TERMS OF REFERENCE

TRAINING HEALTH ASSISTANTS TO PROVIDE APPROPRIATE PHYSIOTHERAPY SERVICES IN NEPAL

October 2018

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1. ABOUT NEPAL HEALTH SECTOR SUPPORT PROGRAMME 3 (NHSSP3)

The Nepal Health Sector Support Programme 3 (NHSSP 3) is UK Department for International Development (DFID) funded technical assistance programme, which aims to support the Ministry of Health and Population in its implementation of the current Nepal Health System Strategy (NHSS) 2015-2020. NHSSP 3, which is a consortium led by Options, with HERD, OPM, and Miyamoto, will support this between March 2017 and December 2020, and includes two major work components under its umbrella. The first component is General Health Technical Assistance (GHTA) to increase the capacity of the Ministry of Health and Population to improve health policymaking and planning, procurement and financial management, health services and the use of evidence for planning and management. The second component aims to increase the Ministry of Health and Population's capacity to retrofit health infrastructure (RHTA) to withstand future earthquakes. Both components are integrated within NHSSP 3 and provided by a team based in Kathmandu and "embedded" within the Government of Nepal.

NHSSP 3 comprises five streams of work delivered through an overarching, integrated, capacity enhancement approach, which include:

1. Health policy and planning
2. Procurement and Public Financial Management
3. Service delivery
4. Evidence and accountability
5. Health Infrastructure

NHSSP3 works closely with the three other DFID suppliers who deliver on the other components of the Nepal Health Sector Programme (NHSP) which includes monitoring and evaluation; social accountability; and public financial management. NHSSP3 actively collaborates with other External Development Partners (EDPs) who support the Nepal's health sector.

2. BACKGROUND FOR THIS TERMS OF REFERENCE

Nepal's census of 2011 is the most recent source of national data on disability and indicates that 1.94% of the Nepal population are disabled,[1] other studies, however, have reported higher levels of disability[2] and some suggest that the low reported levels could be due to the way in which disability is defined and recorded. According to census data, the largest absolute number of people living with disabilities are in the Terai regions, but the Western Hill and Mountain Districts have higher percentage of people living with disabilities [1]. The 2015 earthquake happened after the census was collected so presumably the number of people living with disabilities is now higher than before in the earthquake affected districts.

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[1] Kathmandu University, UNICEF (2016) "Disabiity Atlas" http://ku.edu.np/arts/drc/atlas.pdf

[2] Dhungana, B. (2006) "The lives of disabled women in Nepal: vulnerability without support". Disability Society 2006; 21: 133–146

A range of policy and legal instruments exist in Nepal with regard to disability; the most recent of which is Nepal's Disability Rights Act of 2017, which replaced the 1982 Disabled Persons Welfare Act and is a significant departure from the previous welfare-based approach to a rights-based approach to disability. Despite this, the capacity of the health system to deliver quality services for disabled people is limited due to the lack of required skills and resources. There are only 25 physiotherapists currently employed by the Ministry of Health and Population at 10 tertiary hospitals across the country and information the status of rehabilitative health services is unavailable. Reports after the 2015 earthquake suggest that the public health system struggled to respond to the increased in the demand for physiotherapy services from people with pre-existing conditions as well as those who were newly disabled as a result of the earthquake. As healthcare and rehabilitation facilities are largely centralised at the national and district level, physiotherapy services were inaccessible for earthquake affected communities, particularly as roads and infrastructure had been damaged[3].

The health of women with disabilities in Nepal is also a major concern, one study indicated that 54% of disabled women report ongoing health problems and 45% face reproductive health issues[4]. Healthcare provider attitudes towards women with disabilities can be very negative and they often have poor knowledge and skills on how to adapt services[5]. Pregnant disabled women tend to prefer to deliver at home and health workers responsible for delivery felt unprepared to meet the delivery care needs of disabled women[6]. Additionally, reproductive morbidities such as pelvic organ prolapse, pelvic floor dysfunction and fistula and birth related impairments such as cleft-palate and club foot are often not recognised by health workers or by communities as needing physiotherapy services[7].

3. POST-EARTHQUAKE RESPONSE

As a part of the response to the 2015 earthquake, the DFID funded Health Transition and Recovery Programme (HTRP) worked with a local partner to set up physiotherapy units in 5 hospitals in the most-earthquake affected districts and over a 13-month period treated 5,220 adults and children, 20% of whom were treated in the community. Female Community Health Volunteers (FCHVs) were trained to identify and refer people with muscular-skeletal conditions and fractures. Two issues were identified from this activity:

(i) There were no referrals (either self-referred or through a health worker) of mothers or children with reproductive morbidities and birth-related impairments who would also benefit from physiotherapy services, indicating a lack of knowledge about the need for physiotherapy for these morbidities; *and*

(ii) Disability management is characterised by the need for regular and long-term follow-up and people from marginalised communities could not easily access physiotherapy services at

[3] Lord A, et al, (2016) "Disaster, Disability, & Difference, A Study of the Challenges Faced by Persons with Disabilities in Post-Earthquake Nepal" May 2016

[4] Khanal, N.A. (2013) "Status of Reproductive Health and Experience of Mother-hood of Disabled Women in Nepal".

[5] Devkota, HR., et al. (2017) "Healthcare provider's attitude towards disability and experience of women with disabilities in the use of maternal healthcare service in rural Nepal" Reproductive Health, 14:79 https://doi.org/10.1186/s12978-017-0330-5

[6] Morrisson J et al. (2014) "Disabled women' s maternal and newborn health care in rural Nepal: A qualitative study" Midwifery, Volume 30, Issue 11, Pages 1132–1139 https://doi.org/10.1016/j.midw.2014.03.012

[7] Even the Ministry of Health and Population's Birth Defect Surveillance, Prevention and Control National Implementation Plan (2015 – 2019) does not mention physiotherapy services.

hospitals, and it was important to try and provide physiotherapy services closer to the community.

4. NHSSP 3 SUPPORTED ACTIVITY ON TRAINING HEALTH ASSISTANTS TO PROVIDE PHYSIOTHERAPY SERVICES

Identification, treatment and management of disabilities is part of the Nepal Health Sector Strategy (NHSS 2015-2020), is included in MoH ten-year disability action plan (2017 - 2027) and physiotherapy services are part of the basic health care package. The National Health Training Centre (NHTC) has endorsed training for health workers (including paramedics) to manage injury and trauma, but to date, has not included any training on physiotherapy skills needed for disability management and rehabilitation. NHSSP 3 aims to support the government to fill this gap and test an innovative approach to the delivery of physiotherapy services building on the learning from the previous HTRP experience.

Nepal has a long and successful history of "task-shifting" where certain specialist tasks, with training and supervision are performed by health workers from a lower cadre. Adopting this approach, NHSSP 3 aims to support NHTC to train male and female health assistants in physiotherapy skills so that they can provide services at primary level facilities and thereby making physiotherapy more accessible to people with disabilities.

An experienced organization will be contracted to see whether it is possible for health assistants to carry out physiotherapy services competently. NHTC and the Leprosy Control Unit with relevant stakeholders have already agreed which skills are appropriate for nurses, paramedics and the role of community health workers and FCHVs. The contracted organization will start with physiotherapy skills for health assistants and if proved successful, NHSSP3 will advocate for physiotherapy skills to be integrated into existing MOH training curricula for healthcare providers, for example, as part of the mid-level practicum training and reproductive morbidities as part of the Skill Birth Attendant curriculum.

The mid-level practicum is a three-month clinical and management refresher training which focuses on building skills of mid-level health care providers, such as health assistants, to diagnose illnesses better, perform medical procedures, and manage their workplace. The training approach and content that the contracted organisation will help develop for Health Assistants, through this Terms of Reference, therefore, needs to be appropriate to the mid-level practicum levels and to the length of the curriculum.

NHSSP 3 envisages that the contracted organisation will need to deliver the following steps:

a. Design the in-service training curricula for health assistants and develop appropriate training material.
b. Identify appropriate training sites based on case-load and other criteria.
c. Implement and supervise the training including an assessment of the participants' selection criteria, the development of the training sites, the training components, the case-load in the training sites, trainers' capacity and skills. Training should be provided in small batches and follow-up supervisory mechanisms established.
d. In the selected districts, assess existing referral practices, if any, and recommend how referral could be strengthened from the community to primary level facilities, and from

primary to higher level facilities; and establishing simple institutional mechanisms that can help the identification of cases at the community and facility level, including the assessment of the severity of a disability and enable referrals to take place. This may include additional training to FCHVs for example, for identification of cases.

e. Provide appropriate supervisory and mentor support to the trained health assistants once they have returned to their place of work to ensure required levels of service quality.

f. Monitor and record the progress and challenges faced by the health assistants in terms of knowledge, retention of skills and levels of regular practice, at an appropriate period of time after the training.

g. NHSSP 3 will contract a different organisation to provide an independent evaluation of this activity and propose the way forward.

5. SCOPE OF WORK AND RESPONSIBILITIES

NHSSP 3 will contract an organisation that specialises in training and delivery of physiotherapy services to design, implement and monitor this activity. It is anticipated that the contracted organisation will undertake the following tasks as a part of this assignment:

<table>
<tr><td colspan="2">Design phase
• NHTC and LCD together with key stakeholders have already identified and agreed on the appropriate physiotherapy skills for all levels of health workers. This will be shared with the contracted organisation who will need to design and develop the training approach, training content and implementation for health assistants.</td></tr>
<tr><td>Main Tasks</td><td>Key engagement processes</td></tr>
<tr><td>• Develop appropriate curriculum and training materials that are appropriate for health assistants working at health post levels and at primary health care levels and follow NHTC training, evaluation and certification standards
• Conduct baseline assessments in each of the three districts (Dhading, Dolakha and Dhanusha) to determine how many physiotherapy clients and who, what equipment exists, what kind of referrals take place etc
• Assess which training sites will be suitable to train health assistants from the 3 selected districts, based on agreed and transparent criteria
• Pre-test the training curriculum and materials at one site and refine as required
• Conduct assessment of current levels of demand for physiotherapy services, existing capacities for referral and identify areas for strengthening referral from community to primary level facilities, and primary to higher level facilities
• Design and establish simple institutional mechanisms that can help identification of cases at the community and facility level, assessment of severity and enable referrals to take place.</td><td>• Co-ordinate with NHTC, NHSSP 3 and the Technical Working Group (TWG) on the content of the curriculum and training materials; make presentations of drafts to the TWG for feedback and quality assurance.
• Periodic consultations with Government, NHTC, NHSSP 3, TWG and any other partners to understand contextual needs for design of the training.
• Consultations with the management of the training site facilities
• Agree details of referral mechanisms and supervisory mechanisms with LCD, TWG, facilities and NHSSP 3
• Share draft training materials, baseline assessment reports and implementation plan with NHTC, TWG and NHSSP 3 for review and incorporate feedback.
• Share draft monitoring tools with NHSSP 3 for review and feedback and agree final versions.
• Report to NHSSP 3 and NHTC as per agreement</td></tr>
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• Design supportive supervisory mechanisms and monitoring tools to track the performance of trained providers	
Expected outputs: • Approved curriculum and training materials • Report which summaries the key findings from the baseline assessments, the training sites capacities and referral capacities • Implementation plan and timeline	

Training phase • The contracted organisation will have to train health assistants in an interactive way, in small batches of 10-15 participants, to ensure that participants gain technical skills for practice. These training sessions will have to be concurrently delivered across three training sites that are accessible to the selected districts, that have a high number of patients with disability related impairments, so that appropriate skills are developed.	
Main Tasks	**Key engagement processes**
• Develop selection criteria for those who will be included in the training (e.g. health assistants with and without the mid-level practicum training, health assistants from health facilities that have reasonable access to referral sites, etc.) • Provide competency-based training to the selected health assistants in batches of 10-15 over the agreed period • A minimum of 200 health assistants from the three selected districts will need to be trained.	• Agree selection criteria with NHTC, TWG and NHSSP 3 • Liaise with appropriate stakeholders to set-up training sessions • Share training report with NHSSP 3 for review and incorporate feedback • Report to NHSSP 3 and NHTC as per agreement
Expected outputs: • Training reports on each batch from each site, and an analysis of challenges faced, and feedback from participants.	

Monitoring phase • Following the training, the health assistants will return to their respective health facilities and will be expected to treat patients with physiotherapy needs, as appropriate and refer any serious cases to higher level facilities. Based on the referral mechanisms agreed and set-up, health assistants may receive patients who are self-referred as well as those who are referred from the community by a health-worker. The contracted organisation has to periodically engage with the newly trained health assistants to offer any supervisory and on-site mentoring coaching, as well as to monitor their progress.	
Main Tasks	**Key engagement processes**
• Undertake follow-up visits to locations of the newly trained providers, to assess practice levels, retention of skills, challenges faced, and offer any technical mentoring support or other supportive supervision as need.	• Liaise with appropriate health facility level stakeholders to supervise, mentor and monitor the trained providers • Share assessment report and updated materials with NHTC, TWG and NHSSP3 for review and incorporate feedback, and seek final approval • Report to NHSSP3 and NHTC as per agreement

<table>
<tr><td>Review and strengthen training materials and process based on learning from follow-up assessment.</td><td></td></tr>
<tr><td colspan="2">Expected outputs:
Report on the findings from follow-up assessments of the health assistants and recommendations based on these findings, including annexes of monitoring tools used</td></tr>
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<tr><td colspan="2">Dissemination phase
Local dissemination activities will need to be undertaken. The information for the dissemination activities will be drawn from the regular process documentation that the contracted agency will have undertaken as outlined above. The external evaluation that will be conducted by a different contractor and will also produce other dissemination information. The contracted organisations will need to liaise with each other to ensure that the dissemination information is tailored to different audiences and dissemination information from different sources is not contradictory.</td></tr>
<tr><td>Main Tasks</td><td>Key engagement processes</td></tr>
<tr><td>Work with the organisation contracted to evaluate the physiotherapy activities to ensure that a coordinated and comprehensive dissemination plan is produced
Carry out the dissemination activities
If necessary, assist in facilitating discussions with DoHS and NHTC and other key stakeholders, on how to integrate physiotherapy skills into the mid-level practicum curriculum and training materials</td><td>Co-ordinate with NHTC, NHSSP 3 and the Technical Working Group (TWG) on the dissemination plan
Where necessary, support NHSSP 3 in presentations and discussions to MoH/DoHS
Share final documentation with NHSSP 3 for review and incorporate feedback. Update the documentation and seek final approval from NHSSP.</td></tr>
<tr><td colspan="2">Expected outputs:
Disseminations papers, leaflets etc as agreed in the dissemination plan in Nepal and English, where appropriate
Project closure report (full report and summary) containing project activities, lessons learnt and recommendations. The recommendations should include the proposed structure and process for the final training, training content, potential training providers, scope for ongoing supervision and mentoring, and possibilities for integration of supervisory tasks with other assessments/training of paramedics.</td></tr>
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Information on Evaluation Contract

This section is not part of the terms of reference and is for information only. It is anticipated that NHSSP 3 will contract an organisation to evaluate this activity. The contracted organisation for physiotherapy training will be expected to interact positively with the evaluator, via in-person and online meetings and emails and to provide all details as required by the evaluator. The evaluation areas will include but are not limited to: physiotherapy skills gained and retained and the facilitating factors; ability to identify physiotherapy needs in people with disabilities; whether treatment was as per protocols; and whether appropriate referrals were made. Client perspectives on the benefits (and challenges) of receiving care at the lower level facilities from trained health assistants and levels of satisfaction with care provided.

6. TIMELINE AND DELIVERABLES

The activities are expected to start in early December 2018. The contracted organisation will be paid by outputs for this work will need to propose relevant outputs based on the scope of work and over the duration of the activity.

7. SUBMISSION AND ASSESSMENT CRITERIA

The organization should submit a full proposal to NHSSP 3 by 17.00 hours on the 15th November 2018. The proposal should respond to the terms of reference and the key tasks as outline above and not exceed 25 pages. In addition to the proposal, annexes of no more than 2 pages each should be included on: (i) a fully itemized budget; (ii) implementation plan and timeline and (iii) summary CVs indicating relevant experience of key personnel.

The proposals will be assessed according to the following indicative criteria:

1. Experience of the organisation
    a. Experience in physiotherapy training
    b. Experience in providing physiotherapy services
    c. Experience in developing referral networks and/or with community mobilisers

2. Qualifications and experience of key personnel
    a. Professional qualifications relevant to physiotherapy
    b. Experience in physiotherapy training and service provision

3. Approach
    a. Demonstrated ability to engage with Ministry of Health and Population officials, local health administration and health facility staff
    b. Demonstrated ability to engage with training site staff and officials
    c. Demonstrated ability to work with key stakeholders

4. Monitoring and Dissemination
    a. Appropriateness of monitoring plans and techniques
    b. Use of existing monitoring systems such as HMIS
    c. Relevance of dissemination activities

5. Value for Money
    a. The degree to which inputs are being purchased in the right quantity and at the right price
    b. How efficiently the organisation will deliver its outputs