



Project:

New approach to gender-specific trauma work with female torture survivors (Albania)

Duration of project:

Three years, January 2006 - January 2009

Project budget:

323,759.00 €

Executive Summary

Funded by:

75 % European Initiative for Democracy and Human Rights (EIDHR)
25 % medica mondiale e.V.

Type of evaluation:

Final evaluation
17.-27. November 2008

Consultant:

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Executive Summary

This evaluation report reflects the results and recommendations of the final evaluation of the three years project “New approach to gender-specific trauma work with female torture survivors“. The project was implemented by *medica Tirana* with headquarter in Tirana – and project sites in both the city of Tirana and the two suburbs Kinostudio and Bathore – from January 2006 until January 2009. The project was financed with 75% by EU under the “European Initiative for Democracy and Human Rights” (EIDHR).

The main target group are the female survivors of torture of the communist dictatorship in Albania and their families.

The evaluation followed the objective to provide decision makers in the European Commission, *medica mondiale* Cologne (as a contributor of 25% of funding) and *medica Tirana* itself with sufficient information to make an informed judgement about the efficiency, effectiveness, impact, the lessons learned and give practical recommendations for the future.

The evaluation methodology followed various steps: the study of relevant documents in advance followed by a 12-days mission to Tirana with key informant interviews, focus group discussion with beneficiaries, participatory observation and several participatory exercises with the *medica Tirana* team to explore the four project result areas. After presentation of preliminary findings in Tirana, a first draft was written and sent to Tirana for comments. This report presents the final version.

Albania has gone through particularly difficult times during the communist regime of Enver Hoxha that lasted for 45 years and isolated the country completely from the rest of the world. Massive and systematic human rights violations, persecution, torture, imprisonment, internment in labour camps and thousands of Albanian living in internal exile in remote areas shaped and still shape the traumatic history of the country. This form of political oppression affected not only the lives of the politically active people, but also their whole families – and in fact the lives of all Albanian citizens.

Women suffered in different ways: they were also imprisoned and tortured by the regime, including sexual torture and rape – which is not openly talked about in Albania. As wives and daughters of men who were imprisoned, they were equally punished and taken to labour camps or forced to live in total isolation on the countryside in Albania, often for decades. Some women were never able to get married as men would fear marriage

because they would then also be persecuted due to the family system of the persecution.

These human rights violations are still not adequately addressed by the Albanian Government that is trying to promote its integration into the European Union and that has already joined the NATO.

Apart from dealing with this past, Albania’s women also face severe economic pressure, unemployment and a strong particularly patriarchal social system. Domestic violence is rampant and systematic. The ancient customary law Kanun that also includes blood revenge has become more important since the end of the communist regime. Many families coming from the traditional Northern Albania who have fled to Tirana in order to seek protection and a better life are its victims. *medica Tirana’s* project thus not only focuses on the survivors of (past) torture during the regime, but also addresses structural violence that women and girls undergo today by including female-headed households and women and girls from the two disadvantaged suburbs Bathore and Kinostudio.

The project objective aims at increasing the well-being and rehabilitation of female torture survivors under the Hoxha regime in addressing their traumatic experiences and particularly sexual violence. The over-all objective is to empower these female survivors to take a proactive approach towards life and to overcome their traumatic experiences as well as their long-term consequences of persecution.

In order to reach this, the project design formulates four key areas: improved physical and psychological state of health, vocational training, improved assistance by professionals of health and educational sector and the increase of awareness on human rights violations and torture in the general public. It thus has a double focus on both rehabilitation and prevention (by raising awareness) and addresses both the survivors directly as well as the “outside” environment in which these survivors live and struggle for recognition and good services.

The project staff consists of a multidisciplinary team of social workers, psychiatrists, a gynaecologist and public health doctor (some working part-time, some full-time) who are practitioners as well as trainers and facilitators. Most of them started working with *medica Tirana* under the Kosova crisis in 1999 when the organisation started its work – afterwards it became registered as national NGO “*medica Tirana*” in 2001. The staff members had all been trained since 2000 in trauma counselling and psychodrama therapy methodology in several phases and

dispose of a high level of professionalism to deal with psychosocial problems of their clients. Their way of integrating psychodrama therapy into their various activities – training, counselling, gynaecological and psychiatric services – is unique and they seem to be the only team in Albania that has such an in-depth level of knowledge in a particular therapeutic approach.

The project is managed by the Executive Director. Since recently, the project has two departments, the psychosocial and the medical, with respective coordinators who are in charge of coordinating information transfer from the department to the Executive Director. The contact with the target groups is facilitated by five contact persons: two for the ex-persecuted women and each one for female-headed households, women from Bathore and women from Kinostudio. These contact persons facilitate the contact with the respective groups and suggest participants for the various activities within *medica Tirana* on the basis of the selection criteria. The ratio of the ex-persecuted women (who are the main target group of the EU project) and other target groups are an estimated 70 to 30. The activities are partly mixed, so that women with different backgrounds get to know each other, and partly separate so as to tailor the contents to the specific needs of the target groups.

The team meets on a weekly basis for reviewing the past week and planning for the new one as well as on a three-monthly basis together with the contact persons to evaluate the various groups that all run in cycles of three months. A meeting at the beginning of the year exists to plan for the coming year.

The project activities under the first result area – improved physical and psychological state of health of female torture survivors – entails a variety of activities: Educational groups are meant to build the confidence of women amongst themselves, overcome their social isolation and to increase their knowledge in relevant areas such as reproductive health as well as social problems like violence against women, trafficking etc. They contain 10 to 15 women, run over a period of time of three months (with 10 to 12 sessions) and are facilitated by either a psychiatrist and a social worker or the public health doctor and a social worker, depending on the contents.

These educational groups are methodologically well prepared and facilitated by ways of integrating psychodrama methodology. The sessions are documented so as to facilitate evaluation of the groups after completing the cycle.

Trauma-oriented psychosocial counselling for groups and individuals are meant to facilitate trauma recovery. Similarly to the educational groups, the counselling groups follow a cycle of 10 to 12 sessions of 90 minutes with stable groups of 6 to 8 participants and along a certain methodology that reflects psychodrama exercises and the therapeutic methodology for trauma work: stabilisation – confrontation with trauma – integration. This methodology has been compiled in a manual on best practices that the counsellors use.

Individual counselling is provided for those women and girls who feel they need more in-depth and individual counselling or where the facilitators in the groups feel they cannot easily open up in the bigger group. The counselling sessions are documented – both for group and for individual counselling – and the counselling groups are evaluated at the end of the cycle together with the women and amongst the counsellors.

Psychiatric services plus referral for further treatment are meant to stabilise those women who suffer from more debilitating psychological disorders, including depression and anxiety disorders that need medication. Most of these patients are given the relevant drugs by referral to the psychiatric hospital, and some few can be treated at *medica Tirana* centre with the limited funds available. Apart from medical treatment, the psychiatrists also offer counselling and work in educational groups on issues of mental health.

Gynaecological services for women and girls at the *medica Tirana* centre are meant to treat the beneficiaries who suffer from the long-term consequences of accumulated stress due to persecution, but more especially also for consequences of sexual violence. Due to limited funds, the gynaecologist mainly offers simple vaginal examinations and ultra-sound. For other services, they are referred to the hospital with which *medica Tirana* has good and long-standing relationships. In educational groups, particular problems of reproductive health such as prevention of cancer through PAP test and family planning as well as menopause (particularly for the ex-persecuted women) are talked about and women and girls who want more information are referred to the *medica Tirana* centre for further consultation with the gynaecologist.

Case supervision and on-going qualification and training for *medica Tirana* staff is supposed to assure the quality standards of services that have been obtained so far and to be empowered to develop organisational capacity to reflect on processes of organisational development.

The various measures of training and capacity building reflect a high level of professionalism and relevance. It is well tailored to the specific needs and problems of *medica Tirana* staff.

Finally, **social activities** such as having a coffee or eating together, meeting for special events such as the celebrations around the International Women's Day and excursions to historic sites within Albania and outside are meant to contribute to the **social rehabilitation and reintegration** of the women. The groups for these social activities are mixed from all target groups and enable women with different experiences to get to know each other and share about their experiences. These events create possibilities for psychosocial support, but they also help in overcoming the feelings of isolation and marginalisation that particularly the ex-persecuted women face due to the long-term experiences that they have gone through.

Under result 2, **vocational training** in form of sewing and cooking courses are offered in three months' courses with two simultaneous courses taking place of each ten participants. The idea behind is related to the socio-economic problems that women and girls from all target groups of *medica Tirana* face. The courses offer basic knowledge in both sewing and cooking and additionally are conceptualised in a way where also psychosocial support amongst the women during the sessions is part of the activities. *medica Tirana* also offers advice and orientation for the trainees for further employment and has regular contacts with special organisations and institutions that have employment possibilities. Between 15 and 75% of the trainees have been employed in the last three years after completing the course with a certificate.

Result 3 spells out **improved assistance for the target group by professionals of the health and educational sector**. Training sessions for external professionals such as nurses, teachers, policemen and social work students are trained in relevant topics such as communication skills, violence against women and the consequences, trafficking, but also on reproductive health issues. The sessions are tailored to the needs and wishes of the trainees. Contact is usually made first through personal contacts to the institution and some few initial sessions take place in order to introduce the project and discuss with the personnel. The number of participants per group ranges from 10 to 15. 2 to 4 sessions are offered with two hours each. The training is offered for free.

Until now, no long-term training in trauma work with a curriculum and a fixed group of participants has been set up and the trainings offered have the character of awareness raising.

Result 4, namely **creation of awareness in Albania on the human rights violations under the former regime, of torture and its consequences (especially on gender-specific torture)**, seeks to influence the social and political environment of the ex-persecuted women and to change the level of public acknowledgement and political recognition. As rehabilitation cannot only be done on the level of a project but needs to influence also the political decision-making, this result entails networking with other NGOs and institutions (in order to reinforce the forces for lobbying), campaigning and lobbying and activities about torture and trauma with teenagers.

Networking is done, however rather in informal ways and sporadically. This might be due to problems to "enter" formally existing networks of women's NGOs that have a certain tendency to resist "newcomers". In terms of campaigning, various activities have been undertaken, such as the production of small booklets and leaflets, a cocktail party with the presentation of a film and personal testimonies of ex-persecuted women and a conference on 15th December. This area has been mostly intensified in the second half of 2008 and is still on-going. The results so far obtained are promising even if this project area started late.

Upon evaluating the project according to the main criteria for evaluation, the project can be judged to be **relevant** to the problems suffered by the women of the different target groups. Particularly the fact that the project staff is able to tailor their inputs to the needs of the women that go beyond the initial focus on trauma integration and that the methodology and combination of activities are unique. Women and girls at *medica Tirana* centre unanimously expressed their happiness with the programme and describe the atmosphere, the approach of the staff and the activities as providing a special safe place to be. The high level of professionalism in dealing with the intense needs for rehabilitation especially amongst the ex-persecuted women gives the word "rehabilitation" a real sense.

However, the political lobbying and advocacy work are equally necessary to make the project relevant to the needs and problems of its target groups – and this started to intensify only in mid-2008. The results so far obtained are promising, but more is to be done on networking and lobbying.

Also documentation is an area to be improved so as to enable *medica Tirana* and others to have a better overview over statistics and more comprehensive information on individual clients.

As to **efficiency**, the biggest chunk of the budget goes into human resources with a considerable amount of money being spent on external trainers. Definitely the way this project works, human resources are its key element and therefore the high expenses in this area can be seen as justified. However, it would be good to inquire whether more local expertise is also available or that through networking, sharing of experiences contributes to capacity building.

Regarding **effectiveness**, the methodology used in *medica Tirana* also shows that this criterion is met. The in-depth forms of rehabilitation focusing on various activities is necessary as the level of traumatic damage experienced is so high. The response of the women who unanimously describe *medica Tirana's* services – including the variety of activities offered, their methodology and the approach taken by staff members – as very helpful and supportive authentically reflects this.

For **sustainability**, still more could be done in order to reinforce the positive impact that the women feel it has on their social and personal life. Definitely, rehabilitation programmes cannot be financially independent as such – and the level of socio-economic disempowerment is high amongst the women. However, sustainability of the effects on the women as well as the professional training offered by *medica Tirana* staff can and should still be reinforced.

The **recommendations** formulated focus on various areas. As to the **project management**, the role of the coordinators should be worked upon and clarified. Additionally, a team of people representing the target groups is suggested instead of having only one person. This team should also be paid and help in decentralising the activities of *medica Tirana*. Also on-going capacity building in organisational development is recommended so

as to reinforce the organisational capacity of the project to be independent. This has also been stressed by *medica Tirana* team itself.

Regarding issues of **sustainability and ownership**, it is suggested to offer the training services more proactively to the target groups, thus reinforcing ownership on their side for the implementation of the contents. As *medica Tirana* is a highly professional team, these trainings could also be “sold” to organisations and institutions. The social activities should entail more the methodology of the women themselves contributing and owning them (and less that they are “provided”). Also a structure for after-care that would run sustainably in form of self-help groups is suggested as it would make it easier for the women to “leave” the project without feeling loss.

Regarding the project result 4 and its focus on influencing the “outside” social and political environment of the survivors, networking should be increased by ways of being more visible to others. Even though there seems to be challenges to enter networks as “newcomers”, *medica Tirana* would have a great potential to contribute to networks and would benefit from being part of a “stronger” and more united group of organisations. There might be more potential for this now that the campaign has shown promising and visible results. Finally, the evaluator also recommends to strengthen the capacity of the organisation in the area of lobbying and campaigning.

Lastly, **regarding documentation**, a central filing system is suggested that would help *medica Tirana* in gathering information on the different clients from all the different activities that use their own way of documenting and thus to monitor more systematically the impact of the work. It would also help in getting exact figures on how many different clients have participated from which target group over a certain period of time. Finally, capacity building on how to make use of the data for monitoring and systematic research is recommended.

The different documentation forms, in general, are helpful, concise and good and except slight changes should be kept.