

TENDER

Final Evaluation of a medica mondiale project in Sierra Leone

Terms of Reference

medica mondiale e.V. seeks a FEMALE EVALUATOR / TEAM OF FEMALE EVALUATORS for a final evaluation of its project “Strengthening feminist action in Sierra Leone to address sexualised and gender-based violence (S/GBV) against women and girls” in Sierra Leone

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 Northern Iraq/Kurdistan, in Afghanistan, in West Africa, in the African Great Lakes Region as well as in South-eastern Europe.

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

www.medicamondiale.org

1. Overview

Project Title	Strengthening feminist action in Sierra Leone to address sexualised and gender-based violence (S/GBV) against women and girls
Country / Region	Sierra Leone. Eastern Province: Kenema District, Northern Province: Bombali District, Southern Province: Bo District, Western Area: Western Area Rural and Urban Districts
Implementing Partner(s)	Choices and Voices Foundation for Women and Girls (CVF), Girl2Girl Empowerment Movement (G2G), Women Against Violence and Exploitation in Society (WAVES)
Funding Partner	Comic Relief
Project Duration	01.01.2021-31.12.2023
Evaluation Duration (as anticipated)	Jul/Aug-Dec 2023
Envisaged data collection period in-country (field visit pending security and pandemic situation)	Beg./Mid October 2023

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., partner organisations and Comic Relief with sufficient information to make an informed decision about the performance of the project, document lessons learnt and provide practical recommendations for follow-up actions and similar future projects.

As general standard, this final project evaluation shall include an assessment of the project's impact, effectiveness, relevance, efficiency, coherence, and sustainability. The progress and success of the project shall be assessed regarding its stated objectives. The final evaluation should generate practical hands-on recommendations that can be implemented by the project actors within their sphere of control as follow-up actions for this project and beyond. The evaluation will be used to gain more knowledge on effects and impacts to inform future

management and programming of partner organisations, Comic Relief and medica mondiale e.V.. medica mondiale e.V. will share the evaluation results with partner organisations, Comic Relief and other recipients.

3. Background

The Republic of Sierra Leone ranges on place 181 from 191 countries in the 2021/22 UN Human Development Index. Its civil war (1991 to 2002) was one of the most brutal on the African continent, s/gbv being one of the major legacies of the conflict with thousands of women and girls as well as many men and boys suffering the trauma of war-related rape. Even though the peace consolidation since 2002 is considered to be a positive example, Sierra Leone still faces multiple challenges. The post-conflict continuum of gender-based violence remains at alarming levels and, matching the wider global trend, there has been an increase of reported s/gbv against women and girls in Sierra Leone in recent years. Statistics show that 56% of women have experienced physical violence at some point since age 15, while 11 % of women and girls have experienced sexual violence in their lifetime (DHS, 2013). In 2018 there were over 8,500 reported s/gbv cases. 70 % of reported rape cases were attacks on minors below the age of 15. In 2019 and 2020, the Family Support Unit of the Sierra Leone Police recorded 6,355 cases of s/gbv. Aggravating this situation is a significant rise of COVID-19-related gender-based violence, mirroring the experiences from the Ebola crisis in West Africa where researchers declared a 'silent epidemic' of rape, sexual assault and violence against women and girls with some parts of Sierra Leone reporting a 65% increase in adolescent pregnancies. Due to the gravity of the situation, President Julius Maada Bio felt compelled to declare rape and sexual violence a national emergency in February 2019.

Conviction rates in s/gbv cases in Sierra Leone including domestic violence are extremely low (1.2%). Trials are lengthy, costly and cases of violence are usually settled out of court within informal structures such as traditional courts, secret societies and family interventions. In as much as these structures have checks and balances to respond to s/gbv, they are mostly focused on social cohesion, not on the wellbeing and justice for survivors and often result in impunity for perpetrators of gender-based violence.

Sierra Leone has some of the highest rates of teenage pregnancy in the world. According to the 2019 Sierra Leone Demographic and Health Survey 21% of girls age 15-19 have a child or are pregnant. Many of them face life-threatening risks from the lack of access to adequate reproductive health services, family planning and comprehensive sexuality education. 89.6% of girls and women aged 15-49 years have undergone FGM (DHS, 2013). The country also has one of the highest global rates of early marriage, with 39% of girls married before the age of 18 and 13 % before the age of 15 (UNICEF, 2017). Harmful traditional practices such as FGM are closely linked, FGM being a precursor to child marriage and both practices have devastating consequences, not only health-related but they also contribute to perpetuating cycles of intergenerational poverty as the girl's education is disrupted.

Gender disparities in educational outcomes are high: the literacy rate for girls aged 15-24 years is far lower than that of boys, with 62.70% for girls, and 70.58% for boys (UNESCO, 2018). Only 2 % of young women in Sierra Leone are educated to secondary level or higher, compared to 5% of young men who have completed secondary or 3% who have attained more than secondary (DHS, 2013). School drop-out rates among girls are high and there are many cultural, social and financial barriers to the girls' right to further education, including pregnancy, girls' involvement in sexually exploitative relationships (often with the knowledge and approval of parents), early marriage, domestic and street labour or girls' involvement prostitution.

While the government of Sierra Leone, signatory to the 1988 Convention on the Elimination of all forms of Discrimination against Women (CEDAW), has demonstrated increased concern about s/gbv as reflected in a number of policies and laws (eg. the tightening of the Sexual Offences Act in 2019; s/gbv prevention as one of the Government's priorities in Cluster Five of the National Medium-Term Development Plan 2019-2023), gender-based violence is still firmly embedded in customary practices and public institutions. A stakeholder analysis in the Mano River Region (medica mondiale, 2020) identified various barriers to holistically address s/gbv, among them lacking public financial resources, weak capacities (governmental and non-governmental) to

implement existing policies and a disjuncture between policy and practice with laws that neither reflect deeply held gender-biases nor holistically address the way gender, poverty and other categories intersect in shaping violence. In addition, s/gbv interventions often focus on response and are not necessarily informed by survivor-centered, gender-transformative or feminist approaches. On the contrary, while s/gbv levels are alarming, women's rights work in Sierra Leone faces the worldwide trend of shrinking spaces and women's rights organisations in the region face a critical gap in access to funding, capacity development, and spaces to create solid structures, strategies and synergies.

Against this backdrop, the project contributes to strengthening feminist action und practice in Sierra Leone to address sexualised gender-based violence (s/gbv) and to establish a culture of zero tolerance for violence against women and girls. It aims at increasing the knowledge, skills, attitudes and the commitment of community actors and public duty bearers to develop adequate s/gbv prevention and response mechanisms supported by a network of strengthened women's rights organisations. The project is being implemented by 3 Sierra Leone based women's rights organisations whose work medica mondiale has been supporting individually since 2019.

The three project outcomes are interlinked and include, but are not limited to, the following measures and target groups.

Outcome 1 "Expanding Prevention" aims at improving community awareness and mechanisms to prevent s/gbv and to protect women and girls. Awareness raising activities on s/gbv prevention are conducted in 24 locations, reaching about 3'000 people from the target communities. Community protection networks (PN) focusing on s/gbv prevention and protection will be established and/or strengthened. PN may include political, traditional and other community actors.

Outcome 2 "Improving Response" aims at increasing access to direct support for survivors of s/gbv and at strengthening the capacity of partner organisations as well as community and public s/gbv stakeholders to adequately respond to incidents of s/gbv and to provide justice to survivors with a survivor-centred, stress-and trauma sensitive approach. As a part of the direct support, the PO, in close collaboration with their community stakeholders, identify women and girls affected by s/gbv and act as points of contact, support and referral. They document and follow up s/gbv cases, offer basic counselling or advice to survivors and, depending on the survivors' needs and wishes, accompany them to the relevant s/gbv service providers along the national referral pathway. PO are capacitated to provide stress- and trauma sensitive support to survivors of s/gbv and to train stakeholders and public s/gbv service providers to apply a coordinated, survivor-centred stress- and trauma-sensitive approach (STA) when dealing with survivors. STA trainings as well as Trainings of Trainers (ToT) are conducted for PO staff. Another measure is the economic empowerment of women and girls affected by violence in order to re-establish self-confidence to reduce their economic dependency. Village Savings and Loan Associations (VSLA) are trained in fund management and provided with a small fund (depending on needs) to start the activities.

Outcome 3 "Amplifying Feminist Action" aims at strengthening feminist actors organisations, to amplify women's voices, to transform public opinion and social practice. Therefore, systems, procedures and strategies of PO are strengthened through partner-owned organisational development processes. The project supports the OD processes of the involved PO by (1) facilitating partner-led, participatory organisational assessments, conducted by an independent facilitator, to identify existing capacities, strengths, concerns and capacity areas in need of attention, (2) the development of related OD plans and processes, and (3) the operationalization of selected OD activities, in accordance with the organisations' focus and the allocated budget.

The three implementing Sierra Leone based women's rights organisations are:

Girl2Girl Empowerment Movement (G2G) is a reputed young woman-led organization, founded in 2013, that targets girls and young women affected by and at risk of FGM, child motherhood, teenage pregnancy, and sexualised violence and abuse. Women Against Violence and Exploitation in Society (WAVES) founded in 2005, is a Bo-based women's rights organisation with the mission to protect and promote the rights of women and girls and longstanding focus and expertise on s/gbv. Choices and Voices Foundation for Women and Girls (CVF) was founded in 2017. CVF

focus is to strengthen capacities and leadership development in women and girls' groups and women's activists and to facilitate the emergence of strong community-led protection mechanisms for women and girls. G2G, WAVES and CVF have the full responsibility for the implementation, monitoring and management of the joint project so that all project milestones are met in a timely manner and all deliverables are produced as agreed. The PO lead the administration and management of the project funds and ensure that financial control and oversight mechanisms are in place to establish accountability and to comply with funding requirements.

medica mondiale assumes (1) an administrative role, ensuring an overall coordination and financial oversight including the monitoring of the key project milestones and the compliance to donor regulations, (2) a technical role, providing technical and methodological support to the PO, e.g. regarding Outcome 2. medica mondiale will collaborate with her longstanding partner medica Liberia to conduct the qualification process for the Sierra Leonean partners through co-facilitated trainings for the PO, for the transfer of knowledge on the STA. medica Liberia (formerly a Liberian program of medica mondiale, registered in 2015 as Liberian NGO) is a Liberian feminist organization. As a result of a multi-year process of psychosocial capacity development through medica mondiale and due to its longstanding experience, medica Liberia is an expert for the provision of holistic trauma-sensitive services to s/gbv survivors.

4. Scope of Work

Final evaluation of the project. As part of the evaluation, different project sites will be visited.

The implementation of the project's goals / sub-goals shall be analysed and assessed, drawing into consideration an intersectional approach. Lessons learned from the project implementation shall be derived to inform and improve the development of future programming, management and organizational structure and strategy. Regarding any major issues and problems affecting progress of the project, 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 and provide feasible lessons learned for future programming. Additionally, the evaluation results according of every OECD/DAC Criterion should be assessed and rated in a comprehensible and traceable manner according to a provided rating scale (OECD DAC rating scale).

Evaluation questions will be developed to assess the following OECD/DAC criteria/areas (note: this list shall be finalized/prioritized by the evaluation team together with medica mondiale e.V. and partner organizations):

1. Relevance:

Do we follow the right approach/are we doing the right things?

To what extent does the approach (incl. medica mondiale's multi-level approach etc) with its objectives and design respond to the beneficiaries', global, country, and partner/institution* needs, policies, and priorities?

To which extent was the OD-Component suitable for the everyday work of the partner organisations?

To which extent were the STA-Trainings practical for the everyday work of the partner organisations in supporting survivors of s/gbv? To which extent did the STA-Trainings respond to the needs of the partner organisations as well as the training needs of service providers?

What are the differences and trade-offs between needs or priorities?

To what extent will the approach remain relevant (or has remained relevant), if circumstances change (have changed)?

What can be or has been adapted for the approach to remain relevant, if the context changes/ when the context changed?

What can be stated about the design of the programme? To what extent is the programme designed in a sufficiently precise, plausible & realistic way?

*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 country, sector, or institution(s)?

To what extent do other projects and/or policies support or undermine the approach, and vice versa?

What can be stated about the internal coherence (synergies/links with other projects by same actor and consistency with norms/standards followed by same actor)?

To what extent does the linkage with the current Regional Programme support or undermine the project?

What can be stated about the external coherence (consistency with other actors' projects in same context)?

3. Effectiveness:

Do we implement the approach/programme/project in an effective way?

To what extent has the project generated positive changes / what are the key changes experienced so far? To what extent have the project logframe goals/targets been achieved (indicator assessment)?

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

To what extent are the objectives likely to be achieved?

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

What can be stated about the partnership cooperation between medica mondiale e.V. and the partner organizations in terms of effectiveness of the collaboration?

How effective is the management structure of medica mondiale for the programme/project?

How effective have the project's management, monitoring and learning systems been?

How have they helped or hindered the delivery of lasting change? / What can be stated about the monitoring system for the project by medica mondiale e.V. and the partner organization(s) in relation to achieving programme/project goals and outcomes?

In this regard: What can be stated about the quality of 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?

Which changes within the partner organisations can be identified through the STA-trainings as well as the OD-activities?

How did the project contribute to networking amongst the partners and with external partners?

To which extent were the partner organisations able to integrate the survivor-centered stress- and trauma sensitive approach in supporting survivors of s/gbv?

To which extent were service providers able to integrate a survivor-centered stress- and trauma sensitive approach into their daily work? What were major challenges and barriers?

What aspects of the South-to-South-Learning component can be identified as positive/neutral/negative?

4. Efficiency:

Were inputs and activities used and realized in a cost-effective way?

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

Has the project been implemented in the most efficient way compared to possible alternatives?

What can be stated about the efficient use of resources (comparison: resources – results)

What can be stated about the partnership cooperation between medica mondiale e.V. and the partner organization(s) in terms of efficiency of the collaboration?

How efficient is the management structure of medica mondiale e.V. for the project/programme?

What may be stated about the monitoring system (including identified indicators) of medica mondiale/partner organization(s) for the project/programme in terms of supporting efficiency?

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 can be stated about the impact on the overall situation of beneficiaries?

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?

What are the major factors influencing the achievement or non-achievement of sustainability (micro-, meso- and macro level)?

What needs to be changed to ensure sustainability?

What financial, economic, social, environmental, and institutional capacities are needed to sustain the benefits?

What elements of the project/programme (in order of prioritization) should be continued, if additional funding becomes available?

Cross-Cutting Issues

Following subjects shall be dealt within the evaluation in addition:

(1) Implementation of stress- and trauma-sensitive 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 programme/project implemented?

(3) Contribution to peacebuilding

- To which extend is the programme/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

- What kind of a feminist approach may be assessed in the design and implementation of the project/programme?
- To what extent is the project/programme contributing to strengthening feminist action on micro, meso and macro level?

(5) Value for Money

- What can be stated about the value for money of the project/ please assess value for money in terms of economy, efficiency, effectiveness and equity

The findings according to OECD/DAC criteria and cross-cutting issues as well as the derived conclusions and recommendations should each be answered in separate chapters in the evaluation report (please see also point 10 on evaluation report structure).

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. The design should be based on a participatory approach and centre learning in all phases of the evaluation process, e.g. by designing data collection instruments in a way that data collection by itself allows for learning experiences on the part of stakeholders involved. 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:** A planning meeting shall take place in Cologne or remotely (kick-off meeting). Initial desk review and analysis of documentation shall present opportunity to get acquainted with the scope of evaluation: available reports and other documents from medica mondiale e.V. and the partner organization(s) shall be analysed and the methodology further refined in an inception report. For preparation purposes, initial online interviews with relevant stakeholders shall take place before the field phase. The project staff (i.e. International Programme Department and Trauma Department) shall already be involved during the preparation. This phase shall be closing with the Inception Report.
2. **Data Collection/Field Phase:** Data collection shall take place with direct beneficiaries of the partner organisation's target groups, community members, and staff of implementing partner(s), as well as with other relevant key actors (authorities, international actors etc.) This field/data collection phase shall conclude with workshops on (a) field level prior to accomplishing field trip as well as (b) on medica mondiale HQ level. Workshops shall be conducted with all relevant stakeholders to present and discuss the preliminary evaluation results and to present the initial conclusions and recommendations.
3. **Synthesis Phase:** Data triangulation and analysis shall be conducted in order to interpret findings, transfer them into evaluation results according to OECD/DAC criteria, and apply a rating scale provided by medica mondiale e.V., while drafting the report. This phase shall see the Draft Report and its Final Evaluation Report as its results.

We appreciate applications to also consider alternative data collection to in-country visits due to the uncertainty about the security or pandemic situation.

The final methodology will be defined by the evaluation team and agreed upon in close cooperation with medica mondiale e.V. and its partner organization(s) during the preparation (inception phase) and before the data collection phase of the evaluation. This ensures transparency. Furthermore, the dialogue is important to achieve "ownership" of the evaluation by medica mondiale e.V. and partner staff and with this the acceptance and use of the evaluation results.

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.

- A **data collection phase in country** is expected as much as security considerations or pandemic restrictions allow a travel of international experts and national colleagues. In case a field phase will be manageable, a **photo documentation** (mainly to be included in the annex of the evaluation report) would be expected to enrich the further documentation and presentation of evaluation results.
- The evaluation team is expected to give **presentations (ppt)** of **preliminary findings and recommendations** to (a) medica mondiale's implementing partners/partner organizations and other relevant stakeholders at the end of the data collection phase (in country if possible or remote) and (b) to medica mondiale's headquarters in Cologne or remote. These workshops signify essential components in the evaluation process. Possible follow-up steps and actions can be discussed and a learning process takes place that is moderated by the evaluation team. The discussions and results of these "preliminary findings sharing workshops" with medica mondiale, its implementing partners/partner organizations and other relevant stakeholders have to be included in the further evaluation process and its reporting.
- 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, which may take as many rounds as necessary to ensuring quality. The medica mondiale Quality Criteria Grid for Evaluation Reports and the OECD DAC rating scales shall be provided priorly.
- The evaluation team is expected to compile the **Final Report** (30 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. The Executive summary will be used for publication on the website of medica mondiale e.V. as well.
- Once the Evaluation Report is approved, a **final presentation (ppt)** of evaluation results and recommendations shall be held with a wider (strategic) circle of medica mondiale e.V., including management staff. (in Cologne or remotely).
- A **structured assessment of the project/programme** according to the quality principles/features of medica mondiale e.V. according to provided assessment grid.

7. Tentative Timeline

Evaluation phase	Description of phase
Kick off & Preparation July/August 2023	Kick Off meeting with key medica staff Analysis of relevant documentation; Elaboration of evaluation matrix, evaluation tools and inception report; Online meetings with medica mondiale staff, partner organizations and other relevant stakeholders
Data collection during a field trip with site visits beginning October 2023 or in remote/semi-remote manner (depending on security and pandemic situation)	Participatory-oriented data collection with key personnel partner organizations / stakeholders; Focus group discussions/workshops beneficiaries of target group (s), male community members, local authorities and other relevant stakeholders; ½ a day "preliminary findings sharing workshop" with staff of partner organization(s) to present, discuss and refine preliminary findings, conclusions and recommendations prior to concluding field/data collection phase ½ a day max "preliminary findings sharing workshop" with medica mondiale

	headquarters (remote or in Cologne)
Data Analysis, synthesis and report writing October- beginning December 2023	Analysis and triangulation of evaluation results and elaboration of comprehensive Draft Report; Commenting by medica mondiale's Reference Group; Incorporating comments and finalizing Evaluation Report; Presentation and discussion of approved Evaluation Reports main findings, conclusions and recommendations to a wider (strategic level) circle of medica mondiale e.V. and partner organizations Assess evaluated programme/project according to medica mondiale's assessment quality grid

All phases of the evaluation process apart from the ‘data collection phase’ can take place remotely, if required by security and pandemic conditions.

8. Qualification & Application Procedure

Professional Qualification

Key selection criteria are the methodological evaluation expertise and experience in qualitative and quantitative methods, 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; analytical, verbal and written communication skills. We expect an extensive comprehension of the OECD-DAC criteria with a safe application expertise.

Application Procedure

Applications with the subject line ‘Application Final Evaluation Sierra Leone 2023’ are received under evaluation@medicamondiale.org until 12.04.2023. Questions can be asked under evaluation@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 not exceeding 35'000 EURO
- Two references per team member, incl. reference contact details
- Links to publication of earlier conducted work in relation to evaluations etc.

Only complete applications shall be considered.
Only short listed/successful candidates will be contacted.
The interviews are likely to take place in calendar week 18.

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 organizations 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. 30 pages and in a readable understandable language reflecting professional language proficiency. The report shall clearly describe the background and goal of the programme/project as well as the evaluation methodology, process, and results in order 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, analyzed 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. 30 pages. Additional information on the overall context of the project/programme, 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, programme/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. A rating plus reasoning shall be included per OECD DAC criteria according to the rating scale provided by medica mondiale e.V.
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. Also, a conclusion on the value for money aspect shall be made. 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
 - OECD DAC rating scales provided by medica mondiale e.V.
 - Intervention logic / Logical Framework matrices (planned/real and improved/updated)
 - Relevant geographic map(s) where the project/programme 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. 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 Standards¹: <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>

12. Annexes upon request

1. Logical Framework Matrix of targeted project/programme (other relevant project documentation will be provided after contracting)

¹ file:///C:/Users/V6F52~1.WED/AppData/Local/Temp/UNEG%20Norms%20&%20Standards%20for%20Evaluation_English-2017.pdf