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## TERMS OF REFERENCE

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Research fellow - OpenTeleRehab application and learning about the drop-out rates

*Mekong Program – Vietnam – ADMIRE project*

### 1. CONTEXT

#### 1.1. Humanity and Inclusion

Humanity and Inclusion (HI) – previously known as Handicap International- is an independent and impartial aid organisation working in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights. HI is working in more than 60 countries over the World.

HI has been working in Vietnam for over 25 years, mostly in the fields of health and prevention (mother and child health and road safety), rehabilitation (rehabilitation care for persons with spinal cord injury and brain lesions), education (access to inclusive education for children with disabilities) and livelihoods (access to decent work for people with disabilities).

#### 1.2. Rehabilitation Project

The rehabilitation project, funded by the USAID, started in October 2015 and is expected to last for 8 years (until September 2023). The project's goal is to improve quality of life of persons with brain lesions, especially those with brain stroke, traumatic brain injury, cerebral palsy and/or spina bifida/hydrocephalus, by improving access and quality of rehabilitation services. In order to do so, the project develops 4 main approaches:

- Strengthening of rehabilitation service delivery (equipping rehabilitation departments and units in hospitals; supporting the development of multidisciplinary, person-centred and evidence-based services; translation and validation of internationally recognized assessment tools and scales; strengthening discharge and transitional care from hospital to home...)
- Building Human Resources' capacities and skills (development of Continuing Medical Education modules; development and strengthening of professional education programs –bachelor and/or master for OTs and PTs; mentoring of rehab care providers through placement of volunteers...)
- Strengthening governance and networking (development of National Rehabilitation Guidelines; organization and/or participation to national and international conferences; improvement of managerial practices...)
- Improving awareness among general population and local authorities on home accessibility and independent living

#### 1.3. Telerehabilitation

In the framework of its first approach/objective, the project aims at improving current practices related to patient discharge and transition of care from hospital to the patient's home. For this purpose, we have been working on the deployment and promotion of the telerehabilitation, which is part of a range of digital solutions adapted to rehabilitation service provision and is part of a global digital transformation of the healthcare pathway. It is defined as the use of

Information and Communication Technologies (ICT) to provide rehabilitation services to people at a distance, in their environment. For HI, it is a complementary means in the therapeutic arsenal of rehabilitation professionals that can improve access to rehabilitation services, promote continuity of care, limit health costs and thus contribute to universal health coverage and the strengthening of the health system. Recognizing the potential of this modality, HI Vietnam has designed and started to roll out an application for herbalists: OpenTeleRehab. The idea, in the long run, is that the use of this application will allow better access to rehabilitation services, especially for people living in rural areas where services are scarce, and for people who have difficulties in getting to hospitals, due to distance and transport costs, level of autonomy, health status, etc. Indeed, without solutions to these difficulties, it is not uncommon for patients not to follow their treatment plan in full. In order to better understand the results of the use of the application on access to services, **HI is looking for a researcher to conduct a study to better understand the role of the application in the patient's decision to abandon or not their treatment plan.**

#### 1.4. OpenTeleRehab

OpenTeleRehab connects rehabilitation professionals with service users to improve access to rehabilitation services and contribute to universal health coverage by facilitating discharge, transition of care and follow-up. The software that allows its users to access tailor-made rehabilitation treatment plans adapted to a variety of conditions. It enables rehabilitation professionals to provide continued support and follow-up via chat or video communication, including plan adherence and goal achievement tracking. Some key features of the software are highlighted below:

- Patient mobile App accessible offline and in contexts with limited internet connectivity
- Clinical content relevant to and adapted for a variety of contexts
- Multidisciplinary approach
- Web Content Accessibility compliant
- Open source and open access model for increased impact and partnerships

## 2. DESCRIPTION OF THE EXPECTED MISSION

### ➤ Beneficiaries(s)

The beneficiaries of this study are specifically HI's rehabilitation project in Vietnam and HI's team of rehabilitation specialists at headquarters (Belgium&France). Indeed, this study is part of a learning plan to better understand and therefore improve the conditions of implementation of OpenTeleRehab.

### ➤ Global and specific objectives

The overall objective of this research is to learn about the reasons and conditions for the use of the application by patients once they have had access to the hospital and have been introduced to the application by their physiotherapist. The main research question that will guide this study is the following: *What is the role of the application in a patient's decision to discontinue treatment or not?*

The specific objectives are the following:

- To analyse the factors influencing the abandonment or not of the care pathway by patients in the departments where HI deploys the application;
- To organise the results of the study in such a way as to facilitate their dissemination so that the teams can use these findings and improve the way the application is deployed.

### ➤ Mission required

The mission could be broken down into 3 pillars (for guidance only):

- 1) Collect data associated with patients who were offered the use of the application at the beginning of their treatment plan

- a. Learn about the functioning of the application and the choices made in terms of functionality;
    - b. Design the methodology and tools for data collection to be used at patient level, respecting ethical consideration.
  - 2) Collect data at services level to estimate the number of patients by type of care pathway who do or do not give up during treatment, in areas where the application is not available)
    - a. Select and contact the relevant services to present the scope and the objectives of the study;
    - b. Establish an agreement to obtain anonymised data on patient pathways, respecting ethical consideration;
    - c. Organise key informant interview to ensure the relevance of the interpretation of the data.
  - 3) Write down and present the results of the study
    - a. Process and analyse the data obtained to answer the research question;
    - b. Triangulate the results with existing literature;
    - c. Organise the results of the study to enable learning and improvement of practice at HI level.
- Expected results and indicators to validate the results  
It is expected that HI teams will be able to better understand the place of the OpenTeleRehab application among the factors influencing the decision to abandon or not the treatment plan (depending on the type of treatment plan and the patient profile). This better understanding must lead to the identification of the best way to implement the application OpenTeleRehab.

### 3. PROFILE OF THE CONSULTANT

- Training, experience, references and category requested for each expert  
PhD in Health related domains, Social Sciences or equivalent, or at least a Master's degree in Social Sciences, Public Health or equivalent  
Significant experience in designing methodologies and creating tools for measuring the outcomes of a project  
Proven experience in data collection in the field, with different stakeholders, and in quantitative and qualitative analysis  
Knowledge of communication and information technologies (and in particular of applications for remote medical monitoring) is highly appreciated  
Good integration in research networks related to health in Vietnam essential  
Ability to communicate clearly, concisely and responsibly in writing and orally, and to adapt to different interlocutors, in English  
Rigor; Autonomy; Sense of initiative; High adaptability
- Working languages  
The preferred working language will be English. Meetings with HI teams and in particular the steering committee meetings of this study will be conducted in English. The consultant will also be asked to write in English the documents foreseen in the frame of this mission.

### 4. DURATION AND LOCATION

- Starting date :  
06/03/2023
- Ending date :  
31/05/2023

- Schedule and number of days (for guidance only)
  - 5 days briefing and reading of documentation
  - 1 day to prepare the work plan and proposed methodologies
  - 1 day to finalise the protocols and tools
  - 20 days for collecting data
  - 10 days of analysis
  - 5 days of report/guidance writing
- Location  
Vietnam-Hanoi, Hue and Quang Tri provinces

## 5. WORK PLAN

- On the basis of the proposed timetable set out in these Terms of Reference, the Consultant shall draw up a work programme for the mission.
- The work programme shall clearly describe how the Consultant will approach the activities required to complete the mission.
- The plan shall indicate the progress and/or level of achievement of the work, including criteria and/or indicators for monitoring the progress of the work.

## 6. DELIVERABLES

The deliverables expected to date for this mission are:

- The data collection protocol, including timeline and tools;
- The analysis plan ;
- The report of the study.

Each of the deliverables must be validated by the steering committee of this study.

## 7. RESOURCE PERSON(S)

Within the scope of work the consultant will be asked to collaborate and coordinate with; Handicap International's teams, and notably with Ms Wissal HEDHLI (w.hedhli@hi.org), who will be his/her contact person.

### **Application file : Administrative and technical annexes**

- I. Technical and financial offer: Methodological approach/work programme to be adopted
- II. Curriculum vitae of the consultant

### **Submission and deadline**

Application to be submitted before 28/02/2023 to Humanity & Inclusion (Handicap International) in Vietnam, on the following email address:

[contact@vietnam.hi.org](mailto:contact@vietnam.hi.org)