

CALL FOR EXPRESSIONS OF INTEREST – literature review on programs for health services for SGBV survivors in conflict areas and vicarious/secondary trauma and staff/self-care for health professionals

1. Overview

medica mondiale seeks a CONSULTANT for a literature review / desk research on programs for health services for SGBV survivors in conflict areas and vicarious/secondary trauma of and staff/self-care for health professionals. Details on the background and scope are provided on page 2.

Overview

Deadlines	Draft report: by November 15, 2020 / Final report: by December 15, 2020
Report scope	The report (without annexes) should not exceed 60 pages.

Professional Qualifications

The key selection criteria are: experience with literature reviews, relevant professional programmatic and methodological evaluation expertise and experience; general knowledge about SGBV (and trauma) in (post-) conflict areas; knowledge on vicarious traumatization, compassion fatigue and burnout; gender- and trauma-sensitivity; a feminist / intersectional perspective; cultural and conflict sensitivity; and excellent written language skills.

Application Procedure

Applications with the subject line 'staff/self-care' are received under evaluation@medicamondiale.org until September 15, 2020. Questions can be asked under this email address as well. To indicate your interest, please send at least your CV and a cover letter, including your daily rate and links to writing samples (please send documents as one pdf file with a maximum of 2 MB). If your expression of interest is positively evaluated, in a second step, we will ask for a short list of key reference documents you would use, a draft table of contents, and a budget. Please feel free to submit all documents in one step if you like. The interviews will take place by the end of September via Skype.

About *medica mondiale*

medica mondiale e.V. (www.medicamondiale.org) is a non-governmental organisation based in Cologne, Germany. As a feminist women's rights and aid organisation, medica mondiale supports women and girls in war and crisis zones throughout the world. Through own programmes and in cooperation with local women's organisations we offer holistic support to women and girl survivors of sexualised and gender-based violence. On the political level, we pro-actively promote women's rights, call for a rigorous punishment of crimes as well as effective protection, justice and political participation for survivors of violence. Currently medica mondiale is working in Northern Iraq/Kurdistan, Afghanistan, Liberia, Kosovo, Bosnia and Herzegovina as well as the African Great Lakes Region.

Through programmes and in partnership with local women's rights organisations, medica mondiale takes a multi-level approach to address the various factors contributing to violence against women and girls: On the individual level, medica mondiale provides access to holistic services (psychosocial, health, legal, economical) for survivors of SGBV. On the level of women's and girls' social environment, medica mondiale supports communities to recognize and protect women's and girls' rights and to support survivors of SGBV. On the institutional level, medica mondiale capacitates public institutions from the health and legal sector to adopt a stress- and trauma-sensitive approach

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towards survivors and to establish cross-institutional referral and support systems. On the political level, medica mondiale advocates for laws, policies and resolutions that address SGBV and promote women's political participation. On the societal level, medica mondiale campaigns against sexism and gender stereotypes, raises awareness on SGBV or the long-term impacts of trauma within societies.

2. Background information and purpose of the literature review

medica mondiale's programs include the training of health professionals and health institutions in self-care practices and staff care in several countries, with the aim of preventing/reducing the occurrence of vicarious/secondary trauma. For example, the "Transnational Health Training Program" is currently implemented in 4 countries (Bosnia and Herzegovina, Kosovo, Kurdistan Region of Iraq, and Afghanistan). In this context, this literature and academic review is meant to inform an upcoming evaluative study as well as programmatic development.

3. Scope of the literature review

The literature review should use relevant documents (such as peer-reviewed articles and studies, international guidelines, manuals and toolkits, workshop/training curricula, impact evaluation or other relevant reports and publications/books) to provide an overview of 'state of the art' knowledge, in relation to the following specific questions regarding programs for health services for SGBV survivors in conflict areas including potential impacts of vicarious/secondary trauma and of the relevance of self- and staff-care practices for health professionals living and working in conflict-affected areas :

- What are difficulties and challenges other programs (if there are any) experience in implementing international best practices in staff and self-care in conflict contexts?
- What are strategies, tool and methods do other programs use to support health professionals in developing a compassionate attitude and practice towards their patients?
- What are differing cultural or societal beliefs around self-care practices in Afghanistan, Bosnia, Kosovo and the Kurdistan Region of Iraq, including attitudes or beliefs that act as barriers to self-care (such as, self-care is selfish, self-care means I can't handle my job, women care for others and not themselves)?
- What coping strategies do health professionals use to manage overwhelm when there are stressors but staff care and self-care practices and policies are not in place?

In addition, the review should point to:

- **Best and 'good enough' practices** in planning, implementing, monitoring and evaluating programs for staff and self-care of professionals supporting SGBV survivors in conflict areas
- Common **weaknesses, limitations, and risk factors** for such programs
- **Evidence and knowledge gaps** in research on such programs
- **Intervention / impact logics** (log frames, theories of change) of such programs
- In regards to monitoring and evaluation, an overview of relevant **data collection tools / research instruments (quantitative and qualitative)**, including suitable **indicators** at different levels (activity, output, outcome, impact) and evaluation questions about the relevance, effectiveness, efficiency, impact, sustainability and coherence of programs

Geographically, as medica mondiale works in a diversity of regions, the report does not need to limit itself to examples from specific countries. However, if possible, specific insights regarding the programming in (post) conflict contexts should be highlighted.

The review can make use of medica mondiales extensive literature database. It is expected that additional literature will be identified in the course of the work.

4. Timeline and Deliverables

- An initial meeting with medica mundiales Evaluation Advisor upon selection (can be conducted remotely)
- 15th November: latest deadline to submit draft report (no more than 60 pages without annexes)
- Submission of feedback by medica mondiale within 2 weeks of draft report submission
- 2 weeks to revise and finalize report and submit final report and invoice
- A final meeting with medica mundiales Evaluation Advisor (can be conducted remotely)

5. Report requirements

The report shall be written in readily understandable language. The report shall clearly describe the used methodology, process and results in order to offer comprehensive and understandable content. It should include a list of acronyms, an executive summary, a methodology section, and a full, annotated bibliography by category of literature, with links to documents published online, if applicable. Submission of bibliography as Citavi or Zotero project preferred.