

Evaluation of a medica mondiale programme (South Kivu) Terms of Reference

medica mondiale e.V. seeks a FEMALE EVALUATOR / TEAM OF FEMALE EVALUATORS for a evaluation of its Sud Kivu Programme in DR Congo

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 media 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	Sud Kivu Programme, Phase III Mobilization for women's rights and against sexualized violence in Sud Kivu province
Country / Region	Democratic Republic of Congo, Sud Kivu
Implementing Partner(s)	medica mondiale and its 4 local Partner Organizations: EPF, RFDP, RAPI and AFPDE
Funding Partner	Brot für die Welt: 300.000 EUR Medicor : 500.000 EUR, Leopold Bachmann Stiftung: 200.000 EUR, Private funds: 300.000 EUR
Project Duration	01.09.2021-31-08-2024

Envisaged data collection period in-country (field visit pending security and pandemic situation)	February -March 2024
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2. Purpose and Objectives of Evaluation

This **evaluation** serves as important participatory learning process for all stakeholders involved in the project/programme. The purpose of the evaluation is to provide decision makers at medica mondiale e.V. and her four Partner Organizations, AFPDE, EPF, RAPI and RFDP with sufficient information to make an informed decision about the performance of the project/programme, and about any required changes to the project/programme. This way, the evaluation contributes to further developing the project/programme.

As general standard, this evaluation shall include an assessment of the project's/programme's impact, effectiveness, relevance, efficiency, coherence, and sustainability so far. The progress and success of the project shall be assessed as well as the likelihood of achieving its stated objectives. The evaluation should generate practical hands-on recommendations that can be implemented by the project/programme actors within their sphere of control and influence over the remaining running period and beyond. The evaluation will be used to inform future management and programming of AFPDE, EPF, RAPI and RFDP as well as medica mondiale e.V.. medica mondiale e.V. will share the evaluation results with its funding partners Brot für die Welt e.V., Leopold Bachmann Foundation and Medicor

3. Background

Context of programme of Sud Kivu Programme

The project takes place in DR Congo (DRC), Sud Kivu province. Although the last war in DRC officially ended in 2002, the rape of women (but also men and young children) and overall sexualized violence is still commonplace, particularly in the eastern provinces of South Kivu, North Kivu and Ituri. Perpetrators are often members of military groups or former soldiers, but reports show that peacekeepers and civilian employees of MONUSCO were also involved in the rape of Congolese women. Survivors of sexualized and gender-based violence (SGBV) in the DRC have little access to legal recourse, so perpetrators often escape criminal sanction. At the same time, SGBV survivors are marginalized from family and society with little hope for reintegration and economic recovery.

Although there are no official statistics to sustain it, domestic violence is widespread and generalized. The extent of sexual violence in the DRC is frightening and shows no signs of abating. Data on incidents of sexual violence are often unreliable, and multi-sectoral collection methods mean that there must logically be duplication. Even allowing for the unreliability of the data on reported cases, there is no evidence that rates of sexual violence are decreasing despite the attention received. On the contrary, there is evidence that sexual violence is increasing - the perpetrators in the Eastern Congolese provinces are increasingly civilians, including family members of the victim. Panzi Hospital in Bukavu treats between 1,300 and 1,900 women per year, and this number has not decreased in recent years. On the contrary, since 2016, the hospital has seen an increase in patients having fallen victim of sexual violence.

Being deprived of property rights and independence in managing their income, women are much poorer than men. In addition, women live under the constant threat of rape and have very limited access to medical care. Maternal mortality is high, as is the incidence of HIV/AIDS, particularly among rape survivors.

Corruption also contributes to the exclusion of women: the majority of the poor are women without financial means to fully enjoy their rights. There is a lack of political will to improve women's socio-economic status, leaving them without the necessary tools to escape their subordinate status to men.

While several laws on women's equality have already been put in place, very few of them have been implemented. The government, powerless, barely controls its own territory and has long since entrusted civil society organizations to provide the necessary social services to the population.

Implementing partner organizations:

The main role of medica mondiale (mm) is to strengthen the organizational capacities (project management, programs, human resources, training and technical leadership support, etc.) of the 4 partner organisations but also to consolidate their capacity to cooperate with each other and with other types of civil society actors as well as political actors.

1. « Association des femmes pour la promotion et le développement endogène » (AFPDE), partner of mm since 2007. Its main objective is medical, psychosocial support and socio-economic reintegration measures for survivors of sexual and gender-based violence in Kanyola and Kamanyola, South Kivu.
2. « Ensemble pour la Promotion de la Femme et Famille » (EPF), partner of mm since 2011. Its mandate is empowering women in Fizi through better access to health services, psychosocial support, IGAs and sensitizing local leaders and school authorities on women's rights.
3. « Réseau Associatif pour la Psychologie Intégrale » (RAPI), partner of mm since 2015. They aim to provide medical, psychosocial and socio-economic support for survivors of sexual and gender-based violence, school reintegration of dropouts and community awareness activities
4. « Réseau des Femmes pour les Droits et la Paix » (RFDP), working with mm since 2015. RFDP works to provide medical, psychosocial, and legal support for survivors as well as community outreach on women's rights and sexual and gender-based violence.

Contents of programme to be evaluated with intervention zone, objective and target group(s)

Intervention Zone

The zones of the project are mostly in the Southern Province of Sud Kivu province, in Fizi Territory (Mboko, Fizi centre, Mwandiga, Makobola, Swima, Kabumbe, Nundu, Lusenda, Sandja Lweba, Malinde, Baraka et Katanga), and as well in the Northern part of Sud Kivu province such as in Kaniola, Kamaniola, and Walungu Territory.

Programme objective

The global objective is “Social actors are committed to the prevention and reduction of Gender Based (Sexual) Violence (GBV).”

The project is organized along 3 outputs, which are:

1. Women and girl survivors of SGBV have access to holistic trauma-sensitive services (micro-project)
2. Communities begin a process of practice change to prevent violence against women and to promote equal and equitable power relations between men and women
3. The 4 partners organizations and the referral health services ensure effective management of SGBV.

Target groups:

1. **4 partners organizations (PO):** AFPDE, EPF, RAPI and RFDP as well as 1 psycho-social expert pool
2. **Health services:** The 4 PO are not specialists in medical care, but they have close links with the referral hospitals and health centers in their intervention zone, which have at their disposal the pep kits and all of the medications provided for in the National Medical Care Protocol. The organizations refer to these structures the survivors who have had access to their psychosocial services. On the other hand, partnering referral hospitals and health centers send survivors who are treated at their facilities to the POs for psychosocial and legal care. In total, there are 13 health structures cooperating in the programme.

3. **Survivors of sexualized and gender-based violence (SGBV)** live in fear and, for the most part, do not know how to break the silence and confront their abuser(s). This situation is due to the context of denigration and stigmatization that all victims experience, who are blamed by society for the horror they have experienced. The trivialization of rape in society, reinforced by the absence of public awareness campaigns and impunity, does not allow survivors to be supported and heard, thus contributing to their isolation and poverty. Many survivors are afraid of reprisals and do not press charges. In total, 2,000 survivors are targeted in the Sud Kivu Programme.

4. Scope of Work

Evaluation of the project/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. 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 developed to assess the following areas:

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) coincide with its objectives and design respond to the beneficiaries', global, country, and partner/institution* needs, policies, and priorities?

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)?

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?
 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 organization in terms of effectiveness of the collaboration?
 How effective is the management structure of medica mondiale for the programme/project?
 What can be stated about the monitoring system for the project by medica mondiale e.V. and the partner organization in relation to achieving programme/project goals and outcomes?
 In this regard: What can be stated about the identified indicators in the logframe underlying the project/programme, such as:
 Have the indicators been suitable to assess the effectiveness of the project/programme to follow and assess the course of the project/programme?
 How well did they work for project monitoring?

4. Efficiency:

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 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?

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.

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?

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 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 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 and Regional Office 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.

We appreciate applications to 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 organisation(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 **Draft Report** in English and French 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 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	<p>Kick Off meeting with key medica staff</p> <p>Analysis of relevant documentation;</p> <p>Elaboration of evaluation matrix, evaluation tools and inception report;</p> <p>Online meetings with medica mondiale staff, partner organizations and other relevant stakeholders</p>
Data collection during a field trip with site visits in Sud Kivu Province/DR Congo (Uvira, Bukavu) as well as in Bujumbura/Burundi or in remote/semi-remote	<p>Participatory-oriented data collection with key personnel partner organizations / stakeholders;</p> <p>Focus group discussions/workshops beneficiaries of target group (s), male community members, local authorities and other relevant stakeholders;</p> <p>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</p> <p>½ a day “preliminary findings sharing workshop” with medica mondiale headquarters (remote or in Cologne)</p>
Data Analysis, synthesis and report writing	<p>Analysis and triangulation of evaluation results and elaboration of Draft Report;</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>

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

8. Qualification & Application Procedure

We are looking for candidates who possess the following skills and experience:

1. **Methodological evaluation expertise:** Proficiency in qualitative and quantitative research methods.
2. **Cultural and conflict sensitivity:** Sensitivity to cultural diversity and the complex dynamics of conflict-affected contexts. Ability to navigate sensitive issues with respect and consideration.

3. Gender- and trauma-sensitivity: Understanding of the specific needs and vulnerabilities of survivors of sexual and gender-based violence and the importance of creating safe and empowering spaces for their participation. Knowledge of gender and trauma-sensitive approaches to research and program design.
4. Feminist and intersectional research perspective: Commitment to feminist principles and the ability to apply an intersectional lens to research.
5. Regional competency/experience: Previous experience working in the region. Familiarity with the local context, languages, and cultural nuances. Proficiency in relevant languages for effective communication.
6. Familiarity with the regional feminist and initiatives
7. Analytical, verbal, and written communication skills: Strong analytical skills to synthesize complex information. Excellent verbal and written communication skills to effectively communicate research findings and recommendations.
8. OECD-DAC criteria proficiency: Thorough understanding of the OECD-DAC criteria for evaluating development interventions. Ability to apply these criteria effectively throughout the evaluation study.

Application Procedure

Applications with the subject line "Evaluation of the Sud Kivu Programme" will be accepted until 18 February at 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 studies

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

The interviews are likely to take place in February 2024.

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 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 the 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.

Annexes to the report

- The Terms of Reference for the evaluation
- Short Bio per Evaluation Expert, max. 1 page for entire Evaluation Team
- Evaluation Matrix
- Intervention logic / Logical Framework matrices (planned/real and improved/updated)
- Relevant geographic map(s) where the project/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>
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12. Annexes

1. Logical Framework Matrix of targeted project/programme
2. medica mondiale relevant recent Global Strategy, 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