

FEASIBILITY STUDY OF A MEDICA MONDIALE PROJECT

TERMS OF REFERENCE

medica mondiale e.V. seeks a FEMALE CONSULTANT / TEAM OF FEMALE CONSULTANTS for a feasibility study of its Bridging Feminist Voices in Uganda.

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.

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	Bridging Feminist Voices
Country / Region	Uganda
Implementing Partner(s)	MEMPROW
Funding Partner	Medica Mondiale
Project Duration	2025-2027
Feasibility Study Duration (as anticipated)	December 2024 to February 2025
Envisaged data collection period in-country (field visit pending security situation)	End of January 2025

2. Purpose and Objectives of Feasibility Study

The aim of feasibility studies is to provide *medica mondiale* and its partner organization with a solid basis for enhancing the project concept by clarifying requirements, opportunities and risks, and offering guidance on optimising the concept, where necessary. In particular, this involves an assessment of the feasibility of a project and a systematic review of the extent to which the project approach can plausibly achieve the planned improvements under the existing prevailing circumstances. The joint learning from the insights gained increases the effectiveness of projects and enables poor investments to be avoided at an early stage.

3. Background

medica mondiale has been working with the feminist organisation MEMPROW in Uganda, founded in 2008, since 2015. Between 2015 - 2019, own-fund projects, in the area of supporting underage mothers and educating the communities surrounding them, were successfully implemented. The main focus was on strengthening the psychosocial capacities of underage mothers as project beneficiaries, as well as their entrepreneurial skills and sensitisation of local authorities in Nebbi, Arua & Zombo District/West Nile Region. MEMPROW has developed feminist training manuals for different target groups and brings essential inputs through their feminist analysis and Theory of Change. The present project builds on the consistently positive experiences in the cooperation and collaboration with MEMPROW in the implementation of the transnational project *In the Long Run - Prevention of SGBV and Empowerment of Affected Women and Girls in the African Great Lakes Region*. In Uganda, MEMPROW is also taking an approach to changing gender norms through "change agents" within the community - survivors and especially child mothers are trained and supported to become role models and spokespersons in their communities. Through family reconciliation meetings, MEMPROW also contributed to deconstructing gender norms within the family, especially among men, and addressing the issue of feminism and gender norms and the stigmatisation of child mothers.

4. Feasibility study questions

The feasibility study will contain an initial situation and problem analysis, a partnership review and a beneficiary/stakeholder analysis:

Initial situation and problem analysis (at macro-, meso- and micro-level)

- What current problems of the beneficiaries (direct target group) have been identified relevant to the proposed project?
- What existing local potential, structures (institutions, networks, umbrella organizations etc.) and social mechanisms can be built on, especially for strengthening protection networks for women and girls?
- **Are there any approaches or results from previous development measures? If yes, how can they be extended?**
- What other circumstances, for example conflict dynamics, must be taken into account?

Partnership review

- Which organisation(s) have been selected as local project partner(s), and why? Who suggested the idea for the project? How will you improve the local project partner's ownership?

- **Do any formal agreements exist between the stakeholders? To what extent have existing agreements between stakeholders been formalised?**
- Are the partners' resources and strengths, both individually and at an organisational level, well understood?
- What relevant professional, methodological and political competencies, both at an individual and an organisational level, will be further developed?

Beneficiaries and other stakeholders (at macro-, meso- and micro-level)

- How are the direct beneficiaries selected, and by whom? What criteria exist for selecting these beneficiaries?
- What is the composition of each beneficiary? How homogeneous or heterogeneous is the beneficiaries in terms of gender, ethnic origin, age, sexual orientation, language, and capacity, and to what extent must the project take this into account?
- Do the beneficiaries and other stakeholders have a common understanding of the problems, prioritizing process and objectives of the project? Do the interests of other stakeholders align? Do any conflicts of interest exist?
- **How strong is the various stakeholders' support for the project, for example, in terms of their own contribution? In what ways might they influence the project?**

Feasibility assessment along OECD/DAC criteria

Following the analysis based on questions above, the feasibility of the project concept will be assessed based on OECD/DAC criteria. Here, the consultants will be required to apply a traffic light rating accompanied by a justification along the questions grouped under each DAC criteria:

Relevance – To what extent is the planned project doing the right thing?

- Will the planned project approach address a key development problem or a significant developmental bottleneck in the partner country or region?
- Are the focus, priorities and objectives (approach) of the planned project clearly defined and aligned with the beneficiaries?
- To what extent do the intervention objectives and design adequately take into account the specific needs of the beneficiaries and any structural obstacles in the project region, partner/institution, or policy programs?
- Are the norms and standards of the approach compatible with those of the beneficiaries?
- Is the project designed to be conflict-sensitive (Do No Harm Principle)?

Coherence – how suitable is the intervention?

- How consistent are the planned activities with human rights principles (inclusion, participation), and any conventions or relevant standards/guidelines?
- **To what extent do synergies and connections exist between the planned project and other interventions by the same stakeholder (organisation) and other stakeholders?**
- What similarities or overlaps exist between the beneficiaries and projects implemented by other stakeholders in the same context?

Effectiveness – which project approach

- Are the cause-effect relationships (including assumptions) plausible? What negative effects might arise?
- Is the chosen methodological approach suitable and sufficient for achieving the project objective? Are alternatives required?
- At what level (multi-level approach) do you anticipate implementing additional measures to increase effectiveness?

- How will changes be measured? What indicators (fields) are most suitable?

Efficiency – is the proposed project’s planned use of funds a cost-effective method to achieve its objectives?

- To what extent can the planned measures be implemented with the envisaged funds and personnel in the proposed period?
- To what extent can the envisaged spending be allocated cost-effectively, and are the investments, operating expenses and personnel in proportion to the intended goals?

Impact (significance) – what contribution does the planned project make to achieving higher-level development policy impact?

- What particular contribution could the project objective (outcome) make to the overall objective (impact)?
- To what extent can the planned project build structures, set examples and have a broad impact? On what levels will norms or structures be changed?

Sustainability – to what extent will the positive impact remain once the project has ended (without additional external funding)?

- How can the sustainability of the results and impact be ensured and strengthened (structurally, economically, socially and ecologically)?
- What long-term capacities will be established in the beneficiaries to enable them to continue the implemented measures independently?
- What positive changes (role behaviour, mechanisms, networks, etc) will be of longterm benefit to civil society?
- What personal risks for those implementing the project, or institutional or contextual risks, may influence the sustainability of the project? How can these be minimised?

6. Deliverables

- The feasibility team is expected to compile an **Inception Report** with the final specified methodology, feasibility assessment matrix, analysis methods, data collection instruments and work plan.
- 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** would be expected to enrich the further documentation and presentation of evaluation results.
- The feasibility 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 feasibility 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 shall be provided priorly.

- The feasibility 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 feasibility report not exceeding 5 pages.
- Once the Feasibility Report is approved, a **final presentation (ppt)** of results and recommendations shall be held with a wider (strategic) circle of *medica mondiale* e.V., including management staff (in Cologne or remotely).

7. Tentative Timeline

Feasibility study phase	Description of phase
Kick off:	Kick Off meeting: 15.01.25 (tbc) Provision of a comprehensive briefing to the consultant team on project objectives and feasibility study requirements. Sharing of project documentation and conceptional planning with the team.
Inception report:	Development of methodological approach and planning of stakeholder input. Analysis of relevant documentation. Elaboration of evaluation matrix, evaluation tools and inception report: 25 January 2025 .
Conducting feasibility study (on-site):	Following approved methodology, 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: One week, end of January (27.01.-31.01.25) .
Data Analysis, synthesis and report writing	Analysis and triangulation of evaluation results and elaboration of preliminary findings.
Reporting and presentation	Preparation of a comprehensive feasibility study report outlining findings, analysis and recommendations. Presentation of preliminary findings: mid-February (20.02.2025) remotely or in-present meeting. Validation workshop 24. or 25.02.2025 . Final report end of February.

8. Qualification & Application Procedure

Professional Qualification

Key selection criteria are the methodological 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; competency/experience in the project country (Uganda), 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 'Feasibility Study 2025 Uganda' are received under evaluation@medicamondiale.org until **12.01.2025**.

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 feasibility team including dedicated responsibilities of each expert
- Description of Feasibility team with short bio per Evaluation Expert, max. 1 page
- Detailed CV of experts
- 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 25.000 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.

We reserve the right to review applications on an ongoing basis and invite suitable applicants.

9. Management of the Study

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 Feasibility 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. 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 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, 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.

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: A short, tightly drafted, to-the-point and free-standing Executive Summary in German and English with the key information and main analytical points of the feasibility study. It should not exceed 5 pages.

Visualization of the Report is highly appreciated.

Annexes to the report

- The Terms of Reference for the feasibility
- Short Bio per Evaluation Expert, max. 1 page for entire Feasibility team
- Evaluation Matrix
- Intervention logic / Logical Framework matrices (planned/real and improved/updated)
- Relevant geographic map(s) where the project/programme takes place
- Instruments/data collection tools
- 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

The feasibility study must follow the current guidelines for the conduct of feasibility studies:

https://bengo.engagement-global.de/dokumente.html?file=files/2_Mediathek/Mediathek_Microsites/bengo/Service/Dokument_e/Handreichungen/en/guideline-for-conducting-feasibility-studies.pdf&cid=159426

11. Essential Literature

- Handreichung zur Durchführung von Machbarkeitsstudien, Engagement Global, Juli 2024
- 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.”
- 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