

Final Evaluation in South-eastern Europe Terms of Reference

medica mondiale e.V. is looking for an evaluation team for the final evaluation of their project "Amplifying Voices of Women affected by war-related SGBV in the Western Balkan – For a culture of Recognition and Reconciliation" (Short: Amplifying Voices). At least one team member should originate from the region and be based there.

About medica mondiale e.V.

medica mondiale e.V. is a non-governmental organisation based in Cologne, Germany. As a feminist women's rights and aid organisation, medica mondiale e.V. supports women and girls in war and crisis zones throughout the world. Through own programmes and in cooperation with local women's organisations, we offer holistic support to women and girl survivors of sexualised and gender-based violence. On the political level, we pro-actively promote women's rights, call for a rigorous punishment of crimes as well as effective protection, justice, and political participation for survivors of violence. Currently medica mondiale e.V. is working in South-eastern Europe as well as in the Northern Iraq/Kurdistan region, in Afghanistan, in West Africa, and in the African Great Lakes Region.

Through programmes and in partnership with local women's rights organisations, medica mondiale e.V. takes a multi-level approach to address the various factors contributing to violence against women and girls: On the individual level, medica mondiale e.V. provides access to holistic services (psychosocial, health, legal, economic) for survivors of (S)GBV. On the level of women's and girls' social environment, medica mondiale e.V. supports communities to recognize and protect women's and girls' rights and to support survivors of and women affected by (S)GBV. On the institutional level, medica mondiale e.V. capacitates relevant public institutions from the health and legal sector to adopt a stress- and trauma-sensitive approach towards survivors and to establish cross-institutional referral and support systems. On the political level, medica mondiale e.V. advocates for laws, policies and resolutions that address (S)GBV and promote women's political participation. On the societal level, medica mondiale e.V. campaigns against sexism and gender stereotypes, raises awareness on (S)GBV and the long-term impacts of trauma within societies. Stress- and trauma-sensitivity are fundamental principles of our work, which is spelled out in medica mondiale's specifically developed stress- and trauma-sensitive approach (STA). Our foremost aim is to bring an end to sexualized wartime violence and other forms of gender-based violence. At the local, national and international levels we join with other female activists to campaign for the rights, protection and participation of women in establishing gender justice and removing power gaps.

Further information on medica mondiale e.V. can be found on our website:
www.medicamondiale.org

1. Overview

Project Title	"Amplifying Voices of Women affected by war-related SGBV in the Western Balkan – For a culture of Recognition and Reconciliation" (Short: Amplifying Voices)
Country / Region	Serbia, Bosnia and Herzegovina, Kosovo
Implementing Partner(s)	Medica Zenica, Vive Žene, Medica Gjakova, Kosova Rehabilitation Centre for Torture Victims, Autonomous Women’s Center, Youth Initiative for Human Rights Serbia, Women in Black Serbia.
Funding Partner	Federal Ministry for Economic Cooperation and Development (BMZ)
Project Duration	1.11.2020-30.4.2024
Evaluation Duration (as anticipated)	March-April 2024
Envisaged data collection period in-country (field visit depends on security situation)	Second half of March 2024

2. Purpose and Objectives of Evaluation

This final evaluation serves as important participatory learning process for all stakeholders involved in the project. The purpose of the final evaluation is to provide decision makers at medica mondiale e.V. and partner organisations with sufficient information to make an informed assessment of the performance of the project and define recommendations for the next phase of the project.

As general standard, this final project evaluation shall include an assessment of the OECD-DAC Criteria with focus on impact, effectiveness, efficiency, and sustainability. The evaluation will be used to inform the follow-up project Amplifying Voices II. Medica mondiale e.V. will share the evaluation results with the donor BMZ, but also with a wider audience as applicable.

3. Background

Short description of the project to be evaluated:

Based on the concept Dealing with the Past, the Global programme **Amplifying Voices** contributes to a culture of recognition and reconciliation in Southeast Europe (Impact), by **integrating the perspective and needs of women affected by war related SGBV into national and regional Dealing with the Past initiatives (Overall outcome)**. Programme activities focus on the realisation of the right of survivors to know the truth, their right to reparation, and their right to justice, aiming to create changes on individual, societal, institutional, and political level and enable women affected by war related SGBV to live in dignity and without violence.

Target group of the project

Direct target group

- (a) 5500 women survivors of war related SGBV are beneficiaries of direct services;
- (b) Youth and students (3.700 persons) will be reached directly through educational programmes;

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- (c) 537 institutional stakeholders/governmental actors, who participate in capacity building and sensitization activities of the programme;
- (d) At least 20-30 different CSOs in the region working on human and women's rights issues will be connected through the networking component of the programme;
- (e) The education sector and academia as multiplier for the issue of war-related SGBV in academic discourse;
- (f) Relevant ministries at national level, members of Parliament and other governmental representatives are targeted as entry points to advocate for change;
- (g) International institutions, in particular the EU and the UN have been selected as a target group for advocacy efforts;
- (h) Finally, the project aims to sensitize the general public (approx. 6200 persons, excluding multiplier effects through media and social media) on issues of war-related SGBV.

Indirect target group

The indirect target group of the programme are women and girls' survivors of war related SGBV, who will benefit from broad scaled improved services for the execution of their rights to Truth, Reparation and Justice. The number of survivors is estimated by CSOs at 40.000 to 60.000 in Bosnia and Herzegovina, Kosovo and Serbia.

Intervention area

The project is implemented in Bosnia and Herzegovina, Kosovo and Serbia.

4. Scope of Work

Due to the time frame available, it is possible to apply a remote evaluation approach. The implementation of the project's goals / sub-goals shall be analysed and assessed, taking into consideration an intersectional approach.

Lessons learned from the project implementation shall be derived to inform and improve the development of future strategic programming, management and organizational structure and strategy. Regarding any major issues and problems affecting progress, recommendations shall be made, and action points identified. Necessary feasible recommendations shall be provided and be addressed to different recipients.

Assessment – DeGEval Standards and OECD/DAC evaluation criteria

The evaluation shall be conducted in line with the DeGEval Evaluation Standards: Utility, Feasibility, Propriety and Accuracy. The evaluation shall include a performance assessment based on the latest OECD/DAC criteria, with focus on Impact, Effectiveness and Efficiency and provide feasible lessons learned for future programming. Specific Evaluation questions are listed below and will be reassessed together with the consultants in the inception phase.

1. Relevance:

Have we followed the right approach/are we doing the right things?

To what extent has the approach (incl. medica mondiale's multi-level approach etc) coincided with its objectives and design respond to the beneficiaries', global, country, and partner/institution* needs, policies, and priorities? *government (national, regional, local), civil society organisations, private entities and international bodies involved in funding, implementing, and/or overseeing the intervention

2. Coherence:

To what extent is the project/programme compatible with other projects/programmes in

the region, country, sector, or institution(s)?

3. Effectiveness:

Have we implemented the approach/programme/project in an effective way?

To what extent has the project generated positive changes / what are the key changes experienced?

Are there any differences between groups affected by or related to certain objectives?

To what extent have the objectives been achieved?

What have been the major factors influencing the achievement or non-achievement of the objectives?

What can be stated about the monitoring system for the project by medica mondiale e.V. and the partner organization in relation to achieving programme/project goals and outcomes?

In this regard: What can be stated about the identified indicators in the logframe underlying the project/programme:

Have the indicators been suitable to assess the effectiveness of the project/programme to follow and assess the course of the project/programme?

How well did they work for project monitoring?

4. Efficiency:

Have objectives been achieved in an economic and timely way/on time?

Were the human and financial resources sufficient and used as planned?

5. Impact:

What is the impact of the project/programme to what extent has the project/programme generated significant positive or negative, intended or unintended, higher-level effects?

What real difference has the project made to the beneficiaries and how many people have been reached overall (directly and indirectly)?

What can be stated about the effects/impacts on different levels of medica mondiale e.V.'s multilevel approach?

6. Sustainability:

What can be stated about the sustainability of the project's/programme's positive impact after donor funding will cease/ to what extent are the benefits of the project/programme likely to continue?

In general, the evaluation results according to every OECD/DAC Criterion should be assessed and rated in a comprehensible and traceable manner according to a provided rating scale (BMZ rating scale/ traffic light system).

Cross-Cutting Issues

The following subjects shall be dealt within the evaluation in addition:

(1) Implementation of stress- and trauma-sensible approach (STA)

- How is the stress-and trauma-sensitive approach (STA) applied and what kind of impact does it show or is likely to take place?

(2) Conflict-sensitivity

- How conflict sensitive ("do no harm") is the project implemented?

(3) Contribution to peacebuilding

- To which extent is the project contributing to peacebuilding on community, local, national or regional level?
- Is an approach to “dealing with the past” considered and in which way is this tackled?

(4) Feminist approach

- To what extent is the project contributing to strengthening feminist action on micro, meso and macro level?

(5) Staff and self-care

- How is staff care and self-care applied during the implementation of the project?

The findings according to OECD/DAC criteria and cross-cutting issues as well as the derived conclusions and recommendations should each be answered in an extra chapter in the evaluation report (as per structure provided by medica mondiale during the kick-off meeting).

5. Intended Proceeding & Methodology

The evaluation shall be undertaken with a feminist and intersectional research perspective and in a participatory manner exploring medica mondiale’s understanding of partnership and collaboration with its partner organizations and with the idea of empowerment, of beneficiaries and partner organizations. The evaluation team should use a mixed method design, using quantitative and qualitative data. In general, a stress- and trauma-sensitive way of working is important to us in the context of working with survivors of sexualized violence, thus ethical standards should be applied accordingly.

Foreseen evaluation phases:

1. Inception Phase:

- Initial desk review and analysis of key documentation shall present opportunity to get acquainted with the scope of evaluation
- During the kick-off meeting with programme and evaluation staff the methodology, scope and timeline will be further defined.
- The consultants will produce a draft inception report which captures the outcomes of the kick-off meeting. Medica mondiale will provide a respective template for the inception report and includes an evaluation matrix and data collection tools.
- Data collection in the field can only start after feedback and approval of the final inception report by medica mondiale.

2. Data Collection Phase:

- Data collection will commence with an in-depth analysis of all relevant documents including all available reports and other documents from medica mondiale e.V. and the partner organization(s) which shall be systematically analysed.
- This shall be followed by initial interviews with relevant medica mondiale staff and partner organizations.
- Data collection shall also take place with direct beneficiaries of the partner organisation’s target groups, community members, and other relevant key actors (authorities, international actors etc.).

3. Synthesis and Reporting Phase:

- Data triangulation and analysis shall be conducted in order to interpret findings, transfer them into evaluation results according to OECD/DAC criteria, while producing the draft report.
- With submission of the draft report the evaluation team will give a presentation (including ppt) to present and discuss the preliminary evaluation results and to

- present the conclusions and recommendations to medica mondiale and implementing partners/partner organizations.
- Medica mondiale will be responsible for the provision of timely and consolidating feedback including feedback by partner organizations.
- The consultants will produce a final version of the report incorporating all feedback.

All data collection conducted for medica mondiale e.V. should follow the WHO (World Health Organisation) guidelines for ethical data collection “Putting women first: Ethical and safety recommendations for research on domestic violence against women” and “WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.”

6. Deliverables

- The evaluation team is expected to compile an **Inception Report** with the final specified methodology, evaluation matrix, analysis methods, data collection instruments and work plan for both overall evaluation and field/data collection phase.
 - Following data collection, the evaluation team will deliver a **Draft Evaluation Report**. The evaluation team is expected to compile a **Draft Report** in English after completion of the data collection phase, which has to be shared first with medica mondiale e.V.’s Evaluation Advisor. **The Draft Report shall be considered as a full-fledged report and shall be provided in a best possible quality presented in a concise manner.** It will be commented by medica mondiale’s Reference Group composed out of colleagues from the Evaluation & Quality department as well as from International Programmes and other departments. Comments shall be incorporated during the revision process, The medica mondiale Quality Criteria Grid for Evaluation Reports shall be provided priorly.
 - The evaluation team is expected to give a **presentation (ppt) of key findings and recommendations.**
 - The evaluation team is expected to compile the **Final Report** (50 pages max. excluding appendix) based on the feedback on the Draft Report through medica mondiale e.V.
 - An **executive summary** shall be presented in the final version of the evaluation report not exceeding 5 pages.
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- A **summary of the evaluation report for the website** of medica mondiale e.V. (not more than 12 pages), best with photographs picturing impressions from the field phase.

7. Tentative Timeline

Evaluation phase and activities	Timeframes and deadlines
Contracting of consultants completed	By Friday, 7 March
Inception Phase <ul style="list-style-type: none"> • Initial review of key documents • Online kick-off meeting with medica mondiale staff • Submission of draft inception report incl. evaluation matrix and data collection tools • Feedback by medica mondiale • Finalization of inception report 	By 17 March
Data collection period <ul style="list-style-type: none"> • In-depth document review 	17 March – Sunday, 31 st March

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Evaluation phase and activities	Timeframes and deadlines
<ul style="list-style-type: none"> • Online interviews • Optional survey/online focus group 	
Submission of first draft	By 7 th April
Presentation of findings and consolidated feedback to consultants <ul style="list-style-type: none"> • PPT presentation with key findings, conclusions and recommendations. • Consolidated feedback by medica mondiale and partners. 	Monday, 8 April to Friday, 12 April
Submission of final draft report	By Friday, 19 April

8. Qualification & Application Procedure

Combined professional qualification of the evaluation team

Key selection criteria are:

- the methodological evaluation expertise and experience in qualitative and quantitative methods, sound expertise in the application of the OECD-DAC criteria;
- experience in the evaluation of BMZ funded projects.
- the professional expertise and experience, especially in the areas of psychosocial support and services within a holistic approach of assistance for SGBV survivors;
- capacity development and empowerment of survivors, women and girls as well as of partner organizations;
- cultural and conflict sensitivity as well as gender- and trauma-sensitivity;
- a feminist and intersectional research perspective;
- regional competency/experience, including language proficiency in English, and in addition one local language; German would be a plus
- analytical, verbal and written communication skills.

Application Procedure

Applications with the subject line 'Evaluation SOE AV project 2024' are received under evaluation@medicamondiale.org until 21.02.24. Questions can be asked to jskrijel@medicamondiale.org

Offers shall be submitted in a pdf-document and contain the following:

- Date of offer submission (equal to email submission)
- Name of company and/or expert(s)
- Composition of proposed evaluation team including dedicated responsibilities of each expert
- Description of Evaluation Team with short bio per Evaluation Expert, max. 1 page for entire Evaluation Team
- Detailed CV of each team member
- Proposed methodology
- Complete and detailed budget breakdown including VAT (if applicable) and details to individual consulting fees per working day as well as additional costs in relation to travel etc. (overall budget should not exceed 35.000€)
- Two references per team member, incl. reference contact details
- At least 3 links to publication of earlier conducted work in relation to evaluations (or writing samples).

- The total amount of pages of the application (excluding annexes) should not exceed 10 pages.

Only complete applications shall be considered.
Only short listed/successful candidates will be contacted.

9. Management of the Evaluation

medica mondiale e.V.'s Evaluation and Quality department will lead and manage the evaluation process, e.g. consultant selection, coordinate contracting with relevant departments, and ensure the provision and coordination of internal feedback loops in relation to commenting reports by the evaluation's Reference Group composed out of colleagues from Evaluation & Quality department (Evaluation Manager) and from International Programmes department, as well as possibly from other relevant departments.

E & Q Department is an independent unit within medica mondiale e.V., to enhance impartiality and credibility of the evaluation results. The independency of the Evaluation Team towards medica mondiale e.V. and its partner organizations has to be guaranteed. For us, this independency is a key requirement for a project/programme evaluation and its resulting findings and recommendations. Drawing on different competencies of each evaluator is an important necessity for us to produce beneficial results and recommendations for our partner organisations and medica mondiale e.V. itself, as well as for our funding parties.

10. Evaluation Report – Requirements

The report shall be submitted as a word and PDF document. It shall be written in a concise manner responding to the requirement of a length of max. 50 pages and in a readable understandable language reflecting professional language proficiency. The report shall clearly describe the background and goal of the project as well as the evaluation methodology, process, and results to offer comprehensive and understandable content. A transparent line of arguments shall be kept throughout analysis, assessment, and recommendations so that every recommendation can be comprehensibly attributed to the results that are evidence-based on collected, analysed and triangulated data. As per the principle of usefulness, the recommendations shall be guided by the ToR as well as the information needs and shall be clearly directed at particular recipients.

A document detailing quality criterion for evaluation reports will be provided by medica mondiale e.V. in advance.

STRUCTURE OF THE FINAL REPORT AND OF THE EXECUTIVE SUMMARY

The Final Report should not be longer than max. 50 pages. Additional information on the overall context of the project, description of methodology and analysis of findings should be reported in annexes to the main text, if deemed necessary.

The presentation must be properly spaced, and the use of clear graphs, tables and short paragraphs is strongly recommended.

Executive Summary (only in the Final Evaluation Report, once draft reporting contents is approved): A short, tightly drafted, to-the-point and free-standing Executive Summary. It should focus on the key purpose or issues of the evaluation, outline the main analytical points, and

clearly indicate the main conclusions, lessons to be learned and specific recommendations. It should not exceed 5 pages.

Visualization of the Evaluation Report is highly appreciated. The main sections of the evaluation report shall be roughly as follows:

1. Introduction including context analysis, project presentation, objective and purpose of evaluation
2. Methodology including limits and challenges of evaluation with intended/undertaken mitigation measures
3. Overall Assessment/Findings structured per OECD/DAC criteria and cross-cutting issues presenting the answers to the Evaluation Questions, supported by evidence and reasoning.
4. Conclusions and Recommendations in 2 different sub-chapters. Conclusions may be structured according to OECD/DAC criteria or any other suitable differentiation. Among derived conclusions from obtained evaluation results, there shall be among others concluding remarks on (a) overall achieved response to SGBV and (b) overall achieved prevention actions in relation to SGBV. Recommendations must be clustered and prioritized, and carefully targeted to the appropriate audiences at all levels.
5. Annexes to the report
 - The Terms of Reference for the evaluation
 - Short Bio per Evaluation Expert, max. 1 page for entire Evaluation Team
 - Evaluation Matrix
 - Intervention logic / Logical Framework matrices (planned/real and improved/updated)
 - Relevant geographic map(s) where the project takes place
 - Evaluation Plan incl. Field Mission/Data Collection Schedule
 - List of contacts (persons/organizations consulted, with contact details)
 - Bibliography presenting literature and documentation consulted
 - Other technical annexes (e.g. used data collection instruments, statistical analyses, tables of contents and figures, matrix of evidence, databases) as relevant.

11. Essential Literature

- WHO (World Health Organisation): guidelines for ethical data collection “Putting women first: Ethical and safety recommendations for research on domestic violence against women” and “WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.”
- UNEG Standards : <http://www.unevaluation.org/document/detail/1914>
- Current DeGEval Standards:
<https://www.degeval.org/degeval-standards/standards-fuer-evaluation/>
- OECD: OECD/DAC Criteria for Better Evaluation (2019) as well as OECD: Applying Evaluation Criteria Thoughtfully (2021)
<https://www.oecd.org/development/evaluation/qualitystandards.pdf>
- OECD (2023) “Applying a human rights and gender equality lens to the OECD evaluation criteria”, Best Practices in Development Co-operation, OECD Publishing, Paris.
https://read.oecd-ilibrary.org/development/applying-a-human-rights-and-gender-equality-lens-to-the-oecd-evaluation-criteria_9aaf2f98-en#page2