CALL FOR EXPRESSIONS OF INTEREST TO UNDERTAKE AN EVALUATION IN AFGHANISTAN

Medica Afghanistan - Women Support Organization is an independent Afghan women's rights organization, led by and for Afghan women. It began as a program that was founded by the German women's rights organization medica mondiale in Afghanistan in 2002. The organization was nationalized in December 2010 and registered with Ministry of Economy of Afghanistan as national Afghan women's rights NGO. MA operates as a self-reliant Afghan women's organization. The main focus of its work is to provide psycho-social counseling, legal aid and mediation services to women and girls who have survived domestic violence and conflict.

It offers advanced professional training to lawyers, doctors, social workers and the religious leaders on the ramifications of violence against women and conducts independent research programs. The organization raises public awareness, and lobbies for local and national policies that aim to end violence against women and girls. Since, its establishment, MA had numerous publications on different topics related to gender, legal, and psychosocial, trained hundreds health and legal professionals, counseled nearly thousand clients and dealt with around 12.000 cases of women survivors. Its main office is in Kabul with north and west coverage through the provincial based offices in Mazar-e-Sharif and Herat.

medica mondiale is a German women's rights organisation that was established in 1993 to support women and girls who have been affected by sexualised and other forms of violence in war and crises areas. The non-governmental organisation provides psychosocial, medical and legal aid services to women through projects in Afghanistan, Bosnia and Herzegovina, Liberia and other post conflict countries. mm's direct services are always accompanied by human rights work, networking and awareness raising activities.

We are looking for a

SHORT-TERM CONSULTANCY TEAM

to develop and conduct the final evaluation of the project: "Transnational Health Training Project (THTP)" in Afghanistan. Institutions and/or consultant teams are invited to submit an application for this consultancy.

The project shall be evaluated along the lines of OECD-DAC criteria and with special attention to the stress and trauma sensitive approach (STA) used, to any progress barriers for the project and to management policy impact, amongst other points.

Tentative time plan

Tender of evaluation:	March 2018
Selection of evaluators/ preparation /inception phase:	April/May 2018
Data collection: Desk study	April/ May 2018
Data collection Period: remotely and/or in Afghanistan:	May - July 2018
Reporting:	August/ September 2018

Professional qualifications

To ensure that the evaluation draws a balanced picture we would like to contract an evaluation team consisting of a female international expert and a national/ regional expert with the following expertise:

- A strong understanding and experience in evaluation methodology and practice and experience in team work
- Experience in qualitative (storytelling, MSC, etc.) and also in quantitative sociological research methods and practice, if applicable also with remote evaluation models
- Regional knowledge, previous experience in Afghanistan is strongly preferred
- Experiences and knowledge about psycho-social work in the field of violence against women
- (Public)Health background would be desirable
- Background in the topic of sexual gender based violence and community based approaches
- Experiences in working with women rights projects is highly appreciated
- Excellent and proven report writing and verbal communication skills in English; German would be an asset
- National/regional evaluator with excellent communication skills in Dari/Farsi languages
- Experience with evaluating projects funded by the Swiss Agency for Development and Cooperation (SDC) would be an asset.

One consultant will be the main responsible person to Medica Afghanistan/ medica mondiale and will take the lead responsibility for methodology, process, reporting as well as for the conclusion of contract. This consultant will also ensure that the evaluation team and interpreters will act in a trauma sensitive way. We appreciate application from regional consultant teams and / or institutions.

Additionally, each consultant must prove to have participated in a security training for travels in war risk countries / crises areas. Otherwise, the consultant has to absolve such training prior to departure to Afghanistan.

Personal skills

- Flexible, creative and innovative
- Excellent analytical skills
- A clear commitment to work with a women centered and empowering approach
- High cultural sensitivity; high degree of cross-cultural competence and diversity perspective

Application Procedure

Please email your application (CV in English, cover letter and references not exceeding 2MB) including your package proposal (technical, methodological and financial offer), and information concerning your availability with the subject “Evaluation Afghanistan THTP” until 9th April 2018 by 8 am to: pschaaf@medicamondiale.org and c.c. to evaluation@medicamondiale.org.

In case of questions regarding the evaluation and the project please contact evaluation@medicamondiale.org

We highly appreciate team applications and consider the possibility of involving multiple teams. The budget for the evaluation including travel costs, accommodation etc. should not exceed 27,825 USD in total. This would need to include ALL costs, incl. local translators, local transportation etc, if needed.

We will contact only short listed / successful candidates. Skype talks with will take place from 15th to 20th April 2018. We will not send any acknowledgement of receipt of the documents you have submitted. Please note also that the Swiss Agency for Development and Cooperation (SDC) has to agree on the selection of evaluators and the final TOR.

Further information on **Medica Afghanistan** can be found on website: www.medicaafghanistan.org and further information on **medica mondiale** on website: www.medicamondiale.org

TERMS OF REFERENCE

Project Title	Transnational Health Training Project Afghanistan
Country	Afghanistan
Implementing Partner in Developing Country	Medica Afghanistan – Women Support Organisation
Affiliated Capacity Development Partner	medica mondiale e.V.
Public Project Partner	Swiss Agency for Development and Cooperation (SDC)
Project Duration	01.09.2015 - 31.10.2018

1. Purpose and Objective of the Evaluation

At a higher level, 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 the SDC, medica mondiale and Medica Afghanistan with sufficient information to make an informed judgment about the performance of the project, document lessons learnt and provide practical recommendations for follow-up actions and similar future projects. At the same time it serves as a basic for the project scope and approach in the second phase (THTP II) that is planned from November 2018 to October 2021. As general standard, this final project evaluation shall include an assessment of the project's impact, effectiveness, relevance, efficiency and sustainability so far.

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 and beyond. The evaluation will be used to gain more knowledge on effects and impacts in order to inform future programming of Medica Afghanistan and medica mondiale. Medica Afghanistan and medica mondiale will share the evaluation results with the SDC and will publish the summary on their homepages.

2. Background

Initial Situation

Violence against Women (VAW) is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.[1] VAW is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.[2] In 1996, the World Health Assembly declared violence against women to be a major public health problem that urgently needed to be addressed by governments and health organizations.[3] Studies conducted since

[1] Rasheed, Abdul/ Rahman, Mokhlesur (2013): Assessment of Knowledge, Attitude and Practices (KAP) of Health Personnel's on GBV Case Management in six provinces (Badakhshan, Balkh, Bamyan, Hirat, Nangarhar and Parwan Provinces, UN Women
[2] United Nations Declaration on Violence Against Women
[3] Resolution WHA49.25 of the Forty-ninth World Health Assembly, Geneva: WHO, 1996

1990 confirm that, while the prevalence of gender-based violence varies across and within countries, it is a significant problem nearly everywhere[4].

Gender-based violence causes a lot of health-related problems that strain health systems' resources, limit women's well-being and growth, and impede the development of families and communities, hinder governments from achieving their national goals related to health and women's advancement.

Violence against women is socially acceptable in many societies, and women surviving gender-based violence are often left behind and suffer in silence. Health care professionals are therefore in a key position to break the silence and offer care and advice to women who might otherwise face violence, health and psychological consequences for many years. Health professionals are often the first point of contact for survivors of gender-based violence. They are crucial in providing access to adequate and empathic treatment for GBV survivors. Moreover, as respected members of society, they are in a unique position to enable social change by providing information and raising awareness for violence as a health problem affecting entire families. Health professionals who are not trained to recognize abuse and to be sensitive to its psychological impact may treat only the outwardly apparent symptoms miss an opportunity to provide care that is more comprehensive or worse intensify stigmatization and the traumatic experience of the survivor.

67th World Health Assembly (May 2014) resolution on VAW urges member states to strengthen the role of their health systems in addressing GBV to ensure that all people at risk and/or affected by violence have timely, effective, and affordable access to health services, including health promotion, curative, rehabilitation and support services.

Situation in Afghanistan

In Afghanistan, women have suffered oppression for generations because of misogynist practices being imposed on them in the name of culture, tradition or religion. When the Taliban regime was toppled in October 2001, the fate of women in Afghanistan, and an improvement of their conditions constituted one of the most important issues that mobilized the international public opinion and the whole world. Some legal and institutional improvements were made creating a legal framework for the participation of women in society and education, establishing a Ministry of Women's Affairs, etc.

However, violence against women both in their private environment and in public life remains an enormous problem. The amount of violence against women has had and continues to have devastating repercussions and is one of the root causes for the extremely bad physical and psychological condition of many women and girls. Doctors who worked for medica mondiale in past projects reported a number of injuries such as broken arms or legs, internal injuries caused by beatings, vaginal ruptures, infertility caused by rape as well as numerous cases of suicide attempts, for example through self-immolation. A large number of Afghan women and girls suffer from psychosomatic disorders; trauma and psychological health problems including major depressive episodes are caused by their traumatic experiences.[5]

Afghanistan does not yet have an appropriate health care system to treat women survivors of GBV effectively. In particular, there is rare accompanying psychosocial counselling for traumatized women and girls implemented yet, although the Ministry of Public Health with the design of a Basic

[4] *"Gender-based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society." (Bloom, Shelah (2008: 14): Violence against Women & Girls. A Compendium of Monitoring and Evaluation Indicators, USAID).* While women, girls, men and boys as well as other sexes and genders can be victims of GBV, the focus of the THTP project is on violence against women and girls.

[5] Gender-based violence treatment protocol for Primary Health Care, Afghanistan, 2014

Package of Health Services (BPHS) has made an attempt. The GBV Protocol is also a supportive instrument that is taken more and more into consideration. However, its implementation remains uncertain and it will take many years. Although more than 30 years of war have left parts of the population in deep trauma and depression leading to physical pain and violence, psychiatric care is considered an unnecessary "luxury" and no political priority. Traumatized women are often looked down upon and receive neither human nor professional support. Since women were excluded from education for a long time it is difficult for them to take part in and influence social processes to improve their status.

Transnational Health Training Project (THTP)

Overall objective (impact): The project contributes to enhancing access to health-care for women and girls in Afghanistan by improving the quality of healthcare services.

Project goal 1 (outcome): Trained health-care staffs provide trauma-sensitive treatment and care for women affected by GBV. Up to 300.000 female patients make use of trauma-sensitive health-care services in Kabul, Mazar-e Sharif and Herat.

Project goal 2 (outcome): Increased awareness by MoPH and hospital directors on the need to integrate a trauma-sensitive approach into health-care services. Needs for action to overcome institutional barriers and possible steps to take are identified.

The THTP contributes to an increased access to quality health care services for women and girls affected by gender-based violence (GBV) through improving the quality of care of health-care service providers at the local and national level in Afghanistan[6] and Bosnia and Herzegovina. The core part of the project is qualification of health care-staff in GBV and a trauma-sensitive approach towards women and girls affected by it. By acquiring new knowledge, skills and attitudes on the nature and effects of traumatic events, the interaction between health-care providers and clients shall be improved, and will have an empowering effect on the women affected by SGBV. In Afghanistan, the project has been carried out in three Provinces in Afghanistan. In Kabul, Herat and Mazar-e-Sharif , 80 health professionals of different professions (physicians, nurses, midwives) have been trained during two year (3 modules plus one follow up post each module and four peer groups meetings (one day each) in a trauma-sensitive approach to health care.

The project moreover aims at sensitizing the Ministry of Health at the national and provincial level on the need for improved knowledge, skills and attitudes regarding trauma and its consequences for women and their children. By comprehensive results monitoring in the project area, data will be collected throughout the project (2015-2018) that will be used for policy dialogue and advocacy. Furthermore, it is intended that the national health authorities are aware of the need for a trauma-sensitive approach in health services and support the implementation of the project. It is planned to follow up on the project (THTP II). The objective of the second phase is to further replicate the learning through the graduates of THTP I to the professionals as well as support hospital staff in the same three provinces along with expanding in the Northern Province of Samangan. At the beginning of the project, a comprehensive baseline study has been carried out that provides basic data regarding the knowledge, attitude, and practices of the health staff as well as of the patients' view on the treatment. The evaluation should be oriented to the data this baseline study (see section *Methodology*).

Main activities:

- Baseline study in the provinces Balkh, Herat and Kabul
- Development of training curricula and a training manual for the STA trainings
- Trainings in the STA approach and peer group meetings

[6] Kabul and Mazar-e Sharif in Afghanistan

- Awareness raising activities, meetings and monitoring sessions with the Ministry of Public Health, directors of hospitals and gender departments
- National conference for sharing experiences and results with relevant stakeholders
- Media campaigns and awareness raising activities

Target group:

Direct beneficiaries:

- 20 health professionals of the public hospital in Kabul, Mazar and Herat through training of trainers (target group a1)
- 80 health professionals working in the public hospital of Kabul, Mazar and Herat (target group a2)
- 6.000 female clients of health facilities who benefit from an increased quality of care by health professionals (target group a3)
- 10 MA staff (refresher training)
- 20 hospital managers and MOPH mental health taskforce members (STA kick-off training)

Indirect beneficiaries: 6.000 family members (esp. children) of GBV survivors in Afghanistan.

Project Site

Medica Afghanistan's staff of psychologists, highly trained by international specialists in trauma counselling, initiated services for traumatized women and girls in Afghanistan in 2002. Medica Afghanistan provides trainings, sensitization, capacity building, and supervision.

Since 2006 Medica Afghanistan MA has been offering certified courses to medical professionals and psychologists working with traumatized women and girls. Meanwhile, 530 staff has been trained by medica mondiale and Medica Afghanistan in the country. The training focuses on trauma work in a medical setting: using a stress and trauma-sensitive approach (STA), developing counseling skills, and mastering multiple issues related to violence against women and its consequences for women, their families, and society. A training manual "Trauma Sensitive Approach for Health Professionals" has been developed and is available in English and Dari. Medica Afghanistan's PSHP[7] team also networks with multiple stakeholders including governmental, national, and international civil society organizations as it provides professional trainings in the provinces, case supervision and monitoring, and referrals for women and girls in need. These networking activities have made it possible to build up excellent relations and exchange with hospitals in Kabul and Herat. Medica Afghanistan hold sensitization workshops with hospital management/decision makers in Mazar-e Sharif and representatives of the Ministry of Health in Kabul in order to strengthen relations and raise awareness for the need of STA trainings for health professionals. These workshops build the ground for the implementation of STA trainings for professionals within the framework of this project.

3. Scope of Work

Final evaluation of the project. As part of the evaluation, different project sites will be visited or evaluated using an adequate remote evaluation model.

[7] **P**sycho-**S**ocial and **H**ealth **P**rogram

Assessment – DAC evaluation criteria

The evaluation shall include a performance assessment based on the DAC criteria and provide feasible lessons learned for future programming. Evaluation questions will be developed in order to assess the following areas:

1. Relevance: Were the project approach /strategy and the services provided by the organization suitable for the situation and the needs of the different target groups? What can be stated about the relevance of the intervention strategy/methodology/activities implemented to contribute to build women's rights in the Afghan society? Are there any substantial changes required in the project, and whether the activities undertaken through the project in the right direction? Are there any additional components that should be incorporated into the project that could augment the achievement of the objectives under the project? To what extent has the project being able to provide better access for Afghan women and girls to health services? To what extent are the objectives of the projects still valid?
2. Effectiveness: To what extent has the planning, activities and implementation contributed to the objective of the project? To what extent has the objectives of the project achieved or are likely to be achieved? What are the short-term and long-term outcomes of the project? How far is the outcome measurable? What can be stated about the effectiveness of the STA-approach of Medica Afghanistan? Which measures were particularly effective, which weren't? What internal and external factors inhibited or promoted the achievement of specific goals and program progress? What were the major factors influencing the achievement or non-achievement of the project goals?
3. Efficiency: How far is the project implemented in the most efficient manner? What extent of the objectives has been achieved in time? Was the project implemented in the most efficient way compared to alternatives? What can be stated about the cost effectiveness of the project? Are the chosen implementation mechanisms conducive for achieving the expected results or are there better alternatives? Can the project be made more efficient by including/removing specific components?
4. Impact: What can be stated about the impact of the project? To what extent has the project contributed to enhancing access to healthcare for women and girls in the three involved provinces? To what extent has the project contributed to improving the quality of healthcare services in the three involved provinces? What can be stated on short and long term impacts of the services provided by Medica Afghanistan at the individual, societal and political levels? What real difference has the activity made to the beneficiaries? What can be stated about intended and unintended changes?
5. Sustainability: What can be stated about the sustainability of the project? How has sustainability been realised at the different levels (individual, societal, political, and institutional)? To what extent will the benefits of the project continue after donor funding ceased? What are /were the major factors which influenced the achievement or non-achievement of sustainability of the project? How can the systemic implementation of the STA in the health services in Afghanistan/ scaling up of the approach be assured?

Each of the above mentioned criteria shall be analyzed and assessed by the evaluation team in a separate chapter of the evaluation report. In addition,

- The implementation of the project's goals / sub-goals and its indicators as planned in the impact matrix shall be described, analyzed and assessed by the evaluation team in a separate chapter of the evaluation report.
- Lessons learned from the project implementation shall be derived to inform and improve the development of future programming 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 and by the evaluation team in a separate chapter of the evaluation report.

5A Access model

The evaluation of the access to health care shall be assessed based on the 5 A model[8] that distinguishes between five dimensions of access: availability (e.g. what services are available nearby, are the female health workers around?), accessibility (means of transport to get to the health facility), affordability (direct and indirect costs involved for getting appropriate treatment), acceptability (e.g. is there discrimination against specific groups of people?) and adequacy (e.g. are female patients satisfied with the quality of service or personal behaviour?).

Further Key questions of the evaluation

- What can be stated about the implementation of a stress- and trauma-sensitive approach in the hospitals that are involved in this project? How far is this approach accepted by the health staff, the directors, and the gender units? What is different now in regard to the treatment of the patients? What structures have been changed in the hospitals?
- Were there any institutional barriers identified regarding access to trauma-sensitive health care services for women affected by GBV in the course of the project? If yes, what are these?
- What can be stated about the steering of the project? What can be stated on the M&E system of the project? Was monitoring data used as management tool? How far were the findings of the baseline study fed into the project design and development of indicators? How significant are the indicators devised in order to monitor the project?
- What can be stated about the cooperation between the implementing partner with other relevant stakeholders, especially relevant authorities and other organizations active in the domain (WHO)? What can be stated about the cooperation between the implementing partner and the affiliated capacity development partner? Were tasks and responsibilities managed in the most efficient and effective way? What can be stated about the outcome of the overarching international components?
- Are there any lessons learned identified which are relevant for the second project phase or for similar projects in similar contexts and can serve for scaling up as models for medica mondiale, medica Afghanistan and others in the field?

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

4. Methodology

The final methodology will be defined and agreed upon in close cooperation with medica mondiale and Medica Afghanistan 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 and with this acceptance of the evaluation results. At the same time, the basis for collaboration with the evaluation team is formed. In general, a stress- and trauma-sensitive way of working is important to us in this context and standards in working with survivors of sexualized violence should be applied.

The evaluation team should use a multi mixed design, using quantitative and qualitative data. The design should be based on a participatory approach and at the same time strongly incorporate “learning”:

[8] See: Shrestha, Jery (2010): Evaluation of access to primary healthcare. A Case study of Yogyakarta/ Indonesia, p 18ff https://www.itc.nl/library/papers_2010/msc/upm/shrestha.pdf

1. Desk review and analysis of relevant documents– including details of project proposal, project reports, documents on trainings, minutes of stakeholder meetings and others shall be analyzed and the methodology further refined. For preparation purposes, initial Skype and phone interviews with all relevant stakeholders shall take place before the field phase. The evaluation team should involve the staff of the project-implementing partner already during the preparation. A planning meeting shall take place in Cologne or in a virtual room with medica mondiale and medica Afghanistan.
2. The data collected in the framework of the evaluation should be comparable with the data of the baseline study. The methods used in the baseline study are: Staff Focus group discussion, observation and checklists, Personnel and Record Review, KAP Survey, Exit Survey, Stakeholder interviews and Focus Group Discussion with clients. The evaluation team should review how far they will work with the same instruments respectively or rather what other methods, e.g. storytelling might be adequate.
3. Workshop with all relevant stakeholders shall be conducted to present and discuss the preliminary evaluation results and to present the initial recommendations. 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.
4. Data triangulation / analysis are conducted in order to interpret the results and write the report.

The evaluation team will carry out the evaluation in Kabul, Herat and Mazar-e Sharif. Relevant stakeholders are:

- Project staff of Medica Afghanistan (implementing partner)
- Project staff of medica mondiale e.V. (affiliated capacity development partner)
- Project staff of SDA (Donor)
- Patients of the relevant hospitals and their families
- Hospital staff (directors, doctors, gender units)
- Relevant governmental Afghan institutions (e.g. Ministry/ Department of Public Health, Ministry/ Department of Women Affairs)
- Relevant NGOs working in the field of health/ Women's rights (e.g. YHDO, International Medical Corps, Afghanistan Women's Skills Development Center)
- Relevant international organizations working in the field of health (e.g. WHO)

MA, mm and the evaluation team will commit on the exact amount of interview partners/ focus group discussion etc. in the inception report.

5. Outputs and Deliverables

- The evaluation team is expected to compile an Inception report with the final specified methodology, evaluation matrix, analysis methods, data collection instruments and work plan.
- The evaluation team is expected to give a presentation of preliminary findings and recommendations to Medica Afghanistan at the end of the field evaluation phase. The discussions and results of this "initial findings sharing workshop" with Medica Afghanistan have to be included in the evaluation process and its report.
- The evaluation team is expected to compile a draft report in English 14 days after return from the evaluation mission which has to be shared first with Medica Afghanistan.

- After their feedback the draft report has to be shared with Medica Afghanistan and medica mondiale and
- A presentation of the findings and recommendations to medica mondiale in Cologne/ connecting MA via Skype
- The evaluation team is expected to compile the final report (60 pages max. excluding appendix) after feedback for the draft report through medica mondiale and Medica Afghanistan. Quality criteria for report will be provided.
- An assessment of the project according to the quality principles/features of medica mondiale (assessment grid will be provided)
- A summary of the evaluation report for the website of Medica Afghanistan and medica mondiale

6. Evaluation team

An expert profile for selecting the evaluators was developed in collaboration with the local project partner. Regional competency, professional and methodological expertise, especially in the psychosocial and area, and practical experience are most important.

The expert profile will be published regionally and internationally through the internet.

7. Tentative Timetable – Quantity Structure

Time	Place	Activity
May 2018	Desk study homebased	**Preparation** ▪ Analysis of relevant documents and project documentation ▪ Preparation of Inception report ▪ Preparation of evaluation tools and planning meeting with medica mondiale e.V.; Skype meetings with Medica Afghanistan and project stakeholders
May/June/ July 2018[9]	Afghanistan, different locations	**Field phase** ▪ Site visits in Afghanistan ▪ Interviews and/or focus group discussions with key personnel of Medica Afghanistan and medica mondiale e.V. and relevant stakeholders (further details see under methodology) ▪ Focus group discussions/workshops are with women of the target group, preferably including story telling methods or other participative methods ▪ one-day "initial findings sharing workshop" with Medica Afghanistan staff and partner organizations to present, discuss and refine preliminary conclusions and recommendations
July/ August/ September 2018		**Analysis and report writing** ▪ Analysis and triangulation of evaluation results and drafting of the report[10] ▪ Send draft of the report to Medica Afghanistan and medica mondiale e.V. ▪ Present and discuss the evaluation results and recommendations to medica mondiale e.V. in Cologne/ connecting MA via Skype ▪ Write and send the final evaluation report after feedback and presentation ▪ Write short summary of evaluation report to be published on website of medica mondiale e.V./ Medica Afghanistan

[9] Please consider Ramadan (15th May to 14th June 2018)
[10] MA will present the findings on the national conference in August 2018.

The detailed timetable, quantity structure and process will be agreed upon in advance with medica mondiale e.V. and Medica Afghanistan.

8. Management of the Evaluation

The Department of Evaluation and Quality of medica mondiale will take care of the facilitation of the evaluation process. We think that the separation of the evaluation management from the staff responsible for project implementation at medica mondiale and Medica Afghanistan is important for the credibility and the acceptance of the evaluation results.

9. 9. Evaluation Report – Requirements

The report shall be complete and 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 assessment criteria for inception reports and quality criteria and evaluation reports will be provided by medica mondiale e.V.