

Terms of reference for the evaluation of See Far Programme (Phase II)

1. Introduction

These terms of reference were prepared by *medica mondiale* e.V. upon consultation with stakeholders, to provide key information to the evaluation team, partner organisations and stakeholders involved in the evaluation, and clarify expectations from the evaluation.

2. Subject and scope of the evaluation

About *medica mondiale* e.V.

medica mondiale is a feminist women's rights organisation. For over 30 years, we have been campaigning against conflict-related sexualised violence and against power relations that oppress women. Together with local partner organisations in Northern Iraq/Kurdistan, Afghanistan, West Africa, the African Great Lakes Region as well as in South-eastern Europe, we support survivors of sexualised violence, oppose discriminatory power relations, and empower women's rights activists.

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 sexualised and gender-based violence (S)GBV. On the level of women's and girls' social environment, *medica mondiale* e.V. supports communities to recognise 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 sexualised 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

Programme Background

The See Far 2 Programme in DR Congo, Rwanda and Uganda has been implemented by *medica mondiale*'s Partner Organisations PAIF, SEVOTA and MEMPROW in its second phase since October 2022. It is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ). The overall programme budget for the period to be evaluated is about 2,8

Mio. Euro. The programme running period has currently been extended by three months until 30.09.2025 and builds upon a preceding programme, which ran from 2019-2022.

The See Far 2 Programme focuses on holistic support, including psychosocial counselling, medical care, legal assistance, and economic empowerment, tailored to the specific needs of each country. A special emphasis is placed on regional collaboration between partner organisations to exchange best practices and develop joint strategies against SGBV. The programme builds on the consistently positive experience in the cooperation and collaboration with the three local partners SEVOTA, PAIF and MEMPROW. The See Far 2 Programme aims to enhance prevention and support services for individuals affected by or at risk of sexual and gender-based violence (SGBV) by strengthening partner organisations in their technical expertise and structural professionalisation.

The programme seeks to empower survivors to become active agents of change within their communities while fostering greater awareness and understanding among families and society.

Its main activities focus on improving access to medical care, psychosocial support, socio-economic reintegration, and legal assistance for women and girls affected by SGBV. Additionally, it ensures that survivors are well-informed about existing referral mechanisms and available services.

Through a combination of capacity-building initiatives, awareness campaigns, and direct support interventions, the See Far 2 Programme aims to create a safer and more inclusive environment where those affected by SGBV receive the necessary resources and support to rebuild their lives.

The evaluation will focus on the period from October 2022 onwards in the intervention zone of DR Congo, Rwanda, Uganda as well as look at the regional component managed out of *medica mondiale*'s headquarters in Cologne.

3. Purpose of the evaluation

medica mondiale e.V. commissions this evaluation to deepen its understanding of the intervention and of the ways it has contributed – or not – to intended outcomes and to achieved impact, to learn, with its partner organisations, for future programming. The evaluation serves accountability purposes with our donor, BMZ.

The following list summarises the main prospective users of the evaluation and their interests in the evaluation.

Stakeholder	Expected involvement in the evaluation
<i>medica mondiale</i>	Impact measuring, Lessons learned, accountability
Partner Organisations	Identification of achievements and challenges encountered; Empowerment; Learning Experience
Target Groups	Measuring accessibility and effectiveness of the support services
Donor BMZ	Accountability

Furthermore, *medica mondiale* e.V. commissions evaluation reviews and syntheses of evaluations to extract learning for its overall programme work and the continuous improvement of its monitoring and evaluation systems.

4. Evaluation questions

The evaluation will answer the following questions, which can be refined in the inception phase of the assignment in dialogue with *medica mondiale* e.V. and its partners.

RELEVANCE¹: *Are we doing the right things?*

- 1) To what extent does the programme respond to the (changing) needs and priorities of beneficiaries, Partner Organisations (POs), external stakeholders, including authorities, civil society and international bodies including relevant policies?
- 2) How well is the programme designed to achieve its stated and implicit objectives?

COHERENCE: *How well does this See Far 2 Programme fit?*

- 1) How well does the programme fit with other interventions of *medica mondiale* in the region and with its norms and standards (incl. its Stress- and Trauma-sensitive Approach, its multi-level-approach, its feminist approach, and in view of conflict-sensitivity (internal coherence)?
- 2) How well does the programme fit with the interventions of other actors on prevention of SGBV and response to survivors in the same areas and with the international norms and standards *medica mondiale* abides to (external coherence)?
- 3) Did the programme coordinate and cooperate with interventions of other relevant actors supporting response and prevention of SGBV as well as gender equality, and did it strive for synergies?

EFFECTIVENESS: *Is the See Far 2 Programme achieving its objectives?*

- 1) To which extent has the intervention achieved, or is expected to achieve, its objectives, and its results, including any specific results across POs?
- 2) To what extent has the programme enhanced the capacities of POs, referral partners and activists/experts to respond to, prevent and reduce SGBV? This includes the application of STA.
- 3) To what extent have SGBV survivors been successfully accompanied, and communities sensitised by the programme's boundary partners (POs, referral partners, experts/activists)?
- 4) What are the major factors influencing the programme's effectiveness?

EFFICIENCY: *How well are resources being used?*

- 1) How well were the programme resources (time, staff and funding) managed to deliver the programme's planned outputs and/or adapt to changing circumstances?
- 2) How adequate are the programme's structures (including the collaborative arrangements with POs) to deliver and monitor the planned outputs?
- 3) How well is the programme managed? This includes steering, decision-making at the programme, regional and international levels.

IMPACT: *What difference does the See Far 2 Programme make?*

¹ OECD-DAC criteria: [Glossary of Key Terms in Evaluation and Results-Based Management for Sustainable Development \(Second Edition\) | READ online \(oecd-ilibrary.org\)](https://www.oecd-ilibrary.org/glossary-of-key-terms-in-evaluation-and-results-based-management-for-sustainable-development-second-edition)

- 1) To what extent does the project contribute to the long-term empowerment of women and girls affected by SGBV and their children in the target areas of the Great Lakes region, ensuring their integration into family structures and communities, as well as the recognition and realization of their rights within society?
- 2) How likely is it that the programme generates significant (positive, negativ) higher level unintended effects?

SUSTAINABILITY: *Will the benefits last?*

- 1) How likely is it that *medica mondiale* boundary partners (Partner Organisations, referral partners, activists/experts) and targeted beneficiaries will sustain their achievements, activities and results after the end of programme?
- 2) What are the major factors influencing the sustainability of the programme's results?

Please examine the financial, economic, social, environmental and institutional capacities required to sustain net benefits over time.

CROSS-CUTTING ISSUES: To assess the project's broader contributions beyond its core objectives, which contributions and effects can be found in the following areas?

(1) mm multi-level approach;

(2) mm strategic areas: preventing violence, supporting survivors, strengthening feminist action;

(3) application of the STA approach/STA training?

The evaluation team will distil its findings on each OECD-DAC criterion into scores as defined in the rating scale provided in annex to this TOR.

5. Evaluation approach and methodology

In keeping with *medica mondiale*'s feminist mission, the evaluation will be informed by intersectional feminist principles, as manifested in:

- a women-led evaluation team that recognises that knowledge is power, reflects on the positionality of its members, and is open to different forms of knowledge
- gender analysis and intersectional analysis throughout the evaluation
- commitment to broad participation in the evaluation
- application of *medica mondiale*'s Stress- and Trauma-sensitive Approach², especially when interacting with survivors of sexual and gender-based violence (SGBV)
- evaluation recommendations for transformation towards greater gender equality

In terms of evaluation standards, it will be guided by the OECD-DAC Standards for Evaluation. All evaluation-related terms will be defined as in the OECD Glossary of Key Terms in Evaluation and Results-Based Management for Sustainable Development.

² [Glossary Term: STA - Stress- and Trauma-sensitive Approach® \(medicamondiale.org\)](https://www.medicamondiale.org/)

Based on an evaluability assessment carried out by *medica mondiale*, we recommend using a participatory evaluation approach with all stakeholders involved. The evaluation team will triangulate data sources and data collection methods to obtain credible evidence-based findings.

6. Organisation of the evaluation

The evaluation is expected to be carried out between February and September 2025. The implementing partners in-country are available for in-country research between May and till mid-June 2025. The scope of field-based data collection will be subject to security considerations. The budget for the evaluation is 48,000 euros, including all honoraria of the evaluation team, travel and other costs managed by the evaluation team.

Roles and responsibilities:

- *medica mondiale*'s evaluation manager steers the overall evaluation process from TOR design to facilitating the management response in coordination with relevant departments.
- *medica mondiale*'s programme manager compiles necessary project data, briefs the evaluation team on the intervention and on practical issues such as safety and logistics, and introduces the evaluation team to the local partners
- A *medica mondiale* trauma adviser will provide orientation on incorporating STA in the evaluation process and products
- A reference group composed of representatives of *medica mondiale*, the partner organisation and possibly representatives of women rights holders in the intervention advises and provides feedback on the inception report, first findings presented in the validation ("preliminary findings") workshop, and the draft evaluation report. The evaluation managers compile and filter feedback to the evaluation team so that the evaluation team receives coherent feedback.

7. Deliverables

- Kick off meeting with participatory (including *medica mondiale* and partner organisations) validation of evaluation questions & collection of important interview partners
- Draft Inception Report in English and in French, commenting by reference group (*medica mondiale* and partner organisations)
- Inception Report in English and in French
 - 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.
- Validation workshops and a slide deck with preliminary findings with (a) implementing partners/partner organisations and other relevant stakeholders such as participating rights holders, at the end of the data collection phase, and (b) *medica mondiale*'s headquarters in Cologne, in-country or remotely.
- Draft Evaluation Report in English and in French
- Final Evaluation Report (approx. 40 pages) in English and in French, including an executive summary (5 pages only)

- Slide deck summarising overall findings and recommendations and presentation
- Creative dissemination products such as infographics and/or video (tbd)

8. Proposed timeline

Evaluation phase	Time	Description of phase
Inception	April 2025	<p>Kick Off meeting</p> <p>Desk analysis of relevant documentation</p> <p>Elaboration of evaluation matrix, evaluation tools and inception report; Feedback loops</p> <p>Explorative interviews with <i>medica mondiale</i> staff, partner organisations and other relevant stakeholders</p>
Data collection and analysis incl. Field Visits to DR Congo, Rwanda, Uganda	May 2025	<p>Data collection and preliminary analysis</p> <p>Preliminary findings validation workshop with partner organisations in country</p> <p>Continued analysis and triangulation of data</p> <p>Preliminary findings sharing workshop with <i>medica mondiale</i></p>
Synthesis and report writing	June – September 2025	<p>Development of conclusions and recommendations, elaboration of Draft Report</p> <p>Feedback loops with Reference Group</p> <p>Presentation and discussion of approved Evaluation Report main findings, conclusions and recommendation to a wider (strategic level) circle of <i>medica mondiale</i> e.V.;</p> <p>Creative dissemination products such as infographics or video</p>

9. Requirements for the evaluation team

- Experience in evaluating BMZ funded projects; or related evaluation experience from other donors according to OECD-DAC criteria.
- Regional competency: we strongly encourage national/regional teams or teams including national/regional experts (DR Congo, Rwanda, Uganda) to apply
- Thematic experience in (S)GBV, (feminist) advocacy, empowerment of survivors of trauma, conflict sensitivity

- Proven commitment to feminist and intersectional approaches in evaluations and research
- Strong skills in conflict-sensitive, empowering and hierarchy-sensible communication
- Proven experience in evaluation or social research using both qualitative and quantitative data collection and a variety of analysis methods
- Proven experience in gender/intersectional analysis or related research and practice
- Proficiency in English and French (written and spoken) as well relevant languages spoken in the intervention's country

Furthermore, the evaluation team must be independent from *medica mondiale* and its partner organisations.

10. Application Procedure

Applications with the subject line "See Far 2 Programme Evaluation 2025" are received under evaluation@medicamondiale.org until March 16th, 2025. Questions can be asked till March 10th, 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 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 48,000 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 the week of March 24th, 2025.