

CALL FOR EXPRESSIONS OF INTEREST – FINAL EVALUATION (health sector response to SGBV)

1. Overview

medica mondiale seeks a CONSULTANCY TEAM OF EVALUATORS for a final evaluation in Afghanistan, Bosnia and Herzegovina, the Autonomous Kurdish Region in Iraq, and Kosovo. It is possible to apply for only one or two countries as well.

overview

Desired data collection period in-country (field work planned pending developing of the Covid-19 situation)	Quarter 1 of 2021
Project Title	Transnational Health Training Programme (THTP-II) - Strengthening the health sector response to violence against women
Country	Afghanistan, Bosnia and Herzegovina, Autonomous Kurdish Region in Iraq (KRI), Kosovo
Implementing Partner in Project Country	Medica Afghanistan (MA); Medica Zenica (MZ); medica mondiale (Regional Office KRI); Medica Gjakova (MGJ)
Private Project Partner (if applicable)	/
Public Project Partner (if applicable)	/
Project Duration	01.10.2018 – 30.09.2021 (extension until 31.12.2021)

Project background, study objectives / scope / questions / methodology / timeline / outputs

This TOR provides information about the purpose and objectives of the evaluation, background information about the project, and details about the scope of work, evaluation questions, methodological requirements as well as the projected timeline for the evaluation study with outputs and deliverables.

application procedure

Applications with the subject line 'THTP II evaluation' are received under evaluation@medicamondiale.org until September 15, 2020. Questions can be asked under evaluation@medicamondiale.org. Please send the entire offer in one pdf file with a maximum of 2MB, including your daily rate and a budget (not exceeding 48,000 euro). Only short listed/successful candidates will be contacted. The interviews are planned to take place by the end of September via Skype.

We consider the possibility of involving multiple teams for the different regional parts of the project. In this case, however, the overall study design and methodology, incl. very clear responsibilities/ division of tasks and differentiated budget, need to be developed of all teams together in order to ensure a smooth and efficient study process as well as reliable results. In general, we appreciate applications that involve both international and locally-based consultants.

professional qualifications

The key selection criteria are the methodological evaluation expertise and experience in qualitative and quantitative methods, the professional expertise and experience especially in the areas of psychosocial support and services for SGBV survivors, capacity development and empowerment; cultural and conflict sensitivity; gender- and trauma-sensitivity; a feminist and intersectional research
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perspective; regional competency, including language proficiency; analytical, verbal and written communication skills.

about medica mondiale

medica mondiale e.V. (www.medicamondiale.org) is a non-governmental organisation based in Cologne, Germany. As a feminist women's rights and aid organisation medica mondiale 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 is working in Northern Iraq/Kurdistan, in Afghanistan, in Liberia, in Kosovo, in Bosnia and Herzegovina as well as the African Great Lakes Region.

Through programmes and in partnership with local women's rights organisations, medica mondiale takes a multi-level approach to address the various factors contributing to violence against women and girls: On the individual level, medica mondiale provides access to holistic services (psychosocial, health, legal, economical) for survivors of s/gbv. On the level of women's and girls' social environment, medica mondiale supports communities to recognize and protect women's and girls' rights and to support survivors of s/gbv. On the institutional level, medica mondiale capacitates 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 advocates for laws, policies and resolutions that address s/gbv and promote women's political participation. On the societal level, medica mondiale campaigns against sexism and gender stereotypes, raises awareness on s/gbv or the long-term impacts of trauma within societies.

2. Purpose and Objectives of Evaluation

This **final** evaluation serves as important participatory learning process for all stakeholders involved in the project. The purpose of the final evaluation is to provide decision makers at medica mondiale and its partner organizations with sufficient information to make an informed decision about the performance of the project, document lessons learnt and provide practical recommendations for follow-up actions and the next project phase from 2022-2024, which will build on the current project. Thus, the evaluation has to give recommendations for this next project phase, to serve as a sound basis for further developing the next project phase.

As general standard, this final project evaluation shall include an assessment of the project's impact, effectiveness, relevance, efficiency, coherence, and sustainability. The success of the project shall be assessed regarding its stated objectives as well as the likelihood of achieving these objectives. The final evaluation should generate practical hands-on recommendations that can be implemented by the project actors within their sphere of control as follow-up actions for this project over the remaining project period and beyond. The evaluation will be used to gain more knowledge on effects and impacts to inform future management and programming of medica mondiale and its partner organizations. medica mondiale will share the evaluation results with its partner organizations and other recipients.

3. Background

Background information about the Project "Transnational Health Training Programme (THTP II) - Strengthening the health sector response to violence against women"

The Transnational Health Training Programme (THTP) aims at improving access to stress- and trauma-sensitive health care services for women and girls affected by SGBV pursuing a system-oriented approach that strengthens capacities at several levels.

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This project was preceded by the THTP I project, which took place in Afghanistan and Bosnia from October 2015 to September 2018. Directly after the end of the current project phase (October 2018 – December 2020), a THTP III project is supposed to take place from 2022-2024.

In the THTP I project phase, 220 health workers were trained in BiH and Afghanistan (140 in BiH and 80 in AFG). The training was provided by a pool of trainers (13 in BiH and 8 in AFG), which was also established as part of these projects. However, these trainers did not yet play the role of focal points for the dissemination of stress- and trauma-sensitive health services within their organisations. At the international level, the project's approach was already presented at the Women Deliver Conference 2016 in Copenhagen. For Afghanistan, an endline evaluation report is available.

The **log frame for the THTP II project phase** is presented below.

Overall Goal (Impact):

Stress- and trauma-sensitive health services for women and girls affected by SGBV are sustainably anchored in the health systems in crisis areas and post-conflict countries and comply with international standards.

Project objectives (Outcome)	Indicators (Indicators (as the case may be incl. quantity structure))	
	Initial value (quantitative & qualitative)	Target value (debit) (quantitative & qualitative)
The health facilities involved in the project have begun to institutionalize stress- and trauma-sensitive health services for women and girls affected by the SGBV and have begun to contribute to the development of international standards and guidelines for improving access to these services in crisis and post-conflict countries.	Starting point: There is interest on the part of the actors in the health systems in the participating countries to institutionalize stress- and trauma-sensitive health services, but a corresponding strategy is not yet available. At the international level, there are still no sufficient evidence-based standards and guidelines for stress- and trauma-sensitive health services for survivors of SGBV. Other existing relevant directives are insufficiently implemented in the countries.	A.1. 80% of the planned objectives of the country-specific action plans for institutionalizing stress- and trauma-sensitive health services and of the international advocacy strategy to influence the international dialogue on strengthening health systems for survivors of SGBV have been achieved. <i>(Sources: Monitoring of the implementation of the action plans and advocacy strategy within the Steering Committees)</i>
	In AFG and BiH, 20 trainers (AFG 8, BiH 12) were trained in the first phase, but they do not yet play the role of focal points for spreading stress- and trauma-sensitive health services. There are no Focal Points in KOS and KRI so far	A.2. 70% of the 33 Focal Points (= 23 out of 33) are committed to the dissemination of stress- and trauma-sensitive health services in their institutions according to their task ¹ . <i>(Sources: Focal Point, official appointment, implementation monitoring)</i>

¹ Tasks include training of other health professionals, information events, monitoring tasks, guidance of peer groups, etc.

Project objectives (Outcome)	Indicators (Indicators (as the case may be incl. quantity structure)	
	Initial value (quantitative & qualitative)	Target value (debit) (quantitative & qualitative)
	<p>AFG: 80 specialists have already been trained (THTP I). There is also a need to train additional health professionals. BiH: 140 specialists have already been trained (THTP I). There is also a need to train additional health professionals.</p> <p>KRI: 40 psychological and medical professionals have been trained in mental health and psychosocial counselling, but not in stress- and trauma-sensitive health services. There is a need to train health professionals on this topic.</p> <p>KOS: There are no trained health professionals yet.</p>	<p>A.3 60% of trained health professionals (including representatives of referral systems) (= 274 of 458) report that they apply more stress and trauma-sensitive elements into their health services.</p> <p><i>(Source: Behaviour change and institutional barriers questionnaire)</i></p>
	<p>The beneficiaries of the health systems in AFG, KRI, KOS and BiH do not yet have sufficient access to adequate health services for survivors of SGBV, or data on the satisfaction of the beneficiaries with the services received are not yet available.</p>	<p>A.4. 60% of the interviewed beneficiaries state that they consider the health services to be appropriate.</p> <p><i>(Sources: Randomised satisfaction survey)</i></p>

Subgoals (Output)	Indicators (Indicators (as the case may be incl. quantity structure)	
	Initial value (quantitative & qualitative)	Target value (debit) (quantitative & qualitative)
Component 1: Qualification of health professionals		
1.a) The Focal Points (ToT participants) are able to disseminate the acquired knowledge about SGBV, trauma, stress and trauma sensitivity as well as burnout prevention within their and other relevant health institutions.	<p>In the first phase, 20 trainers were trained in AFG and BiH. There is a need to train them as Focal Points, and to qualify others.</p> <p>There are no trainers and focal points in KOS and KRI so far</p>	<p>I.1.a.1. 80% of the Focal Points (=25 of 33) have improved their knowledge, skills and attitude and are enabled to train other health professionals in SGBV, trauma, stress and trauma sensitivity and burnout prevention.</p> <p><i>(Source: pre- & post KSA self-assessment questionnaire for trainers)</i></p>

Subgoals (Output)	Indicators (Indicators (as the case may be incl. quantity structure)	
	Initial value (quantitative & qualitative)	Target value (debit) (quantitative & qualitative)
1.b) Health professionals are able to provide stress- and trauma-sensitive health services for women and girls affected by sexualised violence.	AFG: 80 specialists have already been trained (THTP I). There is a need for further training. BiH: 140 specialists have already been trained (THTP I) KRI: There are no trained health professionals yet. KOS: There are no trained health professionals yet	I.1.b.2. 70% of the trained health professionals (incl. representatives from referral structures (= 320 of 458)) have improved their knowledge, skills and attitude (KSA) towards SGBV, trauma, stress and trauma sensitivity and burnout prevention. <i>(Source: pre- & post KSA self-assessment questionnaire for trainees, methodology is still being developed, including quantification of the "increase")</i>
Component 2: Institutionalisation of stress- and trauma-sensitive health services		
2. Relevant health care institutions and authorities at the various administrative levels ² are committed to the institutionalisation of stress- and trauma-sensitive health services	In the previous project, control structures were established in BiH and Afghanistan. This composition and task must be redefined in this project. KRI and KOS there is still no control structure.	I.2.1. A committee for the steering and monitoring of the THTP with the participation of the relevant government agencies is established in all 4 countries and meets regularly (at least 1x/year). <i>(Sources: Cooperation Agreement; Minutes of the Steering Committee Meetings)</i>
	None of the project countries have action plans and strategies in place to institutionalize stress- and trauma-sensitive health services.	I.2.2. 4 country-specific advocacy strategies for the institutionalisation of stress- and trauma-sensitive health services have been developed and/or existing strategies have been adapted. <i>(Sources: country-specific advocacy strategies)</i>
Component 3: International networking and advocacy work		
Good practices to improve access to stress- and trauma-sensitive health care in conflict and post-conflict countries are processed for the advocacy work and are fed into the international debate.	In the previous project, an international steering structure was established for medica mondiale, MA and MZ. For the program this structure is extended by MGJ and mm KRI.	I.3.1. A transnational steering structure for the programme has been established and meets regularly following the steering meetings at country level (1x/year). <i>(Sources: Constitutional Documents; Minutes of the Steering Committee Meetings)</i>
	So far there is no common international advocacy strategy	I.3.2. An international advocacy strategy has been developed to influence the international expert discussion on strengthening health systems for survivors of SGBV <i>(Source: Strategy)</i>
	Baseline studies on access to stress- and	I.3.3 The results of the comparative study from the four countries on good practices and barriers

² KRI: Dohuk Governorate, AFG: Herat, Mazar, Kabul, Samangan, Kosovo: Gjakova und Prizren, BiH: Kantone ZDC, USC, SBC, und BD

Subgoals (Output)	Indicators (Indicators (as the case may be incl. quantity structure))	
	Initial value (quantitative & qualitative)	Target value (debit) (quantitative & qualitative)
	trauma-sensitive health services are currently only available for AFG and BiH (not yet for KOS and KRI). A comparative evaluation of the results is still lacking.	to access to stress- and trauma-sensitive health services are discussed with relevant international actors supporting health systems tries at two international conferences. <i>(Sources: Minutes of the conferences, lists of participants of the Side Events, media reports)</i>

Activities

1.a) Qualification of Trainers and Focal Points: 1.1. Development / adaptation of Manuals 1.2. Training of Trainers <ul style="list-style-type: none"> - ToT - Strengthening Trainers as Focal Points - Supervision & on the job visits of trainers 1.b) Qualification of health professionals 1.3. Training of health professionals 1.4. Peer groups of trainees	2.1. Establishment and meetings of national steering committees 2.2. Development of country-specific action plans 2.3. Influencing stakeholders from the healthcare system 2.4. Development of core messages and dissemination tools	3.1. Establishment of an International Steering Structure 3.2. Development of an International Advocacy Strategy 3.3. Development and use of platforms for knowledge exchange and mutual Learning. 3.4. Focus group discussions on institutional barriers for implementation of trauma sensitivity 3.5. Comparative Study on good practices and barriers on access to health care services 3.6. Participation in international conferences
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Target groups:

Direct target groups are

a) 410 health professionals (AFG 150, KRI 100, BuH 60, KOS 100) (general practitioners, gynaecologists, nurses, psychologists, midwives) working in the health facilities involved in the project. (Component 1). They are often one of the few contact persons for women and girls affected by SGBV and therefore in a key position to recognise symptoms of SGBV, to treat and advise women trauma-sensitively, discreetly and competently or to refer them if necessary.

b) 33 selected health professionals in the health facilities involved in the project, who are trained as trainers or focal points and who work to disseminate stress- and trauma-sensitive health services in their institutions. (Component 1)

c) Decision-makers in the health institutions involved in the project are Health Facilities in BiH (Cantons Zenica Dobo, Central Bosnia, Una Sana; Brčko District; Federation; Republika Srpska), KOS (Municipalities Gjakova and Prizren, Capital Pristina), AFG (Kabul, Mazar-e-Sharif, Herat, Aybak) and KRI (Duhok). They will be involved in project management and, in addition, recipients of lobbying and advocacy measures at national level (component 2). They should support the institutional anchoring of stress- and trauma-sensitive health services.

(d) Relevant international actors in the health sector (component 3). They will critically examine the experiences and results of the project with regard to improving access to stress- and trauma-sensitive health care in conflict and post-conflict countries and discuss the complementarity of the various approaches (e.g. by UNFPA, WHO, etc.).

Indirect target groups are in total approx. 50,000 women and girls affected by gender-based violence and those who end users of health services (approximately 5 women per trained health professional per month over a period of 2 years).

4. Scope of Work

Final evaluation of the project. As part of the study, different project sites will be visited.

Assessment – DeGEval Standards and DAC evaluation criteria

Evaluation

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 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 if circumstances change? What can be or has been adapted for the approach to remain relevant if the context changes/ when the context changed?
2. **Coherence:** To what extent is the project compatible with other projects in the country, sector, or institution? 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 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?
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)
5. **Impact:** What is the impact of the project/ to what extent has the project 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?
6. **Sustainability:** What can be stated about the sustainability of the project's positive impact after donor funding will cease/ to what extent are the benefits of the project likely to continue? What are the major factors influencing the achievement or non-achievement of sustainability? What needs to be changed to ensure sustainability? What financial, economic, social, environmental, and institutional capacities of the systems are needed to sustain the benefits? What elements of the project (in order of prioritization) should be continued if additional funding becomes available?

The implementation of the project's goals / sub-goals shall be analysed and assessed. Lessons learned from the project implementation shall be derived to inform and improve the development of medica mondiale e.V., Hülchrather Straße 4, 50670 Cologne, Germany,
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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.

Additionally, every DAC Criterion should be assessed and rated according to a provided rating scale (overall assessment). In addition, these questions are part of all standard TORs of medica mondiale to contribute to overall organizational learning.

- What can be stated about the effects/impacts on different levels on medica mondiale's multilevel approach?
- What can be stated about the application and impact of the stress- trauma-sensitive approach (STA)?
- What can be stated about the projects' contribution to peacebuilding?

The findings, the derived conclusions and recommendations should be answered in an extra chapter in the final report. In an internal evaluation planning session, medica mondiale staff discussed their priorities for the evaluation and developed evaluation questions. The results of this meeting can be shared in advance with applicants under evaluation@medicamondiale.org.

5. Methodology

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 trauma-sensitive way of working is important to us in the context of working with survivors of sexualized violence and ethical standards should be applied accordingly.

1. Desk review and analysis of documentation – available reports and other documents from mm and the partner organization shall be analysed and the methodology further refined in an inception report. For preparation purposes, initial Skype and phone interviews with relevant stakeholders shall take place before the field phase. The project staff shall already be involved during the preparation. A planning meeting shall take place in Cologne or remotely.
2. Data collection involving health professionals, focal points, decision-makers in health institutions, relevant government officials at the local, regional and national levels, relevant international actors in the health sector, women and girls affected by gender-based violence who use the health institutions medica mondiale's partner organizations cooperate with, and partner organization and medica mondiale staff.
3. Workshop with all relevant stakeholders shall be conducted to present and discuss the preliminary evaluation results and to present the initial recommendations.
4. Data triangulation / analysis shall be conducted in order to interpret the results and draft the report.

The final methodology will be defined and agreed upon in close cooperation with medica mondiale and the partner organizations during the preparation and before the field phase of the evaluation. This ensures transparency. Furthermore, the dialogue is important to achieve "ownership" of the evaluation by medica mondiale and partner staff and with this the acceptance and use of the evaluation results. We appreciate applications to consider alternative data collection to in-country visits due to the uncertainty about the development of the current Covid-19 pandemic.

In the report, there should be a separate section for the findings and recommendations.

All data collection conducted for medica mondiale 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, study question matrix, analysis methods, data collection instruments and work plan.
- The evaluation team is expected to give a presentation of preliminary findings and recommendations to medica mondiale’s partner organizations and other relevant stakeholders at the end of the data collection field phase. This workshop is an essential component in the process on site. 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 this “initial findings sharing workshop” with medica mondiale’s partner organizations and other relevant stakeholders have to be included in the evaluation process and its report.
- The evaluation team is expected to compile a draft report in English within 30 days after completion of the data collection phase, which has to be shared first with medica mondiale’s Evaluation Advisor.
- There will be two rounds of feedback, which the Evaluation Advisor coordinates internally, after which the draft report has to be revised and returned.
- A presentation of the findings and recommendations to medica mondiale (remotely).
- The evaluation team is expected to compile the final report (100 pages max. excluding appendix and executive summary) based on the feedback on the draft report through medica mondiale and the partner organizations. Quality criteria for the report will be provided in advance.
- An assessment of the project according to the quality principles/features of medica mondiale (assessment grid will be provided in advance).
- A summary of the evaluation report for the website of medica mondiale.

7. Timeline

Timeframe	Evaluation phase	Description of phase
October – December 2020	Preparation	Analysis of relevant documents and project documentation; planning meeting with medica mondiale and partner organizations; Development of evaluation methodology, tools and inception report
January – March 2021	Data collection (including training of data collection assistants) with site visits in all project countries	Data collection field trips; One-day “initial findings sharing workshop” with partner organization staff in each country to present, discuss and refine preliminary conclusions and recommendations
April – June 2021	Analysis and report writing	Analysis and triangulation of evaluation results and drafting of the report; Present and discuss the evaluation results and recommendations to medica mondiale and partner

		organizations; Write and send the final evaluation report after feedback and presentation; Write brief summary of evaluation report to be published on website of medica mondiale
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All project phase apart from the 'data collection phase' take place remotely. It is not necessary to stretch out the evaluation over the entire time period but you are free to suggest a shorter period.

8. Management of the Evaluation

The selected evaluation team will be responsible for producing the final report. The Department of Evaluation and Quality of medica mondiale will lead and manage the evaluation process, e.g. consultant selection, contracting, and the provision and coordination of internal feedback on the reports. The Department is an independent unit within medica mondiale e.V., distinguished from program departments, to enhance impartiality and credibility of the evaluation results.

The independency of the team towards medica mondiale and the partner organizations has to be guaranteed. For us, this independency is a key requirement for a project evaluation and the resulting findings and recommendations. Drawing on different competencies of each evaluator is an important necessity for us to produce beneficial results and recommendations for medica mondiale, the partner organizations and other recipients.

9. Evaluation Report – Requirements

The reports shall be written in readily understandable language. The report shall clearly describe the background and goal of the 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 based on data analysis. As per the principle of usefulness, the recommendations shall be guided by the terms of reference and the information needs and be clearly directed at particular recipients. A document detailing quality criteria for reports will be provided by medica mondiale e.V. in advance.