



Haukari supports direct work with people living in IDP camps and host communities.

Strengthening local protection and counselling for women and girls affected by gender based violence in IDP shelters and host communities

This medica mondiale e.V. and HAUKARI e.V. project targets to strengthen local protection and counselling for women and girls affected by (sexualised) gender-based violence ((S)GBV) in internally displaced persons (IDP)/refugee shelters and camps, and host communities.

This shall be reached (overall objective) by enhancing qualification, organizational capacities and cooperation between local governmental and non-governmental structures of protection and counselling for the affected.

The project has been facilitated in two provinces, Duhok and Sulaymaniyah (especially Garmyan) in the Kurdistan Region in Iraq (KRI). The project has been funded by the BMZ (ÜH) and implemented from July 2016 to August 2018.

Type of evaluation: Final evaluation

Evaluation period: 06/2018 – 08/2018

Consultant team: Jikelele Consultancy in Partnership with the Department of Social Work, University of Sulaimani

Project duration: 07/2016 – 08/2018

Funded by: Federal Ministry of Economic Cooperation and Development (BMZ) (ÜH)

Project budget: 1 million €

Executive Summary

CONTEXT

Since 2014 the violent advance of the Sunni coalition led by the “Islamic State” (IS) has led to massive displacement of people who have had to flee their homes in Iraq and in neighbouring Syria. It is estimated that over two million refugees and IDPs have found refuge in KRI.

The province of Duhok is host to more than 400 000 IDPs and refugees, mainly Kurdish and Arabic people from Mosul, as well as Yezidis from the Sindjar region. Duhok also hosts more than 88 000 Syrian refugees in camps and local communities. The Sulaymaniyah province hosts roughly 260 000 IDPs and refugees, of which more than 32 000 are Syrian refugees.

This situation has placed considerable strain on the region’s infrastructure and is presenting massive cultural and psychosocial challenges, particularly where IDPs and refugees are living in host communities.² Besides increased needs for resources around education, health, shelter, water and general livelihoods, the destabilisation of family life and the close proximity of people dwelling into the camps has led to an increase in (S)GBV, and the well-being of women and girls is therefore under constant threat.

Furthermore, the traditional values of the host communities in general are strongly patriarchal, and as such women are frequently subjected to punishments such as threats of honour killings, beatings and social exclusion. Girls are often subjected to early marriage and forced marriages; female genital mutilation is widespread in certain regions of the KRI.

Local structures are unable to cope with the high demand for protection and counselling of women affected by violence. Many of the local organisations that offer practical and psychosocial support for women affected by violence lack specialised expertise and trauma interventions in the region have tended to be fairly ad hoc and contradictory. There is an urgent need for well-coordinated and contextualised psychosocial counselling for wom-

en affected by (S)GBV, especially considering that women and girls make up around 65 percent of the population in the refugee and IDP camps.

IMPLEMENTING ORGANIZATIONS

HAUKARI e.V. is a non-profit organization focusing on Iraq and the Kurdistan Region. HAUKARI actively engages in the protection of women affected by crises and violence and in the support of victims of political violence. HAUKARI works with KHANZAD, a local organization who focuses on strengthening civil society-government cooperation for protecting women from violence and advocates for legal and social reforms for enhancing women’s political participation. HAUKARI and KHANZAD work with implementing partners, local NGO People’s Development Organization (PDO).

HAUKARI e.V. has been active in the Kurdistan Region of Iraq for more than 26 years. Together with KHANZAD and PDO, HAUKARI facilitated a holistic community developmental approach. They focused on the province of Sulaymaniyah, especially the Garman area, which is an extremely under-resourced part of the region, where very few other NGOs are active. HAUKARI therefore supported direct work with people living in IDP camps and host communities as well as capacity building of key government partners.

medica mondiale e.V. is a non-governmental organization based in Cologne, Germany. As a feminist women’s rights and aid organization *medica mondiale* supports women and girls in war and crisis zones, currently working in Northern Iraq/Kurdistan, in Afghanistan, Liberia, Kosovo, in Bosnia and Herzegovina as well as the African Great Lakes Region.

This project was *medica mondiale*’s entry into working in the Kurdistan Region of Iraq. The organization implemented this project in the Duhok province and surrounding communities. Their focus was on capacity building of government personnel to provide a stress and trauma-sensitive approach[®] from *medica mondiale* (STA) in their work with women and children affected by (S)GBV.

² For example: The Garman region, including the centres of Kalar and Kifri, was badly hit by the Al-Anfal campaign in 1988. This region has some 60 000 IDPs, some of whom are Sunni Arab persons who, from the perspective of the local population, belong to the group of former perpetrators, and since they have close relations to the Sunni Arab militia, are experienced as a high security threat.



View of a refugee camp in Sulaymaniyah.

PROJECT DESCRIPTION AND OBJECTIVES

The project aims to improve the protection and counselling for women affected by (S)GBV in refugee/IDP groups and host communities in the provinces of Duhok and Sulaymaniyah/Garmyan area by enhancing qualification, organizational capacities and cooperation between local governmental and non-governmental structures of protection and counselling for women affected by gender specific violence in IDP camps and host communities.

The project envisioned **3 core outcomes**:

- » **Outcome A:** The offer for qualified counselling for the protection of women and girls who are affected by (S)GBV has improved.
- » **Outcome B:** The organizational, performance and training capacities of governmental and civil counselling offices for women affected by (S)GBV are strengthened.
- » **Outcome C:** The trans-regional network among civil and governmental cooperation partners is strengthened and quality standards as well as qualification offers for the fight against (S)GBV are embedded in the structures.

Pursuing these objectives, the project's direct target groups are:

- » **Women and girls in refugee/IDP camps and emergency accommodation** in the Garmyan region and Kifri, providing for them one-to-one and group counselling as well as awareness-raising events. The target group consists above all of Sunni Arab IDP/refugees in insecure life situations with extreme experiences of violence,

facing the risk of stigmatisation and further sexualised violence while seeking refuge.

- » **staff members from the Directorates of Health (DoH), of Combating Violence Against Women (DVAW), of Labour and Social Affairs (DoLSA) in Dohuk and Sulaymaniyah, staff members of local women's NGOs and state safe houses or counselling points for women as well as police and security officers**, who are working in IDP/refugee shelters and host communities, offering them additional training and knowledge customised to their working context, e.g. on trauma-sensitive counselling approaches, relevant law and legal procedures, gender roles and work with perpetrators, political campaigning and advocacy work regarding women's rights, on self-care and team (peer) support for burn-out prevention or non-violent and conflict-preventive communication strategies.
- » **local psychosocial specialists** receiving training to become team coaches or trainers for the trauma-sensitive approach in order to sustainably establish quality assurance and long-term provision of trauma-sensitive counselling for women affected by (S)GBV in Dohuk and Sulaymaniyah/Garmyan.
- » **governmental and civil society counselling structures** in Dohuk and Sulaymaniyah/Garmyan who are supported in achieving more exchange between staff, mutual visits to learn from each other, trans-regional forums to share experiences and discuss quality standards as well as generating binding quality standards and standard operating procedures for mental health and psychosocial counselling in the Dohuk region.

EVALUATION PURPOSE AND METHODS

The purpose of the evaluation is to provide decision makers at HAUKARI, *medica mondiale* and the BMZ with sufficient information to make an informed decision about the performance of the project, document lessons learnt and provide practical recommendations for follow-up actions and similar future projects.

The evaluation team comprised of an international team from South Africa, a local research team from universities in the KRI and 8 students from local universities who were studying social work. The evaluation was an opportunity to develop local evaluation capacity, provide practical experience for students and bring experience of evaluation and programming from the South African context.

Evaluation approach

The evaluation approach was participatory, where there was collaboration with and inclusion of all project implementers and stakeholders at all levels. A complementary combination of solution focused approaches, individual story-telling and case study analysis was used.

Methodological design

Concerning the methodological design this was a mixed methods evaluation, with the collection and analysis of both qualitative and quantitative data. The research followed a non-experimental method with qualitative data collection methods of focus group discussions and in-depth interviews. Quantitative methods included analysing statistical summaries of cases processed by KHANZAD and PDO, which aligned with the international gender based violence tracking system GBVIMS – Gender Based Violence Information Management System. Questionnaires were developed to access further anonymous quantitative and qualitative data for educational awareness participants (pre-entry or baseline group, and participants who have been through the educational awareness courses) and for trainee counsellors who have been through the training courses. Monitoring data and project narrative reports were analysed. The project financial budget and reports were analysed.

Sampling strategy

A combination of purposive sampling and availability sampling was used to select project sites and project recipients as follows. 66 percent of the 273 participants involved in this evaluation were female, while 34 percent were male:

Type of participant	Methodology	Minimum number of participants
Educational awareness courses	6 Focus Group Discussions (FGD), 150 questionnaires	150
Counselling recipients	12 interviews	12
Medical and psychological professionals	1 FGD, 18 questionnaires, 16 interviews	18
Trained counsellors	2 FGD, 19 questionnaires	19
DCVAW	8 interviews	11
Police (non-DCVAW) and managers	2 FGD, 3 interviews	28
Ministerial & NGO managers	8 interviews	8
Supervisors	1 FGD	3
Supervisees	2 FGD	9
Project staff, trainers & managers	1 FGD, 8 interviews	17
Total	15 FGD, 55 interviews, 187 questionnaires	275 participants

Obtaining ethics and other approvals and permissions

The evaluation was approved by the University of Sulaimani and relevant government authorities participating in this project. Assent from participants was sought, with active consent from the guardians of participants under 18 years of age. All participant data was anonymised and coded.

Data analysis

Qualitative data: Transcribed data was coded and analysed using thematic analysis.

Quantitative data: This was analysed using descriptive statistics in Excel, with numbers of respondents, gender breakdown and percentages calculated for each indicator. Both quantitative and qualitative data were matched to the indicators of the project, with outcomes harvesting conducted on all data.

Limitations and risks of the study and mitigation

This evaluation research has the following perceived limitations, with mitigation of these factors:

- » Political instability in the region which affected project implementation and sampling
- » Utmost care needed to be taken with the interviews with counselling recipients, since many are literally living in life and death situations.

This meant that the counsellor had to be present during all interviews.

- » Several of the local and international researchers have been directly engaged in this project, as supervisors and trainers and the work had to be divided such that no member of the team was directly involved in evaluating any of their own implementation.
- » There was no baseline data available and this had to be constructed, for example by comparing participants who were about to join the educational awareness courses with the results of those who had already attended.

FINDINGS OF THE EVALUATION

Activities planned and implemented

In general the project was implemented according to the original project structure and target groups. Some dynamic changes were made to adjust to the emerging ideas and contextual challenges and opportunities encountered, such as changing the one day awareness meetings to longer educational courses combined with awareness sessions, hence with fewer beneficiaries but each beneficiary participating for longer.

Micro level findings

The original planned outcome A, indicators and achieved results for the project are summarised here:

Planned outcomes & indicators	Achieved project outcomes
<p>Outcome A: The offer for qualified counselling for and the protection of women and girls who are affected by gender-based violence have improved.</p> <p>Indicators: Number of counselling centres in the project regions offering trauma-sensitive and womencentred counselling to survivors of violence (quantitative). Quality checks at counselling centres and health centres show at least 60 percent of positive points on the quality scale developed by <i>medica mondiale</i>.</p>	<p>6 governmental DCVAW structures and civil society counselling and protection centres were supported in Tazade, Qoratu and Aluand IDP Camps and in host communities Kalar and Kifri.</p> <p>100 percent of the participants interviewed in this study reported positive experiences of counselling, with assistance in terms of protection and referral to places of safety, legal assistance, family reconciliation and psychosocial support.</p> <p>Standard operating procedures were developed but not used as quality checks for the measures of counselling.</p>



Many women in the region have been subjected to heavy forms of violence, lost family members and are far away from their homes. The need for psychosocial counselling and support is therefore very high.

Meso level findings

The original planned outcome B, indicators and findings for this evaluation are summarized here:

Outcome & indicators	Achieved outcomes
<p>Outcome B: The organizational, performance and training capacities of governmental and civil counselling offices for women affected by (S)GBV are strengthened.</p> <p>Indicators: Number of leaders from the advisory structures who are acquiring and starting to implement the trauma-sensitive counselling approach and the concept of organizational resilience;</p> <p>Number of counselling services that have implemented measures to protect and adequately support women affected by violence in their organizational processes; Number of police and security forces claiming to detect women-specific violent situations; Number of police and security forces who know and use non-violent and conflict prevention communication strategies; Number of counselling centres supported by the project measures, which promote offers to strengthen the resilience of their employees.</p>	<p>In addition to those already mentioned previously, 43 leaders from a wide range of local and international NGOs and government ministries in Duhok and surrounding communities have been trained in a trauma-sensitive approach, (S)GBV and self-care. They reported improved ability to identify women affected by (S)GBV and refer for specialised services. They report implementing self-care practices in setting boundaries in their work and in improved communication, safety and positive feedback in the teams that they manage.</p> <p>25 high ranking police (and 363 ordinary police mentioned previously) have been trained to identify and respond sensitively to women and girls affected by (S)GBV. All have reported improved ability to identify cases of (S)GBV and trauma, greater awareness of women's rights and are responding more respectfully to women being referred for assistance. They are functioning at the 3 IDP camps and 2 host communities Kalar and Kifri in Garmyan. They have facilitated community awareness campaigns and have trained colleagues in women's rights, recognising (S)GBV and respectful approaches to women affected by (S)GBV.</p> <p>4 local psychosocial specialists (with two leaving) were trained as co-trainers to assist with facilitation of training in STA and (S)GBV.</p> <p>5 local supervisors were trained to regularly support 60 counsellors in their work with survivors of (S)GBV.</p>

Macro level findings

The original planned outcome C, indicators and key results for this evaluation are summarized here:

Outcome & indicators	Achieved outcomes
<p>Outcome C: The trans-regional network among civil and governmental cooperation partners is strengthened and quality standards as well as qualification offers for the fight against (S)GBV are embedded in the structures</p> <p>Indicators: Civil society and state cooperation partners state that they have learned from each other through networking;</p> <p>The health department in Duhok has implemented a quality system for mental health and psychosocial support;</p> <p>Number of networking and exchange meetings</p>	<p>Some valuable trans-regional networking took place within the project with positive experiences of learning about the practical work with survivors of (S)GBV and self-care. The project was especially successful at strengthening local networking amongst a range of service providers working directly with survivors of (S)GBV.</p> <p>A strong foundation of cooperation was established with ministries of DCVAW and DoH, who were actively supportive of the capacity building, both before and after the training was accomplished. Project experts were involved in developing Standard Operating Procedures for all MHPSS (Mental Health and Psychosocial Support) providers in order to ensure quality of services for refugees, IDP and host communities. The expert provided her draft to the DoH for finalization and implementation.</p>

OECD-DAC CRITERIA

Relevance

The evaluation findings showed that all (100 percent) of the women and girls sampled who received counselling and protection are directly affected by (S)GBV. Recipients of counselling report a reduction of exposure to (S)GBV, and an increase in family reconciliation as key outcomes of the counselling. The approaches adopted by the implementing partners, the overall goals and specific focus of this project on (S)GBV, and in particular on strengthening government and civil society structures providing counselling and protection to women and girls affected by (S)GBV, is considered extremely relevant to this context.

Effectiveness

Within a challenging and changing project context, the project implementers did well to achieve their planned outputs and objectives. This investment was with a relatively small group of project participants (compared to the extensive needs), but who were well selected for their positions and levels

of influence. The trainees have shown changes in attitudes, knowledge and behaviour, with immediately implemented outcomes in the way they support women and girls affected by (S)GBV. The foundations for higher level ministerial integration and regional networking have been well established for further consolidation in future.

Efficiency

Although the project activities could be considered expensive in terms of using international consultants, there do not seem to have been viable alternatives which could have achieved the same outcomes. The quality of the capacity building, networking and again investment in appropriate participants have cascaded this investment. Efficiency might have been improved by including higher participant numbers in some of the specialised capacity building initiatives like MHPSS and co-trainers.

Impact

The impact of the project may be summarised as follows. The project:

- » Supported 6 counselling and protection centres in IDP camps and host communities in some of the poorest and most severely conflict- and displacement-affected areas of Kurdistan, namely Garmyan;
- » Raised awareness of women's rights and (S) GBV, with an offer for counselling and protection, to 657 women and 320 men in IDP camps directly;
- » Direct and potential access to counselling protection (literally life-saving protection in many cases) of at least 1924 women, men and their families in IDP camps and host communities in Garmyan;
- » Additional counselling and protection for 3414 women, men and their families from the shelter and DCVAW in Sulaymaniyah which had received training and support from HAUKARI;
- » Invested in local infrastructural development of women's shelters during a time of economic crisis;
- » Developed the capacity of 644 service providers working in the DoH, DCVAW, DoLSA, police, women's shelters and NGOs to offer trauma-sensitive counselling and protection to survivors of (S)GBV in their regular work duties;
- » Developed the capacity of 4 co-trainers and 5 supervisors to support this work in future;
- » Piloted and developed training courses for professionals, in MHPSS, STA, (S)GBV, selfcare and leadership, and systemic intervention with survivors of (S)GBV;
- » Raised awareness about (S)GBV, women's rights and laws, and trauma-sensitive approaches with ministerial level personnel in the Department of Health, DCVAW, Police and Security and the Department of Labour and Social Affairs (DoLSA);
- » Established *medica mondiale* as a respected role-player and networking partner in the region



After having participated in a training course, professionals like this doctor receive a certification proving their newly acquired knowledge.

and contributed significantly to its reputation as an (S)GBV expert;

- » Further developed the reputation and recognition of HAUKARI and KHANZAD in the region, especially in relation to provision of locally appropriate services for counselling and protection of women and girls affected by (S)GBV.

Impact on the lives of intended beneficiaries

The difference that the project has made in the lives of women and girls living in a context of high (S)GBV includes:

- » Greater awareness of laws and rights of women and girls in general and those affected by (S)GBV;
- » Direct and potential access to protection (literally life-saving protection in many cases);
- » Direct and potential access to psychosocial support;
- » Increased mobility and solidarity of women living in oppressive situations;
- » Improved family harmony and reduction of family conflict;
- » Reduced stigma towards women and girls affected by (S)GBV.

Sustainability

The core design of the project promotes sustainability in developing the capacity of existing and relatively well functioning government and civil society structures to provide ongoing local counselling and protection to women and girls affected by (S)GBV. Greater investment in developing local training capacity to continue this work is recommended. Consolidating these approaches into local institutions is recommended since solid foundations have been established in this regard.

Overall DAC rating

Based on the above analysis, the following DAC ratings are proposed:

Scale	1 Very Good	2 Good	3 Satisfactory	4 Unsatisfactory	5 Clearly inadequate	6 Useless or the situation has deteriorated
Relevance	X					
Effectiveness		X				
Efficiency			X			
Impact	X					
Sustainability		X				

Coordination

Despite the project being implemented in two very different parts of Northern Iraq, positive co-operation took place when members of the organisations visited one another and learnt from their work. The regional exchange included sharing of practices and issues affecting the work. Sharing of training approaches and materials could be enhanced once the documentation process has been completed. Improved monitoring systems would enhance delivery.

Complementarity

What makes this project unique is the combination of HAUKARI and KHANZAD's local and regional expertise/experience and reputation, combined with *medica mondiale's* extensive knowledge and intentional experience in the (S)GBV sector. The development of government and NGO professionals in combining counselling and protection is a strength. The investment in self-care and organisational care is innovative and complementary to the core aims of the project.

The partners are actively engaged in local NGO and GBV networks which are collaborating to address higher level needs through advocacy. HAUKARI and *medica mondiale* have been consulted by the BMZ in developing their strategy for the region. This project contributes directly towards the stated BMZ aim of contributing towards better living conditions for refugees and locals living in the KRI.

Coherence

The project has been planned and realized so that it does not undermine, but strengthens, the capacity of government and civil society to improve protection for women and girls affected by (S)GBV. The institutional support of government-led shelters and programmes is unlikely to create dependence because of the understanding, from all stakeholders, that this aid is temporary during the current economic crisis, does not fund personnel costs and relates directly to the aims of improving safe spaces where women and girls may receive assistance.

Connectedness

Implementing partners have a highly sophisticated understanding of the interconnectedness of (S)GBV, political conflict, economic factors and women's position in society in general. The project was designed to take these levels into account. At this stage there is no formal exit strategy, but sustainability factors have been built into the design of the project.

RECOMMENDATIONS

Micro level recommendations

Counselling and protection

- » In the KRI context, counselling cases of (S)GBV often involves dealing with complex situations requiring systemic, creative local responses. The model of counselling that has been developed and implemented by HAUKARI, KHANZAD and PDO is a locally-appropriate model integrating counselling and protection. The evaluation showed that this intervention led to a sustained reduction of (S)GBV, with family reconciliation. This model should therefore be continued and scaled up by HAUKARI together with their local partners, and offered in other IDPs and host communities affected by (S)GBV where possible.
- » The combination of counselling and protection is key in this region where women affected by (S)GBV are often in life threatening situations. This combined focus on counselling and protection was shown to require strong networking between government and civil society services. HAUKARI has strengthened this networking and integrated it successfully into their model of counselling and training of professional counsellors. Therefore the continued combined focus on counselling services, linked to protection services is recommended for the future. The inclusion of both government and civil society actors is therefore also recommended to ensure both counselling and protection.
- » Local government and civil society reported that the investment only in IDP camps, not host communities has increased tensions between the camps and the communities. In this evalu-

ation it was seen that some of the (S)GBV issues such as forced early marriage involve dynamics between families in the IDP camps and host communities. Furthermore, the DCVAW reported high levels of (S)GBV in both IDP camps and host communities. This project worked in parallel with both IDP camps and host communities and the evaluation results showed a reduction of tension, increase in cooperation and positive attitude, and opportunities to address root problems, such as forced early marriages. Therefore the balance of offering the intervention to both IDP camps and host communities is recommended for future.

- » A critical finding is that HAUKARI has not documented their counselling and protection approaches well. A recommendation is that it would be valuable to document and share more broadly within and beyond the region.

Educational courses

- » Many women worst affected by (S)GBV in the region were shown to have highly restricted movement, with limited access to external assistance. HAUKARI introduced a shift in this project to offering longer skills-based educational awareness courses, combined with awareness raising topics, in order to safely attract women and girls to the project. This model was shown to be an innovative and highly effective way of reaching disempowered, restricted women and girls in extremely sensitive (S)GBV contexts. It is therefore recommended that HAUKARI continue to offer the educational awareness courses to men and women, upscaling this activity where possible to other IDP camps and extending the reach to host communities affected by (S)GBV.
- » Many of the cases of (S)GBV analysed in this evaluation were a result of early forced marriage. A stronger focus on prevention of early forced marriage is therefore recommended as a core topic for prevention of (S)GBV relevant to the context.
- » Where men were included in educational awareness activities, they showed improved attitudes to reducing (S)GBV and upholding women's rights. Both men and women requested offering more courses to men which include a trauma awareness component, a recommenda-



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Directorate of Combating Violence Against Women offices in Dohuk with *medica mondiale* trainer and office manager.

tion which is supported as a key focus for the future.

- » A criticism emerging from the evaluation is that HAUKARI currently does not target young men aged 14 to 17 years in the educational awareness courses. In order to address gender attitudes from a younger age and prevent exposure of women and girls to (S)GBV, this is a key population recommended for future inclusion in the intervention.

Professional counselling capacity

medica mondiale Mental Health and Psychological Support (MHPSS) training:

- » The rigorous selection of participants was a key factor of success in reaching professionals working directly with complex cases of survivors of (S)GBV. It is recommended to continue this thorough selection process for future capacity building interventions.
- » The two year MHPSS training offered by *medica mondiale* was well structured and relevant to mental health professionals. The results showed immediate positive outcomes in systemic, trauma-sensitive counselling and case management. It is therefore recommended for

scale-up in future to include other medical professionals working with survivors of (S)GBV in the region and beyond.

- » A criticism of this output of the project is the limited numbers of trainees included in the intensive MHPSS training course. Participant numbers should be increased to justify the cost of this course and expand the reach.
- » The work-based supervision visits and case management support offered by *medica mondiale* trainers throughout the MHPSS training was highly appreciated and effective in finding local solutions to complex situations. It is recommended for future integration into the MHPSS courses.
- » Trainees of the MHPSS course are receiving high numbers of complex cases, which they attribute to this training and their resulting improved reputation as therapists. However they reported receiving no regular supervision. Potential burnout of these professionals is a strong point of concern. In addition the trainees requested specialised further training to assist them in dealing with complex cases of (S)GBV, citing specific examples such as working with children, ex-combatants and groups of young women who

were hostage survivors. It is therefore an ethical obligation and strong recommendation to offer ongoing specialised training, supervision and self-care activities to avoid burnout of this valuable local resource of trained therapists and counsellors. The model of capacity development of local supervision that has been developed by HAUKARI is recommended to ensure sustainability, rather than bringing in international supervisors.

- » Since the trainees were seen to be actively networking with one another, offering one another peer supervision and collectively developing local, practical case interventions, ongoing group supervision should be offered.
- » The selected participants are in key positions of influence (such as middle management) and are already required to offer training to other personnel working directly with survivors of (S)GBV. It is therefore recommended to include a stronger training of trainers focus with these trainees who are already involved in training other frontline personnel.
- » Participants criticised the lack of training materials provided during the courses. In the evaluation the handouts provided to participants were reviewed to be inadequate, often not available in local languages, and at this stage loosely collected, rather than collated. To further support local training capacity development it is recommended that *medica mondiale* documents the training materials in the form of facilitation handbooks and collated participant handouts and make these available in local languages.
- » The thorough government and organisational consultation processes which took place prior to the training was shown to be an effective way of introducing the specialised (S)GBV expertise of *medica mondiale* to this region and is recommended as a future entry model into new areas of intervention.

HAUKARI training of counsellors:

- » HAUKARI included a range of government and civil society counselling trainees, which it was shown to improve local networking and sharing



of case management strategies, effectively combining counselling and protection. This combination of government and civil society counselling trainees is therefore recommended for future interventions.

- » HAUKARI and the KHANZAD trained counsellors showed a greater ability than some of the other government and civil society trainees to step back from the immediate urgency of the case situation. They were able to reflect on how counselling and protection interventions impact on broader, strategic gender aims of the programme and how to address higher level advocacy needs. This role is valuable in the local context and should be continued in future, even as local counselling and protection capacity is strengthened.
- » A critical reflection is that HAUKARI and KHANZAD have been quite internally focused on their specific region of work. They are encouraged to look beyond their immediate work context and increase their role of influence in the region.
- » In this regard, HAUKARI should document their gender advocacy reflections and share them to influence strategic policy development and programming in the region and beyond.

Training with the Directorate of Combating Violence Against Women (DCVAW):

- » Both HAUKARI and *medica mondiale* are targeting a highly relevant government department, DCVAW, for training. The outcomes of this training showed immediate positive outcomes in how DCVAW personnel were receiving and resolving cases in more respectful, inclusive and effective ways. It is therefore highly recommended to continue the systemic training with DCVAW and scale this activity up to eventually include all DCVAW centres in the region, a request which was explicitly made by senior management of DCVAW.
- » A criticism of the training by both *medica mondiale* and HAUKARI is that the courses tended to be generic and not always directed to the specific role of the various DCVAW personnel. A more structured curriculum is recommended for DCVAW training. The sessions on role clarification of the different DCVAW role players should be formalised and strengthened.
- » The combination of training and focused institutional support of DCVAW centres was shown to be effective in terms of gaining buy-in from DCVAW while supporting practical implementation of service delivery, and is recommended for continuation.
- » HAUKARI is reflecting critically on this dual role of institutional support and capacity development and expressed concern about taking over the functions of government. It is recommended that they continue this critical reflection, especially if the economic situation of local government changes.

Support to women's shelters

- » *medica mondiale* and HAUKARI's infrastructural and programmatic assistance to the shelters (which are a key local support resource for women's protection) was shown to be effective in increasing staff morale and in providing practical support to survivors of (S)GBV. It is recommended that this should be continued.
- » The monthly supervision and volunteer programme has improved the reputation of the shelters and reduced the stress of the staff

working in the shelters and is recommended for continuation. This model should be shared with other shelters, even beyond this region, where possible.

- » In the evaluation it was found that some of the problems with the shelters in the region were structural issues, such as low wages of staff working at the shelters, limited career mobility, lack of programmes for women and girls in the shelters and the reputation of the shelters in the community. It is recommended that together with other women's networks, HAUKARI and *medica mondiale* collectively explore ideas on how to address some of these root structural problems. This collective advocacy action should be strengthened in future.

Police and security (S)GBV capacity

- » Training by HAUKARI and KHANZAD with police in how to receive and handle cases of (S)GBV is a key aspect of this programme and led to immediate positive outcomes of working with women and girls and families affected by (S)GBV. Further training with police is therefore recommended in line with their specific duties and their request for self-care activities.
- » Police training by local staff was found to be an impactful and cost effective activity that has been supported by HAUKARI and KHANZAD which targets a key frontline (S)GBV protection service, and should be scaled up to reach all police in the region if possible.

Meso level recommendations

Organisational (S)GBV capacity

- » *medica mondiale*'s intensive selection processes and organisational consultation processes were effective in gaining support for the SGBV trainees and are recommended for future.
- » Trainers and participants criticised the repetition of topics, often because new participants were joining different stages of the training. Therefore greater structure of training curricula of *medica mondiale*'s training in (S)GBV trauma awareness is recommended. Well-developed handouts should be developed for participants



Focusing on the province of Sulaymaniyah, Haukari actively engages in the protection of women affected by crisis and violence.

to be able to refer to after the training. This will ensure a longer-term impact of the training, as well as possible knock-on impact on colleagues of trainees who may benefit from the written materials.

- » Conditional modularisation, where specific courses should be attended before participants move on to the next course, would reduce repetition of topics and mixing of different levels of participants.
- » A general concern was raised by supervisors, trainers and participants regarding the pressure on local middle managers by their higher level international NGO managers. A stronger focus by *medica mondiale* on advocacy to address such commonly emerging issues is recommended.

Self-care training

- » The participatory and applied practices used in the training by *medica mondiale* were found to be effective in engaging participants and developing practical, applied self-care practices. This interactive and applied training approach should be continued, documented and made more widely available where possible.

- » The trainers found that the concept of self-care was difficult to introduce, since it is not familiar to the local context. It is therefore important to keep experimenting with local ways of presenting self-care. The innovative gains made in this regard should be documented and shared.
- » Where there were structural challenges in organisations such as the shelter in Duhok, the self-care training was shown to be less effective. It is again recommended that structural issues found during the self-care work should be addressed through collective advocacy action by *medica mondiale* in future, together with local network partners.

Local training capacity

- » Where *medica mondiale* and HAUKARI training was undertaken by local staff (for example the training of DCVAW and police), participants expressed appreciation for the local, practical and culturally-appropriate explanations from the local trainers. It is recommended to make greater use of local trainers in future.
- » The staff from local universities was found by HAUKARI to be a positive resource which could be drawn on even more in future, also by

medica mondiale. The approach of HAUKARI of strengthening local practical approaches to counselling and protection was effective given the complex and sensitive context. It is recommended to increase this focus, rather than importing externally developed models.

- » A stronger commitment to the development of local trainers is therefore recommended, with an explicit focus on training of trainers.
- » Local trainers and participants described a lack of interactive facilitation skills in the local context. Therefore the learning of progressive, innovative and participatory adult education methods is recommended.
- » To increase the number of local trainers, to make the training more cost-effective and to counteract an expected drop-off in training-of-trainers projects, it is recommended for *medica mondiale* to have higher starting numbers of trainers than the planned 4 co-trainers.
- » The term and concept of 'co-trainers' should be revised to give full credit and a more equal partnership to local trainers who are already active in training others.
- » Many former trainees of this project are already active in training other frontline personnel in highly relevant contexts. They are worth investing in further with local training capacity development, thereby contributing to local sustainability. It is therefore further recommended that local trainers be selected from previous MHPSS, SGBV, STA and self-care course participants.

Development of local supervision capacity

- » The development of local supervision capacity was identified as a need by project partners. The capacity development being done by HAUKARI in this regard was seen to be effective in reducing the stress of professional counsellors, increasing their knowledge and sharing practical strategies for solving complex cases in locally appropriate ways. It is highly recommended that HAUKARI continue their efforts to strengthen local supervision which they are doing self-reflectively and with the help of a specialized consultant.

- » Regular monthly supervision is being offered by local supervisors to NGO personnel, government personnel and all former trainees, supported by HAUKARI. This supervision approach is recommended for continuation and scale-up.
- » A critique from the supervisors and supervisees was that supervision should be offered in more comfortable rooms, for longer duration or more frequently, and include more self-care activities. These recommendations are supported to make the supervision even more effective.
- » It is recommended that this model of supervision and training of local supervisors being developed by HAUKARI be scaled up where possible and be structurally introduced to key counselling and protection government departments (like Department of Health, DCVAW, DOLSA) and NGOs offering counselling and protection services in the region.

Macro level recommendations

Regional exchange

- » Despite being in the original plans, there was a lack of meaningful exchange between HAUKARI and *medica mondiale* which is a weakness of the project. Opportunities for appreciative reflection and sharing of practices between HAUKARI and *medica mondiale* should be strengthened without pressure to conform to one another's approaches.
- » Both *medica mondiale* and HAUKARI did not show evidence of structured monitoring systems, with no systematised data collection process. In addition, the outcomes and cascading effects of interventions are not being collated. For example, where former trainees are implementing and sharing their learning with other colleagues, this information is only informally known and not being systematically recorded. It is recommended that non cumbersome monitoring and evaluation systems be developed, standardised, implemented and centrally collated.



The Evaluation team during a work meeting in Sulaimania.

Integrating MHPSS standards

- » The original project plans show an intention to integrate international MHPSS standards into key government service providers like the Department of Health, especially Mental Health. Though MHPSS standards were introduced, this outcome was not yet achieved. However, it is recommended that 'bottom-up' local capacity development be continued in MHPSS, (S)GBV and STA. This should include local evidence-based research and documentation of best practices in the region, rather than *medica mondiale* attempting to impose externally developed MHPSS quality standards too rapidly.
- » Due to the focus on health professionals, the current conception of MHPSS standards by *medica mondiale* are more oriented towards counselling and medical treatment of survivors of (S)GBV. A stronger combination of counselling and protection should be integrated into locally-developing MHPSS standards in order to be locally relevant.
- » The current local focus on MHPSS standards being developed by *medica mondiale* show a greater focus on treatment of survivors of (S)GBV. A stronger focus on prevention, not only treatment of (S)GBV and trauma exposure, is recommended.
- » The partnership with the university to develop their social work curriculum is contributing to improved service delivery standards and is recommended for continuation.
- » In this regard, HAUKARI's approach to understanding and systematising local approaches to counselling and protection is recommended, rather than importing fixed models from other contexts.
- » The university students called for more practical workplace experience in offering counselling and protection services to communities affected by (S)GBV, which is recommended, for example offering internships or practical work experience with HAUKARI and its local partner NGOs.

Key learnings and scale up recommendations

The following **key learning** was gained from this evaluation which is relevant to development practise for the region:

- » Government and civil society stakeholders in this project reported that international aid investment mainly in IDP camps is a source of tension and further division, and should be balanced with empowerment of host communities. Investment in both IDP camps and local host communities was found to improve the relationships between host communities and IDP camps. Moreover, the host communities are struggling with high levels of (S)GBV which impacts on the camps, for example the issue of early marriage.
- » The model of investment in the capacity of government and civil society local structures was found to be successful in addressing both counselling and protection of women and girls affected by (S)GBV and is highly recommended as a sustainable and impactful intervention in this region.
- » The development of local supportive supervision and self-care structures and practices is considered an important facet of sustainability in contexts where there is a high risk for burn-out. The model of the development of local capacity to provide ongoing supervision was successful in this project and is recommended for the future.
- » The thorough relationship building and consultation processes which were used in this project led to selection of appropriate frontline personnel and continued support from government and civil society organisations, contributing to the sustainability of the project. This process is recommended for future.
- » The thoughtful, innovative ways in which the project implementers developed locally appropriate, holistic and community-based responses to reaching women and girls most affected by (S)GBV is highly recommended. The facilitation of educational awareness courses to reduce stigma and allow women and girls

affected by (S)GBV to come forward safely for counselling and protection is innovative and was found to be highly effective in this context. This is strongly recommended as a model for future.

- » The integration of counselling and protection, with networking between government and civil society services is critical in contexts of life-threatening risk to women and girls affected by (S)GBV, should be continued and is a recommended model for similar (S)GBV contexts.

The project is recommended for continuation and **scale up** in the region, in response to requests from key government partners. In particular, the following are recommended for expansion to other areas:

- » Training of professionals from key government departments (such as DCVAW, police and health) and local NGOs to offer improved counselling and protection to women and girls affected by (S)GBV.
- » Understanding, strengthening and systematising local approaches to counselling and protection, rather than bringing in external models of counselling, to ensure that the models being developed are appropriate and relevant to this type of sensitive and complex context.
- » Development of local supervision capacity to offer ongoing, regular group supervision to these professionals.
- » Development of local training capacity to empower others to provide quality counselling and protection to women and girls affected by (S)GBV.
- » Development of locally-appropriate self-care and holistic organisational care approaches.
- » Offering educational awareness courses to safely attract women and girls to counselling and protection services.
- » Developing local counselling and protection services in both IDP camps and host communities in parallel.

- » Drawing from the interventions, address recurring structural and systemic issues through collective advocacy action.
- » Strengthening the focus on prevention of early forced marriage as a key factor contributing to (S)GBV.

Recommendations for evaluation

In terms of this evaluation, the combination of a local university team with international evaluators was very effective in developing a more comprehensive understanding of the local context, in designing and implementing relevant evaluation activities and in reflecting on the results. The development of the capacity of local university researchers in impact evaluation research was an explicit aim of this design, with positive results.

The use of local university students was effective not only in gaining trust of younger, female participants of the project, but it impacted positively on the students themselves. The KRI students appreciated the practical experience of the research, the insight into local government and civil society project activities and reported positively changing their attitudes towards Arabic families in IDP camps.

It is recommended that the next phase of monitoring and evaluation of the project focuses on developing systematised internal systems of monitoring and evaluation in HAUKARI and *medica mondiale*, in partnership with local university evaluation teams. The further capacity development of local evaluators is recommended for sustainability and local resource development.

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