will be conducted in line with the approvals and recommendations from the KNH Ethical Review Committee (or any other Ethics approval body that may be applicable).

The consultant will take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically sound, accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability:

1. **Utility:** Evaluations must be useful and used.
2. **Feasibility**: Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
3. **Ethics & Legality**: Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
4. **Impartiality & Independence**; Evaluations should be impartial, providing a comprehensive and unbiased assessment that considers the views of all stakeholders.
5. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
6. **Accuracy**: Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. **Participation**: Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
8. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

**7. Qualifications and Experience for Consultant.**

1. Advanced degree in Public Health, monitoring and evaluation, or related field and demonstrated research experience (minimum five years).
2. Technical expertise in implementation science and operational research with demonstrated experience of protocol development (proof of work done).
3. Vast knowledge on HIV programming and policies in Kenya including Differentiated Care.
4. Vast knowledge in QI methodology and improvement science
5. Experience in the use of large data analysis tools (SPSS, STATA, Epi Info)
6. Fluency in English and Swahili languages
7. Ability to work with multiple stakeholders

**8. Management of the Study:**

**Duration: September 2018 to August 2019**

* The consultant will support the program to undertake the tasks to achieve the listed deliverables across this period for a total of 80 working days spread across various main tasks. The consultant will have breaks in between the 80 days.
* The undertaking of End line survey (35 days) at the end of project implementation will be dependent on the successful performance of the consultant for the first two assignments (completion and submission of Protocol for ERC approval and the Baseline survey).

**The tentative dates/timelines for the main tasks:**

* Submitted study protocol for IRB approval: October 2018.
* Preliminary preparations for the Baseline survey including trainings: October and November 2018.
* Conduct Baseline assessment survey in the selected counties: November /December 2018.
* Data analysis and Report writing for the baseline Survey- Jan and Feb 2019.
* Preliminary preparations for the end-line survey including trainings -July 2019.
* Conduct end-line assessment survey in the selected counties: August 2019.
* Data analysis and Report writing for the end-line Survey- Sept and October 2019.

**Specific Tasks for the consultant:**

1. Review and finalize the initial draft of the protocol giving emphasis to the Quality improvement component, methods and data analysis plan as well as relevant study tools.
2. Develop site level study data collection tools in collaboration with NASCOP team for baseline and end line survey.
3. Train the data collectors on the study and various data collection tools.
4. Coordinate data collection from 70 intervention and 70 control sites.
5. Participate in data quality assurance process during data collection
6. Technical support to the data management process data collection, quality assurance, analysis and report writing.
7. Facilitate the report writing workshops and compile inputs from different stakeholders for the baseline and end line reports.
8. Any other tasks related to the study as assigned by Head, NASCOP or his designated Program Manager.

**9. Application Requirements**

To apply, the consultant shall prepare in writing both technical and financial proposals and submit them adhering to the outline in Annex 1 and Annex 2 respectively:

1. The Technical Proposal **MUST** comply with the outline provided in **Annex 1** while the financial proposal shall conform to the template provided in **Annex 2.**
2. The financial proposal **MUST BE SENT IN A SEPARATE ENVELOP FROM THE TECHNICAL PROPOSAL.**
3. Provide comprehensive resume for all key team members detailing their responsibilities in this particular assignment. Please also note that the people whose names appear as key team members **MUST** be the ones to undertake the assessment. As such, they **MUST** be the ones to appear in person if the proposal moves to the interview stage.
4. Provide at least 3 testimonial references from the most recent assignment with evidence of having conducted a similar assignment successfully.
5. Failure to adhere to any of these requirements will lead to automatic disqualification or breach of contract if the work has begun.
6. Kenya Red Cross Society and the Ministry of Health through NASCOP, reserves the right to cancel the contract if, convinced that the consultant is in breach of the terms and conditions including those approved in the inception report.

**10. Submission of proposal**

The Technical Proposal **MUST** be prepared in conformance to the outline provided in **Annex 1** while the financial proposal shall conform to the template provided in **Annex 2.**

*Bidders should provide a technical and financial proposal in* ***two separate envelopes*** *clearly marked “Technical Proposal” and “Financial Proposal”****and sealed in one plain envelope*** *clearly marked “****Tender No.GFPREQ01083 Consultancy for Differentiated Care with Quality Improvement Approaches****”*

The Proposal should be addressed as below to reach the under signed (by mail or hand delivery) no later than **11:00am** on **19th September 2018:**

**Chairperson**

**Tender Committee**

**Kenya Red Cross Society**

**P.O Box 40712 - 00100**

**Nairobi, Kenya**

**ANNEX 1: PROPOSAL FOMART**

1. **Introduction:** description of the qualifications.
2. **Background:** Understanding of the project, context and requirements for services.
3. **Proposed methodology** – Describe study methodology to be employed to assess project goal, objectives and the expected outcomes, including study design, samples, sampling procedures and the proposed study questions. (5 pages)
4. **Demonstrated experience** in undertaking assignments of similar nature and experience from the geographical area for other major clients (Table with: Name of organization, name of assignment, duration of assignment (Dates), reference person contacts-2 pages
5. **Work plan** (Gantt chart of activity and week of implementation)-1 page
6. **Proposed team composition to undertake the assignment.**

The consultant to provide a clear description of the roles of each individual team member in the evaluation in a narrative format with this summary template duly filled. Detailed resume to be attached.

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| --- | --- | --- | --- | --- |
| **Name of Team Member** | **Highest Level of Qualification** | **General Years of Experience related to the task at hand** | **Number of days to be engaged** | **Roles under this assignment** |
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**ANNEX 2: BUDGET TEMPLATE**

The consultant shall only quote for the items below, as KRCS will manage all other related costs (*Logistics and payment of enumerators*)

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| --- | --- | --- | --- | --- |
| **Item** | **Unit** | **# of Units** | **Unit Cost** | **Total Cost (Ksh.)** |
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|  |  |  |  |  |
| Consultancy Fee (for the whole evaluation period) | Per day |   |   |   |
| **Grand Total** |  |  |  |  |