

## **TERMS OF REFERENCE FOR THE EVALUATION OF THE TRANSNATIONAL HEALTH TRAINING & ADVOCACY PROGRAMME (THTP PHASE III)**

### **1. Introduction**

These terms of reference were prepared by *medica mondiale* e.V. upon consultation with stakeholders, to provide key information to the evaluation team, partner organisations and stakeholders involved in the evaluation, and clarify expectations from the evaluation.

### **2. Subject and scope of the evaluation**

#### **About *medica mondiale* e.V.**

*medica mondiale* e.V. is a feminist women's rights organisation. For over 30 years, we have been campaigning against conflict-related sexualised violence and against power relations that oppress women. Together with local partner organisations in Northern Iraq/Kurdistan, Afghanistan, West Africa, the African Great Lakes Region as well as in South-eastern Europe, we support survivors of sexualised violence, oppose discriminatory power relations, 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) 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) 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 sexualised 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](http://www.medicamondiale.org).

#### **Programme Background**

The THTP covering Bosnia and Herzegovina (BiH), Kosovo and the Kurdish Region of Iraq (KRI) has been implemented by *medica mondiale*'s Partner Organisations *Medica Gjakova* (Kosovo) and *Medica Zenica* (BiH) as well as through *medica mondiale*'s Regional Office in Dohuk (KRI) in its third phase since July 2022. It is funded by the German Federal Ministry for Economic

Cooperation and Development (BMZ). The overall programme budget for the period to be evaluated is 2,3 Mio Euros.

### Context of intervention

The global programme Transnational Health Training and Advocacy Programme - Phase III builds on the previous programmes THTP I and THTP II. It is implemented in Bosnia and Herzegovina (BiH), in Kosovo (KOS) and the Kurdish Region of Iraq (KRI).

SGBV survivors worldwide face stigma and re-traumatising practices when accessing health services. Blaming, discrimination and inappropriate behaviour by health professionals towards SGBV survivors can discourage them from seeking medical care. In conflict and post-conflict settings, this situation is exacerbated by persistent insecurity. At the same time, the working conditions of health professionals are characterised by a shortage of time and resources, so that they often work at their own limits.

In the three countries mentioned above, there are neither sufficient standards that define a stress- and trauma-sensitive behaviour of the health staff, nor are there enough opportunities for health professionals to further educate themselves in this area.

The programme addresses the identified needs with the following components:

1. Outreach: Direct support and awareness-raising for SGBV survivors and their social environment,
2. Qualification and strengthening of health professionals,
3. Advocacy work on country level,
4. International learning and exchange
5. International advocacy work.

### Implementing Partner Organisations

*medica mondiale* is implementing the programme with 2 partner organisations in Southeast Europe (BiH and Kosovo) and *medica mondiale*'s regional office in Dohuk, Kurdish Region of Iraq, that works closely together with the local organisation Lotus Flower in the first component of THTP.

*Medica Zenica* is based in Zenica, Bosnia and Herzegovina and a specialised women's organisation for gender-based and sexualised violence and trauma, which works for almost 30 years with a holistic approach that also aims to improve the economic situation of women in particular. *Medica Zenica* has many years of experience in developing and implementing trainings (e.g. police, prosecution, courts, schools, universities, social work, health sector, non-profit sector). An additional component to this capacity strengthening since 2011 has been the development of (referral) networks between NGOs and public institutions for the improved care and protection of survivors of sexualised violence. Through the previous programmes THTP I and THTP II, *Medica Zenica* has entered into strategic partnerships with local health authorities. This was particularly valuable in the Covid 19 pandemic, as *Medica Zenica* was able to lobby to improve SGBV survivors' access to health services and referral mechanisms.

*Medica Gjakova*'s mission is to improve the situation and rights of women and girls in Kosovo affected by sexualised and gender-based violence. The organisation is based in Gjakova, Kosovo. *Medica Gjakova* implements the holistic approach through trauma-sensitive psychosocial counselling, gynaecological care, legal counselling and income-generating activities for women and girls affected by gender-based and sexualised war violence. In addition, *Medica Gjakova* carries out advocacy work at the societal level. *Medica Gjakova* also works with local authorities to raise awareness of the rights and needs of SGBV survivors and

engages in awareness-raising and advocacy work at the meso and macro levels. *Medica Gjakova* joint the THTP programme in the second phase (THTP II). Under THTP II, *Medica Gjakova* entered into strategic partnerships with health authorities. The training programme was accredited by both the medical and nursing associations.

*medica mondiale's* Regional Office in Dohuk implements the THTP module in Kurdistan Region of Iraq (KRI), in close cooperation with the Directorate of Health in Dohuk and the local NGO The Lotus flower.

## Objectives of the intervention and target groups

### Overall project objective (impact)

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

### Project goal (outcome)

The health facilities involved in the project have consolidated/increased their efforts to institutionalising stress- and trauma-sensitive health services for women and girls affected by SGBV and have started to implement international standards and guidelines for improving access to these services in crisis and post-conflict countries.

### Target groups

#### Direct target groups component 1: Outreach - Direct support and awareness-raising for SGBV survivors and their social environment

- Up to 820 Survivors of SGBV, who benefit directly from the direct services and awareness raising sessions about their right to health.
- Up to 21.900 community members, who benefit directly from the community outreach measures.
- Up to 250 students, teachers, and university members who participate in the awareness raising activities in the educational sector.

#### Direct target groups component 2: Qualification and strengthening of health professionals

- 72 Trainers & Focal Points (34 alumni, 38 new): These are Health professionals who participate in Trainings of Trainers (ToT) and afterwards fulfil the role of a multiplier and change agent with their institutions.
- 469 Health professionals (149 alumni, 320 new): These are Health professionals who participate in the trainings of health professionals, and who have direct contact with survivors of SGBV.

#### Direct target groups components 3, 4 and 5: Advocacy work on country level, international learning and exchange international advocacy work.

- the members of the country steering committees and the international steering committee, who will be further strengthened in their advocacy and international programme management capacities.
- Relevant decision-maker from the country health systems and the global public health sector who are target of the advocacy work of the programme.
- Allies and strategic partners at country level and international level, to be engaged in the advocacy work of the programme.

**Indirect target group:** approx. 42,000 women and girls affected by gender-based violence in the three countries, who are the end users of improved health services.

## Main activities in the intervention

### **Component 1. Outreach: Direct support and awareness raising for SGBV survivors and their social environment**

- 1.1. Awareness raising in women and girls about their rights and treatment choices in the case of SGBV
- 1.2. Awareness raising in the social environment about the forms and consequences of SGBV for women and girls, and possibilities of supporting survivors of SGBV

### **Component 2. Qualification and strengthening of health professionals**

- 2.1. Training Contents and Methodology Development
- 2.2. Refresher trainings and qualification of new trainers and focal points to multiply and upscale Stress- and Trauma-sensitive Approach (STA) in the health systems (ToTs)
- 2.3. Qualification of (new) health professionals
- 2.4. Self-care measures for trainers of the THTP programme

### **Component 3. Advocacy work on country level**

- 3.1. Capacity development to advocate at county level
- 3.2. Strengthening of the Country Steering Meeting Committees
- 3.3. Implementation and further development of the country Advocacy Strategies

### **Component 4. Transnational Learning and Exchange**

- 4.1. Capacity development for Partner Organisations on different topics
- 4.2. Mutual learning and further developing of methods
- 4.3. International Steering Committee and Management of the programme

### **Component 5. International advocacy work**

- 5.1. Implementation of the International Advocacy Strategy

## 3. Purpose of the evaluation

The overall programme is running since 2015 in its third phase but only in its first phase of the format “global programme” of the BMZ, thus providing with a strong focus on the national and international advocacy components. The evaluation will focus on the period of the current phase running from July 2022 up to April 2026 in the intervention zone of Bosnia and Herzegovina, Kosovo and the Kurdish Region of Iraq as well as look at the international advocacy component managed out of *medica mondiale*’s headquarters in Cologne together with the partners.

*medica mondiale* e.V. commissions this evaluation to deepen its understanding of the intervention and of the ways it has contributed – or not – to intended outcomes and to achieved impact, to learn, with its partner organisations, for future programming. The evaluation serves accountability purposes with our donor, BMZ. The conclusions and recommendations of this evaluation will form the basis for the next phase of the THTP Global Programme.

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

Stakeholder	Expected involvement and usage of the evaluation
<i>medica mondiale</i>	<p><u>Use:</u> Impact measuring, Lessons learned (Management Response to evaluation), accountability</p> <p><u>Involvement:</u> Provide logistical and technical support, provide data, participating in interviews or focus groups. Ensure that ethical and confidentiality standards are met during the evaluation. Focus on mitigating risks related to security, mobility and cultural barriers in the evaluation process.</p>

Partner Organisations	<u>Use:</u> Identification of achievements and challenges encountered; Empowerment; Learning Experience <u>Involvement:</u> Providing data and logistical support, participating in interviews or focus groups and co-developing actionable recommendations for local context.
Health Institutions (incl. trained health staff)	<u>Use:</u> Acknowledgement of provided collaboration; Learning Experience <u>Involvement:</u> Providing data, participating in interviews or focus groups
Donor BMZ	<u>Use:</u> Accountability <u>Involvement:</u> Read evaluation reports, ensure accountability and adherence to international evaluation standards.

Furthermore, *medica mondiale* e.V. commissions evaluation reviews and syntheses of evaluations to extract learning for its overall programme work and the continuous improvement of its monitoring and evaluation systems.

#### 4. Evaluation questions

The evaluation will answer the following questions, which can be refined in the inception phase of the assignment in dialogue with *medica mondiale* e.V. and its partners.

RELEVANCE<sup>1</sup>: *Are we doing the right things?*

- 1) To what extent does the programme respond to the (changing) needs and priorities of beneficiaries, Partner Organisations (POs), external stakeholders, including authorities, civil society and international bodies including relevant policies?
- 2) How well is the programme designed to achieve its stated and implicit objectives?

COHERENCE: *How well does this THTP Programme fit?*

- 1) How well does the programme fit with other interventions of *medica mondiale* and with its norms and standards (incl. its Stress- and Trauma-sensitive Approach, its multi-level-approach, its feminist approach, conflict-sensitivity and in view of contributing to peacebuilding)? (internal coherence)?
- 2) How well does the programme fit with the interventions of other actors on prevention of SGBV and assistance to survivors in the same areas and with the international norms and standards *medica mondiale* abides to (external coherence)?
- 3) How adequately has *medica mondiale* and its partner organisations fostered the coherence between its interventions in the region and between its THTP Programme and other actors' interventions in the region?

EFFECTIVENESS: *Is the THTP Programme achieving its objectives?*

- 1) To which extent has the intervention achieved, or is expected to achieve, its objectives, and its results, including any specific results across POs?
- 2) To what extent has the programme enhanced the capacities of POs, stakeholders and activists to respond to and prevent SGBV?

<sup>1</sup> 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)

- 3) To what extent have SGBV survivors been successfully accompanied, and communities sensitised by the programme's partners and stakeholders? (POs, experts/activists)?
- 4) What are the major factors influencing the programme's effectiveness?

EFFICIENCY: *How well are resources being used?*

- 1) How well were the programme resources (time, staff and funding) managed to deliver the programme's planned outputs and/or adapt to changing circumstances?
- 2) How adequate are the programme's structures (including the collaborative arrangements with POs) to deliver and monitor the planned outputs?
- 3) How well is the programme managed? This includes steering, decision-making at the programme, regional and international levels.

IMPACT: *What difference does the THTP Programme make?*

- 1) To what extent has assistance to SGBV survivors become more stress- and trauma-sensitive looking at changes in attitude, knowledge and skills of health staff?
- 2) To what extent was it possible to spread knowledge and awareness of *medica mondiale's* Stress- and Trauma-sensitive Approach (STA) in targeted regions and promote its application?
- 3) How likely is it that the programme generates significant (positive, negative) unintended higher-level effects?

SUSTAINABILITY: *Will the benefits last?*

- 1) How likely is it that *medica mondiale* boundary partners (Partner Organisations, activists and experts) and targeted beneficiaries will sustain their achievements, activities and results after the end of programme?
- 2) What are the major factors influencing the sustainability of the programme's results?

Please examine the financial, economic, social, environmental and institutional capacities required to sustain net benefits 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* multi-level approach:

- *medica mondiale's* strategic areas: preventing violence, supporting survivors, strengthening feminist action
- How likely is it that the programme will contribute to reduced SGBV, a culture of non-violence against women and girls, as well as towards peacebuilding in the targeted populations?

Application of the Stress- and Trauma-sensitive Approach (STA) and trainings

- How is the Stress-and Trauma-sensitive Approach (STA) applied in the project and specifically in the trainings and what kind of impact does it show or is likely to take place?
- How is staff care and self-care applied during the implementation of the project component?

Conflict-sensitivity

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

### 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?

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

## **5. Evaluation approach and methodology**

In keeping with *medica mondiale*'s feminist mission, the evaluation will be informed by intersectional feminist principles, as manifested in:

- a women-led evaluation team that recognises that knowledge is power, reflects on the positionality of its members, and is open to different forms of knowledge
- gender analysis and intersectional analysis throughout the evaluation
- commitment to broad participation in the evaluation
- application of *medica mondiale*'s Stress- and Trauma-sensitive Approach<sup>2</sup>, especially when interacting with survivors of sexualised and gender-based violence (SGBV)
- evaluation recommendations for transformation towards greater gender equality

In terms of evaluation standards, it will be guided by the OECD-DAC Standards for Evaluation. All evaluation-related terms will be defined as in the OECD Glossary of Key Terms in Evaluation and Results-Based Management for Sustainable Development.

Based on an evaluability assessment carried out by *medica mondiale*, we recommend using a participatory evaluation approach with all stakeholders involved. The evaluation team will triangulate data sources and data collection methods to obtain credible evidence-based findings.

## **6. Organisation of the evaluation**

The evaluation is expected to be carried out between April and October 2025. The budget for the evaluation is 40 000 EURO, 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 manager compiles necessary project data for the project documentation for the evaluability and evaluation process, 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 Stress- and Trauma-sensitive Approach (STA) in the evaluation process
- A reference group composed of representatives of *medica mondiale* and the partner organisations 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.

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<sup>2</sup> [Glossary Term: STA - Stress- and Trauma-sensitive Approach® \(medicamondiale.org\)](https://www.medicamondiale.org)

## 7. Deliverables

- Kick off meeting with participatory (including *medica mondiale* and partner organisations) validation of evaluation questions & collection of important interview partners
- Draft Inception Report in English including a reconstructed intervention logic/theory of change, commenting by reference group (*medica mondiale* and partner organisations)
- Inception Report in English: The evaluation team is expected to compile an Inception Report with the final specified methodology, reconstructed intervention logic/theory of change, evaluation matrix, analysis methods, data collection instruments and work plan for both overall evaluation and field/data collection phase.
- Validation workshops and a slide deck with preliminary findings with (a) implementing partners/partner organisations and other relevant stakeholders such as participating rights holders, at the end of the data collection phase, and (b) *medica mondiale's* headquarters in Cologne, in-country or remotely.
- Draft Evaluation Report in English
- Final Evaluation Report in English, including an executive summary (5 pages only)
- Slide deck summarising overall findings and recommendations and presentation
- Creative dissemination products such as infographics and/or video (tbd)

## 8. Proposed timeline

Evaluation phase	Time	Description of phase
Inception	April 2025	Kick Off meeting  Desk analysis of relevant documentation  Elaboration of reconstructed intervention logic/theory of change, evaluation matrix, evaluation tools and inception report; Feedback loops  Explorative interviews with <i>medica mondiale</i> staff, partner organisations and other relevant stakeholders
Data collection and analysis incl. Field Visits to BiH, Kosovo and KRI	May - June 2025 (tbd)	Data collection and preliminary analysis Preliminary findings validation workshop with partner organisations in country  Continued analysis and triangulation of data  Preliminary findings sharing workshop with <i>medica mondiale</i>
Synthesis and report writing	June – October 2025 (tbd)	Development of conclusions and recommendations, elaboration of Draft Report  Feedback loops with Reference Group  Presentation and discussion of approved Evaluation Report main findings, conclusions and recommendation to a wider (strategic level) circle of <i>medica mondiale e.V.</i> ;  Creative dissemination products such as infographics or video



## 9. Requirements for the evaluation team

- Experience in evaluating BMZ funded projects and strong experience in applying the OECD-DAC Criteria
- thematic experience in (S)GBV, (feminist) advocacy, empowerment of survivors of trauma, conflict sensitivity
- proven commitment to feminist and intersectional approaches in evaluation/research
- strong skills in conflict-sensitive, empowering and power-sensible communication
- proven experience in evaluation or social research using both qualitative and quantitative data collection and a variety of analysis methods
- proven experience in gender/intersectional analysis or related research and practice
- regional competence in Bosnia and Herzegovina, Kosovo and Kurdish Region of Iraq; we strongly encourage regional teams to apply;
- proficiency in English as well as relevant languages spoken in the intervention's countries.

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

## 10. Application Procedure

Applications with the subject line "THTP Programme evaluation 2025" are received under [evaluation@medicamondiale.org](mailto:evaluation@medicamondiale.org) until **March 31st, 2025, 9 am COB**. Questions can be asked until March 24th, 2025.

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
- 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 on April 11<sup>th</sup>, 2025.