

CALL FOR EXPRESSIONS OF INTEREST – FINAL EVALUATION IN THE KURDISTAN REGION OF IRAQ (STAFF CARE)

1. Overview

medica mondiale e.V. seeks a EVALUATOR / TEAM OF EVALUATORS for a final evaluation:

overview

Desired data collection period in-country (field work planned pending developing of the Covid-19 situation)	Quarter 1 of 2021
Project Title	Development of a contextualised staff-care concept in a conflict region
Country	Kurdistan Region of Iraq. Dohuk and Erbil Provinces.
Implementing Partner in Project Country	EMMA Organisation for Human Development
Private Project Partner (if applicable)	/
Public Project Partner (if applicable)	/
Project Duration	12/2018 – 09/2021 (probably extended until 12/2021)

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 with the subject line 'GIZ KRI 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 full budget. Only short listed/successful candidates will be contacted. The interviews are likely to take place in September.

We encourage teams applying for this evaluation to also review the TOR "[Female consultancy team for final project evaluation in Iraq, Kurdistan region](#)".

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 perspective; regional competency, including language proficiency; analytical, verbal and written communication skills. It is expected that data from female staff or beneficiaries are collected by female team members.

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 e.V. supports women and girls in war and crisis zones throughout the world. Through own programmes and in cooperation with local women's organisations we offer holistic support to women and girl survivors of sexualised and gender-based violence. On the political level, we pro-actively promote women's

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rights, call for a rigorous punishment of crimes as well as effective protection, justice, and political participation for survivors of violence. Currently medica mondiale e.V. is working in Northern Iraq/Kurdistan, in Afghanistan, in 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 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, economical) for survivors of s/gbv. On the level of women's and girls' social environment, medica mondiale e.V. supports communities to recognize and protect women's and girls' rights and to support survivors of s/gbv. On the institutional level, medica mondiale e.V. 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 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 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 e.V. and EMMA Organisation for Human Development 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 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 EMMA Organisation for Human Development and medica mondiale e.V.. medica mondiale e.V. will share the evaluation results with EMMA Organisation for Human Development and other recipients.

3. Background

Background information about the Project „ Development of a contextualised staff-care concept in a conflict region“

Initial situation

The Autonomous Kurdish Region of Northern Iraq is marked by a military, humanitarian, political and economic crisis that has been ongoing since 2014. The initial euphoric commitment and the hope of being able to counter the crisis with short-term emergency aid measures are diminishing. Signs of resignation are becoming more apparent among refugees and supporters. Professionals and activists working in psychosocial work are exposed to enormous stress due to the external circumstances and the work with traumatised women. These burdens are comprised of individual, institutional, social, political and economic factors.

Due to the difficult economic situation, there is less demand for purely psychosocial services. In psychosocial support systems, this can be experienced as a burden due to a loss of self-efficacy.

Another stress factor in teams is the relatively low average age and the corresponding limited professional experience of many employees. For women in particular there is the added burden of medica mondiale e.V., Hülchrather Straße 4, 50670 Cologne, Germany,
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combining work with family life. The prevalent ethnic and religious tensions in society are likewise reflected within teams and/or can hamper cooperation between different organisations.

A particularly powerful stress burden lies in dealing with traumatic stress. The likelihood that psychosocial supporters themselves have witnessed acts of violence or war is high. What they all have in common is that they work with clients whose burdens are in some way quite heavy.

Particularly in organisations working on the issues of violence and trauma in crisis areas, it can be observed that these stress- and trauma-related burdens often translate into interpersonal conflict dynamics. As a result, not only individual employees show symptoms that could be attributed to secondary traumatisation or burnout syndrome, but also entire teams and organisations can show signs of systemic effects of stress and trauma.

The regional project "Psychosocial support in the context of the Syrian and Iraqi crises", which is funded by the BMZ and implemented by GIZ, addresses this problem in field of action 4: "The staff working in the MHPSS thematic field is confronted daily with the suffering of refugees and IDPs and is therefore exposed to the risk of secondary traumatisation and burnout. For this reason, the project aims to establish regional support structures for aid workers. For this purpose, the needs of the staff working on the ground will be determined so that adequate organisational structures can be developed and piloted on site. This is intended to increase self-protection and team support among the helpers. In addition, such continuous self-reflection in the context of MHPSS work should lead to a further professionalization of the help offered".

Participating Organisations

medica mondiale e.V. is a women's rights and aid organisation that has worked in crisis and conflict regions, including Afghanistan, Kosovo, Bosnia, Liberia and the Great Lakes region of Africa since 1993 as well as the Kurdish region of Iraq since 2015.

Based on many years of working experience in crisis and conflict regions, medica mondiale e.V. has cooperated with partner organisations to create and test in crisis and conflict regions the so-called STA -- Stress- and Trauma-sensitive Approach® to supporting those people who have experienced violence. This approach considers the skills, knowledge and self-reflection needed to practice a stress- and trauma-sensitive approach during work with traumatised people. The approach is incorporated into self-implemented projects as well as projects undertaken by partner organisations. One component of the STA -- Stress- and Trauma-sensitive Approach® is Mindful Organisational Culture®, a holistic concept for organisational care. Attentive organisational culture is aimed at, strengthening the resilience of an organisation.

This concept of organisational care will be contextualised and evaluated together with the partner organisation EMMA Organisation for Human Development within the framework of this project.

The women's organisation EMMA Organisation for Human Development was founded in 2013 and has of four community centres in Erbil and Dohuk provinces. The main areas of focus are the empowerment and protection of women, participation of women in politics, rehabilitation of survivors of IS crimes and the fight against female genital mutilation. EMMA Organisation for Human Development offers direct counselling to women and girls in community and refugee centres, conducts educational sessions for a wider public, and provides specific training for social workers.

medica mondiale e.V. and EMMA Organisation for Human Development are connected by a clear feminist stance and the thematic focus on the survivors of sexual- and gender-based violence.

Project Description

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The goal of the project is the development of a contextualised approach to staff care in post-conflict regions in the Middle East. In order to ensure the suitability of the concept, it is being developed, implemented and evaluated in a participatory manner with the partner organisation.

On the basis of a pilot project that will be accompanied by ongoing internal evaluation and which will consider the context-appropriate conception and implementation of a staff care concept in a local non-governmental organisation ("scaling deep"), recommendations for action will be developed as to how stress- and trauma-sensitive staff care concepts in crisis and post-conflict regions can be context-specifically replicated ("scaling up").

Envisaged Results

Components of a contextualised concept for stress- and trauma-sensitive staff care -- including a corresponding project management mechanism -- are conceived and implemented in a participatory manner. A recommendation paper on how stress- and trauma-sensitive context-specific staff care concepts can be developed in the context of a local NGO in crisis and post-conflict regions.

Presentation of the Approach

As part of the project, the concept of Mindful Organisational Culture® will be adapted to the specific challenges faced by the organisation EMMA Organisation for Human Development. In order to counteract divisive dynamics that are frequently observed in teams in the area of trauma work, team building and communication based on the STA principle of "Connection and Solidarity" is of great importance. Hereby, the organisation contributes toward reducing conflict and thus assumes socio-political responsibility. It becomes a role model in the social environment in which the work takes place. At the same time, there is the hope that employees will also bring their learning and development processes into their social environment.

The following **working steps** are implemented from 2018 to 2021 within the framework of the project:

a. Participatory Project Planning

- In order to lay the foundation for a good cooperation, the management from EMMA Organisation for Human Development and medica mondiale e.V. meet together for a project-planning workshop in Germany. Along with setting an exact timeframe and milestones, the planning workshop shaped a stress-sensitive partnership.

b. Needs Analysis and Participatory Conception of the Components of Organisational Care

- As part of a workshop, EMMA Organisation for Human Development staff conduct a participatory stocktaking and needs analysis on aspects of organisational care. In this workshop, areas in need of change and activities are identified and prioritised.

c. Stakeholder Analysis of Supervision Providers and the Needs Analysis of Supervision Offers

- The gathering of supervision offers from external sources is a requirement for a functioning concept on organisational care. As such, those service providers who are active in this area in Dohuk and Erbil are mapped within the framework of a stakeholder analysis, in order to determine with whom a cooperation or possibly a qualifications process can be undertaken.

d. Implementation and Accompaniment of Components of Organisational Care

- The components of organisational care that were developed in a participatory manner are introduced, tested, framed by measures for qualification and supervision and adjusted on the basis of regular feedback.
- Qualification: EMMA Organisation for Human Development and medica mondiale e.V. are designing and implementing qualification measures for the EMMA Organisation for Human Development staff at the various levels (management level, overall team, and project or area teams).

- Examples of the contents of practice-orientated trainings include:
 - Understanding stress reactions and their effects
 - Establishing security in stressful situations
 - Getting to know own stress patterns
 - Uncovering and supporting individual resilience craft
 - Communication and connection
 - Putting mindful communication into practice
 - Contextualisation and implementation of *STA - Stress- and Trauma-sensitive Approach®* by medica mondiale e.V.
 - Implementation of intervision and peer support
 - Protected spaces for self-reflection
 - Assessment of experiences and follow-up
 - Supervision and Exchange: The management level of EMMA Organisation for Human Development is regularly provided with supervision rooms for reflection. EMMA Organisation for Human Development employees receive individual or group-based supervision and opportunities for exchange. (This component is financially under the BMZ project but in its content is related to this project, so it is also listed here).
- e. Accompanying Monitoring and Evaluation Process**
- The project is closely accompanied by the operationally independent evaluation and quality assurance department at medica mondiale e.V.. This department works together with EMMA Organisation for Human Development to develop an impact-oriented evaluation concept and advises on the development of a monitoring system.
 - One thing to pay attention to is that there will be organisational development measures from a further project taking place at EMMA Organisation for Human Development (financed by BMZ) during the time period of this project. It cannot be ruled out that converse effects may occur and must as a result be integrated into the evaluation concept.
- f. Exchange of Information and Experiences**
- Externally: Between medica mondiale e.V., EMMA Organisation for Human Development and the international project "What helps the helper," supported by GIZ's regional project "Psychosocial support in the context of the Syrian and Iraqi crises," with organisations working in the field of promoting capacity in the area of supervision.
 - Internally: With other projects led by medica mondiale e.V. , especially "Empowerment first! Promoting protection against violence, inclusion and trauma sensitivity," within whose framework the aspects of the concept of Mindful Organisational Culture© will be contextualised in a refugee home in Germany.
- g. Completion of a Recommendation Paper**
- Based on the results of the ongoing monitoring of the project and on the basis of a continuing exchange of medica mondiale e.V. and EMMA Organisation for Human Development are preparing a recommendation paper for the contextualisation of a STA - stress- and staff care concept trauma-sensitive approach® by medica mondiale e.V. in post-conflict regions. It serves as a practical guide for those who would like to develop staff care concepts with other NGOs in crisis and conflict areas, especially in the Middle East. It describes the project process as a whole as well as individual measures. EMMA Organisation for Human Development and medica mondiale e.V. are holding an information event with project stakeholders and other key people in Erbil.

Target groups:

The target group of the project are all staff employed by EMMA Organisation for Human Development. All staff apart from the drivers are female in this feminist women-only organization. medica mondiale e.V., Hülchrather Straße 4, 50670 Cologne, Germany,
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4. Scope of Work

Final evaluation of the project. As part of the evaluation, different project sites 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:

- **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 organisations, private entities and international bodies involved in funding, implementing, and/or overseeing the intervention
- **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)?
- **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?
- **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)
- **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?
- **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).

Assessment – further key questions of the evaluation

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

In addition, these questions are part of all standard TORs of medica mondiale to contribute to overall organizational learning.

1. What can be stated about the effects/impacts on different levels on medica mondiales multilevel approach?
2. What can be stated about the application and impact of the stress- trauma-sensitive approach (STA)?
3. 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.

5. Methodology

The evaluation team should consider 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.

- 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 (remotely).
- Interviews and focus group discussions shall take place with MMA Organisation for Human Development staff in all 4 project offices and from all management levels and types of positions (psychologists, social workers, lawyers, centre managers, and head office staff).
- Workshop with all relevant stakeholders shall be conducted to present and discuss the preliminary evaluation results and to present the initial recommendations.
- 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.

The final methodology will be defined and agreed upon in close cooperation with medica mondiale e.V. and MMA Organisation for Human Development 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 e.V. and partner staff and with this the acceptance and use of the evaluation results.

All data collection conducted for medica mondiale e.V. should follow the WHO (World Health Organisation) guidelines for ethical data collection “Putting women first: Ethical and safety recommendations for research on domestic violence against women” and “WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.”

At the start of the project, a needs assessment and a baseline study were carried out internally, which will be repeated at the end of the project. It consisted of individual interviews with all 40 staff, measuring stress and trauma symptoms on the individual, team and organizational level. Pre and posttest data is available from all trainings that medica mondiale e.V. conducted for EMMA Organisation for Human Development staff as part of this project. The needs assessment and baseline study as well as impact monitoring reports are available.

6. Deliverables

- The evaluation team is expected to compile an Inception report with the final specified methodology, evaluation matrix, analysis methods, and data collection instruments and work plan.
- The evaluation team is expected to give a presentation of preliminary findings and recommendations to EMMA Organisation for Human Development and other relevant stakeholders at the end of the data collection field 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 EMMA Organisation for Human Development 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 e.V.’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 e.V. and EMMA Organisation for Human Development (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 medica mondiale e.V. and EMMA Organisation for Human Development. 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 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 medica mondiale e.V. and EMMA Organisation for Human Development; 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 EMMA Organisation for Human Development staff to present, discuss and refine preliminary conclusions and recommendations
April – June 2021	Analysis and report writing	<p>Analysis and triangulation of evaluation results and drafting of the report; Present and discuss the evaluation results and recommendations to medica mondiale e.V. and EMMA Organisation for Human Development: Write and send the final evaluation report after feedback and presentation;</p> <p>Write brief summary of evaluation report to be published on website of medica mondiale e.V.</p>

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 e.V. 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 e.V. and EMMA Organisation for Human Development 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 EMMA Organisation for Human Development, medica mondiale e.V., and other recipients.

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 medica mondiale e.V. in advance.