



TERMS OF REFERENCE FOR SHINE PROJECT SITUATIONAL ANALYSIS

1. Assignment Summary

Assignment	To conduct Situational Analysis of Rehabilitative Services and assistive technology in Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia Counties – SHINE Project
Country/Region	Kenya – Kisumu, Homa Bay, Nyeri, Laikipia, Makueni, Kiambu and Nakuru counties
Client / Partner Organization	Nyabondo Centre for Persons with Disabilities (NCPD) Naromoru Disabled Children's Home (NDCH) AIC CURE Children's Hospital of Kenya
Funding Organization	CBM Christian Blind Mission (CBM)
Assignment Purpose	To generate an evidence-based understanding of the situation of rehabilitative services and assistive technology; availability, accessibility, quality and gaps in the seven counties to inform the design and implementation of the SHINE Project.
Commissioning Organization / Contact Person	CBM, in collaboration with Nyabondo Center for Persons with Disabilities Contact person- Sr. Ludovena Anyango Onyino Designation - Administrator Naromoru Disabled Children's Home Contact person- Sr. Martha Wanjau Designation-Sr.in charge AIC CURE Children's Hospital of Kenya Contact person: Elijah Wachira Designation- Director Programs and Development.
Assignment Duration	30 days

2. Background

CBM is a Christian international development organization committed to improving the quality of life of persons with disabilities in the poorest communities of the world. Its Disability-inclusive Development approach guides all its programming, addressing the barriers that hinder access and participation and actively seeking the full inclusion of persons with disabilities as empowered self-advocates. CBM implements through partnership

To inform the design, targeting and implementation of the SHINE Project, CBM in partnership with Nyabondo, CURE and Naromoru wish to commission a situational analysis of rehabilitative services currently available to persons with disabilities within Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia Counties. The situational analysis will establish the status of service availability, accessibility, quality, and the capacity gaps that the SHINE Project needs to address. SHINE Project ((**S**trengthening capacities for **H**olistic and **I**nclusive **N**eed-based rehabilitative services that **E**mpower individuals and communities in Kenya) an initiative aimed at improving access to quality rehabilitative services for persons with disabilities in Kisumu, Homa Bay, Makueni, Kiambu, Nakuru Nyeri and Laikipia Counties, Kenya

The Project **overall objective** is to contribute to a sustainable rehabilitative healthcare and inclusive social system that enables persons with functional limitations and participation restrictions to attain the highest quality of life in Kenya.

The **specific objective** is to Improve delivery of quality rehabilitative services and access to assistive technology through strengthening capacity of health care system across primary (including community based rehabilitative structures and referral pathways) and secondary levels in target Counties by 2030.

With regard to the “inclusive social system” component of the overall objective: We assume access to and consistent use of rehabilitation services depends on the daily support, caregiving, and referral arrangements that already exist within communities. We also assume that these arrangements are too often ad hoc and unpredictable. Therefore, the situational analysis will examine how persons with disabilities and their families currently organise support and care in daily life, and how these community practices interact with, and can be strengthened to enable, access to the formal rehabilitative service system.

Nyabondo Centre for Persons with Disabilities is a faith-based rehabilitation and disability services institution based in Nyakach Sub-County, Kisumu County, providing corrective surgeries, physiotherapy, occupational therapy, orthopaedic and prosthetic/orthotic services, and community-based rehabilitation support to children and adults with disabilities drawn from Kisumu, Homa Bay and neighboring counties.

Established in 1982, **Naromoru Disabled Children's Home (NDCH)** is in Kieni East Sub-County, Nyeri County, within Irigithathi Parish of the Catholic Archdiocese of Nyeri, Kenya. Managed by the Franciscan Elizabethan Sisters in partnership with the local community, NDCH provides holistic, compassionate, and inclusive rehabilitation services for children and adults with disabilities.

CURE Kenya is a leading faith-based pediatric orthopedic hospital and rehabilitation institution based in Kijabe, Kiambu County. CURE Kenya provides specialized pediatric corrective surgical care, physiotherapy, occupational therapy, orthopedic and prosthetic/orthotic services, as well as extensive mobile outreach and community-based rehabilitation support for children and persons with physical disabilities drawn from Kiambu, Nakuru, Makueni, and across Kenya.

3. Purpose and Objectives

3.1. Purpose

The purpose of this assignment is to conduct a comprehensive situational analysis of rehabilitative and assistive technology related services. The analysis will generate robust evidence on the rehabilitation services status, capacity, accessibility, utilization, quality, and financing, as well as the unmet needs of persons with disabilities and other populations requiring rehabilitation support. It will also generate evidence on how persons with disabilities and their families currently organize support, care, and mutual aid in daily life, and how these community practices interact with, and shape uptake of, the formal rehabilitation system. The findings should translate into clear county-specific gaps, priorities, opportunities and practical entry points for strengthening services

The analysis should be clearly anchored within the existing national and county rehabilitation structures, including the National Rehabilitative Services Section and County Rehabilitation Services Units. The assessment should generate evidence that can directly support CHMT planning, budgeting, supervision and service improvement rather than creating parallel rehabilitation structures.

The County Rehabilitation Services Unit will serve as the focal point to coordinate planning alignment and fieldwork rollout.

3.2. Specific Objectives

- To assess the status of rehabilitation services and assistive technology provision in Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia Counties, including service availability, accessibility, coverage, quality, and the rehabilitation and assistive technology needs of persons with disabilities and other populations requiring rehabilitation support.
- To identify health system, policy and community-level gaps and barriers affecting access to rehabilitation services, including service delivery capacity, referral and coordination mechanisms, financing, governance structures, and physical, financial, attitudinal and informational barriers experienced by persons with disabilities.
- To identify opportunities, partnerships and strategic entry points for strengthening rehabilitation services and community support systems, and to provide evidence-based

recommendations to guide the design, targeting and implementation of the SHINE Project.

4. Scope

a. Thematic Scope

. Leadership and governance

- **Service availability and distribution.**

Mapping the full rehabilitation referral and counter-referral pathway from community and primary care through secondary and specialized services and back to the community. Services existence such as county/referral hospitals, sub-county hospitals, health centers, private facilities, faith-based/NGO, special schools, community programs.

Geographic equity: distance/travel time, facility catchment.

- **Health workforce capacity.**

Establish not only the numbers of rehabilitation professionals, but also establishment versus actual staffing, geographical distribution, workload, vacancies, skill mix, competencies, specialized skills, supervision, CPD and opportunities for appropriate task-sharing and community-level support. The assessment should cover the relevant rehabilitation cadres, including physiotherapy, occupational therapy, orthopaedic technology/prosthetics and orthotics, speech and language therapy at all levels within each county.

Staffing norms vs actual, distribution across facilities, vacancy/turnover.

Skills/competencies (adult neuro-rehab, pediatrics, mental health rehab, assistive tech, wheelchair services).

Supervision, continuing professional development.

- **Infrastructure, equipment, and assistive products**

Dedicated space for rehab (gym, pediatric area.)

Essential equipment availability and functionality (exercise equipment, electrotherapy where appropriate, splinting materials, gait aids).

Assistive products supply chain pathways, availability and maintenance: wheelchairs, crutches, walkers, hearing aids, prostheses/orthoses, communication aids. Examining the complete assistive technology pathway, from identification of need, assessment and prescription through provision, fitting, user training, maintenance, repair, replacement and follow-up.

- **Population need and burden of disability**

Disability prevalence by sub-county- rural/urban and rehab need caused by NCDs, injuries, Autism, cerebral palsy, mental health, hearing/speech disorders, aging-related functional decline. This is also dictated by Priority groups such as children with developmental delays, older adults, people with chronic illness, workplace injuries, and post-surgical patients.

- **Access and utilization barriers**

Financial: user fees, insurance (SHA coverage), cost of transport/assistive products.

Physical access: transport, facility accessibility (ramps, toilets, signage).

Information barriers: awareness of services, appointment systems, language/communication.

- **Financing and sustainability**

County budget allocation for rehab (HR, commodities, equipment, facility upgrades).

Revenue streams and reimbursement mechanisms.

Financing mechanism, Insurance, type of rehab services covered by major health financing mechanism or by insurance company, % of out of pocket expenses for Rehab, AT and other key areas of financing for health

Donor/partner support and sustainability risks.

Cost drivers and potential efficiency gains (group therapy, outreach, task-sharing).

Assess local operational research mechanisms to empower county teams to conduct continuous service evaluation and evidence-based planning.

- **Health information systems, data, and M&E**

Rehab indicators captured in facility records and DHIS2 (or parallel registers).

Rehabilitation information and reporting systems and the use of data for planning and budgeting; financing, including county allocations, SHA/insurance coverage, reimbursement and out-of-pocket costs; and existing data and assessments to minimize duplication

Data completeness/quality: diagnoses, sessions, outcomes, assistive products provided.

Use of data for planning (hotspots, staffing, and commodity quantification).

Research/learning: audits, outcome studies, client feedback loops.

- **Community and caregiver support systems**

Map the number of people requiring rehabilitation services vis-à-vis existing service delivery points, Community-Based Rehabilitation (CBR) coverage,

Family/caregiver training, home programs, peer support groups

School-based support and early identification services.

Vocational rehabilitation, livelihoods, linkages, and reintegration into work/school.

- **Community systems, mutual aid, and informal-formal linkages**

Existing formal and informal support networks, and mutual aid practices (e.g. caregiving rotation, shared labour, resource pooling, and community-led referral) that persons with disabilities and their families currently rely on for daily support and for accessing rehabilitative services.

Existing or potential community-based navigation, referral, and accountability mechanisms (e.g. community score cards, peer navigators) linking communities to the formal rehabilitation system, and opportunities to strengthen these into structured, reliable, disability-inclusive arrangements that complement formal service delivery.

- **Emergency preparedness:**

Rehab and AT integrated in emergency response, stockpiling of AT, referral, coordination between MoH and emergency response, plan for meeting sudden surge need of rehab and AT

b. Geographical Scope

The assignment will cover Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia Counties, with particular attention to [County and sub-County Health facilities in target Counties that provides rehabilitative services or those that have been identified for potential service

provision]. Nyabondo Centre for Persons with Disabilities in Kisumu County, AIC CURE Children's Hospital of Kenya in Kiambu County and Naromoru Disabled Children's home in Nyeri County will serve as a key reference facility for the analysis.

c. Stakeholders

The consultant will engage a broad range of stakeholders, including: Nyabondo Centre for Persons with Disabilities ; Naromoru Disabled Children's Home; AIC CURE Children's Hospital of Kenya; MoH National Rehabilitation Unit; the Kisumu , Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia County Departments of Health; National Council for persons with Disabilities; public and private health facilities offering rehabilitation services; Organizations of Persons with Disabilities (OPDs); persons with disabilities and their caregivers; community-based mutual aid, self-help and caregiver support groups; community health Promoters; and other relevant NGOs and development partners active in disability and rehabilitation programming in the target counties.

d. Documents to be Reviewed

The consultant should review, among others: the SHINE Project concept/proposal document; Kisumu, Homa Bay , Makueni, Kiambu, Nakuru, Nyeri and Laikipia County health sector strategic and annual work plans; national and county disability data (e.g. Kenya National Survey for Persons with Disabilities); Kenya's Persons with Disabilities Act of 2025 and related policies; the National Disability Mainstreaming Policy; WHO Community-Based Rehabilitation (CBR) Guidelines; and any other relevant reports or assessment and Convention on the Rights of Persons with Disabilities (UNCPRD)

Sustainable Development Goals

WHO Rehabilitation 2030

Kenya Vision 2030

Kenya Health Policy 2014-2030

National Disability Policy

County Integrated Development Plans (CIDPs

Kenya Rehabilitative Services and Assistive Technology Strategy 2022-2026

5. Methodology

The consultant is expected to apply a mixed-methods approach combining quantitative and qualitative data collection, and should adhere to the following mandatory mechanisms throughout the assignment:

- Participatory and inclusive approaches, ensuring meaningful engagement of persons with disabilities and their representative organizations;
- Safeguarding of children and adults at risk;
- Disaggregation of data by sex, age and disability type;

- Data security, confidentiality, and informed consent.

Suggested methods include: a desk review of secondary data and policy documents; key informant interviews with health officials, rehabilitation professionals and OPDs representatives; focus group discussions with persons with disabilities and caregivers; facility mapping and assessment checklists; participatory community mapping and/or social network analysis of existing informal support, mutual aid, and referral relationships; and household or community-level surveys where appropriate. The consultant shall propose and justify their preferred methodology, sampling approach, and data collection tools in their technical proposal.

In addition, the assignment should generate evidence on how persons with disabilities and their families currently organize support in daily life, and how formal and informal systems interact around rehabilitation. Suggested lines of enquiry include: how community members currently seek and receive support for rehabilitation needs; which population groups face the greatest barriers to accessing services; how effectively formal and informal support systems interact; what community-led mechanisms already exist for mutual support and accountability; what opportunities exist for community-based navigation and referral to rehabilitative services; and which rehabilitation-related functions could be delivered or supported by trained community actors (e.g. community health promoters, caregivers) while maintaining quality and safeguarding standards.

6. Limitations

Travel distances and time between Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia Counties, seasonal accessibility of remote areas, availability of up-to-date secondary data, or any logistical/security considerations relevant to fieldwork.

7. Deliverables and Schedule

7.1. Deliverables

- Inception report, including refined methodology, data collection tools, and detailed work plan;
- Draft situational analysis report presenting findings against each specific objective, including a dedicated analysis of community support systems, mutual aid practices, and informal-formal service linkages;
- A service mapping of rehabilitative service providers in Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri and Laikipia Counties (including a geo-referenced list/map where feasible);
- A summary PowerPoint presentation of key findings and recommendations;
- Final situational analysis report (max. 40 pages without annexes) in accessible format, incorporating feedback from a stakeholder validation workshop;

- All raw data, tools and materials used in the assignment, handed over to both Counties, CHMT and TWGs.

7.2. Time Frame and Schedule

The assignment is expected to start in September, taking approximately 30 working days across Kisumu, Homa Bay, Makueni, Kiambu, Nakuru, Nyeri, and Laikipia Counties. An itemized action plan should be submitted with the expression of interest.

Activity Description	Duration (days)
Briefing of consultant	1
Review of relevant documents	3
Tools development	3
Inception Report	1
Data collection	13
Data analysis and preparation of draft report	5
Validation meeting (incl. ppt presentation)	2
Finalisation of feasibility study and final report	3
TOTAL	30

8. Skills and Experience Required

The consultant/consultancy team should ideally be inclusive of men, women and persons with disabilities, and should demonstrate:

- An academic degree and extensive experience in public health, rehabilitation medicine, health systems research, or disability-inclusive development;
- A proven track record in conducting situational analyses, baseline studies or assessments in the health/rehabilitation or disability sector in Kenya;
- Strong skills in quantitative and qualitative research design, data collection and analysis;
- Experience engaging with county health systems and government stakeholders in Kenya;
- Experience working with persons with disabilities and OPDs in a participatory and inclusive manner;
- Knowledge of the UNCRPD, WHO CBR Guidelines and Kenya's national and county disability and health policy framework;
- Excellent analytical, facilitation and report-writing skills;

- The ability to speak local languages (Dholuo, Kikuyu, Kikamba and/or Kiswahili) is an added advantage.

Safeguarding Policy: As a condition of entering into a consultancy agreement, the consultant(s) must sign CBM's and/or partner's Safeguarding Policy and abide by its terms and conditions.

9. Application and Selection Procedure

9.1. Expression of Interest

- Interested consultants/firms should submit a technical and a financial proposal, including: a description of the consultancy firm and relevant experience;
- CVs of proposed team members clearly indicate their roles and responsibilities;
- A demonstration of understanding these Terms of Reference, the proposed methodology and sampling approach;
- A detailed work plan and budget covering all costs required to conduct a disability-inclusive and participatory situational analysis,
- At least two references from similar assignments conducted within the last five years.
- A valid Business Registration Certificate (or Certificate of Incorporation, where applicable).
- A valid Tax Compliance Certificate (TCC).

CBM SHINE project technical advisory team reserves the right to terminate the contract in case the agreed consultant(s) are unavailable at the start of or during the assignment.

All expressions of interest should be submitted by email to CBM for reviews and approvals

9.2. Selection Criteria

Only complete expressions of interest will be considered. The assessment is broken down as follows:

Criteria	Score
Budget	20%
Technical Proposal:	80%
Experience in health/rehabilitation or disability-related situational analyses	25%
Qualifications and composition of proposed team	20%
Technical proposal, methodology and understanding of the TOR	35%

Total	100%
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