

TERMS OF REFERENCE FOR THE EVALUATION OF THE PROJECT “LIVING IN DIGNITY II”

1. Introduction

medica mondiale e.V. and Emma Organisation for Human Development are commissioning a final external evaluation of the project “Living in Dignity II”, implemented in the autonomous Kurdistan Region of Iraq (KRI), and invite qualified evaluators to submit proposals.

2. Subject of the evaluation

About *medica mondiale e.V.*

medica mondiale is a feminist women’s rights organisation. For over 30 years, we have been campaigning against conflict-related sexualised violence and against power dynamics that oppress women. Together with local partner organisations in Northern Iraq/Kurdistan, Afghanistan, West Africa, the African Great Lakes Region and South-eastern Europe, we support survivors of sexualised violence, work to dismantle discriminatory power dynamics, and empower women’s rights activists.

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 (sexualised and) gender-based violence (SGBV). On the level of women’s and girls’ social environment, *medica mondiale e.V.* supports communities to recognise 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 (STA) in their work with 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 and are articulated in the Stress- and Trauma-sensitive Approach (STA), which was developed collaboratively by *medica mondiale* and our partner organisations.

Our mission is to end sexualised violence worldwide. Together with our partner organisations, we strengthen women and girls in conflict areas and support them in coping with violence and trauma. We stand up for women's rights and work towards social transformation. We do this as part of a diverse feminist movement.

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

About Emma Organisation for Human Development

Emma Organization is a non-profit organization established in 2013 that works to enhance community well-being in both KRI and Northeastern Syria, with a focus on rehabilitation, skills development and support for women and vulnerable groups, including those affected by displacement or conflict. The organization provides psychosocial support and practical assistance to women who have experienced violence, while also encouraging their positive participation in social, community and peace-building efforts. Emma also offers capacity building for staff of public institutions to strengthen effective support for women affected by violence. In addition, the

organization contributes to program development that improves services and protection for women and families and does advocacy and networking work.

Project Context and Security

The Living in Dignity II project is implemented in KRI within a fragile and evolving context shaped by the aftermath of the conflict with the so-called Islamic State (IS). Despite the formal defeat of IS, large numbers of internally displaced persons (IDPs), particularly Yazidi communities from Sinjar, remain unable to return due to ongoing insecurity, destroyed infrastructure, and limited progress in reconstruction and service provision. Humanitarian needs remain high, with over one million IDPs still present in Iraq, including significant populations living in camps and host communities in KRI. Camp closures have further increased uncertainty, disrupted services, and contributed to secondary displacement and pressure on host communities. Due to security reasons, some camps remain in Dohuk province; however, they receive only limited support from the Iraqi government.

The security situation has further deteriorated since early 2026, with intensified drone and missile attacks affecting Erbil, Dohuk and Sulaymaniyah governorates. Repeated strikes on civilian areas, infrastructure, and strategic sites have heightened an already volatile environment, increasing risks for civilians and humanitarian operations. This has led to greater unpredictability for programme implementation and has contributed to heightened stress and insecurity among affected populations, particularly IDPs and vulnerable groups.

Protection and psychosocial needs remain acute, particularly among women affected by sexualised and gender-based violence (SGBV) and conflict-related sexualised violence. SGBV is widespread and underreported due to stigma, patriarchal norms, and limited access to services and justice. Women in displacement face compounded vulnerabilities, including restricted access to livelihoods, healthcare, and education. Yazidi women and girls, who were systematically targeted by IS, continue to experience severe and long-term trauma, social exclusion, and legal and economic barriers affecting their recovery and reintegration. While the Yazidi Survivors Law (2021) represents an important step towards recognition and reparations, implementation remains limited and access to compensation is constrained by complex and often retraumatising procedures. For example, because the Directorate of Survivors office is located in Mosul—a former ISIS stronghold—visiting the area can retraumatize survivors who were subjected to prolonged torture and abuse there.

At the same time, the operational environment for women's rights organisations has become increasingly constrained. Reduced international presence, political and economic instability, and growing backlash against gender equality programming have limited funding and institutional support. In this context, local civil society organisations such as Emma play a critical role in providing survivor-centred, stress- and trauma-sensitive support. However, they operate under increasing pressure, including security risks, shrinking civic space, and the emotional burden of working with highly traumatised populations. Sustained support to these actors remains essential to ensure continued service delivery, advocacy, and protection for women and girls affected by violence.

Project description

The "Living in Dignity II" project is implemented with funding from the German Federal Ministry for Economic Cooperation and Development (BMZ) to provide holistic stress- and trauma-sensitive support for women.

- **Project title:** Living in Dignity – a safe environment and an empowering connection for women affected by (S)GBV in the Kurdish Autonomous Region in Iraq by access to a holistic stress- and trauma-sensitive support
- **Project focus:** Protection and support for women, including displaced and vulnerable groups
- **Project country:** Kurdistan Autonomous Region in Iraq (KRI)
- **Project duration:** 01.10.2024-31.03.2027

Overall project objective (impact):

Contribution to improved prospects for a more dignified and self-determined life for SGBV survivors in the Kurdish Autonomous Region in Iraq

Project goal:

The relative well-being of SGBV survivors has increased through joint efforts of governmental and non-governmental institutions

The project is implemented in the Autonomous Kurdistan Region of Iraq (KRI), with a particular focus on the governorates of Erbil and Dohuk. Emma delivers holistic services through women's counselling centres and safer spaces in host communities and through mobile team outreach and service provision in IDP camps across the region.

The project is structured around five interlinked outcome areas designed to achieve its overall objective. It is grounded in medica mondiale's multi-level approach, which operates across different levels: at the individual level, the project works directly with women affected by violence; at the institutional level, it strengthens the capacity of key actors and referral systems; at the community level, it promotes awareness and understanding of gender roles and responsibilities; and at the broader societal level, it raises awareness of the long-term impacts of trauma and violence.

Outcomes and project activities:

Outcome 1: Holistic stress- and trauma-sensitive services for women and girls affected by (S)GBV

- Under Outcome 1, the project provides survivor-centred, stress- and trauma-sensitive support to women and girls affected by SGBV in the Kurdistan Region of Iraq, with a focus on Yazidi survivors in IDP camps and host communities.
- Services are delivered through women counselling centres, camp-based service points, and mobile outreach teams, and include psychosocial support, legal assistance, referrals, and support with civil documentation and compensation mechanisms. Education, vocational activities, and peer groups complement these services by strengthening resilience, social support, and access to rights.

Outcome 2: Increased awareness and reduced stigma around (S)GBV

- Under Outcome 2, the project aims to address stigma, discrimination, and social exclusion faced by survivors of SGBV by strengthening awareness of their rights, needs, and available support services among families, communities, and the wider public.
- Activities include community-based awareness sessions in IDP camps and host communities, as well as public campaigns and media engagement to promote informed dialogue, reduce stigma, and foster broader societal support for survivors.

Outcome 3: Strengthened institutional capacity and coordination

- Under Outcome 3, the project strengthens the capacity of governmental and non-governmental actors to provide quality, stress- and trauma-sensitive services to survivors of SGBV, while improving coordination and joint advocacy.
- Activities include targeted trainings for state and non-state actors on SGBV identification, survivor-centred approaches, and service provision, as well as multi-stakeholder dialogue and advocacy platforms to enhance coordination, promote implementation of relevant frameworks, and strengthen institutional collaboration.

Outcome 4: Strengthened organisational capacity and sustainability of Emma

- Under Outcome 4, the project strengthens Emma’s institutional resilience and sustainability as a feminist organisation providing holistic, stress- and trauma-sensitive support to survivors of SGBV.
- Activities focus on organisational development, implementation of strategic priorities, staff capacity strengthening, and staff wellbeing, including training, supervision, and internal coordination to support effective, sustainable service delivery in a complex operating environment.

Outcome 5: Strengthened feminist actors and networks

- Under Outcome 5, the project strengthens feminist actors and the Kurdistan Women Alliance (KWA) to enhance coordinated advocacy and resilience in a context of shrinking civic space.
- Activities include support to joint campaigns, strategy workshops, and coordination platforms, as well as the development of shared advocacy priorities and evidence-based outputs to strengthen collaboration, visibility, and collective action for women’s rights.

3. Purpose of the evaluation

The purpose of this evaluation is to assess the relevance, effectiveness, efficiency, impact, and sustainability of the Living in Dignity II project, while generating actionable learning to inform future programming and strategic decision-making.

The evaluation serves both accountability and learning purposes. It will provide accountability to BMZ by assessing whether resources have been used effectively and whether the project contributes to sustainable improvements in the lives of survivors of SGBV, informing future funding decisions.

It will also support medica mondiale and Emma, as key users of the evaluation, in critically reflecting on the project, including the application of survivor-centred and stress- and trauma-sensitive approaches, and in generating deeper insight into outcome-level changes. Findings will inform programme design, strategic direction, and future support to survivors of SGBV. The recommendations will also be taken into consideration for future initiatives and programmes.

The following list summarises the main prospective users of the evaluation and their interests in the evaluation.

Stakeholder	Expected objective per stakeholder
<i>medica mondiale</i>	Learning and accountability; assess effectiveness and impact; reflect on survivor-centred and trauma-sensitive approaches; inform programme design and strategic direction

Emma	Identify achievements and challenges; strengthen learning and reflection; deepen understanding of outcome-level changes; improve support to survivors of SGBV
Donor BMZ	Accountability for use of resources; assess relevance, effectiveness, efficiency, impact, and sustainability; inform future funding decisions

4. Scope of the evaluation

The evaluation will cover the full duration of the Living in Dignity II project and assess all outcome areas. It will focus on activities implemented in KRI, particularly in host communities around Erbil and Dohuk as well as Mamrashan camp, Essyan camp, Sharya camp, and Shekhan camp.

The evaluation should assess impact across all levels of the project's multi-level approach, including direct support to survivors and activities targeting communities, institutions, and feminist networks.

The evaluation is expected to address evaluation questions including assessing progress against the project's results framework and key indicators defined in the logframe. This includes analysing available monitoring data and complementing it with additional data collection, as needed, to assess outcome-level changes and the effectiveness of different intervention components.

Given the sensitive nature of the project, the complex operating context, and the security situation, the scope and modalities of data collection may be subject to ethical, security, and confidentiality constraints. Access to locations, stakeholders, and participants may vary depending on conditions on the ground, including security developments, availability of staff, and the situation of project participants. These factors may also influence which methods and questions are appropriate and safe to use in different settings.

Participation of survivors must be carefully considered in line with safeguarding and stress- and trauma-sensitive principles, and access to highly sensitive data may be restricted. The evaluation team is therefore expected to apply a flexible, context-adaptive approach, ensuring that all data collection is ethically sound and prioritises the safety, dignity, and wellbeing of participants.

In addition, the evaluation should be sensitive to the operational realities and workload of staff, and avoid placing undue burden on teams in the field. Overall, the approach should balance methodological rigour with feasibility and ethical responsibility.

5. Evaluation questions

The evaluation will be guided by the OECD-DAC criteria of relevance, effectiveness, efficiency, impact, and sustainability, complemented by cross-cutting questions. The evaluation questions can be refined in the inception phase of the assignment in dialogue with *medica mondiale* e.V. and its partners.

RELEVANCE¹: *Are we doing the right things?*

- To what extent does the project respond to the current and evolving needs of CRSV/SGBV survivors in IDP camps and host communities in the local context?

¹ OECD-DAC criteria: [Glossary of Key Terms in Evaluation and Results-Based Management for Sustainable Development \(Second Edition\) | READ online \(oecd-ilibrary.org\)](https://www.oecd-ilibrary.org/glossary-of-key-terms-in-evaluation-and-results-based-management-for-sustainable-development-second-edition)

- To what extent is the project relevant to the needs and roles of institutions, communities, and feminist actors in addressing SGBV in the local context?
- To what extent is the project design appropriate to achieve its intended outcomes across the different levels of intervention?

COHERENCE: *How well does this project to be evaluated fit?*

- To what extent is the project coherent with other interventions by *medica mondiale* and Emma?
- To what extent is the project aligned and coordinated with relevant external actors, services, and policies in the region?

EFFECTIVENESS: *Is the project to be evaluated achieving its objectives?*

- To what extent is the project achieving its intended outcomes, based on logframe indicators and additional evidence capturing outcome-level changes?
- To what extent is the ongoing crisis in the region affecting project implementation and outcomes?
- What factors have enabled or hindered the achievement of results across the different components?

EFFICIENCY: *How well are resources being used?*

- To what extent have resources (time, staff and funding) been used efficiently in relation to the results achieved?
- How have budgetary and resource constraints influenced the implementation, efficiency, and results of the project?
- What factors support or hinder the efficiency of teams and mobilizers in service delivery and reporting — including documentation, reporting, use of digital tools? Please include a reflection on processes with *medica mondiale e.V.* in Cologne.

IMPACT: *What difference does the project make?*

- What evidence of meaningful change can be identified in the lives of survivors of SGBV, and what do they illustrate about how the project contributes to improvements in relative wellbeing, coping, and life trajectories?
- What broader and longer-term changes are emerging beyond immediate outcomes (e.g. psychosocial wellbeing, social inclusion, economic stability)?
- What unintended effects (positive or negative) has the project had on survivors, their families, and communities?

SUSTAINABILITY: *How can the benefits be anchored for long-term impact?*

- To what extent are the results and activities of the project sustainable and locally anchored across the different levels of intervention (individual, community, institutional, and societal)?
- What factors have contributed to or limited the sustainability of the project, and what is needed to strengthen sustainability moving forward?

Please examine the financial, economic, social, environmental and institutional capacities required to sustain benefits of the project over time.

CROSS-CUTTING ISSUES: *To assess the project's broader contributions beyond its core objectives, which contributions and effects can be found in the following areas?*

- medica mondiale's multi-level approach: How and to what extent does the project cover the different levels of *medica mondiale's* multi-level approach, as well as the three strategic areas — preventing violence, supporting survivors, and strengthening feminist action?
- Application of the STA approach and STA trainings: To what extent and in what ways is the stress- and trauma-sensitive approach (STA) and/or STA trainings applied across the project, and what effects does it have on the quality of services and outcomes for survivors?
- MEAL: To what extent are the MEAL systems — both at partner and *medica mondiale* Cologne — effective in generating reliable and useful data? (e.g. Monitoring processes and documentation: Participatory design / User-friendly and learning oriented / Data protection / Triangulation of data)
- Feminist principles: To what extent is the project applying feminist principles (e.g. partner agency and inclusive practice, intersectional approaches, recognition of different forms of knowledge, adaptability)?
- Learning
 - What are the key lessons learned from Living in Dignity II for the design and implementation of a potential Phase III?
 - How could digital or online components be effectively integrated into the project to enhance reach, accessibility, or sustainability?

The evaluation team will distil its findings on each OECD-DAC criterion into scores as defined in the rating scale provided in the mm documentation.

6. Evaluation approach and methodology

In line with *medica mondiale's* feminist mission, the evaluation will be guided by intersectional feminist principles and a learning-oriented, participatory approach. The evaluation should explicitly recognise power dynamics, value different forms of knowledge, and centre the perspectives and experiences of survivors.

This will be demonstrated through:

- A women-led and diverse evaluation team that reflects on its positionality and applies power- and knowledge-sensitive approaches;
- Integration of gender and intersectional analysis throughout all stages of the evaluation;
- A participatory approach that meaningfully involves relevant stakeholders, where appropriate and safe to do so;
- Application of *medica mondiale's* stress- and trauma-sensitive approach, ensuring that participation is safe, voluntary, and appropriate.
- A strong focus on generating actionable learning and recommendations that contribute to improved practice and gender-transformative change.

The evaluation will be guided by the OECD-DAC evaluation criteria and standards and should align with relevant BMZ evaluation requirements and guidelines. All evaluation terms will be understood in line with the OECD Glossary of Key Terms in Evaluation and Results-Based Management.

The evaluation team is expected to triangulate multiple data sources and methods to ensure credible, context-sensitive findings, while ensuring that ethical considerations and participant safety take precedence over data completeness.

Methodological Considerations and Constraints

The evaluation design should be flexible and adaptive to the complex and evolving context. Data collection is expected to be conducted in person where feasible. However, the methodology and budget should include contingency plans for remote or hybrid approaches, taking into account potential security, access, and logistical constraints. For any in-person option, the proposal should assume that the full evaluation team will travel.

We invite the evaluation team to consider the involvement of women from affected communities as data collectors to enhance access and trust. This should only be pursued where sufficient capacity, training, supervision, and safeguarding measures can be ensured. Decisions on this will be made in consultation with Emma and will depend on feasibility and the evaluation team's expertise.

Key constraints include security risks, restricted or unpredictable access to IDP camps and communities, high confidentiality requirements, political and legal sensitivities, stigma and trauma affecting participation, population mobility, and language and literacy barriers. In addition, the availability and willingness of stakeholders (e.g. government actors) may be limited or uncertain, which may affect access to information and engagement. These risks and corresponding mitigation measures should be reflected in the proposal.

7. Organisation of the evaluation

The evaluation is expected to be carried out between June 2026 and January 2027 (indicative timeline). The implementing partners in-country are available for in-country research between August and early October 2026; the period for in-country research should not exceed 2 weeks taking into account the security situation and holidays. The budget for the evaluation is a maximum 30,000 euros, including all honoraria of the evaluation team, travel and other costs managed by the evaluation team.

Roles and responsibilities:

- *Medica mondiale's* evaluation manager steers the overall evaluation process from TOR design to facilitating the management response in coordination with relevant departments.
- *medica mondiale's* project/programme manager compiles necessary project data, briefs the evaluation team on the intervention and on practical issues such as safety and logistics, and introduces the evaluation team to the local partners.
- A *medica mondiale* trauma adviser will provide orientation on incorporating STA in the evaluation process and products.
- A reference group composed of representatives from *medica mondiale*, the partner organisation and possibly representatives of women rights holders in the intervention communities advises and provides feedback on the inception report, first findings presented in the validation ("preliminary findings") workshop, and the draft evaluation report. The evaluation managers compile and filter feedback to the evaluation team so that the evaluation team receives coherent feedback.

8. Deliverables

- Kick off meeting:
 - Initial meeting with medica mondiale, Emma, and the PMEAL consultant to align on expectations, evaluation questions, available data, and logistical considerations
- Inception phase and report:
 - The evaluation team will conduct a desk review and initial consultations and submit an inception report (using mm’s template) outlining the final methodology, evaluation matrix, sampling approach, data collection tools, and detailed work plan. The report will be reviewed by medica mondiale and Emma and revised accordingly.
- Data collection and validation:
 - Implementation of data collection, followed by a validation workshop (or workshops) with key stakeholders to present and discuss preliminary findings.
 - The evaluation should account for evolving project activities and results, including a light-touch follow-up phase (e.g. remote consultations) to capture key updates.
- Draft evaluation report:
 - Submission of a draft report presenting findings, conclusions, and practical recommendations. The report will follow medica mondiale’s evaluation guidelines and will be shared for feedback.
- Final evaluation report:
 - Submission of a final report in English (max. 40–50 pages, plus annexes), including a clear executive summary (4–5 pages)
- Presentation of findings:
 - Presentation of key findings and recommendations to medica mondiale, Emma, and relevant stakeholders (format to be agreed).
- Accessible summary products:
 - Preparation of concise and user-friendly outputs (e.g. summary brief, infographic, or presentation) to support dissemination and use of findings.

9. Proposed timeline

Evaluation phase	Time	Description of phase
Inception	June	Kick Off meeting Desk analysis of relevant documentation Elaboration of evaluation matrix, evaluation tools and inception report; Feedback loops Explorative interviews with <i>medica mondiale</i> staff, Emma and other relevant stakeholders
Data collection	August - October	Data collection and preliminary analysis

and analysis		Continued analysis and triangulation of data
Synthesis and report writing	November - January	<p>Preliminary findings validation workshop with Emma</p> <p>Remote consultations for follow-up phase for relevant indicators</p> <p>Development of conclusions and recommendations, elaboration of Draft Report – First draft of the evaluation report by November 10</p> <p>Feedback loops with Reference Group</p> <p>Presentation and discussion of approved Evaluation Report main findings, conclusions and recommendation to a wider (strategic level) circle of <i>medica mondiale</i> e.V.;</p>

10. Requirements for the evaluation team

- Proven experience in conducting evaluations in line with OECD-DAC criteria and standards;
- Strong expertise in mixed-methods evaluation design and implementation;
- Demonstrated experience in SGBV and psychosocial support programming;
- Proven expertise in applying trauma-sensitive and survivor-centred approaches in data collection and evaluation;
- Experience working with highly vulnerable and traumatised populations;
- Strong understanding of gender, cultural, and conflict sensitivity;
- Familiarity with feminist, participatory, and intersectional evaluation approaches;
- Proven track record in conducting complex external evaluations in fragile or conflict-affected contexts;
- Contextual experience in Iraq and/or the Kurdistan Region of Iraq (KRI), ideally including work with Yazidi communities;
- Flexibility and responsiveness in engaging with beneficiaries and stakeholders, recognising that participation may be voluntary and that some individuals may decline to attend interviews or choose not to respond to all questions;
- Ability to operate in highly sensitive, confidential, and volatile environments;
- Demonstrated understanding and application of stress- and trauma-sensitive (STA) approaches in evaluation processes;
- Relevant security training and ability to adhere to security protocols in complex environments.

The evaluation team should consist of not more than 4 people have strong language capabilities relevant to the context or demonstrate access to qualified translators. Preference will be given to teams with proficiency in different Kurdish dialects.

Furthermore, the evaluation team must be independent from *medica mondiale* and its partner organisations.

11. Application Procedure

Applications with the subject line “Final Evaluation – Living in Dignity II (KRI)” should be submitted to evaluation@medicamondiale.org no later than May 15th 2026. Questions can be asked until April 29th.

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 (including on-site and remote data collection options)
- A complete and detailed budget breakdown, including VAT (if applicable), specifying daily consulting fees and all additional costs (e.g. travel). The proposal should include two budget options: (1) a fully remote option and (2) an option including on-site data collection, with a total budget not exceeding EUR 30,000.
- Two references per team member, incl. reference contact details
- Links to publication of earlier conducted work in relation to evaluations etc.

Only complete applications shall be considered.

Only short listed/successful candidates will be contacted.

The interviews are likely to take place between the week of May 25th 2026 and the week of 11th of June.