

About *medica mondiale* e.V.

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

The Evaluation and Quality Unit is seeking on a freelance basis and for a short-term commission in April-May 2026:

A RAPID REVIEW EXPERT ON TRAINING INTERVENTIONS ADDRESSING SGBV/CRSV OR HEALTH WORKERS IN CONFLICT-AFFECTED SETTINGS

Overview

Deadlines	Inception note within one week after commissioning; Draft report: 30 May 2026 / Final report: 30 June 2026
Report scope	The report (without annexes) should not exceed 30 pages.

1. Background information and purpose of the scoping review

For decades, *medica mondiale* has advanced trauma informed knowledge and competencies in the prevention and response to SGBV/CRSV, including through training-of-trainers and capacity-strengthening initiatives targeting health workers (including clinical, non-clinical, MHPSS, and community-based actors).

Despite significant practice-based experience, a substantial evidence gap persists regarding documented outcomes of such training interventions in (post-)conflict settings. Building on an already completed academic literature review (2013–2025), this assignment will focus on grey literature (2020–2025) to synthesise reported outcomes, implementation characteristics, contextual factors, and identified gaps relevant for future programme design and evaluation. The rapid review will generate timely, policy-relevant insights, aligned with prevailing standards of international organisations such as WHO and UN Agencies.

2. Research Questions

The review will be guided by the following questions:

- What types of trauma-informed training interventions addressing SGBV/CRSV for health workers have been implemented in (post-)conflict settings?
- What documented outcomes and findings exist across knowledge, skills and attitude change, skills development, behavioural change in practice and organisational or systemic change? Are there gaps about outcomes or findings? What methodological constraints explain them?
- What are the measurable effects on survivor outcomes demonstrated by the training interventions, including quality of care and access and under what conditions has such effects been demonstrated?
- Where evidence exist, what factors enable or hinder survivors’ access to health care in (post-)conflict settings, and how do stigma, fear, distrust, and perceived lack of safety operate as barriers to the reach and effectiveness of training interventions?

- What contextual and institutional factors including training design, ongoing coaching, mentoring and supervision (e.g. in train-the-trainer model), follow-up mechanisms, and organisational support enable or constrain sustained trauma-informed practice among health workers responding to SGBV/CRSV?

3. Scope of the rapid review

The review should provide a grey literature, including programme documentation from NGOs AND UN agencies (e.g. WHO, UNFPA, UNICEF), evaluations reports (mid-term, final), internal assessments, monitoring reports, learning briefs, training curricula, manuals and guidelines and other relevant documentation produced by implementing organisations and donors. The review will not duplicate the existing academic review conducted by *medica mondiale*. Instead, it will complement it by expanding the evidence base from grey literature.

Training interventions should include (but are not limited to) pre-service and in-service training, training-of-trainer models, capacity-building programmes, and blended or digital learning approaches targeting health workers.

The search will be restricted to literature sources in English.

Geographically, the review will limit itself to (post-)conflict settings. If evidence is limited (<6 studies), inclusion will extend to fragile/LMIC settings.

4. Methodological Approach

The rapid review will follow a structured but streamlined methodology consistent with international rapid review guidance (e.g. [Joanna Briggs Institute](#)):

- Focused search strategy across priority organisations and repositories
- Single-reviewer screening with transparent documentation
- Acknowledgment and management of bias and limitations
- Simplified qualitative appraisal based on reporting transparency and methodological clarity
- Structured extraction of intervention characteristics, outcomes, and contextual factors
- Analytical synthesis prioritising depth over exhaustiveness

The review will focus on a targeted selection of high-relevance grey literature sources (e.g. key UN agencies, major international and regional organisations, research institutions, and grassroots-based research and collaboration networks). The reviewer is expected to proactively contact relevant organisations and networks to obtain high-relevance resources or to fill gaps in documented evaluation findings or missing documentation, in order to develop a comprehensive and well-substantiated evidence base.

The consultant is expected to make responsible use of AI-assisted tools for screening and data organisation, while ensuring full human oversight and methodological rigour in all interpretive tasks.

Given these constraints, the review will prioritise analytical depth over exhaustive coverage. Findings will therefore be indicative rather than comprehensive, with a focus on identifying key intervention types, reported outcomes, implementation factors, and critical evidence gaps relevant to programming and evaluation design.

5. Required Qualifications

- Demonstrated experience in evidence synthesis (e.g. systematic or rapid reviews) in the fields of public health, social sciences, or related fields
- Strong knowledge on global health, SGBV/CRSV, and trauma-informed approaches

- Strong evaluation and analytical skills
- Proven familiarity with conflict-affected contexts and/or LMIC
- Feminist, intersectional, and trauma-informed analytical perspective
- Cultural and conflict sensitivity
- Excellent academic writing skills in English
- Applicants are expected to demonstrate familiarity with AI-assisted review tools and to outline in their inception note how AI will be used to support screening, data extraction, and synthesis, whilst ensuring methodological rigour and human oversight throughout.

6. Deliverables

- Inception note (3-5 pages) including refined questions, detailed search strategy/methodology, analytical framework and work plan.
- Draft report including executive summary, methodology section, findings structured along key themes, critical appraisal of evidence quality, and implications for evaluation design and programming.
- Final report (max. 30 pages excluding annexes) incorporating feedback.
- Annexes, such as search strategy, characteristics of training interventions, criteria of critical appraisal.
- Submission of bibliography as Citavi or Zotero project.

7. Application Procedure

Application deadline: 14th of April 2026.

Interviews are expected to take place on 21st and 22nd of April and will be conducted online.

Applicants are required to submit:

- Cover letter outlining relevant experience and their financial offer (including daily rate, estimated number of working days, and a brief description of how AI-assisted tools will be used to enhance efficiency), and
- Sample of similar evidence synthesis work in the field of applied research or evaluation (maximum of 3 PDFs, with a total file size not exceeding 3 MB).

Applications should be submitted by email only to: evaluation@medicamondiale.org.

Subject: Rapid Review Expert – SGBV/CRSV Training Interventions in Conflict Settings

For questions, please contact Dr. Pinar Şenoğuz at psenoguz@medicamondiale.org.