

## Final Evaluation of a medica mondiale programme

### Terms of Reference

medica mondiale e.V. seeks a FEMALE EVALUATOR / TEAM OF FEMALE EVALUATORS for a final evaluation of its BMZ program „Concerted action for zero tolerance against S/GBV in the Mano River Region” Liberia and 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.

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](http://www.medicamondiale.org)

## 1. Overview

Project Title	<i>Concerted action for zero tolerance against S/GBV in the Mano River Region</i>
Country / Region	Liberia and Sierra Leone
Implementing Partner(s)	Medica Liberia, Aiding Disadvantaged and Traumatized Women and Girls, Rising Youth Mentorship Initiative, Women Against Violence and Exploitation in Society, Girl2Girl Empowerment Movement and Choices and Voices Foundation for Women and Girl
Funding Partner	BMZ
Project Duration	01.11.2021 - 31.12.2024
Evaluation Duration (as anticipated)	04.2024-10.2024
Envisaged data collection period in-country	06.2024

## 2. Purpose and Objectives of the Evaluation

This **final evaluation** serves as an important participatory learning process for all stakeholders involved in the programme. 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 decision about the performance of the programme. The evaluation will be used to inform future management and programming of the partner organisations and medica mondiale e.V.. Medica mondiale e.V. will share the evaluation results with partner organisations and the donor. This evaluation should formulate recommendations for the next programme phase and organisational learning. As such this evaluation will serve as a basis for the next programme phase and will replace a feasibility study.

As general standard, this final programme evaluation shall include an assessment of the programme's impact, effectiveness, relevance, efficiency, coherence, and sustainability so far.

## 3. Background

The regional programme “Concerted action for zero tolerance against SGBV in the Mano River Region” with six implementing partners in Liberia and Sierra Leone aims at increasing the commitment and capacity of community, state and inter-state actors to develop and sustain adequate SGBV prevention and response frameworks supported by a regional network of strengthened feminist civil society actors. By this it contributes to women and girls in the Mano River Region being able to live in an inclusive society, in dignity and free from sexual and gender-based violence and discrimination (Impact). The programme is divided into three interlinked modules: **Module 1** aims at **the PREVENTION of S/GBV** through changing laws policies and social norms with advocacy work on country level and public awareness raising. **Module 2** aims at **IMPROVING S/GBV RESPONSE** mechanisms through the training of women's rights organisations and public institutions responsible for S/GBV (health, police, legal, education) in adopting a survivor-centred stress- and trauma sensitive approach. **Module 3** has the objective to **STRENGTHENING FEMINIST ACTION** through organisational development, joint learning, networking, and advocacy on regional level by building a regional “Feminist Alliance”.

The programme is implemented in cooperation with six local non-governmental project partners. In Liberia: medica Liberia (mL), Aiding Disadvantaged and Traumatized Women and Girls (ADWANGA) and Rising Youth Mentorship Initiative (RYMI). In Sierra Leone: Women Against Violence and Exploitation in Society (WAVES), Girl2Girl Empowerment Movement (G2G) and Choices & Voices Foundation for Women and Girls (CVF).

The POs 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.

### General Context

Both countries were involved in protracted and intertwined civil wars from 1989 to 2003 (Liberia) and 1991 to 2002 (Sierra Leone). These wars were characterised by the fact that the rebels in both countries were supported by the other country and armed groups operated transnationally. War crimes in both countries included organised and systematic rape, sexualised torture and enslavement, and forced recruitment of child soldiers. Liberia and Sierra Leone have been in the reconstruction and peacebuilding phase for more than a decade. At the national and local levels, the judicial system, police and government institutions are being rebuilt. Both countries have held

three elections after the violent conflict. In both countries, there is discontent that warlords and perpetrators of war crimes often enjoy impunity to this day and have free access to political office.

Under the regional programme, only three of the local project partners (ADWANGA, RYMI, G2G) implement micro-level activities. However, all other project partners are also active at the micro level through other funding and use this experience for the regional programme.

**Contribution of the target group:** The programme addresses a variety of public and non-public stakeholders and builds on multiplier as well as networking effects through their participation in various qualification measures, which represents a non-quantifiable added value for the project.

The **indirect target group** of the programme are all women and girls affected or threatened by S/GBV and gender-based discrimination who benefit from improved legislation and from the improved support services provided by local project partners and public service providers.

### **Programme structure and theory of change**

Against the background of the context and a needs analysis, the programme contributes to women and girls in the Mano River Region being able to live in an inclusive society, in dignity and free from sexual and gender-based violence and discrimination (Impact). The rights, needs and perspectives of women and girls affected by S/GBV are mainstreamed in social, institutional and policy responses to prevent and respond to S/GBV at national and regional levels. This leads to reduced tolerance towards S/GBV and contributes to improved survivor-centred stress- and trauma-sensitive support (outcome).

The intervention logic of the programme is based on a **Theory of Change**, which assumes that

1. an approach to sustainable prevention of and response to S/GBV must be long-term, multi-sectoral and holistic in its design, and should be based on a feminist analysis that takes into account the structural dimensions of gender-based discrimination and violence.
2. progressive social change occurs and is sustained when strong, autonomous women's movements, as part of a critical civil society, have the necessary resources, strategies and structures to help shape public and political debates, to promote the improvement of policy and legal mechanisms regarding sexualised and gender-based violence and discrimination, and to hold relevant institutions accountable to implement them.

The programme takes place mainly at macro and meso levels. It involves regional political actors, national governments and policy makers in Liberia and Sierra Leone, institutional duty bearers/service providers (health, police, justice, education sector) and civil society organisations, including the local project partners, acting together at different levels of the multi-level approach (macro, meso, micro). This multi-level approach forms the strategic framework of the programme.

The programme is structured as follows:

**Module 1** aims to expand S/GBV PREVENTION through changing laws, policies, and social norms by promoting the political will, commitment and capacity of state actors to improve and implement S/GBV prevention policy and legal frameworks and related public services. It also contributes to changing the public discourse on S/GBV as a basis for creating a supportive environment for social and political change.

**Module 2** aims to IMPROVE S/GBV RESPONSE by developing a stress and trauma sensitive attitude of institutional actors leading to an improvement in the quality of services for S/GBV survivors. By building local STA training expertise, the competence to multiply the STA - stress and trauma sensitive approach® is sustainably anchored at the institutional level. Module 2 also increases the availability of community-based protection mechanisms for women and girls affected by or at risk of S/GBV.

**Module 3** aims to STRENGTHEN FEMINIST ACTION through organisational development, learning, networking, and advocacy on national and regional level. It provides the framework for the creation of a regional alliance of like-minded feminist actors that promotes the integration of S/GBV into national as well as regional policy agendas. Module 3 is a cross-cutting module to the other two

modules, as the organisational development, networking and advocacy work in Module 3 will contribute to achieving the impacts of Modules 1 and 2.

## 4. Scope of Work

Final evaluation of the programme. 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, recommendations shall be made and action points identified to be considered for future programming. 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. Evaluation questions will be further developed in the inception phase to assess the following areas:

#### 1. **Relevance:**

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

To what extent are the different focus areas of the programme still relevant and how do they interact with each other?

What can be stated about the design of the programme?

To what extent is the programme designed in a sufficiently precise, plausible & realistic way?

#### 2. **Coherence:**

What can be stated about external coherence with other projects/programmes in the region in the same sector?

To what extent do regional policies support or undermine the programme?

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

To what extent does the linkage with other projects by medica mondiale with the same partners support or undermine the project?

#### 3. **Effectiveness:**

To what extent has the programme generated positive changes / what are the key changes experienced so far?

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

To what extent have the programme logframe goals/targets been achieved (indicator assessment)?

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

To what extent did the project implementation accord the same priority to all project Outcomes?

How well did the different outcomes align with each other?

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

What can be stated about the set-up of management and program steering structures and the effective participation of project implementing partners in decision making processes pertaining to project implementation?

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 design of the logframe?

Was it clear, concise, and comprehensible? Have the indicators been suitable to assess and monitor the effectiveness of the programme? How could it be improved for a potential follow-up phase?

**4. Efficiency:**

Were inputs and activities used and realized in a cost-effective way (input – output/outcomes – ratio)?

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

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

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 if donor funding would cease?

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

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

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

In general, 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 (BMZ rating scale).

**Cross-Cutting Issues**

Following subjects shall be dealt within the evaluation in addition:

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

- What can be stated on the application of the stress-and trauma-sensitive approach (STA) 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) Feminist approach**

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

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 (please see also ch. 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 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. medica mondiale will provide information on how to evaluate accordingly. There will also be a briefing with one trauma-expert to ensure stress- and trauma sensibility. We are convinced that from a stress and trauma-sensitive as well as from an intersectional feminist perspective, local knowledge is extremely important and that this should therefore be incorporated into all phases of the evaluation.

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, while drafting the report. This phase shall see the Draft Report and its Final Evaluation Report as its results.

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** 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 **report with recommendations** for future programming including an adapted intervention logic and result matrix.
- 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 should have a special focus on recommendations for a possible follow-up programme. 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 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.
- 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 **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	Description of phase
Kick off & Preparation  April – May 2024	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 in Monrovia & Bo (Liberia) and Freetown (Sierra Leone) or in remote/semi-remote manner  June 2024	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) and if applicable other persons who took part in the evaluation process (right holders) to present, discuss and refine preliminary findings, conclusions and recommendations prior to concluding field/data collection phase  ½ a day “preliminary findings sharing workshop” with medica mondiale headquarters (remote or in Cologne)
Data Analysis, synthesis and report writing	Analysis and triangulation of evaluation results and elaboration of Draft Report and recommendation report;

<p>July – September 2024</p>	<p>Commenting by medica mondiale’s Reference Group;</p> <p>Incorporating comments and finalizing Evaluation Report;</p> <p>Presentation and discussion of approved Evaluation Reports main findings, conclusions and recommendation to a wider (strategic level) circle of medica mondiale e.V.;</p> <p>Compile brief summary of evaluation report to be published on website of medica mondiale e.V.</p>
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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; advocacy / feminist action /political participation of civil society; 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 therefore particularly welcome applications from regional organisations or teams made up of regional and international evaluators. We expect an extensive comprehension of the OECD-DAC criteria and knowledge of the BMZ guidelines with a safe application expertise.

### Application Procedure

Applications with the subject line ‘Final Evaluation BMZ Global West Africa’ are received under [evaluation@medicamondiale.org](mailto:evaluation@medicamondiale.org) until 08.03.2024. If you have any questions regarding the programme, please contact [amueller-frank@medicamondiale.org](mailto:amueller-frank@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 49.000,00 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.



## 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. 50 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. 50 pages. Additional information on the overall context of the 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 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 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
  - Data collection tools
  - 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 Standards<sup>1</sup> : <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](https://read.oecd-ilibrary.org/development/applying-a-human-rights-and-gender-equality-lens-to-the-oecd-evaluation-criteria_9aaf2f98-en#page2)

## 12. Annexes upon request

1. Logical Framework Matrix of targeted project/programme
2. medica mondiale relevant recent Global Strategy, regional strategies, statement papers on stress- and trauma-sensitive approach (STA), feminist approach, conflict-/trauma-sensitive approach etc. (subject to availability) etc.
3. medica mondiale rating scale for OECD/DAC criteria

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<sup>1</sup>