

CALL FOR EXPRESSIONS OF INTEREST – FINAL EVALUATION IN IRAQ, KURDISTAN REGION

1. Overview

Haukari e.V. and medica mondiale e.V. seek a CONSULTANCY TEAM OF EVALUATORS for a final evaluation:

overview

Desired data collection period in-country (field work planned depending developing of the Covid-19 situation)	In the first quarter of 2021; a first preparatory trip to design the methodology and tools is planned for the end of 2020 or early 2021
Project Title	Enhanced individual and structural agency to overcome (S)GBV in IDP camps and host communities in the Kurdistan Region of Iraq
Country	Kurdistan Region of Iraq. Provinces Duhok, Erbil, Sulaimania (Germian-Region)
Implementing Partner in Project Country	Social and Cultural Centre for Women KHANZAD, EMMA Organisation for Human Development, and People's Development Organization (PDO)
Private Project Partner (if applicable)	/
Public Project Partner (if applicable)	/
Project Duration	09/2018 – 08/2021

Project background, evaluation 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 with outputs and deliverables.

application procedure

Applications are accepted from local teams or teams composed of local and international evaluators. The team is expected to design, plan, conduct, analyse, and write the evaluation together. Preferably, teams involve evaluators from the different provinces that cover Sorani, Badini, and Arabic. It is expected that data from female staff or beneficiaries are collected by female team members. We appreciate applications that involve local institutions or universities. We also consider the possibility of involving multiple evaluation teams to evaluate the two different (regional) parts of the project. In this case, however, the overall evaluation 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 evaluation process as well as reliable results.

Applications with the subject line 'BMZ KRI final evaluation' are received under evaluation@medicamondiale.org until September 15, 2020. Questions can be asked under evaluation@medicamondiale.org and will be answered in August. Please send the entire offer in one pdf file with a maximum of 2MB, including your daily rate and a budget (not exceeding 35,000 euro). Only short listed/successful candidates will be contacted. The interviews with Haukari e.V. and medica mondiale e.V. are supposed to take place in September.

professional qualifications

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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 perspective; regional competency, including language proficiency; analytical, verbal and written communication skills.

about Haukari

HAUKARI e.V. (<http://www.haukari.de>) is a non-profit organization with its work focusing on Iraq and the Kurdistan Region of Iraq. HAUKARI actively engages in the protection of women affected by crises and violence, in the support of victims of political violence, especially survivors of the Anfal operations, and in the dialog between different ethnic, religious and political factions in Iraq. In 1996, HAUKARI founded the politically independent women counselling and education centre KHANZAD in Sulaymaniyah. KHANZAD gives legal, social, psychological and educational support to women in situations of violence and crisis, in prisons, governmental shelters, disadvantaged communities and IDP camps. KHANZAD focuses on strengthening civil society-government cooperation for protecting women from violence and advocates for legal and social reforms for enhancing women's political participation.

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 Haukari e.V., medica mondiale e.V., Khanzad, PDO, and EMMA 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 similar future projects.

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

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assessed regarding its stated 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 and beyond. The evaluation will be used to gain more knowledge on effects and impacts to inform future management and programming of Haukari e.V., medica mondiale e.V., Khanzad, PDO, and EMMA.

3. Background

Background of the Project „Enhanced individual and structural agency to overcome (S)GBV in IDP camps and host communities in the Kurdistan Region of Iraq”

Overall objective (impact): Strengthened referral systems and preventive networks for counselling of women who are affected by sexualized and gender based violence, living in refugee/IDP camps and host communities in the project regions (Duhok, Erbil und Germian/Sulaimania) through qualification, strengthening and networking of local governmental and civil society structures.

Project goal:

Outcome A: Women and girls in the project areas who are affected by (S)GBV are strengthened through improved access to safe places, qualified holistic counselling and work-related educational measures.
Outcome B: Multi-disciplinary and inter-institutional cooperation and networking for prevention of and protection against (S)GBV is strengthened.
Outcome C: The action strategy on prevention of and protection against (S)GBV developed in the frame of the project are taken up and discussed by relevant decision makers (KRG).

Measures to achieve the objectives include:

Package of Measures 1: Qualification (outcome A)

- A.1.1 Governmental counselling services of DCVAW in IDP and host communities are continuously supported and advised on-the-job. (Haukari with Khanzad)
- A.1.2 Regular training and supervision for 102 staff members of gov. and civil society project partners on stress- and trauma-sensitive approach, family mediation and (S)GBV. (ALL)
 - 15 employees in the DCVAW in Erbil, 7 social workers in women's prisons in Erbil and 30 civil society legal experts in Erbil and Duhok
 - 10 employees of the "Women Support Centre" and Primary Health Centres in Dohuk
 - 40 legal and psychosocial experts from DCVAW counselling centres and shelters (DOLSA) as well as the local project partners PDO and KHANZAD and other local NGOs in Germian/Sulaimania
- A.1.3 Strengthening of the counselling capacity of a civil society organization regarding case management and through the development and implementation of a comprehensive organizational development plan. (medica mondiale)
- A.1.4 Training and support of 3 local trainers in stress- and trauma-sensitive counselling (in Dohuk/Erbil) and family mediation and 10 supervisors. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)

Package of Measures 2: Expansion and set-up of counselling centres (outcome A)

- A.2.1 Civil society women counselling centres in Duhok and Erbil offer direct psychosocial and legal counselling as well as peer-group meetings for women and girls. (medica mondiale with EMMA)
- A.2.2 Gov. DCVAW-counselling centres and police stations in the catchment area of these counselling centres in the IDP camps Qoratu, Tazade and Alwand, in Kalar and Kifri are supported logistically. (Haukari with Khanzad)
- A.2.3 Shelters in Duhok, Erbil, Sulaimania and Kalar are logistically strengthened. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil).

- A.2.4 Four mobile teams of the partner organisations KHANZAD and PDO (Germian/Sulaimania to the refugee camps in Qoratu, Tazade, Kifri and Khanaqin) and EMMA (from Erbil to Daratu, Benslawwa and Kasnazan) offer psychosocial counselling and legal support. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)

Package of Measures 3: Awareness raising and vocational training (outcome A)

- A.3.1 Literacy courses with awareness raising sessions on (S)GBV for a total of 560 women (360 in Germian/Sulaimania (in the refugee camps Tazade, Qoratu and Alwand), 200 in Dohuk/Erbil). (ALL)
- A.3.2 Combined vocational training and education measures for up to 2900 women (900 in Germian/Sulaimania in the refugee camps Tazade, Qoratu and Alwand) and 2000 in Dohuk/Erbil) and 500 men (in Germian/Sulaimania in the refugee camps Tazade, Qoratu and Alwand). (ALL)
- A.3.3. Awareness raising and outreach events on women's rights issues and (S)GBV for a total of 5000 women, girls and men (3000 in Germian/Sulaimania, 2000 in Dohuk/Erbil). (ALL)

Package of Measures 4: Cooperation and networking (outcome B)

- B.1.1 At least one two-day training course for 540 police and security forces (480 in Germian/Sulaimania, 60 in Dohuk/Erbil) as well as 620 employees of state hospitals and schools (210 in Germian/Sulaimania, 410 in Dohuk/Erbil) with a focus on (S)GBV awareness, early detection, conflict prevention, psychological first aid, family mediation and referral channels. (ALL)
- B.1.2 Organizing expert meetings and round tables with up to 100 representatives of refugee/IDP groups, DCVAW, (S)GBV-relevant actors from the state and the civil society on (S)GBV-relevant topics and referral paths. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)
- B.1.3 Round tables and expert meetings on (S)GBV and trauma-sensitive, women-centred reporting with up to 60 media representatives. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)
- B.1.4 6 Expert meetings for 20 judges and staff of civil and criminal courts for awareness raising on women-oriented investigation and jurisdiction in (S)GBV cases, and to develop advisory mechanisms and a cooperation between special courts for (S)GBV cases and the counselling centres. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)

Package of Measures 5: Participation and knowledge-sharing (outcome C)

- C.1.1 Documentation and publishing of results of expert conferences and round tables (Web, Print). (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)
- C.1.2 Civil society project partners advocate for the implementation of the law reform of 2011 regarding prevention and protection of women and girls affected by (S)GBV towards decision makers of the ministries of interior and social affairs. (ALL, equally in Germian/Sulaimania and Dohuk/Erbil)
- C.1.3 Closing meeting in Erbil with gov. and civil society actors and representatives of the government focusing on the topics family courts and the media. (ALL)

Target groups:

1. Women, girls, and men in IDP camps and host communities, who use protection and counselling services (governmental and civil society) and access vocational training in the project regions and their families and communities
2. Counsellors and staff of governmental and civil society counselling structures (social workers, legal professionals) as well as police staff as first responders to women and men in situations of violence and crisis
3. State employees in the judiciary and education institutions. Representatives of the media.

- **Planned number of direct beneficiaries:**
- **about 13.239**, of which about 9.449 are female and about 3.790 are male

4. Scope of Work

Final evaluation of the project. As part of the evaluation, different project sites in all project provinces will be visited.

Assessment – DeGEval Standards and 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 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?
 *government (national, regional, local), civil society organizations, private entities and international bodies involved in funding, implementing, and/or overseeing the intervention
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 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 TORs of projects medica mondiale is involved in.

- What can be stated about the effects/impacts on different levels on medica mondiales 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?

Interested potential applicants can access additional questions developed in an internal evaluation planning meeting under evaluation@medicamondiale.org.

The findings, the derived conclusions and recommendations should be answered in an extra chapter in the final report.

All data collection conducted for Haukari e.V. and 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."

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 evaluation 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 shall be collected from girls, women, and men of the partner organization's target groups, community members, staff of Khanzad, PDO, DCVAW, DOLSA, Police Directorates, and EMMA, supervisors working with project staff, the trainers of the supervisors, media representatives, and participants of the various round table discussion meetings and trainings (police, education and health staff, social workers). In addition, some data shall be collected from local UN GBV clusters and international cooperation partners, and representatives of local (administration) authorities such as education departments, health departments, and religious authorities.
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.

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.

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The final methodology will be defined and agreed upon in close cooperation with Haukari, medica mondiale, Khanzad and EMMA during the preparation phase, especially during the first trip, and before the field phase of the evaluation. This ensures transparency. Furthermore, the dialogue is important to achieve “ownership” of the evaluation by Haukari e.V., medica mondiale e.V., Khanzad, PDO and EMMA and with this the acceptance and use of the evaluation results.

There was a preceding project from 2016-2018, “Strengthening local protection and counselling for women and girls affected by gender-based violence in IDP shelters and host communities”, for which, in lieu of baseline data for this project, an endline evaluation is available.

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.
- The evaluation team is expected to give a presentation of preliminary findings and recommendations to Haukari e.V., medica mondiale e.V., Khanzad, PDO and EMMA and other relevant stakeholders at the end of the field evaluation phase. This workshop is an essential component in the evaluation 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 Khanzad, PDO, and EMMA 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 return from the evaluation mission, 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 Haukari, medica mondiale, Khanzad and EMMA (in Cologne or remotely)
- The evaluation team is expected to compile the final report (60 pages max. excluding appendix) based on the feedback on the draft report through Haukari e.V., medica mondiale e.V., Khanzad, PDO and EMMA. Quality criteria for the report will be provided in advance.
- An assessment of the project according to the quality principles/features of medica mondiale e.V. (assessment grid will be provided in advance)
- A summary of the evaluation report for the website of Haukari e.V. and medica mondiale e.V.

7. Timeline

Timeframe	Evaluation phase	Description of phase
October – December 2020	Preparation	Analysis of relevant documents and project documentation; planning meeting with Haukari e.V., medica mondiale e.V., Khanzad, PDO, and EMMA; First preparation trip with 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 provinces	Data collection field trip; One-day “initial findings sharing workshop” with Khanzad and EMMA staff 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 Haukari e.V., medica mondiale e.V., Khanzad, PDO, and EMMA; Write and send the final evaluation report after feedback and presentation; Write brief summary of evaluation report to be published on website of Haukari and medica mondiale

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. The Department is an independent unit within medica mondiale, distinguished from program departments, to enhance impartiality and credibility of the evaluation results.

The independency of the team towards Haukari e.V., medica mondiale e.V, Khanzad, PDO, and EMMA 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 Haukari e.V., medica mondiale e.V, Khanzad, PDO, and EMMA.

9. Evaluation Report – Requirements

The report 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 evaluation reports will be provided by Haukari e.V. and medica mondiale e.V. in advance.