

# **TERMS OF REFERENCE**

**Independent Evaluation  
of  
the ICRC  
Special Fund for the Disabled**

## INDEX

|     |                                                              |   |
|-----|--------------------------------------------------------------|---|
| 1   | Introduction .....                                           | 3 |
| 1.1 | General.....                                                 | 3 |
| 1.2 | SFD Modus Operandi .....                                     | 3 |
| 1.3 | SFD Organisational structure and operational procedures..... | 4 |
| 1.4 | SFD Reporting.....                                           | 5 |
| 2   | Rationale for the evaluation .....                           | 5 |
| 3   | Purpose of the evaluation .....                              | 5 |
| 4   | Intended use .....                                           | 5 |
| 5   | Evaluation Scope and Focus.....                              | 6 |
| 6   | Authority and responsibility .....                           | 7 |
| 7   | Evaluation methods .....                                     | 8 |
| 8   | Deliverables .....                                           | 8 |
| 9   | Evaluation team .....                                        | 9 |
| 10  | Timing and duration .....                                    | 9 |

# 1 Introduction

## 1.1 General

The ICRC set up the ICRC Special Fund for the Disabled (SFD) in 1983 to implement sustainable projects for persons with disabilities not limited to victim of conflict, and to ensure the continuity of ICRC projects. This was done in the spirit of Resolution XXVII of the 1981 International Conference – the UN having declared 1981 “*International Year of Disabled Persons*”. The SFD started supporting financially projects run by the ICRC in 2 countries (Myanmar in 1985 and Colombia in 1986), while in 1993 the SFD run its first operation in Ethiopia.

In 2001, the ICRC Assembly turned the SFD into an independent foundation, i.e. the SFD became legally independent and has ever since had the legal status of a Swiss NGO, supervised by the Swiss Federal Department of the Interior. *De facto*, however, it remains strongly linked with the ICRC (name, purpose, majority of ICRC-members in the Board). Its mission statement is “*to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC*”.

The current evolving environment, in particular the entry in force of United Nations' Convention on the Rights of Persons with Disabilities (CRPD) in 2008, led the SFD to review its general operational strategy over the last two years. The modified SFD operational strategy was approved by the SFD Board and ICRC Directorate in 2011. It shows that the SFD fits well within the ICRC Strategic Orientations 2011-2014<sup>1</sup>. The strategy modifications broadly aim at increasing the SFD project impact and, where possible, further facilitating socio-economic inclusion of people with disabilities. However, care is taken to maintain SFD core activities and know-how in area's related to mobility restoration.

The SFD new strategy considers mainly five modifications targeting people with mobility impairments:

- (1) increase the SFD's impact (and visibility) in certain countries;
- (2) adopt a more comprehensive approach towards disability in line with the spirit of the Convention on the Rights of persons with Disabilities (UNCRPD) and with the recommendations of the WHO/World Bank World Report on Disability (WRD);
- (3) ) strengthen its institutional development capacity through collaboration with training institutions and organizations working in the field of disability and through the development of management tools;
- (4) maximize ICRC-SFD win-win partnership through more collaboration in particular with the physical rehabilitation programme, with ICRC communication and Resources Departments
- (5) intensify/adapt fundraising.

## 1.2 SFD Modus Operandi

Like other development organizations aiming to enhance national capacities, the SFD implements projects that stretch over several years. The SFD's assistance is geared towards maintaining and increasing access to rehabilitation services, and improving the quality and sustainability of these services. This is mainly achieved through capacity building and training together with technical, material and financial assistance.

At SFD-supported centres, the actual physical rehabilitation work is carried out by the local partner. From the start, project ownership is and remains with the partner. The SFD carries out regular follow-up visits over a number of years and provides advice and coaching not only in technical matters but also for the management, innovation and further development of

---

<sup>1</sup> ICRC STRATEGY 2011-2014, Achieving significant results for people in need, 2011

services. In addition, the SFD directs advocacy efforts at the authorities concerned, and seeks to mobilize other actors and foster networking and cooperation with them. Formal education remains fundamental to the training of professional staff. The SFD offers scholarships and supports a number of prosthetic/orthotic schools worldwide in order to maintain high education standards. This includes promoting the use of the polypropylene technology and necessary clinical training, organized in collaboration with local schools. The SFD also encourages and supports training in other fields such as management and quality-control.

The duration of SFD support is directly linked to the local partners' commitment to developing their own capacities to provide rehabilitation services and their ability to become self-sustaining, in line with the recommendations and assessments provided during SFD monitoring visits.

Since 1993, when the SFD became operational from its first regional office in Ethiopia, to end of 2012, a total of 115 projects in 52 countries benefited from its support:

- in Africa: 58 projects in 27 countries
- in South-East Asia: 22 projects in 6 countries
- in Latin America 28 projects in 14 countries,
- in Eastern Europe and Central Asia: 2 projects in 2 countries
- in Middle East 5 projects in 3 countries.

The first SFD office was established in Ethiopia in 1993 to strengthen the technical capacity of physical rehabilitation centres in Africa. It later expanded to South East Asia, in Vietnam and to Latin America, in Nicaragua. In Vietnam and in Nicaragua, the SFD took over former ICRC physical rehabilitation programmes that came to end respectively in 1996 and in 1995.

Primarily focussing at the development of local technical capacity (in site production of polypropylene prosthetic and orthotic components), the SFD progressively developed training to enhance the quality of clinical care of professionals (P&O, Physiotherapists).

The SFD partnerships are based according to its "partnership entry criteria", independently of any membership (public, private initiative, Red Cross/Crescent Societies). Within the SFD history, only six projects (on a total of 115) were managed by a National Society of the Red Cross/Crescent, on which the SFD still co-operates with one, the Somalia Red Crescent Society through the direct support of NORCROSS.

However, in some projects like in Vietnam, the National Society is playing an active role in patient outreach. The SFD encourages this kind of partnership whenever it is feasible and according to priority and interest of the national society.

### **1.3 SFD Organisational structure and operational procedures**

The SFD is managed by a board of ten members (four non ICRC representatives, six ICRC representatives). The SFD executive committee, composed of four members, is controlling the good implementation of the strategy and giving operational orientation to the board for validation.

The SFD directorate is in charge of the management of daily activities with the field and at headquarters levels. Detailed information related to the organisational structure of the SFD and operational procedures will be provided to the consultant.

## **1.4 SFD Reporting**

The SFD maintains a standard reporting system based on that of the ICRC and its accounts are examined yearly by an external auditor. SFD projects are regularly evaluated by internal and external assessors.

## **2 Rationale for the evaluation**

Since the SFD became an independent foundation under Swiss law in 2001, some region of the SFD programme (i.e. Nicaragua in 2007, Africa in 2005) or segments of its programme (i.e. SFD physiotherapy pilot programme in 2010) benefited from external evaluation. A global evaluation of SFD approach and strategy was never conducted.

In 2010 the NORAD<sup>2</sup> report highlighted that both PRP and SFD reports focus on outputs and activities and that it lacks information on how SFD interacts with local and national health and rehabilitations institutions.

Indeed, there is a need to understand if the SFD approach and strategy is adequate and have the desired impact on SFD partners (quality and sustainability of services) and service users (access to services and quality of services).

The period covered by the evaluation coincides with the year of change of status of the SFD as independent foundation in 2001 to date.

## **3 Purpose of the evaluation**

To provide the SFD Executive Committee and SFD management (both in Geneva and in the field) and the SFD Board Members an independent evaluation of (1) the relevance, strategies and results of SFD activities worldwide in achieving its objective to strengthen the physical rehabilitation services offered in the countries concerned, to improve the accessibility of services for the physically disabled, upgrade the quality of those services, and ensure their long-term availability, (2) the relevance, strategies and results in promoting a more comprehensive approach towards disability and (3) give recommendations to further improve its results and how to adapt its actual strategies and/or to develop new strategies to further improve access to services, the quality of the services and the long-term functioning of the services, and a more comprehensive approach towards disability, without moving away from its core activity.

## **4 Intended use**

The evaluation will be used to update the SFD strategy, objectives and approaches to further improve the outcomes of its activities to its beneficiaries (national authority, service providers, service users), and will also be used to develop a more inclusive approach to disability.

Furthermore, the evaluation will be used as a learning tool for the SFD, both at HQ and projects level, through the identification of successes as well as weaknesses of the projects visited. Given the above, it is the intention of the SFD that this evaluation should be planned, conducted and reported in a manner that will encourage the use of the findings, recommendations and lessons-learned by the key stakeholders.

## **5 Evaluation audience**

The primary internal audience for this evaluation is the SFD Executive Committee. The secondary internal audiences are the SFD Board, the SFD projects in the field, the ICRC

---

<sup>2</sup> Mainstreaming disability in the new development paradigm Evaluation of Norwegian support to promote the rights of persons with disabilities, Report 1/2012 Evaluation

Assistance Division and the Directorate, the ICRC Physical Rehabilitation Programme and other interested staff.

Primary external audiences could include, for part or totality of the final report, main donors of the evaluation, the relevant local authorities and partners, in the countries visited.

## **6 Evaluation Scope and Focus**

The scope of the evaluation is the SFD programme , from 2001 to the present. As the evaluators will visit several country projects, answers to these questions should be given at two levels: (1) at programme level and (2) at project level.

The evaluation of the SFD should focus in particular on:

- Operational strategies to improve accessibility to services
- Operational strategies to improve the quality of the services
- Operational strategies to promote long-term functioning of services
- Operational strategy to promote a more comprehensive approach towards disability through access to appropriate physical rehabilitation services;

The evaluation should provide answers to these four *main questions*:

1. Do the actual SFD strategies, approaches improve accessibility to services, improve the quality of the services and promote long-term functioning of services?
2. Do the actual SFD strategies, approaches and activities reinforce a more comprehensive approach towards disability?
3. What changes and/or adaptations need to be implemented within the SFD strategies, approaches and activities to further (1) strengthen the physical rehabilitation services offered in the countries concerned, to improve the accessibility of services for the physically disabled, upgrade the quality of those services, and ensure their long-term availability and (2) promote a more comprehensive approach towards disability?
4. What changes and/or adaptations need to be implemented in the SFD external and internal reporting (annual report mid-term report, reports of site visit, site evaluation reports), and monitoring procedures in order to reflect the results of its activities?

To further define the focus, a number of key evaluation criteria have been selected: relevance, appropriateness, effectiveness, results achieved, coordination, and sustainability.

### **Relevance**

Relevance is the extent to which the objectives of the programme are consistent with the needs of the beneficiaries of the physical rehabilitation programme

- To what extent do the SFD projects and activities respond to the existing physical rehabilitation needs of the beneficiaries?
- To what extent do the SFD projects and activities contribute to the inclusion in society of persons with disabilities?
- To what extent do the SFD projects and activities contribute to sustainability of services providers and to the physical rehabilitation sector?

### **Appropriateness**

Appropriateness is the correspondence between input/resources and the intended results.

- To what extent were the chosen strategies (technical and operational) to adapt the SFD approaches over the past 11 years appropriate?
- To what extent is the SFD twin-track approach (support to the structure and support to the person) appropriate and realistic under the context in which projects are implemented?

- Has the SFD been sufficiently constant, flexible and creative in the pursuit of its overall aim to contribute to full inclusion in society of persons with disabilities through access to appropriate physical rehabilitation services?
- Highlight achievements or failures in projects visited, and examine the underlying reasons for these.

### **Effectiveness and results achieved**

Effectiveness is a measure of the extent to which the SFD (as a programme and at project level) has achieved its stated objectives and expected results. Results achieved refer to the outputs/outcomes of the SFD projects and the extent to which the projects had an effect, intended or unintended, negative or positive on the beneficiaries.

- To what extent has the SFD achieved its objective in promoting accessibility to services for those in need?
- To what extent has the SFD achieved its objective in improving the quality of the services provided?
- To what extent has the SFD achieved its objectives of promoting long-term functioning of services?

### **Coordination**

Coordination is the degree of collaboration among the different partners, stakeholders and actors involved in physical rehabilitation and/or disabilities.

- What is the degree of collaboration between the SFD and other organizations involved in physical rehabilitation and/or disability issues (i.e. UNCRPD advocacy) to avoid duplication of services, complimentary based approach and synergies.
- At project level, to what extent the collaboration of the SFD with local authorities led to improve governmental capacity to implement, manage and monitor the physical rehabilitation sector?
- At project level, to what extent the collaboration of the SFD with local authorities led to improve services to persons with physical disabilities?
- At project level, to what extent the collaboration of the SFD with local services providers to implement, manage and monitor the provision of physical rehabilitation services

### **Sustainability**

Sustainability is whether the results are likely to continue after the SFD support is withdrawn.

- To what extent the SFD approaches and strategies ensure the long-term functioning of services?
- To what extent have the SFD projects and activities played a role in developing/building the local capacity to address the existing needs of the intended beneficiaries?
- To what extent have the SFD projects contributed to the sustainability/autonomy of the assisted services (e.g. technical, managerial and financial)?
- What are the main constraints and unmet needs that threaten the sustainability of the assisted services?

## **7 Authority and responsibility**

The Steering Committee is chaired by the SFD President and comprises:

- the Director of the SFD
- the ICRC Head of the Physical Rehabilitation Programme
- the ICRC Head of the Assistance Division

The Steering Committee will receive advice from the ICRC Institutional Performance Management Unit (IPM) for: a) the supervision of the evaluation process, guidance

throughout all phases of execution and for the approval of the deliverables; b) providing the necessary assistance to the evaluators throughout the different phases of execution.

The Evaluators are responsible for conducting the evaluation and the day-by-day management of the process. Approvals, by the Steering Committee, will be sought for the evaluation work plan, the draft report and the final evaluation report, before continuing the next phase of the evaluation.

Proposed changes to the approved evaluation work plan affecting its scope or focus, methodology, schedule or budget, should be submitted for approval in writing to the President of the SFD. During the field visit, the evaluators will provide regular feedback to ICRC SFD representatives in the country.

## **8 Evaluation methods**

The SFD follows the recommendations from the ICRC Institutional Performance Management (IPM) that includes the following elements:

- Desk research
- Literature review
- Interviews with key stakeholders in Geneva (OP\_ASSIST\_SANTE\_PRP, ICRC Special Fund for the Disabled, etc)
- Interviews with the main donors
- Interviews with other organizations involved in physical rehabilitation and/or disability
- Field visit to SFD offices and projects in Nicaragua, Tanzania, Togo and Vietnam with possible inclusion of other projects elsewhere where SFD partnership is ongoing as well as projects where SFD partnership has been suspended.; During field visits the evaluators will conduct interviews with SFD staff, implementing partners, authorities, other organizations and beneficiaries
- Debriefing at the different SFD Regional Offices at the end of the field visit for sharing preliminary findings
- Round table meeting with the Steering Committee members at ICRC HQ in Geneva before finalizing the evaluation report

The countries selected provide a spectrum of (1) modes of operation (support), (2) activities (support to infrastructure, to national authorities, to beneficiaries, link with socio-economic programmes, etc), and (3) implementing partners (government, local NGOs, etc), showing how the strategies are implemented in different situations. In addition, the selected countries offers a range of different political contexts.

The Consultants will be responsible for developing a detailed methodological framework for the evaluation. The Consultant is free to suggest additional methods and questions that have not been indicated above. If the Consultant leaves some of the detailed elaboration of the methodology to the inception report, the methodological design shall be sufficiently developed in the tender for the client to be able to make a proper assessment of the offer. The evaluation report shall describe the evaluation method and process and discuss validity and reliability. Limitations and shortcomings shall be explained

## **9 Deliverables**

The evaluators will produce: an inception report including work plan which will contain the methodology used to answer the evaluation based on information derived from the ToR, the desk review and the evaluation team briefing and, 2) an evaluation report, including an evaluation executive summary.

A draft inception report and draft evaluation report will be submitted to ICRC Institutional Performance Management and Steering Committee for consolidated comments before the final documents are produced. The deliverables are to be prepared in English.

#### Evaluation work plan

The evaluation work plan is the first contracted product of the evaluation. The evaluator will prepare an evaluation work plan that will operationally direct the evaluation. The work plan will describe how the evaluation is to be carried out, bringing refinement, specificity and elaboration to the terms of reference. It will be approved by the Steering Committee and act as the agreement between the parties for how the evaluation is to be conducted.

#### Evaluation report

The draft evaluation report is the second contracted product of the evaluation. The draft evaluation report should clearly identify the purpose of the evaluation, what was evaluated, how the evaluation was conducted, what data was collected, what conclusions were drawn and what recommendations were made and lessons identified.

The final evaluation report is the last contracted product of the evaluation and may require one or more edited versions before being approved by the Steering Committee. The final report includes an executive summary that highlights the background, methods, main findings, conclusions, recommendations and lessons learned. Where appropriate, technical appendices should be used to separate methodological issues, detailed tabulations or analysis of data and instruments or detailed procedure that have been used from the main body of the report. For reasons of continuity, the appendices should also contain the original terms of reference and the approved evaluation work plan.

### **10 Evaluation team**

Two independent evaluators should comprise the evaluation team (one serves as a team leader).

Consultants should be professionals involved in physical rehabilitation (or at least one of them) and have proven international development experience and capability to evaluate institutional capacity development..

As the evaluation intends to look at the approach and strategy of the SFD, the consultants should have expertise in developing, managing and setting up such activities, or disability related projects, in developing countries.

The evaluators should have proven evaluation experience, documented reporting skills

### **11 Timing and duration**

The evaluation will be carried out between the months of October 2013 to March 2014.

A total of about 65 days maximum is considered for the evaluation, including field visits, time for transportation and reporting time.

Closure date for selecting consultants is set for the 22.09.2013. Field visits, including the draft report, are planned to be carried out between October to December. Final report is expected around March 2014.