

TERMS OF REFERENCE FOR A FEASIBILITY STUDY OF THE TRANSNATIONAL HEALTH TRAINING & ADVOCACY PROGRAMME (THTP)

medica mondiale e.V. seeks a team of female consultants for a feasibility study of its Transnational Health Training & Advocacy Programme (THTP) in Bosnia and Herzegovina (BiH), Kosovo and Kurdish Region of Iraq (KRI).

1. Subject and scope of the evaluation

About *medica mondiale* e.V.

medica mondiale e.V. 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) gender-based violence (SGBV). 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 (STA) 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 THTP covering Bosnia and Herzegovina (BiH), Kosovo and the Kurdish Region of Iraq (KRI) has been implemented by *medica mondiale*'s Partner Organisations *Medica Gjakova* (Kosovo) and *Medica Zenica* (BiH) as well as through *medica mondiale*'s Regional Office in Dohuk (KRI) in its third phase since July 2022. The global programme builds on the previous programmes THTP I and THTP II. 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 2,3 Mio Euros.

SGBV survivors worldwide face stigma and re-traumatising practices when accessing health services. Blaming, discrimination and inappropriate behaviour by health professionals towards SGBV survivors can discourage them from seeking medical care. In conflict and post-conflict settings, this situation is exacerbated by persistent insecurity. At the same time, the working conditions of health professionals are characterised by a shortage of time and resources, so that they often work at their own limits.

In the three intervention zones, there are neither sufficient standards that define a stress- and trauma-sensitive behaviour of the health staff, nor are there enough opportunities for health professionals to further educate themselves in this area.

The programme addresses the identified needs with the following components:

1. Outreach: Direct support and awareness-raising for SGBV survivors and their social environment,
2. Qualification and strengthening of health professionals,
3. Advocacy work on country level,
4. International learning and exchange
5. International advocacy work.

2. Purpose of the Feasibility Study

The aim of feasibility studies is to provide *medica mondiale* and its partner organisations with a solid basis for enhancing the programme 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 programme and a systematic review of the extent to which the programme approach can plausibly achieve the planned improvements under the existing prevailing circumstances. The joint learning from the insights gained increases the effectiveness of programmes and enables poor investments to be avoided at an early stage.

3. Feasibility study questions

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

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 programme?
- 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?

Local programme partner(s) in the partner countries/Partner review

- Which organisation(s) have been selected as local programme partner(s), and why? Who suggested the idea for the programme? How will you improve the local programme 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 programme take this into account?
- Do the beneficiaries and other stakeholders have a common understanding of the problems, prioritising process and objectives of the programme? Do the interests of other stakeholders align? Do any conflicts of interest exist?
- How strong is the various stakeholders' support for the programme, for example, in terms of their own contribution? In what ways might they influence the programme?

Feasibility assessment along OECD-DAC criteria¹

Following the analysis based on questions above, the feasibility of the programme 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 programme doing the right thing?*

- Will the planned programme 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 programme 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 programme region(s), partner/institution, or policy programmes?
- Are the norms and standards of the approach compatible with those of the beneficiaries?
- Is the programme 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 programme and other interventions by the same stakeholder (organisation) and other stakeholders?
- What similarities or overlaps exist between the beneficiaries and programme implemented by other stakeholders in the same context?

¹ OECD-DAC criteria: [Glossary of Key Terms in Evaluation and Results-Based Management for Sustainable Development \(Second Edition\) | READ online \(oecd-ilibrary.org\)](#)

EFFECTIVENESS: *Is the Programme achieving its objectives?*

- Are the cause-effect relationships (including assumptions) plausible? What negative effects might arise?
- Is the chosen methodological approach suitable and sufficient for achieving the programme 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 programme'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: *What contribution does the planned programme make to achieving higher-level development policy impact?*

- What particular contribution could the programme objective (outcome) make to the overall objective (impact)?
- To what extent can the planned programme 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 programme 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 long-term benefit to civil society?
- What personal risks for those implementing the programme, or institutional or contextual risks, may influence the sustainability of the programme? How can these be minimised?

4. Feasibility Study approach and methodology

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

- a women-led feasibility 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 feasibility study
- commitment to broad participation in the feasibility study
- application of *medica mondiale's* Stress- and Trauma-sensitive Approach², especially when interacting with survivors of sexualised and gender-based violence (SGBV)
- evaluation recommendations for transformation towards greater gender equality

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

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/Dokumente/Handreichungen/en/guideline-for-conducting-feasibility-studies.pdf&cid=159426

The feasibility team will be provided with a detailed briefing, programme documentation and conceptual planning to conduct the feasibility study. Based on this information, an inception report is expected to be developed. The methodological approach needs to be agreed with all stakeholders.

5. Organisation of the Study

The feasibility study is expected to be carried out between April and October 2025. The budget for the study is 30,000 EURO, including all honoraria of the feasibility team, travel and other costs managed by the feasibility team.

medica mondiale e.V.'s Evaluation and Quality department will lead and manage the feasibility 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 feasibility'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.

The Evaluation & Quality Department is an independent unit within *medica mondiale* e.V., to enhance impartiality and credibility of the feasibility results.

6. Deliverables

- **Inception Report** in English 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 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.
- **Presentations (ppt) of preliminary findings and recommendations** to (a) *medica mondiale*'s implementing partners/partner organisations 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 feasibility process. Possible follow-up steps and actions can be discussed and a learning process takes place that is moderated by the feasibility team. The discussions and results of these "preliminary findings sharing workshops" have to be included in the further evaluation process and its reporting.
- **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 Feasibility Reports shall be provided priorly.

- **Final Report** (30 pages max. excluding appendix) in English based on the feedback on the Draft Report through *medica mondiale* e.V., submitted as a Word and PDF document
- **Annexes** to the final report:
 - The Terms of Reference for the feasibility study
 - Short Bio per Feasibility Expert, max. 1 page for entire Feasibility Study team
 - Study Matrix
 - Suggested Intervention logic / Logical Framework matrices (if applicable)
 - Relevant geographic map(s) where the programme takes place
 - Instruments/data collection tools
 - Feasibility Study Plan incl. Field Mission/Data Collection Schedule
 - List of contacts (persons/organisations consulted, with contact details)
 - Bibliography presenting literature and documentation consulted
- An **executive summary** shall be presented in the final version of the feasibility report not exceeding 4 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 (remotely).

7. Tentative Timeline

Feasibility study phase	Time	Description of phase
Kick-off:	End of April/ beginning of May 2025 (tbd)	Kick-Off meeting Provision of a comprehensive briefing to the consultant team on programme objectives and feasibility study requirements. Sharing of programme documentation and conceptual planning with the team.
Inception report:	End of May 2025 (tbd)	Development of methodological approach and planning of stakeholder input. Analysis of relevant documentation. Elaboration of evaluation matrix, evaluation tools and inception report
Conducting feasibility study (on-site):	approx. June 2025 (tbd)	Following approved methodology, participatory-oriented data collection with key personnel partner organisations / stakeholders. Focus group discussions/workshops beneficiaries of target group (s), local authorities and other relevant stakeholders
Data Analysis, synthesis and report writing	July – September (tbd)	Analysis and triangulation of study results and elaboration of preliminary findings.
Reporting and presentation	September - October 2025 (tbd)	Preparation of a comprehensive feasibility study report outlining findings, analysis and recommendations. Presentation of preliminary findings and validation workshops (remotely or in-present meeting). Final report: tbd

Please note that this timeline is flexible and can be adjusted based on programme's requirements and stakeholder availability.

8. Requirements for the feasibility team

- Experience in conducting feasibility studies for BMZ funded projects
- Regional competency: we strongly encourage national/regional teams or teams including national/regional experts (BiH, Kosovo, KRI) to apply
- Thematic experience in (S)GBV, (feminist) advocacy, empowerment of survivors of trauma, conflict sensitivity
- Proven commitment to feminist and intersectional approaches in feasibility studies/research
- Strong skills in conflict-sensitive, empowering and power-sensible communication
- Proven experience in feasibility studies 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 (written and spoken) as well as relevant languages spoken in the intervention's countries.

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

9. Application Procedure

Applications with the subject line 'Feasibility Study THTP IV 2025' are received under evaluation@medicamondiale.org until March 31st, 2025, 9am COB. Questions can be asked at until March 24th, 2025.

Offers shall be submitted in one combined 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 team with short bio per feasibility expert, max. 1 page for entire feasibility 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 30,000 EURO
- Two references per team member, incl. reference contact details
- Links to publication of earlier conducted work in relation to feasibility studies etc.

Only complete applications shall be considered, and only short-listed candidates will be contacted. The interviews are likely to take place on the 11th of April 2025.

10. Essential Literature

- Engagement Global: Guide to conducting feasibility studies (2021)
https://bengo.engagement-global.de/dokumente.html?file=files/2_Mediathek/Mediathek_Microsites/bengo/Service/Dokumente/Handreichungen/en/guideline-for-conducting-feasibility-studies.pdf&cid=159426
- 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