Stress- and trauma-sensitive psychosocial work

**GOAL:** Standardise and upgrade measures and instruments for ensuring professionalism in stress- and trauma-sensitive psychosocial work

**Indicators:**
a. By July 2017, the stress- and trauma-sensitive approach (STA) is elaborated as a concept concerning prevention of and protection against (S)GBV in at least one project country.
b. In at least one project country psychosocial services are extended by a family-oriented component by October 2016.
c. By July 2018, a holistic basic concept for preventive and protective (S)GBV measures based on the stress and trauma-sensitive approach is developed.
d. Systemised family-oriented components are an integral part of psychosocial services by November 2017.

Stress- und trauma-sensitive healthcare

**GOAL:** Support governmental and non-governmental health care services’ integration of stress- and trauma-sensitive as well as empowerment approaches

**Indicators:**
a. The implementation of the conceptual framework for health constitutes the basis for all services in this field by November 2017.
b. MoUs and implementation protocols are signed with three cantonal health agencies in Bosnia and Herzegovina, and one MoU is signed with the Ministry of Health in Afghanistan by November 2017.
c. Recommendations on integrating the stress- and trauma-sensitive approach and removing institutional barriers to trauma-sensitive healthcare have been shared and discussed with the cantonal health agencies in Bosnia and Herzegovina by November 2017.
Stress- und trauma-sensitive legal assistance

**GOAL:** Standardise and further develop measures and instruments for STA legal assistance following the multi-level approach

**Indicators:**

a. Quality criteria for STA legal assistance are developed, in use and evaluated by November 2017.
b. Training concepts for the judiciary and police are elaborated, tested and evaluated by November 2017.
c. Traditional types of jurisdiction are identified and concepts for their sensitisation developed and tested by November 2017.
d. By November 2017, alternative, women-centred types of jurisdiction are supported, e.g. through project funding.
e. By November 2017, a court monitoring concept is systematized and tested in at least one region; lessons learnt and recommendations are shared with other regions.
f. A conceptual framework for the stress- and trauma-sensitive legal assistance is developed by November 2017.

Advocacy for women’s rights

**GOAL:** Support of partner organisations (PO) in their advocacy work

**Indicators:**

a. A conceptual framework for advocacy is developed by November 2017.
b. The support of advocacy work of the partner organisations constitutes an integral part of all regional concepts by November 2018.
c. Case studies describing concrete experiences from the fields of work of *medica mondiale* are ready to use for both *medica mondiale* and partner organisations’ advocacy work. An efficient procedure is in place by November 2017.
d. By November 2017, all partner organisations with which *medica mondiale* has joint projects possess and implement their own advocacy strategy.

Organisational Development

**GOAL:** Give advice and support to partner organisations in their development processes and transfer own programmes into independent women’s organisations

**Indicators:**

a. Necessary organisational development (OD) processes of partner organisations in all focus regions are identified annually, and PO are supported to fund and implement them.
b. By November 2017, a feminist stress- and trauma-sensitive concept for organisational development (OD) as part of the partnership concept is developed.
c. A pool of female capacity development/OD experts is established in at least one focus region and first experiences/lessons learnt are evaluated by November 2017.
d. By November 2017, leaders of medica mondiale partner organisations’ understanding with regard to feminist leadership, political approaches and organisational care is strengthened, and mutual differences and commonalities are made transparent.

Measures for securing livelihood

**GOAL:** Implement regionally specific measures to secure livelihoods, including therapeutic components, through project co-operation with expert organisations

**Indicators:**
- a. The concept linking measures to secure livelihood and psychosocial work in Uganda is developed and presented to at least three partner organisations by November 2017.
- b. By November 2017, tried and tested minimal measures for securing livelihoods are described for each focus region.
- c. By November 2017, a minimum of two to three projects are implemented in co-operation with organisations having expertise in income generation.

Direct interventions

**GOAL:** Set up a new self-implemented programme

**Indicators:**
- a. By June 2016, a strategic decision is made about the implementation of a new medica mondiale programme.
- b. By June 2017, an assessment is conducted and used as basis for the programme’s conception.
- c. The programme conception will be finalised by December 2018. Its financing will be secured.

Project co-operations

**GOAL:** Develop and implement a variety of different project co-operations

**Indicators:**
- a. 15 small grants projects are implemented annually through medica mondiale project funding.
- b. Medium-sized project co-operations (500,000 euros/3 years) are applied for and implemented annually (one donor, one local partner organisation, medica mondiale as grant holder).
- c. By November 2017, two multi-stakeholder projects are acquired and implemented.
- d. By November 2017, a partnership concept is approved by partner organisations and medica mondiale’s board and management team.
Networks

GOAL: Relevant networks facilitate achievement of medica mondiale goals in international programmes

Indicators:

a. Networking is described as an implementation strategy (network concept) and experiences are evaluated by November 2018.

b. Additional application opportunities for projects to be implemented with new partners are gained through networks by June 2017.

c. By November 2017, co-operation is enhanced between partner organisations close to medica mondiale in the field of advocacy (1) as well as the stress- and trauma sensitive approach in the fields of work (2).

d. Co-operation with “male involvement” expert organisations is established by November 2017.

Qualification of (health, legal and other) specialised staff

GOAL: Create and implement the necessary framework for the qualification of specialised staff by medica mondiale

Indicators:

a. A conceptual framework for qualification of specialised staff is developed by July 2017.

b. By November 2016, a state-approved or other official certification of medica mondiale training is obtained in at least two further project countries.

c. By October 2017, a contingent of specialists (trainers) is qualified by medica mondiale to apply the STA in one focus region.

d. By November 2017, curricula for the implementation of the STA in at least three focus regions are developed and adapted to context and target groups.

Regional focus

GOAL: Develop and implement regionally specific goals and respective processes for the focus regions

Indicators:

a. By June 2016, specific regional concepts form the basis for interventions in South-eastern Europe and the African Great Lakes Region; and by November 2018 in Afghanistan/Iraq/Syria (AIS).

b. Partnership workshops are conducted in South-eastern Europe by November 2017.

c. By November 2017, the process of regionalisation is evaluated for at least one focus region.

d. medica mondiale implements projects on regional level with several partners by November 2017.

e. medica mondiale is perceived as a specialist organisation in all focus regions and receives three requests for co-operation per annum.

f. Through medica mondiale’s small grants programme new partners are identified annually in the four focus regions.
Impact orientation and quality assurance

GOAL: A framework for quality assurance and impact orientation supports PME and the steering of projects in international programmes

Indicators:

a. By December 2017, two internal workshops have taken place with regard to impact orientation and quality assurance.
b. A conceptual framework is finalised and agreed upon by October 2016.
c. The conceptual framework is “tested”, lessons learnt documented and a basic concept for potential adjustments in place by November 2017.

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Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>IGA</td>
<td>Income Generating Activities</td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>OD</td>
<td>Organisational Development</td>
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<tr>
<td>PME</td>
<td>Project Monitoring and Evaluation</td>
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<td>PO</td>
<td>Partner organisation</td>
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<td>(S)GBV</td>
<td>(Sexual) Gender-based Violence</td>
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<tr>
<td>STA</td>
<td>Stress- and trauma-sensitive approach</td>
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