



Staff members of the Transnational Health Training and Advocacy Programme (THTP) at the steering committee meeting in Bosnia and Herzegovina.

TRANSNATIONAL HEALTH TRAINING AND ADVOCACY PROGRAMME (THTP III)

PROGRAMME CONTEXT

The Transnational Health Training and Advocacy Programme (THTP III) is the third phase of a long-running initiative commissioned by *medica mondiale* and implemented in partnership with *Medica Zenica* (Bosnia and Herzegovina), *Medica Gjakova* (Kosovo), and *medica mondiale's* Regional Office in Duhok (Kurdistan Region of Iraq). The programme ran from July 2022 to April 2026, operating across three post-conflict contexts.

The three regions joined the programme at different points: Bosnia and Herzegovina entered in Phase I (2015–2018) and was in Phase III at the time of the evaluation, while Kosovo and the Kurdistan Region of Iraq joined in Phase II (2018–2022).

The overarching goal of THTP III is to strengthen stress- and trauma-sensitive, survivor-centred health systems across four interlinked areas of work:

- the qualification and training of health professionals through a Training of Trainers (ToT) model,
- the institutionalisation of the STA – Stress- and Trauma-sensitive Approach® within health policies and procedures,
- community outreach and awareness,
- transnational learning and advocacy.



FACTS AND FIGURES

- **Programme duration:** 1st of July 2022 – 30th of April 2026
- **Evaluation period:** May 2025 – January 2026
- **Evaluation team:** Global Aid Insights (GAI): Salminka Vižin, Hanife Limani, Shahad Al-Dawoodi, Yaseen Ayobi
- **Programme budget:** 2.338.663 EUR
- **Partner organisations:** *Medica Zenica* in Bosnia and Herzegovina, *Medica Gjakova* in Kosovo and *medica mondiale's* regional office in Dohuk in the Kurdistan Region of Iraq.

EVALUATION APPROACH

The independent evaluation was carried out by Global Aid Insights and submitted in January 2026. As the programme runs until the end April 2026, some activities are still ongoing and certain results, particularly around institutionalisation and policy influence, may continue to develop beyond the evaluation period.

The evaluation was primarily formative and designed to generate learning for *medica mondiale* and its partners while also producing summative judgements on programme performance. THTP III was evaluated using the evaluation criteria defined by the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD DAC criteria): impact, effectiveness, relevance, efficiency, coherence, sustainability and the cross-cutting themes STA – Stress- and Trauma-sensitive Approach®, Do No Harm, conflict sensitivity, feminist approach, and multi-level approach. The evaluation team assessed each of the criteria on a scale from one (“minimal/misaligned”) to six (“transformative/outstanding”).

The evaluation was guided by *medica mondiale's* STA – Stress- and Trauma-sensitive Approach® and feminist principles, using a participatory mixed-methods design combining interviews, focus group discussions, reflective dialogues, and surveys with contribution analysis. This allowed assessment of the programme’s plausible contribution to change – without claiming direct attribution to survivor outcomes, given that survivors are indirect beneficiaries and many other factors also shape change. Data was collected from 219 participants across all three countries, including 18 survivors, 45 health professionals, 16 trainers and Training of Trainers (ToT) participants, 9 steering committee and government representatives, 18 programme and partner staff, and 93 survey respondents.

Overall, THTP III is relevant and moderately effective at the level of individual professional practice, with consistent evidence of strengthened stress- and trauma-sensitive behaviour among health professionals and trainers. The programme demonstrates strong internal coherence across its four areas of work: training, institutionalisation, community outreach, and transnational advocacy. Progress on impact, efficiency, and sustainability is more mixed, reflecting structural challenges such as staff shortages, limited institutional resources, and the absence of baseline data. Each section below opens with an at-a-glance summary drawn from the overall programme assessment.

Relevance (4: good)

THTP III directly addresses a critical gap in health systems across all three programme regions. The programme equips health professionals with practical skills to respond to sexual and gender-based violence (SGBV) and conflict-related sexual violence (CRSV) in a respectful and ethically grounded manner. Health professionals, trainers, and institutional leaders consistently described it as the first structured initiative to give them tools for this kind of work while also strengthening self-care within overstretched and under-resourced services. The feminist approach and the STA – Stress- and Trauma-sensitive Approach® are well adapted to post-conflict and conservative settings, reflecting strong contextual awareness of trauma, stigma, and gender norms. Training of Trainers (ToT) participants and many health professionals showed strong buy-in, though leadership engagement and institutional uptake were more mixed.

Relevance is more limited at the level of survivors and system-wide change. Survivors are not direct beneficiaries, and their specific needs were not formally assessed during the design phase. While accounts health professionals suggest that improved trauma-sensitive practice may lead to more dignified care, direct links to survivor outcomes cannot be robustly established.

Coherence (3: moderate)

THTP III demonstrates strong internal coherence, firmly grounded in *medica mondiale's* feminist and STA – Stress- and Trauma-sensitive Approach® framework. Its four pathways (Training of Trainers, institutionalisation, outreach, and transnational advocacy) are logically connected and consistently aligned around shared principles: survivor dignity, informed consent, non-judgement, and preventing re-traumatisation, while also integrating staff wellbeing. Partners and trainers apply a common STA – Stress- and Trauma-sensitive Approach® language across all three contexts, supported by the Training of Trainers (ToT) model. Coherence is strongest within the programme’s direct partner ecosystem but practical constraints such as heavy



Staff at *Medica Gjokova* discuss a manual on the Transnational Health Training and Advocacy Programme (THTP).

workloads and the absence of fully embedded standard operating procedures (SOPs) limit consistent application in daily practice. At the same time, resources dedicated to cross-country learning, transnational advocacy, and overall coordination between the three country teams remain limited, meaning that while core activities are well-resourced, the infrastructure for shared learning and joint strategic work is comparatively underdeveloped.

External coherence is more limited. Coordination with broader sexual and gender-based violence (SGBV) and health initiatives led by United Nations (UN) agencies, the World Health Organization (WHO), UN Women, and international NGOs remains weak and largely informal. These gaps constrain cross-country learning, policy influence, and wider system integration.

Effectiveness (3: moderate)

THTP III has been most effective at the individual and practice levels. In Kosovo and the Kurdistan Region of Iraq, health professionals and trainers report substantial gains in knowledge, attitudes, and skills related to stress- and trauma-sensitive, survivor-centred care. In Bosnia and Herzegovina, the Training of Trainers was completed in earlier phases, while Phase III focuses on shorter in-house and refresher trainings. Across all contexts, evidence points to consistent changes in first-contact behaviour: improved communication, respect for consent and confidentiality, basic stabilisation techniques, and more appropriate referrals. Training of Trainers participants and many frontline providers are active champions of the approach but the uptake among institutional leadership is more mixed.

Effectiveness at institutional and system levels is emerging but limited. Key outputs – including standard operating procedures (SOPs), curriculum integration, and feedback mechanisms, are partially achieved and still being developed. Institutionalisation has advanced furthest in Kosovo through accreditation and engagement with professional chambers. In Bosnia and Herzegovina, *Medica Zenica* has contributed to professional guidelines and cantonal SGBV strategies. Progress in the Kurdistan Region of Iraq remains constrained by administrative delays and weak monitoring.

Impact (3: moderate)

The programme's design is impact-oriented, with multi-level pathways connecting individual learning to institutional and policy change. However, impact measurement is not fully enabled by the monitoring, evaluation, and learning (MEL) system: there is no baseline or counterfactual, longitudinal follow-up is limited, and survivor engagement was small in scale.

Claims at impact level must therefore be treated with caution. THTP III has contributed to meaningful changes in professional practice and early institutional signals of trauma-sensitive care. The most consistent effects are at the individual level: trained health professionals demonstrate calmer, more respectful, consent-based interactions, improved confidentiality, and clearer referral practices. Buy-in is strong among engaged providers and Training of Trainers participants, but impact pathways depend on broader system actors where support is less consistent.

At institutional and policy levels, impact is more variable and largely preparatory. Draft standard operating procedures (SOPs), accreditation pathways, and the integration of STA – Stress- and Trauma-sensitive Approach® principles into professional development systems signal movement towards institutionalisation, particularly in Kosovo. However, progress remains person-dependent and vulnerable to staff turnover, resource constraints, and incomplete policy adoption.

Efficiency (4: good)

THTP III has demonstrated good efficiency, delivering core activities and practice-level outcomes despite complex, multi-country settings. Delivery modalities are efficient by design: the Training of Trainers cascade model, strong localisation, and partner-led implementation proved particularly cost-effective, enabling diffusion of STA – Stress- and Trauma-sensitive Approach® principles through locally embedded trainers and reducing reliance on external consultants. Approximately three-quarters of programme resources went to direct implementation, with more than half retained at country level – reflecting strong value for money. Available inputs were sufficient for practice-level change, though less adequate for demonstrable system-level impact within the timeframe.

Efficiency was constrained by administrative delays, staffing gaps, coordination burdens, and contextual shocks such as political turnover and security pressures. Fragmented coordination and limited cross-country learning also slowed progress. While *medica mondiale's* coordination and advocacy role is strategically important, measurable outcomes are still emerging and not yet fully proportionate to cost.

Sustainability (3: moderate)

Sustainability of THTP III outcomes is moderate. Sustainability is built into the programme model through the Training of Trainers approach, continuing professional development (CPD) integration, and institutional partnerships. However, execution has been limited, and sustained change is constrained by workforce shortages, lack of dedicated budgets, and weak or absent formal standard operating procedures (SOPs) in some settings. Early signs of durability are evident where the STA – Stress- and Trauma-sensitive Approach® has been embedded into professional routines and governance structures, particularly in Kosovo, where accreditation, licensing points from professional chambers, and active steering committees have reduced reliance on individual champions. In the Kurdistan Region of Iraq and Bosnia and Herzegovina, sustainability is more limited due to shorter training formats and limited formalisation.

Across all three contexts, trained professionals and feminist partner organisations demonstrate strong ownership and



Belma Zorić, a psychologist at *Medica Zenica*, during a therapy session with a client at the safe house.

motivation to continue applying STA – Stress- and Trauma-sensitive Approach® principles and individual practice changes are likely to persist among motivated staff. However, system-level sustainability is conditional. More structured refresher systems, stronger institutional embedding, and dedicated resourcing for coordination are needed. Long-term continuity remains constrained by dependence on donor funding, staff turnover, and the absence of dedicated institutional budgets.

Cross-Cutting Themes (4: good)

The following cross-cutting themes show how THTP III translated its feminist, trauma-sensitive, and ethical commitments into practice across diverse and fragile contexts.

a) STA – Stress- and Trauma-sensitive Approach®

The STA – Stress- and Trauma-sensitive Approach® is the core strength of THTP III, translated by trained professionals into daily practice through calm, consent-based, and confidential care. Application remains uneven due to short training formats, limited refresher sessions, and weak institutional procedures.

b) Do No Harm

Do No Harm principles were applied rigorously throughout the programme. Ethical safeguards – voluntary participation, informed consent, confidentiality, and avoidance of re-traumatisation – were consistently upheld. Framing the STA – Stress- and Trauma-sensitive Approach® as professional quality reduced resistance in conservative settings. A residual risk remains as providers often lack structured debriefing and psychosocial support.

c) Conflict Sensitivity

The programme demonstrated strong contextual intelligence in post-conflict and politically sensitive environments. Language, timing, and facilitation were adapted to local realities, helping build trust across divided contexts. Political turnover, bureaucracy, and social tensions nevertheless slowed implementation and limited wider scaling.

d) Feminist Approach

Feminist values were embedded through practice rather than rhetoric, emphasising reflection, empathy, and non-hierarchy. In the Kurdistan Region of Iraq, feminist principles were operationalised through practice rather than discourse to avoid resistance. Uptake remains constrained by patriarchal norms, limited engagement of men, and weak institutional reinforcement.

e) Multi-Level Approach

The multi-level design linked individual learning with institutional procedures and national coordination, supporting early durability. Individual practice changes informed referral pathways, draft procedures, and advocacy. Policy-level institutionalisation and budgeting remain incomplete.

CONCLUSION

THTP III made a meaningful contribution to embedding stress- and trauma-sensitive care in post-conflict health systems in Bosnia and Herzegovina, Kosovo, and the Kurdistan Region of Iraq. The Training of Trainers model drove local ownership, practice change, and value for money, with the strongest institutional gains in Kosovo. However, survivor-level impact remains unclear due to limited survivor engagement and weak baseline data. Future phases must prioritise policy adoption, budget integration, refresher training, and survivor-informed learning to secure durable, system-wide change.



RECOMMENDATIONS

The recommendations call for consolidating THTP III's gains through stronger localisation, institutionalisation, and survivor-informed learning. Key priorities include:

- Expanding the STA – Stress- and Trauma-sensitive Approach® and self-care training to untrained and rural staff, and further contextualising feminist and trauma-sensitive approaches to local cultures and languages.
- Strengthening coherence through formal partnerships with United Nations agencies and feminist organisations, and structured cross-country learning.
- Reinforcing effectiveness and impact by embedding the STA – Stress- and Trauma-sensitive Approach® into national curricula, accreditation, and quality frameworks, expanding Training of Trainers networks, and integrating survivor voices into monitoring, evaluation, and learning.
- Improving sustainability through digital and blended training models, clearer monitoring of survivor experience, and securing government budget lines, focal points, and supervision systems.

Overall, the evaluation emphasises a shift from project-based delivery to system-wide ownership, ensuring that ethical, feminist, and trauma-sensitive care becomes durably embedded in public health systems.

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