

TERMS OF REFERENCE FOR THE DESIGN OF A METHODOLOGY FOR A LOCAL PARTICIPATORY DIAGNOSIS IN THE CITIES OF MADABA (JORDAN), EL MINA (LEBANON) AND GABÈS (TUNISIA) TO IDENTIFY AND PLAN INTERVENTIONS IN PUBLIC SPACES TO PROMOTE GREEN SPACES WITH A SOCIAL INCLUSION PERSPECTIVE.

Budget code: EEP001
Project: NATURIncMed
Imputation item: 2.1.1

Introduction

The Associació MedCités / MedCities is an association of cities, with its headquarters in Barcelona, dedicated to sustainable urban development in the Mediterranean. It comprises 80 municipalities and unions of municipalities from seventeen different states and runs projects in the fields of strategic urban planning, urban services, the environment and local economic and social development, as well as training activities, technical support and the capitalisation of best practices. The network was created in 1991, since which time it has carried out dozens of projects in Mediterranean cities.

NATURIncMed (Promoting the naturalisation of public spaces with social inclusion and ecosystem services) is a project founded by the Spanish Agency for International Development Cooperation (AECID) that provides support to 3 southern Mediterranean municipalities (Madaba in Jordan, El Mina in Lebanon and Gabès in Tunisia) in the planning and design of green and socially inclusive spaces as a leverage for a more climate resilient and socially impactful urban environment.

Within the framework of this project, the scope of this service provision is the development of a methodology that enables the municipalities of Madaba, El Mina, and Gabès to engage communities in the participatory diagnosis, design, implementation, and maintenance of green infrastructure. The methodology should be designed in such a way that it can be tailored and adapted to the social, environmental, and regulatory context of each city, ensuring inclusive and sustainable processes.

1. Objective

The objective of this service provision is the design of a methodology for a local participatory diagnosis in the cities of Madaba (Jordan), El Mina (Lebanon) and Gabès (Tunisia) to identify and plan interventions in public spaces to promote green spaces with a social inclusion perspective.

2. Scope of the services

The scope and characteristics of the services are as follows:

Activities to be developed

Phase 0: Review and context analysis

Act.0.1 Initial meetings with municipalities to understand the local context and the information available (data collection done by the three pilot cities).

Act.0.2 Review of the existing information or indicators related to each specific context gathered by the 3 pilot cities

Output: D0 Preliminary public space assessment

Format & length: Digital (PDF) and print-friendly, between 5-10 pages (a maximum of three pages for each municipality is suggested). The document is foreseen as summary of the state of the art of each municipality, built on the information gathered by the three municipalities delivered before the 15th of April.

Language: English for MedCities and Arabic for the local usage.

General content suggestions: To ensure inclusivity, effectiveness, and local relevance to the methodology and the tools that will be proposed in Phase1, this document should take into consideration the following aspects, that MedCities will collect, when available, from the municipalities in a worksheet.

- Urban plans and cartography, demographic data, and context to understand the current conditions and needs of the public space (size, shape, sun/shade, slope, surrounding, site history, water management, natural and resilient species).
- Socio-economic context: assess income, education, and employment levels in the area to understand how these factors influence the space's use and accessibility.
- Typology of public spaces: in terms of design, layout, and function of the space, considering its relationship with surrounding areas and its role in the community.
- Mobility: how people access and navigate the space, focusing on transportation infrastructure, pedestrian routes, and accessibility for disabled people.
- Security: analysis of safety concerns (i.e. crime rates, lighting) and public perceptions of security, to identify areas that require specific attention.
- Health related matters: consideration of the space's role in promoting physical and mental health (i.e. green areas, recreational facilities, and access to nature).
- Social fabric: consideration about how the space fosters social interaction, inclusion, and community-building, while identifying any social barriers that need to be addressed.

The worksheet will be sent by MedCities to the municipal focal point of each city. The municipality team and focal point will fill the worksheet with the available information they have regarding the site(s) pre-selected. The worksheet will be sent then to the methodological expert in charge of this service.

From that point this Phase 0, the methodological expert is expected to be deployed as follows: a) check the data in the worksheet; b) Schedule at least 1 meeting with each municipal focal point to discuss further and clarify the information provided that will be included in D0; c) Edition of D0 Preliminary public space assessment for each city, in which the methodological expert should summarize the main aspects of each site in each municipality.

Phase 1: Development of the methodological guide and template

Act. 1.1 Creation and definition of a Methodological guide (D1), in agreement with MedCities, to be implemented by the pilots' local experts (that will be hired by MedCities) explaining the tools and instruments to enhance community participation in the diagnosis and co-design of green infrastructure.

Output: D1 Methodological guide for participatory green infrastructure design.

Format & length: document in PDF and print-friendly, minimum 30 pages (structured with concise, actionable content and with visuals) delivered by the end of April.

Language: English for MedCities and Arabic for the local usage.

General content suggestions: The methodological guide should be: simple and accessible in format (i.e. infographics) and clear and gender-neutral language for all the individuals that will be involved; and provide flexible tools and methods sheets that can be easily tailored to the specific needs of different communities, ensuring inclusivity for all ages, genders, and abilities.

The document should include the following aspects:

- a) Aim of the methodology with a specific focus on enhancing social participation in green infrastructure.

- b) Actors and roles, social inclusion strategies.
- c) Tools and instruments to foster participation, data collection methodologies; co-design and co-creation solutions.
- d) Integrating sustainability criteria into the design of green and resilient urban spaces. It is recommended to include in the methodology for participatory design considerations related to: water management and drainage, resilient species selection (i.e. drought resistant landscaping), urban furniture (i.e. shaded structures, cooling infrastructure, eco-friendly materials), socio-economic uses of the spaces (i.e. community gardens, urban agriculture, adaptability of the space to the local activities like markets, workshops), heat island effect mitigation (i.e. vegetation cover, permeable materials, integration of blue-green infrastructure), urban space as an enabler of jobs creation improving livelihoods, and quality of life. (i.e. urban greening and maintenance, local food production and urban farming etc.)
- e) Guidelines for local experts' teams: a step-to-step process on how to integrate participation in green infrastructure design, implementation and follow-up activities. This section can also be printed as an infographic or leaflet and can be used during the training sessions and as dissemination material for replication purposes. Suggestions of methods for participative diagnosis are as follows:
 - Stakeholder engagement including municipal authorities, NGOs, local residents, and marginalized groups. Gender sensitivity and equitable representation should be taken into consideration, ensuring the inclusion of women, youth, and vulnerable communities (i.e. disabled people).
 - Exploratory walks and barrier identification to document physical, environmental, and social barriers (i.e. poor lighting, lack of accessibility). Real-time data collection methods (i.e. urban ethnography and participatory mapping, etc.), are recommended to visually document site conditions.
 - Interviews with municipal focus points and local experts' teams in charge of the methodology implementation to gather insights on the space's challenges and opportunities.
 - World Cafés with community members to collect diverse perspectives
 - Reconnaissance walks to observe its usage, identify problems, and understand how the space functions.
 - Participatory mapping to highlight key areas, concerns, and popular spots within the space, helping visualize local needs and including all different population segments.

Within the guidelines section, and to facilitate the implementation of the methodology, the creation of a *participative diagnosis template* is recommended. The template (i.e. excel worksheet) should define the actions to be set in each municipality by the local expert(s) teams, ensuring consistency across municipalities and will allow local experts teams to gather the information, and the actions implemented within the diagnosis in a harmonised way. The template should include a) an overview of the template purpose and clear objectives, b) the methodology for the diagnosis (stakeholder engagement, participatory methods, data collection tools, and context analysis), c) action plan with actions prioritized and implementation timeline, expected outcomes and results. Its contents and the final format will be based on D1 and agreed with MedCities; d) satisfaction survey, feedback on participatory methods integration into the diagnosis. This template should be: a) prepared by the methodological expert; b) filled from the local experts' teams during the implementation of the methodology c) reviewed by the methodological expert.

Phase 2: Pilots' cities training, accompaniment and follow-up

Act. 2.1 Preparation and conduction of 3 "Train the Facilitators/Animators" sessions to the local experts' teams (hired by MedCities) implementing the participatory diagnosis (architects, urban planners, and community facilitators) and the municipality team. The training content, agreed with MedCities, should provide participants with the methodology, the template and guidance during the diagnosis implementation and topics of interest based on the knowledge gap assessment of the different municipalities. It should be arranged as follows:

- a) a joint online training session for the 3 cities focused on the conceptualization of the methodology and the tools for its implementation (beginning of May 2025).
- b) an in-person training (1 day and a half) in one of the three pilot cities with the 3 municipalities experts' teams. The onsite training should be practical and focused on testing the methodology, through interactive groups work and exercise (end of May 2025). Travel and accommodation expenses of the service bidder are included in this contract.

Output: D2 Training material package

Format & length: Recap document in PDF (minimum of 3 pages), delivered at the beginning of June.

Language: English for MedCities and Arabic for the local usage.

General content suggestions: D3 should be formed by the materials used for the sessions: the agenda and presentation slides. The document should conclude with general highlights on the training sessions (risks and possible issues encountered during the training).

Act. 2.2 Accompaniment and follow-up with the 3 pilots' cities local experts' teams during the methodology implementation, providing technical and strategic support to local experts' teams. The activity implies: a) responding queries or doubts on the deployment of the methodology through periodic meetings with the local experts' teams during the period of the service and the methodology implementation (June-October 2025). It is suggested to schedule a monthly follow-up meeting with each municipality experts' team.

Phase 3: Evaluation and capitalization of the results

Act. 3.1 Systematization and improvement of the methodology to ensure its replicability in other cities and review of the documents prepared by local experts' teams and proposal of adjustments.

Act. 3.2 Participation on a final online event of capitalization of the results (November 2025)

Output: D3 Recap report on evaluation and capitalization of results

Format & length: report in PDF (minim 25-35 pages) delivered by the beginning of November 2025.

Language: English

General content suggestions: D5 consolidates key lessons learnt, evaluation, and strategies to refine and expand the participatory methodology for green infrastructure. The report should include a) a summary of key findings and improvements, b) review and possible adjustments based on the pilots' implementation of the methodology, highlighting what worked and what needs adaptation or areas for improvement, c) lessons learnt to scale up the methodology using local experts' teams insights. It is highly recommended to include a summary of key discussions from periodic meetings with local experts' teams (i.e. progress updates and feedback on methodology implementation in each city or challenges and mitigation strategies identified by local experts' teams).

Desired qualifications and experience:

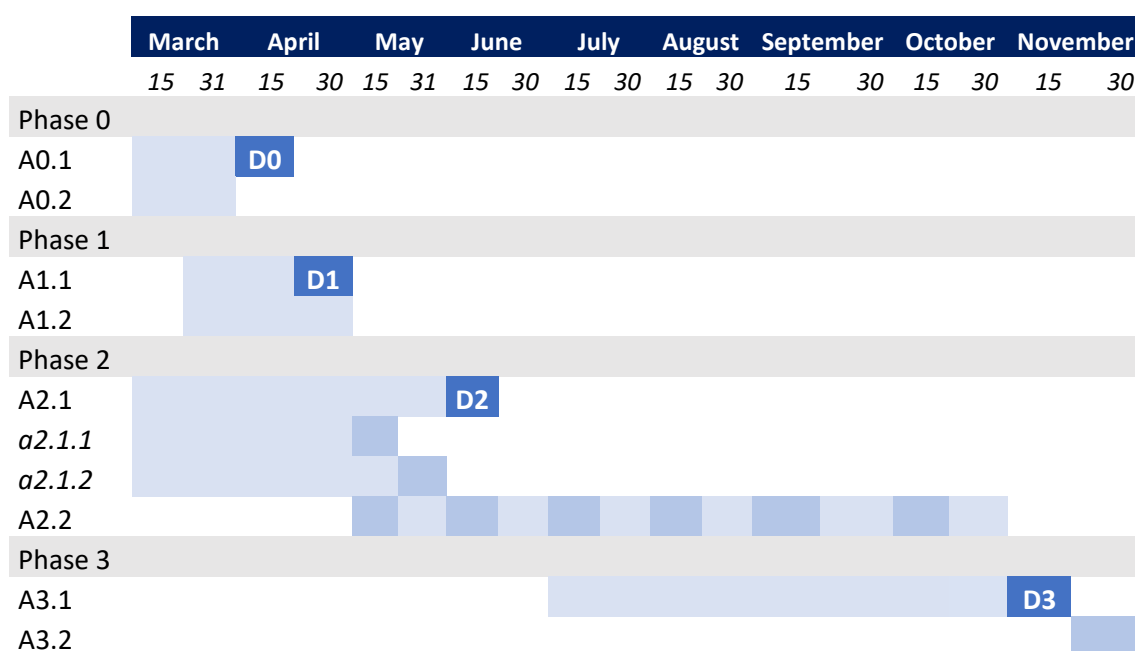
- Educational background in urban planning, landscape architecture, sociology, anthropology, human geography or related fields with a social inclusion and human-centred perspective.

- Proven experience in participatory urban planning, co-design methodologies, and facilitating multi-stakeholder dialogues (i.e. past projects and initiatives)
- Demonstrated ability to include the social perspective focus integrating gender, age, disability, and cultural considerations into planning processes (i.e. past projects and initiatives).
- Examples of similar assignments or projects involving green infrastructure and community-driven interventions.
- Arabic mother tongue and strong command of English.

General aspects:

All the deliverables should be following the instructions detailed under each output outlined above. As general norm, all the documents and materials produced for MedCities should be English, while for the materials used during the training sessions the language should be Arabic. All the deliverables and sources of verifications should be sent to MedCities following the deadline period presented in GANTT chart below. However, if any adjustment is needed, the content of the main deliverables (specifically D1 and D2) can be updated by November 30th, 2025.

Table 1: Proposed work plan and GANTT (March – November 2025)



3 Type of service, duration and place of execution

These terms of reference and the winning proposal will define the conditions of the service as a contract of provision of services from the notification of the order until 30th November 2025. The service will be carried out in the premises of the service provider. An in-person training is foreseen in one of the beneficiary cities.

The service will be governed by the Catalan law, the Spanish law and the courts of Barcelona.

4 Base budget of the service

The maximum budget for this service is € 14.876,03 (all taxes included). If the bidder has its tax domicile in Spain, the maximum amount will be €18.000,00 including the VAT rate valid on the date of the publication of these terms of reference which is 21%.

Any offer exceeding this amount will be rejected.

It is understood that the budget includes all the costs that the successful bidder is required to pay for the normal fulfilment of the services contracted such as general expenses, financial costs, insurance, transport and travel expenses, remuneration for the staff under its control and all verification and job costs.

5 Price of the contract and economic conditions

The administrative details of the Contracting Body are:

ASSOCIACIÓ MEDCITIES AND/OR MEDCITÉS
C / 62. 16-18. EDIFICI B, ZONA FRANCA
08040 BARCELONA – CATALONIA - SPAIN
Tax number (VAT): ESG66401258

The contract price is the one established by the award of the tender, in line with the offer submitted.

2 invoices are required according to the following details:

- 60% of the total amount the delivery of D0, D1, D2 (June 2025)
- 40% of the total amount after the finalization of the service with the delivery of the D3 (November 2025).

Offer and invoices must contain at least the following information:

- Full tax name and full tax address of the supplier
- Tax identification number of the supplier
- Complete MedCities data
- Offer/Invoice number
- Offer/Invoice date
- Budget code and project name indicated in the header of this document
- Description of the service to be provided/provided
- Detail of the amount of the service and taxes (if any)

The payment term of the invoice will be bank transfer around 30 days after the date of the invoice (bank account details are required) and always after internal favourable report issued by the General Secretariat of MedCities at the delivery of the service outputs.

The service provider will be directly responsible for paying the local or national taxes applied to the services except if the service provider is fiscally domiciled in Spain, whereupon the current tax law in respect of personal income tax (IRPF) will be applied.

Invoices must be sent either by post to the offices of the General Secretariat of MedCities or, if they are in digital format, to contact@medcities.org.

Bank charges arising from the payment of invoices will be shared (SHA according to bank coding).

MedCities may require information from the service provider regarding its compliance with obligations relating to social security contributions and the payment of taxes.

Those non-EU service providers will be required to present a certificate of tax residence within 7 calendar days of the award of the service. If the aforementioned document has not been provided to MedCities within 7 days, the contract may be terminated.

6 Participation requirements

Those bidding for the service can be individuals or companies that have the full capacity to carry out the work, that are not subject to a ban on hiring staff and that can demonstrate their technical reliability and professional experience.

7 Confidentiality clause

The information that the service provider will have access to in order to fulfil the purpose of this contract must be kept strictly confidential and must not be used for any activity not covered by this contract. In circumstances where a particular use of the information gives rise to doubts in respect of this confidentiality clause, the service provider must, in all cases, request the consent of MedCities.

8 Ownership and authorship of the work

The ownership and authorship of any service provision work carried out belongs to MedCities. As owners of the study, any use or mention of it in publications, articles, interviews, conferences, etc. must have the express authorisation of MedCities.

9 Termination of the service

By giving notice of one month, the service can be terminated by either party before the date indicated in Point 3 of these terms of reference for objective reasons or for the reason described in the last paragraph of point 5 of these terms of reference.

10 Submission of offers

The offer must be sent to the following email address: contact@medcities.org

- Proposal submission period: 10 working days from the date of these terms of reference.
- The subject line of the email should specify "Service offer for the design of a methodology for a local participatory diagnosis in the cities of Madaba, El Mina and

Gabès to identify and plan interventions in public spaces to promote green spaces with social inclusion perspective.”

The offer must include the extent of the services offered and fulfil the conditions expressed in the previous sections. Notwithstanding that the candidate can attach to their offer any complementary information they consider to be of interest, the tender must include the following documentation:

- Detailed offer of the service, which should include a preliminary methodological note and information on previous experience or initiatives relevant to the scope of the services.
- Economic proposal: candidates must submit an economic proposal in euros that either they or their representative must sign. The prices offered should include any type of tax, charge or fiscal ruling of a European, state, autonomous community or local nature as indicated in Points 5 and 6 of these terms of reference.
- CV of the professional person or company involved and of the working team, giving relevant examples of similar work undertaken and, if applicable, international experience.

In the event that additional information is required to present the offer, we invite you to contact MedCities by writing to the email address contact@medcities.org. Only written questions about clarifications of the presentation of offers will be answered.

MedCities may request additional information related to the proposal if it deems it appropriate. If this is the case, the proposals that require clarification must be answered within a reasonable period established by the evaluation team.

11 Assessment criteria

The most advantageous offer will need to be evaluated bearing in mind the cost-effectiveness ratio in accordance with the overall proposal. The assessment could take the price-quality ratio into account.

MedCities guarantees equal treatment of the people/companies bidding and will keep their offers confidential.

The person/company adjudicated as the successful bidder will be notified within a period of 5 working days from the final submission date for offers.

Barcelona, 27th of February 2024

Josep Canals Molina
MedCities Secretary General