

Final Evaluation in Iraq, Autonomous Kurdistan Region

Terms of Reference

medica mondiale e.V. and Emma Organisation for Human Development are looking for an evaluation team for the final evaluation of their project "Living in Dignity" in the Autonomous Region of Kurdistan in Iraq.

About medica mondiale e.V.

medica mondiale e.V. 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 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 region, in Afghanistan, in West Africa, in the African Great Lakes Region as well as in South-eastern Europe.

Through programmes and in partnership with local women's rights organisations, medica mondiale e.V. takes a multi-level approach to address the various factors contributing to violence against women and girls: On the individual level, medica mondiale e.V. provides access to holistic services (psychosocial, health, legal, economic) for survivors of (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 and women affected by (S)GBV. On the institutional level, medica mondiale e.V. capacitates relevant public institutions from the health and legal sector to adopt a stress- and trauma-sensitive approach towards survivors and to establish cross-institutional referral and support systems. On the political level, medica mondiale e.V. advocates for laws, policies and resolutions that address (S)GBV and promote women's political participation. On the societal level, medica mondiale e.V. campaigns against sexism and gender stereotypes, raises awareness on (S)GBV and the long-term impacts of trauma within societies. Stress- and trauma-sensitivity are fundamental principles of our work, which is spelled out in medica mondiale's specifically developed stress- and trauma-sensitive approach (STA). Our foremost aim is to bring an end to sexualized wartime violence and other forms of gender-based violence. At the local, national and international levels we join with other female activists to campaign for the rights, protection and participation of women in establishing gender justice and removing power gaps.

Further information on medica mondiale e.V. can be found on our website: www.medicamondiale.org

About Emma Organisation for Human Development

The women's organization Emma was founded in 2013 and runs community centres in Erbil, Shekhan, Dohuk and Sharya. Focus of their work is the empowerment and protection of women, especially displaced women or women from vulnerable groups. Further, the organization promotes the participation of women in politics and peacebuilding processes and engages in the rehabilitation and empowerment of survivors of SGBV, torture, conflict and war, particularly Yazidis and other minorities who were captives by ISIS. At the same time, Emma is the representative NGO for the implementation of the National Action Plan for Iraq for UN Security Council Resolution 1325. Emma also advocates for the eradication of female genital mutilation and other harmful traditional practices in Kurdistan. Besides, Emma offers direct counselling services for women and girls and organizes educational events for a broader public. In addition, Emma raises awareness among professional staff at public institutions by training them in dealing with survivors of violence. The

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organization also conducts political advocacy work and among other things advocates for gender mainstreaming in policies and programs to promote gender equality and combat SGBV.

1. Overview

Project Title	Living in Dignity – a safe environment and an empowering connection for women affected by (S)GBV and their children in the Autonomous Kurdistan Region in Iraq
Country / Region	Kurdistan Region of Iraq
Implementing Partner(s)	Emma Organisation for Human Development
Funding Partner	Federal Ministry for Economic Cooperation and Development (BMZ)
Project Duration	01.12.2020-30.06.2024
Evaluation Duration (as anticipated)	First half of 2024
Envisaged data collection period in-country (field visit depends on security situation)	March/April 2024

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 with sufficient information to make an informed decision about the performance of the project.

As general standard, this final project evaluation shall include an assessment of the project's impact, effectiveness, relevance, efficiency, coherence, and sustainability so far. The progress and success of the project shall be assessed as well as the likelihood of achieving its stated objectives. The evaluation will be used to inform future management and programming of Emma and medica mondiale e.V.. medica mondiale e.V. will share the evaluation results with the donor BMZ, but also with a wider audience as applicable.

3. Background

Project Context

With the advance of the so-called "Islamic State" (ISIS) in large parts of Iraq in 2014, around 2.6 million Iraqis have been internally displaced and hundreds of thousands of people from Syria were forced to flee to Iraq. Almost a third of the displaced persons have found refuge in IDP camps and towns in the Kurdish region of Iraq, where many of them still live in precarious conditions.

This state of emergency and lack of prospects in the IDP camps as well as the collapse of social structures are giving rise to new violence against women and girls. Many women from the IDP and refugee communities as well as from the host communities are exposed to gender-based and domestic violence ((S)GBV). Official figures only reflect this to a limited extent: it can be assumed that the reporting of (S)GBV cases happens rather rarely, as this can have very serious consequences (including honour killings and suicides) due to the high level of stigmatization. There is a high prevalence of child and forced marriage, domestic violence and honour killings.

In view of the ongoing political, humanitarian and economic crisis in the Autonomous Kurdistan Region of Iraq, the existing governmental and civil society structures for the protection and counselling of women in situations of violence are overwhelmed. Thus, government assistance and support are inadequate, given the high demand, especially in view of the atrocities committed by ISIS and a lack of financial and technical resources.

The situation is particularly tough for Yazidi women and their children, as they are confronted with social stigmatisation, discrimination and administrative obstacles to the recognition of their children, even going as far as being rejected and excluded from their families and communities. The social taboo surrounding (S)GBV is exacerbated further by conservative values and a lack of synergies between government and civil society actors, and as a result an open discourse on the resolution of this precarious situation is very difficult.

Besides, the security situation in the region remains unstable. The Autonomous Kurdistan region of Iraq in particular is confronted with tensions with the central government in Baghdad and the simmering conflict with neighbouring Turkey.

The project contributes to establishing and expanding available support programmes and structures for women and girls affected by (S)GBV to ensure that women and their children are able to live in safety and with dignity and to rebuild their lives.

Overall project objective (impact):

Women and girls affected by (S)GBV in the Kurdistan Autonomous Region in Iraq and their children will be given better opportunities for living in dignity.

Project goal:

Women and girls affected by (S)GBV in the Autonomous Region of Kurdistan in Iraq as well as their children are stabilized and empowered through access to a holistic stress and trauma-sensitive support system that improves their quality of life and opens up future prospects.

Four packages of measures are implemented as part of the project in order to achieve this goal. These are based on the multi-level approach for the prevention of and protection against violence developed by medica mondiale as well as medica mondiale's stress and trauma-sensitive approach and the principle of Do no harm. Emma further applies a model of rehabilitation through empowerment:

- **Package 1** addresses the individual level and provides women and girls affected by (S)GBV with holistic support services such as psychosocial and legal support as well as educational and vocational courses.
- **Package 2** addresses the social environment level and raises family and community members' awareness of the difficulties, needs and rights of survivors of (S)GBV.
- **Package 3** addresses the institutional and political level by building networks among civil society and government actors and by strengthening stress- and trauma-sensitive counselling services provided for survivors of (S)GBV by government institutions.
- **Package 4** serves to promote organisational development and strengthen staff care in order to support staff wellbeing and with it the stability of the local project partner Emma and the sustainability of its work.

Target group of the project

Direct target group

1. Up to 540 women and girls affected by sexualised and gender-based violence in IDP camps and host communities who make use of governmental and non-governmental protection and counselling services and educational and vocational training courses in the project regions and their children and families
2. Up to 71 employees of the local project partner EMMA benefitting from staff care and capacity development measures

3. Up to 150 institutional stakeholders such as government actors and professionals in government institutions engaged by the program with capacity development and awareness raising measures in dealing with (S)GBV survivors

Indirect target group

The indirect target group consists of members of the direct beneficiaries' communities such as their families and the members of the communities the SGBV survivors live in (estimated around 20.000 community members).

Intervention area

The project is implemented in the Autonomous Kurdistan Region of Iraq in particular the governorates of Erbil and Dohuk. The local project partner runs various women's counselling centres in the region in the host communities around Erbil and Dohuk and also provides services in different IDP Camps.

For reasons of confidentiality and data protection, the project logframe will be shared with the selected evaluation team after selection.

4. Scope of Work

Final evaluation of the project. As part of the evaluation different project sites will be visited. The implementation of the project's goals / sub-goals shall be analysed and assessed, taking into consideration an intersectional approach.

Lessons learned from the project implementation shall be derived to inform and improve the development of future strategic 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.

Assessment – DeGEval Standards and OECD/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 (incl. media mondiale's multi-level approach etc) coincide 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 (or has remained relevant), if circumstances change (have changed)?

What can be or has been adapted for the approach to remain relevant, if the context changes/ when the context changed?

What can be stated about the design of the programme? To what extent is the programme designed in a sufficiently precise, plausible & realistic way?

*government (national, regional, local), civil society organisations, private entities and international bodies involved in funding, implementing, and/or overseeing the intervention

2. Coherence:

To what extent is the project/programme compatible with other projects/programmes in the country, sector, or institution(s)?
 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/programme/project 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?
 What can be stated about the partnership cooperation between medica mondiale e.V. and the partner organization in terms of effectiveness of the collaboration?
 How effective is the management structure of medica mondiale for the project?
 What can be stated about the monitoring system for the project by medica mondiale e.V. and the partner organization in relation to achieving programme/project goals and outcomes?
 In this regard: What can be stated about the identified indicators in the logframe underlying the project/programme, such as:
 Have the indicators been suitable to assess the effectiveness of the project/programme to follow and assess the course of the project/programme?
 How well did they work for project monitoring?

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)
 What can be stated about the partnership cooperation between medica mondiale e.V. and the partner organization in terms of efficiency of the collaboration?
 How efficient is the management structure of medica mondiale e.V. for the project/programme?
 What may be stated about the monitoring system (including identified indicators) of medica mondiale/partner organization(s) for the project in terms of supporting efficiency?

5. Impact:

What is the impact of the project/programme to what extent has the project/programme 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 (directly and indirectly)?
 What can be stated about the effects/impacts on different levels of medica mondiale e.V.'s multilevel approach?

6. Sustainability:

What can be stated about the sustainability of the project's/programme's positive impact after donor funding will cease/ to what extent are the benefits of the project/programme likely to continue?

What are the major factors influencing the achievement or non-achievement of sustainability (micro-, meso- and macro level)?
 What needs to be changed to ensure sustainability?
 What financial, economic, social, environmental, and institutional capacities are needed to sustain the benefits?
 What elements of the project (in order of prioritization) should be continued, if additional funding becomes available?

In general, the evaluation results according to every OECD/DAC Criterion should be assessed and rated in a comprehensible and traceable manner according to a provided rating scale (BMZ rating scale/ traffic light system).

Cross-Cutting Issues

The following subjects shall be dealt within the evaluation in addition:

(1) Implementation of stress- and trauma-sensible approach (STA)

- How is the stress- and trauma-sensitive approach (STA) applied and what kind of impact does it show or is likely to take place?

(2) Conflict-sensitivity

- How conflict sensitive (“do no harm”) is the project implemented?

(3) Contribution to peacebuilding

- To which extend is the project contributing to peacebuilding on community, local, national or regional level?
- Is an approach to “dealing with the past” considered and in which way is this tackled?

(4) Feminist approach

- What kind of a feminist approach may be assessed in the design and implementation of the project?
- To what extent is the project contributing to strengthening feminist action on micro, meso and macro level?

(5) Staff and self-care

- How is staff care and self-care applied during the implementation of the project?

The findings according to OECD/DAC criteria and cross-cutting issues as well as the derived conclusions and recommendations should each be answered in an extra chapter in the evaluation report (as per structure provided by medica mondiale during the kick-off meeting).

5. Intended Proceeding & Methodology

The evaluation shall be undertaken with a feminist and intersectional research perspective and in a participatory manner exploring medica mondiale’s understanding of partnership and collaboration with its partner organizations and with the idea of empowerment, of beneficiaries and partner organizations. 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 stress- and trauma-sensitive way of working is important to us in the context of working with survivors of sexualized violence, thus ethical standards should be applied accordingly.

Foreseen evaluation phases:

1. **Inception Phase:** A planning meeting shall take place in Cologne or remotely (kick-off meeting). Initial desk review and analysis of documentation shall present opportunity to get acquainted with the scope of evaluation: available reports and other documents from medica mondiale e.V. and the partner organization(s) shall be analysed, and the methodology further refined in an inception report. For preparation purposes, initial online

interviews with relevant stakeholders shall take place before the field phase. The project staff (i.e. International Programme Department and Trauma Department) shall already be involved during the preparation. This phase shall be closing with the Inception Report. Data collection in the field can only start after approval of the inception report by medica mondiale.

2. **Data Collection/Field Phase:** Data collection shall take place with direct beneficiaries of the partner organisation's target groups, community members, and staff of implementing partner(s), as well as with other relevant key actors (authorities, international actors etc.) This field/data collection phase shall conclude with workshops on (a) field level prior to accomplishing field trip as well as (b) on medica mondiale HQ level. Workshops shall be conducted with all relevant stakeholders to present and discuss the preliminary evaluation results and to present the initial conclusions and recommendations.
3. **Synthesis Phase:** Data triangulation and analysis shall be conducted in order to interpret findings, transfer them into evaluation results according to OECD/DAC criteria, while drafting the report. This phase shall see the Draft Report and its Final Evaluation Report as its results.

We appreciate applications to consider alternative data collection to in-country visits due to the uncertainty about the security situation.

The final methodology will be defined by the evaluation team and agreed upon in close cooperation with medica mondiale e.V. and its partner organisation(s) during the preparation (inception phase) and before the data collection 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."

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 for both overall evaluation and field/data collection phase.
- A **data collection phase in country** is expected as much as security considerations allow a travel of international experts and national colleagues. In case a field phase will be manageable, a **photo documentation** would be expected to enrich the further documentation and presentation of evaluation results.
- The evaluation team is expected to give **presentations (ppt)** of **preliminary findings and recommendations** to (a) medica mondiale's implementing partners/partner organizations at the end of the data collection phase (in country if possible or remote) and (b) to medica mondiale's headquarters in Cologne or remote. These workshops signify essential components in the evaluation process. 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 these "preliminary findings sharing workshops" with medica mondiale, its implementing partners/partner organizations have to be included in the further evaluation process and its reporting.
- The evaluation team is expected to compile a **Draft Report** in English after completion of the data collection phase, which has to be shared first with medica mondiale e.V.'s Evaluation Advisor.
- The **Draft Report** shall be considered as a full-fledged report and shall be provided in a best possible quality presented in a concise manner. It will be commented by medica mondiale's Reference Group composed out of colleagues from the Evaluation & Quality department as

well as from International Programmes and other departments. Comments shall be incorporated during the revision process, which may take as many rounds as necessary to ensuring quality.

The medica mondiale Quality Criteria Grid for Evaluation Reports shall be provided priorly.

- The evaluation team is expected to compile the **Final Report** (50 pages max. excluding appendix) based on the feedback on the Draft Report through medica mondiale e.V.
- An **executive summary** shall be presented in the final version of the evaluation report not exceeding 5 pages.
- Once the Evaluation Report is approved, a **final presentation (ppt)** of evaluation results and recommendations shall be held with a wider (strategic) circle of medica mondiale e.V. and Emma staff, including management staff. (remotely).
- A **structured assessment of the project/programme** according to the quality principles/features of medica mondiale e.V. according to provided assessment grid.
- A **summary of the evaluation report for the website** of medica mondiale e.V. and Emma (not more than 12 pages), best with photographs picturing impressions from the field phase.

7. Tentative Timeline

Evaluation phase	Description of phase
Kick off & Preparation (February 2024)	<p>Kick Off meeting with key medica mondiale and Emma staff</p> <p>Analysis of relevant documentation</p> <p>Elaboration of evaluation matrix, evaluation tools and inception report</p> <p>Online meetings with medica mondiale staff, partner organizations and other relevant stakeholders</p>
Data collection during a field trip with site visits in March/April 2024 or in remote/semi-remote manner (depending on security situation)	<p>Participatory-oriented data collection with key personnel partner organizations / stakeholders.</p> <p>Focus group discussions/workshops beneficiaries of target group (s), male and female community members, local authorities and other relevant stakeholders;</p> <p>½ a day “preliminary findings sharing workshop” with staff of partner organization to present, discuss and refine preliminary findings, conclusions and recommendations prior to concluding field/data collection phase</p> <p>½ a day “preliminary findings sharing workshop” with medica mondiale headquarters (remote or in Cologne)</p>
Data Analysis, synthesis and report writing and presentation (May/June 2024)	<p>Analysis and triangulation of evaluation results and elaboration of Draft Report</p> <p>Commenting by medica mondiale’s Reference Group and Emma;</p> <p>Incorporating comments and finalizing Evaluation Report</p> <p>Presentation and discussion of approved Evaluation Reports main findings, conclusions and recommendation to a wider (strategic level) circle of medica mondiale e.V. and Emma;</p> <p>Compile brief summary of evaluation report to be published on website of medica mondiale e.V. and Emma</p> <p>Assess evaluated project according to medica mondiale’s assessment quality grid</p>

All phases of the evaluation process apart from the ‘data collection phase’ can take place remotely, if required by security conditions.

8. Qualification & Application Procedure

Professional Qualification

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 within a holistic approach of assistance for SGBV survivors;
- capacity development and empowerment of survivors, women and girls as well as of partner organizations;
- cultural and conflict sensitivity as well as gender- and trauma-sensitivity;
- a feminist and intersectional research perspective;
- regional competency/experience, including language proficiency in English, Arabic and Kurdish language;
- analytical, verbal and written communication skills.
- We expect an extensive comprehension of the OECD-DAC criteria with a safe application expertise.

Application Procedure

Applications with the subject line ‘Evaluation Dignity project 2024’ are received under evaluation@medicamondiale.org until 04.02.24. Questions can be asked under ndrechtsler@medicamondiale.org.

Offers shall be submitted in a pdf-document and contain the following:

- Date of offer submission (equal to email submission)
- Name of company and/or expert(s)
- Composition of proposed evaluation team including dedicated responsibilities of each expert
- Description of Evaluation Team with short bio per Evaluation Expert, max. 1 page for entire Evaluation Team
- Detailed CV of each team member
- Proposed methodology
- Complete and detailed budget breakdown including VAT (if applicable) and details to individual consulting fees per working day as well as additional costs in relation to travel etc.; Overall not exceeding 40,000 Euro
- Two references per team member, incl. reference contact details
- At least 3 links to publication of earlier conducted work in relation to evaluations (or writing samples).
- The total amount of pages of the application (excluding annexes) should not exceed 10 pages.

Only complete applications shall be considered.

Only short listed/successful candidates will be contacted.

9. Management of the Evaluation

medica mondiale e.V.’s Evaluation and Quality department will lead and manage the evaluation process, e.g. consultant selection, coordinate contracting with relevant departments, and ensure the provision and coordination of internal feedback loops in relation to commenting reports by the evaluation’s Reference Group composed out of colleagues from Evaluation & Quality department (Evaluation Manager) and from International Programmes department, as well as possibly from other relevant departments.

E & Q Department is an independent unit within medica mondiale e.V., to enhance impartiality and credibility of the evaluation results. The independency of the Evaluation Team towards medica mondiale e.V. and its partner organizations has to be guaranteed. For us, this independency is a

key requirement for a project/programme evaluation and its resulting findings and recommendations. Drawing on different competencies of each evaluator is an important necessity for us to produce beneficial results and recommendations for our partner organisations and medica mondiale e.V. itself, as well as for our funding parties.

10. Evaluation Report – Requirements

The report shall be submitted as a word and PDF document. It shall be written in a concise manner responding to the requirement of a length of max. 50 pages and in a readable understandable language reflecting professional language proficiency. The report shall clearly describe the background and goal of the project as well as the evaluation methodology, process, and results 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 evidence-based on collected, analysed and triangulated data. As per the principle of usefulness, the recommendations shall be guided by the ToR as well as the information needs and shall be clearly directed at particular recipients. A document detailing quality criterion for evaluation reports will be provided by medica mondiale e.V. in advance.

STRUCTURE OF THE FINAL REPORT AND OF THE EXECUTIVE SUMMARY

The Final Report should not be longer than max. 50 pages. Additional information on the overall context of the project, description of methodology and analysis of findings should be reported in annexes to the main text, if deemed necessary.

The presentation must be properly spaced, and the use of clear graphs, tables and short paragraphs is strongly recommended.

Executive Summary (only in the Final Evaluation Report, once draft reporting contents is approved): A short, tightly drafted, to-the-point and free-standing Executive Summary. It should focus on the key purpose or issues of the evaluation, outline the main analytical points, and clearly indicate the main conclusions, lessons to be learned and specific recommendations. It should not exceed 5 pages.

Visualization of the Evaluation Report is highly appreciated. The main sections of the evaluation report shall be roughly as follows:

1. Introduction including context analysis, project presentation, objective and purpose of evaluation
2. Methodology including limits and challenges of evaluation with intended/undertaken mitigation measures
3. Overall Assessment/Findings structured per OECD/DAC criteria and cross-cutting issues presenting the answers to the Evaluation Questions, supported by evidence and reasoning.
4. Conclusions and Recommendations in 2 different sub-chapters. Conclusions may be structured according to OECD/DAC criteria or any other suitable differentiation. Among derived conclusions from obtained evaluation results, there shall be among others concluding remarks on (a) overall achieved response to SGBV and (b) overall achieved prevention actions in relation to SGBV. Recommendations must be clustered and prioritized, and carefully targeted to the appropriate audiences at all levels.
5. Annexes to the report
 - The Terms of Reference for the evaluation
 - Short Bio per Evaluation Expert, max. 1 page for entire Evaluation Team

- Evaluation Matrix
- Intervention logic / Logical Framework matrices (planned/real and improved/updated)
- Relevant geographic map(s) where the project takes place
- Evaluation Plan incl. Field Mission/Data Collection Schedule
- List of contacts (persons/organizations consulted, with contact details)
- Bibliography presenting literature and documentation consulted
- Other technical annexes (e.g. used data collection instruments, statistical analyses, tables of contents and figures, matrix of evidence, databases) as relevant.

11. Essential Literature

- 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.”
- UNEG Standards : <http://www.unevaluation.org/document/detail/1914>
- Current DeGEval Standards:
<https://www.degeval.org/degeval-standards/standards-fuer-evaluation/>
- OECD: OECD/DAC Criteria for Better Evaluation (2019) as well as OECD: Applying Evaluation Criteria Thoughtfully (2021)
<https://www.oecd.org/development/evaluation/qualitystandards.pdf>
- OECD (2023) “Applying a human rights and gender equality lens to the OECD evaluation criteria”, Best Practices in Development Co-operation, OECD Publishing, Paris.
https://read.oecd-ilibrary.org/development/applying-a-human-rights-and-gender-equality-lens-to-the-oecd-evaluation-criteria_9aaf2f98-en#page2