

Evaluation of the #ChilPalCare Ghana Project: Terms of Reference

ICPCN and World Child Cancer are seeking to appoint a researcher to carry out an external evaluation of the #ChilPalCare Ghana project which is running from February 2024 – January 2025.

Background

The [International Children's Palliative Care Network](#) (ICPCN) and [World Child Cancer](#) (WCC) were awarded a grant from the Global Health Workforce Programme to lead a project to develop children's palliative care (CPC) in Ghana. The one-year project is being delivered in partnership with the Association of Paediatric Palliative Medicines (APPM) in the UK. The work builds on a needs assessment carried out in 2023, which identified that a key barrier blocking CPC development is the lack of education and training for the Ghanaian health and social care workforce. The #ChilPalCare Ghana project aims to address this gap and build skills and knowledge so that better care can be provided to children living in the country with a condition that will shorten their life. The project has four objectives:

- **Objective 1: Monthly interactive webinars** - Covering different aspects of children's palliative care and involving CPC experts from around the world, with case studies and discussion.
- **Objective 2: Multi-professional training in CPC across Ghana** - Will provide training to 120 health professionals in four regions of Ghana that consists of: Face-to-face Training (5 days), Mentorship, Virtual training (2 days) and a Final Face-to-face Conference. Trainees are a mix of nurses, doctors, psychologists, pharmacists and social workers.
- **Objective 3: Clinical Placements** – Will provide clinical placements for up to 5 participants from each of the four training courses with CPC professionals at KATH and KBTH. A further 6 will undertake a placement in the UK facilitated by the Association for Paediatric Palliative Medicine (APPM).
- **Objective 4: Specialist Training** - Work with professional organisations - the Ghana College of Nurses & Midwives, the Ghana College of Physicians & Surgeons and the Ghana College of Pharmacists - to review their curricula to ensure that CPC is included. The project will also support 3 participants to undertake each course.

Project Goal:

- Increase in access to children's palliative care services in Ghana

Outcomes of the Project

1. Empowered Health professionals implementing children's palliative care by the end of the project
2. Health professionals showing increased confidence in the provision of children's palliative care
3. A community of practice of health professionals in Ghana and the UK to support each other in ongoing children's palliative care provision UK children's palliative care professionals involved in and learning from the project

Outputs

This project is funded through the Global Health Workforce Programme, which is funded by the UK Department of Health and Social Care (DHSC) for the benefit of the UK and partner country health sectors.

1. Co-created local training materials for children's palliative care in Ghana available for ongoing use
2. Health professionals supported through peer support/mentorship for children's palliative care
3. Health professionals completing children's palliative care training through the project
4. UK children's palliative care professionals involved in and learning from the project

A detailed MEL chart can be found in Appendix A and the detailed indicator reference sheet will be shared at the start of the evaluation

The aim and objectives of the evaluation

Through this evaluation we want to find out about the extent to which the project aims and outcomes were met and how capacity for children's palliative care has been developed as a result of this project and to explore:

- The impact of the project on the provision of children's palliative care
- The change in awareness and learning of participants pre and post training
- How the training has impacted on participants' career development
- How CPC has been developed in new sites across Ghana (for eg, through delivery of action plans)
- Exploring the challenges to implementation of these action plans
- The extent of bi-directional learning with the APPM faculty in the UK
- The extent of learning about CPC within Ghanaian diaspora in the UK
- Capturing any strategic CPC developments that have been achieved through the project – for example with the Ghanaian Colleges, Ministry of Health etc
- Recommendations for future sustainability and scalability of CPC in Ghana

Evaluation Methodology

The evaluation will use mixed methods involving both quantitative and qualitative data collection as well as a desk review of key project documents.

The quantitative data will be collated by the project teams M&E team and will include:

1. Pre and post course assessments
2. End of project evaluation form which will look at sites providing CPC, approximate numbers seen, Changes implemented, end of project assessment of knowledge and confidence, learning etc.

The appointed person will be expected to:

1. Develop a methodology and time frame for the evaluation with key milestones, amending this in line with feedback from the project partners and providing regular monthly updates on progress.
2. Undertake a desk review of key project documents (the proposal, log frame, quarterly narrative and MEL reports, etc).
3. Interview key stakeholders in the #ChilPalCareGhana project, both in Ghana and in the UK, transcribe and analyse these interviews and draw out key themes in consultation with the project team. These interviews

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could be carried out virtually, with the potential for some to be carried out face-to-face where practicable and they will have access to ICPCN's online AI transcription software.

4. Carry out focus group discussions with delegates and the project team – these can be done at the final face-to-face conference held in January 2025 and/ or virtually.
5. Work with the team to use the quantitative data collected during the project in order to tell the story of the degree of engagement and new learning achieved over the course of the project and ensuring that data is there for all of the appropriate indicators.
6. Meet with core team members to discuss initial findings, challenges etc.
7. Write an evaluation report and draft the Learning Paper to capture key findings from the project, to include positive outcomes, challenges encountered, lessons learned and recommendations for future sustainability and scalability of the project. The learning paper is a donor requirement and the format will be shared at the start of the evaluation. It is expected to be up to 5,000 words.

Key contacts

The key contacts for the evaluation will be:

From ICPCN

- Prof Julia Downing – Chief Executive
- Lizzie Chambers – Programme Manager

From WCC

- Ayire Emmanuel Adongo – Regional Manager
- Pinamang Desu – Country Manager
- Juliet Boateng – Project Co-ordinator

The ICPCN and WCC team will support the Consultant in undertaking the evaluation including ensuring access to relevant documents, individuals for interviews and Focus Group Discussions etc. They will also be responsible for sending out the end of project survey to all participants.

Terms

Duration: 2.5 months – mid-November 24 – January 2025.

Level of effort: It is anticipated that this evaluation will take between 20 and 25 days of effort over the 2 ½ - month period and we will pay a lump sum of £4,500 for the consultancy, alongside the travel as below.

Payment: Terms to be agreed – the agreed amount will be payable in two instalments, with the final instalment paid on successful completion of the evaluation, including submission of the evaluation report and draft learning paper. These must be submitted by the 27th January so that payment can be made by the 31st January as all project expenditure must be finalised by the end of January.

Travel: This will be dependent on where the Consultant is based but ideally they will attend the final face-to-face conference on Tuesday 21st January 2025 in Accra. Any travel expenses will be covered for the Consultant.

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Person specification

It is expected that the Consultant undertaking the evaluation will have the following:

1. Experience of carrying out project evaluation
2. Experience in both quantitative and qualitative research methods
3. Knowledge of service development in low- and middle-income countries
4. Excellent academic writing skills
5. Knowledge and experience of children's palliative care
6. To be resident within sub-Saharan Africa and able to travel to Ghana as required

If you would be interested in applying for this role, please send a CV including an outline of your experience in conducting similar evaluations to: programme.manager@icpcn.org. If you would like to undertake this work with someone else then it is possible to apply together but there will not be any extra funds for this. At least one of you must live in sub-Saharan Africa.

Members of the ICPCN and World Child Cancer Team will invite shortlisted candidates for interview in the first week of November.

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<p>Project goal – what is the overall aim of your project?</p>	<p>Goal Indicators – how will you know you have achieved your goal? (Please include a target figure where appropriate)</p>	<p>Data collection plans: i. What is the data collection tool? ii. Who will collect the data, when and how? iii. How will you analyse it? iv. Will you have a research element to this project?</p>	<p>Barriers to change – please detail any anticipated barriers to achieving this goal, and how you will overcome these.</p>
<ul style="list-style-type: none"> Increase in access to children's palliative care services in Ghana 	<ul style="list-style-type: none"> # of children and their families provided with palliative care (Target 4,800) # of sites across Ghana providing children's palliative care (Target 45) 	<ul style="list-style-type: none"> Hospital and programme records, including CPC services record. Collected by participants involved in the training programmes through the project. Collected by the final project evaluation. Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: region, site, rural/urban, gender, condition 	<ul style="list-style-type: none"> Barriers will include a lack of understanding of the need for CPC by colleagues, thus children and their families not being referred or identified for PC, so will encourage participants to sensitise colleagues on CPC and also invite them to attend the monthly webinars as appropriate. Currently under the GHS there are no indicators for CPC and so this may hinder collecting the data – we will liaise with the GHS on this.

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Outcomes – what changes do you expect to see by the end of your project?	Outcome Indicators – how will you know that this change is happening? (Please include a target figure where appropriate)	Data collection plans: i. What is the data collection tool? ii. Who will collect the data, when and how? iii. How will you analyse it? iv. Will you have a research element to this project?	Barriers to change – please detail any anticipated barriers to achieving this outcome, and how you will overcome these.
1. Empowered Health professionals implementing children's palliative care by the end of the project	<ul style="list-style-type: none"> # of health professionals providing palliative care (Target = 115) # of children's palliative care teams (Target = 8) 	<ul style="list-style-type: none"> Training/ webinar documentation Collected by the project team Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: gender, profession, region, site, rural/ urban Collected through the final project evaluation 	<ul style="list-style-type: none"> Barriers will include a lack of understanding of the need for CPC by colleagues, thus health professionals not being released for training – this can be overcome through the partnership with the GHS and other hospitals
2. Health professionals showing increased confidence in the provision of children's palliative care	<ul style="list-style-type: none"> # of Health professionals demonstrating a change in pre- and post- children's palliative care training (Target = 115) # of Health professionals demonstrating a personal/ 	<ul style="list-style-type: none"> Pre-and post-course assessments, and post-course webinars assessment. 3-month post-course assessment End of project evaluation Collected by the project team 	<ul style="list-style-type: none"> Pre course assessments do not always show what an individual 'doesn't know' – this is then revealed through the training and can then impact the post-course assessment, therefore not

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	<p><i>professional impact on their carer development (Target = 100)</i></p>	<ul style="list-style-type: none"> <i>Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: gender, profession, region, site, rural/ urban</i> 	<p><i>always demonstrating change.</i></p> <ul style="list-style-type: none"> <i>Individuals not completing the documentation as requested – this can be helped through making the release of a certificate dependent on completing the evaluations etc.</i>
<p><i>3. A community of practice of health professionals in Ghana and the UK to support each other in ongoing children's palliative care provision</i></p>	<ul style="list-style-type: none"> <i># of individuals participating in the community of practice in Ghana (Target = 200)</i> <i># of individuals participating in the Ghanaian community of practice in the UK (Target = 40)</i> <i># of health professionals identifying bi-directional learning through the community of practice (Target = 240)</i> 	<ul style="list-style-type: none"> <i>Webinar attendance records</i> <i>Post webinar evaluations</i> <i>Discussions held during the webinar/ community of practice materials</i> <i>Surveys to all who have participated in the community of practice</i> <i>Collected by the project team</i> <i>Data will be analysed by the M&E team at WCC/ICPCN and will</i> 	<ul style="list-style-type: none"> <i>Challenges in getting time away from clinical care to attend the community of practice webinars</i> <i>Challenges with regards to access to the internet for all health professionals – including connectivity and cost</i>

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Outputs – what changes do you need to occur in order to achieve your outcomes?	Output Indicators – how will you know that this change is happening? (Please include a target figure where appropriate)	Data collection plans: <i>i. What is the data collection tool?</i> <i>ii. Who will collect the data, when and how?</i> <i>iii. How will you analyse it?</i> <i>iv. Will you have a research element to this project?</i>	Barriers to change – please detail any anticipated barriers to achieving this output, and how you will overcome these.
1. Co-created local training materials for children's palliative care in Ghana available for ongoing use	<ul style="list-style-type: none"> Continuing education training materials available for ongoing use in Ghana Evaluation of the training materials and webinars in Ghana # of specialist courses including children's palliative care (Target = 6) 	<ul style="list-style-type: none"> Training materials Pre-and post-course assessments, and post-course webinars assessment. 3-month post-course assessment End of project evaluation Collected by the project team Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: gender, profession, region, site, rural/ urban, organisation 	<ul style="list-style-type: none"> It will be a challenge if there are a lot of changes to be made to the training materials towards the end of the project timeline – however we will be reviewing the materials as we go along so this should not be a problem. The number of specialist courses including children's palliative care will depend on

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			<i>the courses available at the councils. From initial discussions 6 should be achievable.</i>
2. <i>Health professionals supported through peer support/mentorship for children's palliative care</i>	<ul style="list-style-type: none"> # of health professionals receiving peer support/ mentorship (Target = 120) # of health professionals providing peer support/ mentorship (Target = 30) 	<ul style="list-style-type: none"> <i>Mentorship attendance records and documentation</i> <i>End of project evaluation</i> <i>Collected by the project team</i> <i>Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: gender, profession, region, site, rural/ urban, organisation</i> 	<ul style="list-style-type: none"> <i>Barriers will include a lack of understanding of the need for CPC by colleagues, thus health professionals not being released for mentorship, or they do not see the importance of the mentorship – this can be overcome through the partnership with the GHS and other hospitals</i>
3. <i>Health professionals completing children's</i>	<ul style="list-style-type: none"> # of health professionals attending the monthly webinars (Target = 200) 	<ul style="list-style-type: none"> <i>Webinar and education attendance records and documentation</i> 	<ul style="list-style-type: none"> <i>There may be some family, personal or work issues that mean not everyone who</i>

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<p><i>palliative care training through the project</i></p>	<ul style="list-style-type: none"> • # of health professionals completing the children's palliative care training (Target = 120) • # of health professionals completing a clinical placement in children's palliative care in Ghana (Target = 30) • # of Ghanaian health professionals completing a clinical placement in children's palliative care in the UK (Target = 6) • # of health professionals commencing specialist CPC training (Target = 6) 	<ul style="list-style-type: none"> • <i>End of project evaluation</i> • <i>Collected by the project team</i> • <i>Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: gender, profession, region, site, rural/ urban, type of training, organisation</i> 	<p><i>starts the training will complete it – we will try and overcome this from a work perspective through the partnership with the GHS and other hospitals, however it is hard to mitigate re personal/ family issues</i></p>
<p>4. <i>UK children's palliative care professionals involved in and learning from the project</i></p>	<ul style="list-style-type: none"> • # of UK children's palliative care professionals involved in the project (Target = 30) • # of Ghanaian diaspora in the UK involved in the project (Target = 10) • # of UK children's palliative care professionals learning from the project (Target = 30) 	<ul style="list-style-type: none"> • <i>Webinar/ training/ mentorship documents</i> • <i>Discussions held during the webinar/ community of practice materials</i> • <i>End of project evaluation</i> • <i>Collected by the project team</i> 	<ul style="list-style-type: none"> • <i>There may be some managers in the UK who do not understand all that can be learnt and applied in the UK from such involvement, we will try and mitigate that through the involvement of</i>

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	<ul style="list-style-type: none"> # of Ghanaian diaspora children's palliative care professionals learning from the project (Target = 10) 	<ul style="list-style-type: none"> Data will be analysed by the M&E team at WCC/ICPCN and will include disaggregation by: gender, profession, site, organisation. Ghanaian diaspora 	<p>the APPM and explaining the benefits of global work and bi-directional learning.</p>
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