

Annual Report 2015



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Profile

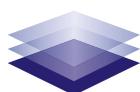
medica mondiale is an international feminist women's rights and relief organisation which has been campaigning since 1993, in solidarity with and on behalf of the rights of women and girls in war and crisis zones. We have made it our mission to combat sexualised wartime violence and other forms of gender-based violence against women and girls.

medica mondiale provides medical, psychosocial, legal, and economic support at a local level to help women cope with traumatic experiences and to encourage them to shape their own lives. Moreover, through awareness-raising campaigns and human rights work, we aim to bring about social and political changes to improve the situation of women – in Germany, in project countries, and globally.

For this purpose, *medica mondiale* organises its own projects and also works together with local women's organisations. *medica mondiale* strengthens local competences by providing training and advice on a stress- and trauma-sensitive approach to women affected by violence, project management, or organisational development. That is the only way to ensure long-term support for women and girls and to make sure that it takes root in society.



Cover picture:
A committed team: staff members of the partner organisation FOWAC in Uganda



Initiative
Transparente
Zivilgesellschaft



VERBAND ENTWICKLUNGSPOLITIK
DEUTSCHER NICHTREGIERUNGS-
ORGANISATIONEN e.V.

Initiative Transparent Civil Society

Transparent accountability and meaningful evidence as to the success and impact of our work is a given for us. *medica mondiale* has been a member of the initiative Transparent Civil Society since 2011. We openly provide information as to our goals, the origin of our funds, how they are used, and who takes decisions.

VENRO

medica mondiale is a member of VENRO, the Association of German Development Non-Governmental Organisations, and has undertaken to comply with the standards of the VENRO Code of Conduct.

Foreword

Dear readers,



Dr Monika Hauser,
Executive Board
Member

Christiane Overkamp,
Managing Director

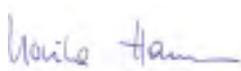
There has hardly been a year that has caused as much upheaval as 2015. It was a year in which violence was ubiquitous. We saw it in the media: terror attacks in Paris or war reports from Syria or the Ukraine. We saw it outside the daily news coverage, for example in Afghanistan, where human rights violations and gender-based violence against women and girls keep increasing. And we see it in Europe, where the so-called community of values of the EU leaves thousands of refugees who are fleeing, at the external borders, or in overcrowded reception camps, to a fate of despair, exploitation, or death.

Women and children get to feel the effects of these global crises the most. War, poverty, and patriarchal structures mean that they are insufficiently protected in many countries, or left without life prospects for themselves or their families. Flight often seems like the only way out. But then, the misery continues. Hundreds of thousands of women and girls lived in 2015 in refugee camps in Syria's neighbouring countries without adequate access to medical care or protection from violence, scraping by at the absolute subsistence level. One cause for these disastrous conditions: support structures, like the refugee relief agency UNHCR or the World Food Programme, are massively underfunded. They urgently need more funds which, in the main, the richest UN member states should be providing.

This desperate situation leads many to cross the Mediterranean Sea into Europe. This, again, represents for women and girls a huge risk of being raped, for example by human traffickers who take advantage of the plight of women travelling alone. The international community could have set up safe escape routes and introduced humanitarian visas long ago. If the refugees are lucky enough to reach Europe, the violence does not end there. More often than not, they are not protected from sexual assaults in the massively overcrowded reception camps. And also not in Germany.

Policy-makers and society bear a responsibility towards those who come to us seeking shelter: to protect them and to give them a perspective. That includes providing security, work, language lessons and, particularly, stress- and trauma-sensitive counselling and support. In order to assume its share of this responsibility, *medica mondiale* made Germany one of its project countries in 2015, and is going to train full-time staff and volunteers, who work with refugees, in a stress- and trauma-sensitive approach. At the same time, we have been involved, since March 2015, in northern Iraq where thousands of refugees are now living. There, we support local authorities and women's rights initiatives working on behalf of women and girls.

Many people in Germany want to do what we do – to help women and girls seeking refuge in Germany or elsewhere in the world. Therefore, 2015 has also been a year of solidarity – and that is encouraging. You, our supporters, have also taken action and supported us and our project colleagues with donations, messages of solidarity, creativity, and a lot of commitment. Thank you very much.


Dr Monika Hauser


Christiane Overkamp



Refugees on the Syrian-Turkish border need security and future prospects.

Report of the Executive Board

2015 was a year in which events radically changed many political and social contexts. The violence in the Middle East, the growing global refugee movement, but also the deadly international policy of pulling up the drawbridge, challenged us to reorient our work. Therefore, the Executive Board took a number of fundamental decisions: we extended our involvement in northern Iraq, we expanded our trauma-sensitive psychosocial work in Cologne, and started a qualification programme for stress- and trauma-sensitive work with refugees in Germany. This year has thus turned into a year of development for us, in which we were able to lay important foundations for sustainable action against sexualised violence.

New work area in northern Iraq

Due to years of war and crisis in Syria and Iraq, hundreds of thousands of women and girls are affected by or threatened with violence. Local healthcare facilities are reaching their limits in looking after survivors, and there is hardly any qualified help for coping with the consequences of violence.

As far back as 2014, we started supporting women affected by violence in the refugee camps at the Syria-Turkey border. We intensified this commitment in 2015 and extended it to the autonomous Kurdish regions in northern Iraq. It was important for us to cooperate with existing local structures and to complement their work, as needed, by working with local initiatives and authorities.

In January, during a women's meeting of Syrian-Turkish women's rights activists in Istanbul, our trauma expert Karin Griese initiated first contacts with potential local partners. In the spring, we commissioned psychologist Sybille Mannes Schmidt, an experienced health consultant, to identify where there is a lack of effective services for survivors, and with whom they could be set up.

The Kurdish regional government is already actively involved in addressing the scale and consequences of sexualised violence. In refugee camps and counselling centres, psychologists and health professionals offer protection and provide assis-

tance not only to refugee women and girls, but also to victims of violence among their own population. To strengthen this important task, *medica mondiale* has developed a qualification programme at the request of the Kurdish Ministry of Health. It provides doctors, nurses, psychologists, and activists with skills in the stress- and trauma-sensitive treatment of survivors of sexualised violence and trains them in methods of self-care and self-reflection. Many helpers have themselves been subjected to sexualised violence. Yet, they work day in, day out in crisis-hit regions and are confronted with descriptions of rape and torture. Our approach is also meant to protect them from secondary trauma or from being retraumatised.

In addition to cooperating with authorities, it was important for us to support civil society forces and, particularly, local women's organisations. Therefore, we are working with the young non-governmental organisation "Women For Better Healthy Life" to set up a counselling centre for women, and we train their staff in stress- and trauma-sensitive work with women and girls impacted by violence.

Investments in the field of trauma

To counsel and support people, and especially women and girls who have survived violence in different contexts, specific concepts, knowledge, and skills are required. By now, we use our

stress- and trauma-sensitive approach in all our projects. *medica mondiale* has developed and tested this approach over the last decades, together with local professionals and activists, in various countries. In future, we want to further disseminate this approach, by providing qualifications and further training and through exchanges with other actors, with a view to increasing our reach.

To be most effective in northern Iraq, we decided on a qualification project focusing on trauma-sensitivity. In Germany, too, we keep in close contact with experts on health and social issues, on refugee policy, humanitarian aid, and development cooperation to have an exchange about the long-term consequences of sexualised violence and trauma-sensitive work with survivors. We most recently did this at a conference at the end of November 2015 in Berlin, where we discussed with about 100 participants the issue of wartime rape and the resulting challenges for society, policies, and experts.

None of this is possible without the appropriate resources. It was an important prerequisite to increase the staff level of our trauma unit in the Cologne office. Thus, we created two new posts for trauma workers in 2015 to support our office and the pool of external consultants when designing, organising, and implementing our projects.

Project Germany

We keep stressing how important the individual, but also the political processing of sexualised wartime violence is. Many studies show that the consequences of violence and trauma develop destructive dynamics at all levels of society, which undermine peace efforts. Our recent study on the long-term impact of wartime rape in Bosnia and Herzegovina has shown this, too. The problem is also on the increase in Germany. After 1945, thousands of rapes, which women suffered during the Second World War, were neither discussed nor adequately addressed, leading to traumas continuing to have an effect down the generations. Today again, due to the current movement of refugees, again hundreds of thousands of women and girls are living in Germany, who only recently survived war and violence, and who need protection and trauma-sensitive support.

However, most full-time staff and volunteers working with refugees are not adequately prepared for this situation. And the few qualified counselling services in Germany are hopelessly overloaded. To improve the situation, *medica mondiale* designed a new qualification programme. Initially in North Rhine-Westphalia, it trains volunteers and full-time staff, who work with ref-

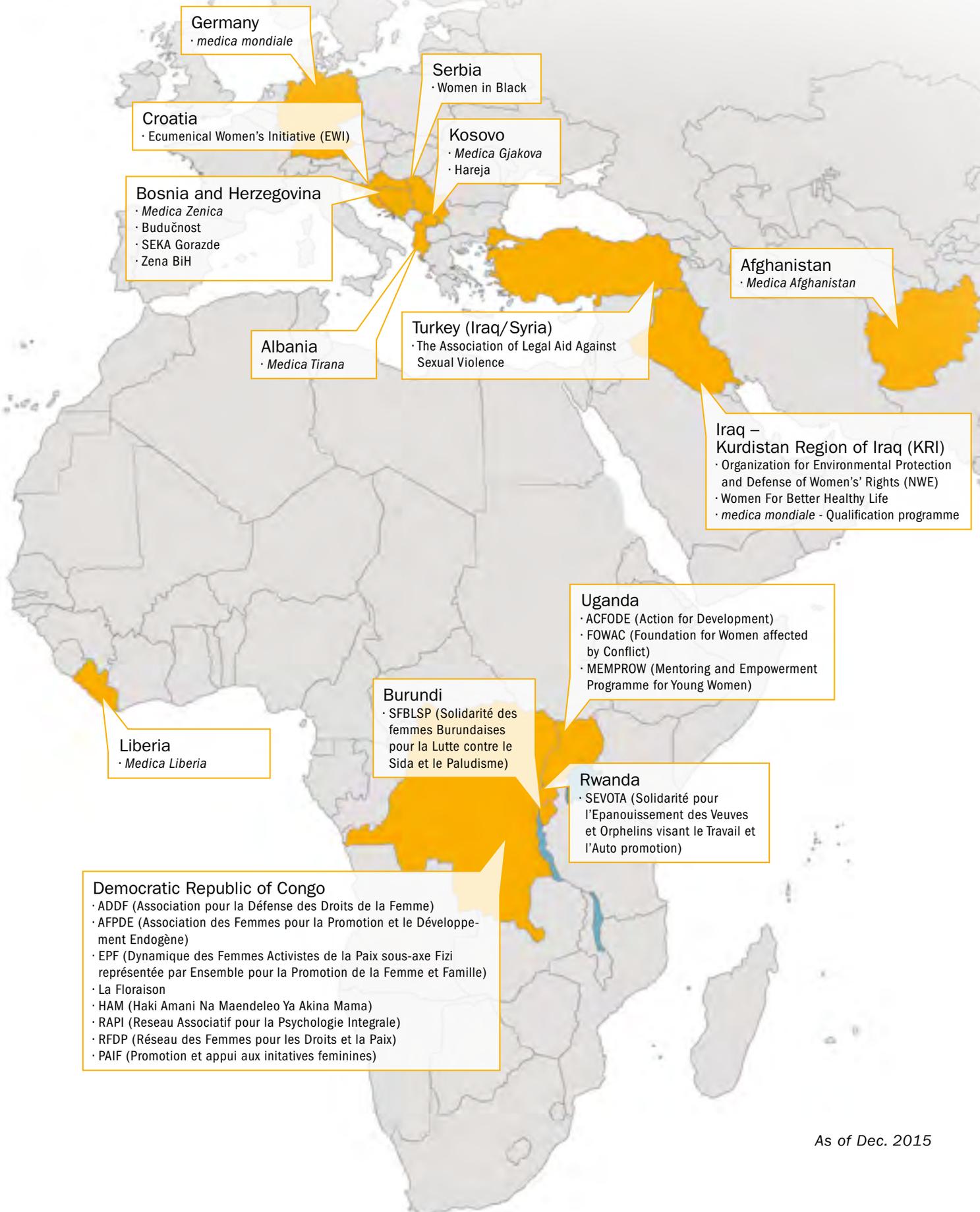


Sabiha Husić (middle), Director of Medica Zenica, presents the study on the long-term consequences of wartime rape in Bosnia and Herzegovina.

ugees, in the stress- and trauma-sensitive treatment of persons who have suffered violence. The pilot project is funded by the Ministry of Health, Equalities, Care and Ageing of the state of North Rhine-Westphalia.

In 2015, we had very good results in terms of donations and this shows that the support we provide to survivors of sexualised violence is highly appreciated both in Germany and abroad, and that many people trust us and our good work. Moreover, we were able to sign up new institutional donors who share our two-pronged strategic approach of local trauma-sensitive intervention, and of influencing policies and raising awareness.

Our work worldwide



Germany
· *medica mondiale*

Croatia
· Ecumenical Women's Initiative (EWI)

Bosnia and Herzegovina
· *Medica Zenica*
· Budućnost
· SEKA Gorazde
· Zena BiH

Albania
· *Medica Tirana*

Serbia
· Women in Black

Kosovo
· *Medica Gjakova*
· Hareja

Turkey (Iraq/Syria)
· The Association of Legal Aid Against Sexual Violence

Afghanistan
· *Medica Afghanistan*

Iraq – Kurdistan Region of Iraq (KRI)
· Organization for Environmental Protection and Defense of Women's' Rights (NWE)
· Women For Better Healthy Life
· *medica mondiale* - Qualification programme

Uganda
· ACFODE (Action for Development)
· FOWAC (Foundation for Women affected by Conflict)
· MEMPROW (Mentoring and Empowerment Programme for Young Women)

Liberia
· *Medica Liberia*

Burundi
· SFBLSP (Solidarité des femmes Burundaises pour la Lutte contre le Sida et le Paludisme)

Rwanda
· SEVOTA (Solidarité pour l'Epanouissement des Veuves et Orphelins visant le Travail et l'Auto promotion)

Democratic Republic of Congo
· ADDF (Association pour la Défense des Droits de la Femme)
· AFPDE (Association des Femmes pour la Promotion et le Développement Endogène)
· EPF (Dynamique des Femmes Actives de la Paix sous-axe Fizi représentée par Ensemble pour la Promotion de la Femme et Famille)
· La Floraison
· HAM (Haki Amani Na Maendeleo Ya Akina Mama)
· RAPI (Réseau Associatif pour la Psychologie Intégrale)
· RFDP (Réseau des Femmes pour les Droits et la Paix)
· PAIF (Promotion et appui aux initiatives féminines)

medica mondiale has been working on behalf of women and girls in war and crisis regions worldwide since 1993. Together with a network of local women's organisations, we support survivors of sexualised violence and work to change social structures and to bring about an end to violence.

We strengthen partners

medica mondiale has been working for many years with activists and organisations in war and post-war regions who support women and girls affected by sexualised violence, and who try to prevent violence. Many of the local women's organisations with which *medica mondiale* sets up a partnership, were established as self-help initiatives or by *medica mondiale*'s own projects. We provide financial support, expertise, and assistance in setting up the organisation. The joint political work and professional exchanges are further central components of such partnerships.

Since 2004, *medica mondiale* has been using the project fund to support smaller projects of local women's organisations of limited duration and financial resources. These projects may provide direct support in the form of medical and psychosocial care, legal assistance, or measures to generate livelihoods, or they may involve activities in the field of political women's and human rights work and raising public awareness. Successful small projects can lead to long-term partnerships in the framework of which large multi-annual projects, with a greater reach, are implemented.

We strengthen local skills

Organisational development and building local expertise are very important in our international work. In many countries in which we are involved, there is very little expertise in trauma and psychosocial counselling. *medica mondiale* provides partner organisations, as well as state institutions and non-governmental organisations, with training and advanced training in a stress- and trauma-sensitive approach. Measures in organisational development are a further key aspect of qualification. For example, we train our partners in financial matters and staff management and thus support them in planning and implementing effective projects.

We focus on key regions

As most armed conflicts are cross-border conflicts, we deliberately develop regional concepts for our international work. To bring about effective and sustainable change, one needs to understand the whole conflict area and regional context and know the important local actors. By cooperating with several organisations in a region, we can create synergies and

effectively pool limited resources. That way, *medica mondiale* can react quickly to political changes and work in a targeted manner to bring about long-term changes. We concentrate our resources and support on the following key regions:

- › Southeastern Europe (Bosnia and Herzegovina, Kosovo, Croatia, Serbia)
- › Afghanistan/Iraq/Syria
- › African Great Lakes Region (Burundi, Democratic Republic of Congo, Rwanda, Uganda)
- › West Africa (Liberia)

We implement our own projects and programmes

Where there are no local partner organisations that support women affected by violence, but where there is a concrete need, *medica mondiale*, to a limited extent, implements its own projects. This direct, feminist work, in solidarity with local women, is part of our identity and provides opportunities to continuously develop our expert approach.

We operate in networks

We operate systematically in regional and expert networks and promote the networks of partner organisations to counter the isolation of women in the context of sexualised violence, to strengthen mutual solidarity and, together, to put more pressure on policy makers and public opinion. Networks provide the opportunity to learn from others and to share our expertise on sexualised violence.

The objectives and fundamental principles of our international action are set out in *medica mondiale*'s international strategy.

www.medicamondiale.org/en/what-we-do/strategy-for-international-programme-work.html

Areas of our international work

Using our two-pronged strategy at *medica mondiale*, we combine direct support for women and girls in war and crisis zones with work to improve the local political framework conditions and support structures. We not only want to help women and girls in coping with their experience of violence, but we want to dismantle the long-term structures which facilitate such violence.

medica mondiale has developed a stress- and trauma-sensitive approach to support women affected by violence, which is applied in all working areas. The aim is to avoid additional stress for victims, to prevent retraumatisation, and to strengthen and stabilise the women and girls. Together with our partner organisations, we provide holistic support in terms of medical care, psychosocial counselling, legal assistance, and opportunities to secure livelihoods. To this end, we systematically use a community-based approach to set up structures based on solidarity and to work on prevention, so as to protect women from renewed violence.

It is usually very difficult for women in war or crisis zones, who have experienced sexualised violence or who are threatened with violence, to receive adequate support. Firstly, the social infrastructure is often non-existent. Secondly, women affected by violence usually do not have the means to reach a healthcare facility or to pay for its services. Furthermore, in existing clinics, police stations, or in court, they are often stigmatised or subjected to degrading treatment by the staff. *medica mondiale* aims to ensure that women have access to appropriate healthcare, psychosocial support, legal assistance, and opportunities to secure a livelihood.



Stress- and trauma-sensitive work

Psychosocial work consists of direct counselling and support for women and girls: stress- and trauma-sensitive psychosocial support provided by qualified counsellors is a major contributory factor in enabling women to cope with psychological damage and to protect them from further stress. Furthermore, through education and awareness-raising, it also strengthens the capacities of the entire social fabric to cope with the consequences of wartime violence and traumatisation. Support in solidarity with women and girls affected by violence prevents marginalisation and renewed violence and provides women with access to aid services and participation. Mediation on the family and community level helps deal with conflicts in a constructive manner. Advanced education and professional training for key actors – such as teachers, religious authorities, staff of governmental and non-governmental organisations – contributes to ensuring that women in post-war and conflict zones receive effective, long-term assistance.



Stress- and trauma-sensitive healthcare

Sexualised and other forms of violence against women and girls often lead to life-threatening injuries and serious, at times protracted, diseases. Low-threshold and safe access to medical care and counselling is essential to the survival of women and girls affected by violence. The attitude and conduct of doctors, nurses, and midwives is therefore decisive as to whether women receive competent care and access to additional services and are protected from retraumatisation during treatment. This requires empathy and a stress- and trauma-sensitive approach.

We aim to ensure that women and girls receive appropriate medical care and counselling. To this end, we provide community-based healthcare and counselling services. Furthermore, we provide additional training and education for multipliers in the governmental and non-governmental healthcare sector and strengthen the competencies of nurses and health professionals to improve their skills in dealing with women affected by violence and trauma.



Stress- and trauma-sensitive legal assistance

Wartime rapes are a serious human rights violation. In spite of improvements in the possibilities for international criminal prosecution and the adoption of UN Resolutions 1325 and 1820, impunity for the perpetrators is widespread. Gender-based and domestic violence against women is also rampant in post-war periods, and in most cases these deeds go unpunished. Progressive laws, designed to protect women, are often not enforced. Furthermore, women and girls in some countries, such as Afghanistan,



Committed to a life free of violence: Godeliève Mukasarasi,

are prosecuted as criminals and often severely punished if they flee from marital violence or forced marriages. They are frequently subjected to more violence by the police, in court, and in prison.

Our mission is to ensure that women and girls affected by violence understand their rights and receive legal counselling and representation on national and international levels. *medica mondiale* and its partner organisations provide legal advice and accompany women in court. For example, when women wish to change oppressive living conditions using legal procedures, e.g. when seeking a divorce on grounds of domestic violence. In parallel, we provide advanced education and training on stress- and trauma-sensitive treatment of women affected by violence for the police, lawyers, and court personnel. Furthermore, *medica mondiale* promotes the implementation of locally-adapted, extra-judicial approaches outside the official justice system (e.g., symbolic tribunals, compensation funds, women's courts) so that women can obtain justice. We also assist partner organisations in documenting human rights violations committed against women to put an end to the taboos and impunity.



Advocacy work for women's rights

To ensure sustainable change in social structures that discriminate against women, it is important to carry out political advocacy for women's rights in war and crisis zones. Thus, it is essential to push for the implementation of the UN Resolutions regarding women, peace, and security. Topic-specific lobbying also plays an important role. This includes lobbying to improve local health care for women and girls who have experienced violence. At the same time, we support partner organisations so that they can develop their capacities and skills in advocacy work for women's rights and implement a human rights-based approach.



Establishing and strengthening independent women's organisations

medica mondiale wants to ensure that women affected by or threatened with violence in conflict and post-war zones will receive support adapted to the local context over the long term. Hence, one of the key areas of our international work is promoting and strengthening local partner organisations. To this end, we provide our partners with organisational consultancy and development, based on feminist and emancipative values, and support them in terms of management tasks, financing, fundraising, advocacy, and psychosocial counselling. We provide institutional support to selected partner organisations and assist them in setting up a regional, national, and international network. Where there are no adequate support structures, we roll out our own programmes which will develop, in the best of cases, into independent local women's organisations.



Supplemental field of measures for securing livelihoods

The health-related, social, and economic consequences of war and conflicts, coupled with structural handicaps usually put women in economically highly precarious living conditions. Many women are rejected or outcast by their families as a consequence of having experienced sexualised violence, whereas others are forced to secure the livelihood of their families on their own. As a result of dire economic straits, women often end up in dependent and violent relationships in which sexual exploitation and forced prostitution are not uncommon. For women to stabilise themselves, or even gain access to psychosocial services for dealing with violent experiences in the first place, basic material security is often a prerequisite. Participation in basic and advanced vocational training and measures for securing a livelihood, as well as referral to competent cooperation partners or partner organisations, provide women with access to other aid services and enable them to become self-sufficient. *medica mondiale* does not provide extensive economic programmes. However, we do provide measures to secure livelihoods aimed at our target group, or we cooperate with expert organisations specialised in income generating activities.

head of partner organisation SEVOTA in Rwanda



Working together for more justice – Mirlinda Sada, Director of Medica Gjakova, Atifete Jahjaga, President of Kosovo and Baroness Joyce Anelay, Minister of State for Foreign and Commonwealth Affairs and the Prime Minister's Special Representative on Preventing Sexual Violence in Conflict (left to right)

More justice for survivors of sexualised wartime violence

Times does not heal all wounds. Many years after the war has ended, countries like Bosnia and Herzegovina or Kosovo show that sustainable peace is only possible when human rights violations have been processed, the perpetrators held accountable, and the survivors of sexualised violence have received long-term support and access to reparations.

During the war in Bosnia from 1992 to 1995 alone, an estimated 20,000 to 50,000 women and girls were systematically raped. A study carried out in 2014 by *medica mondiale* and its partner organisation *Medica Zenica* shows that, even 20 years after the end of the war, survivors still suffer from massive psychological and physical consequences of these wartime rapes. For this reason, we put health at the centre of our work in Bosnia and Herzegovina in 2015.

The situation is similar in Kosovo. About 20,000 women and girls were raped during the war in 1998/99. Many of them live to this day in precarious conditions and suffer from health-related impairments, as well as from poverty and exclusion. To obtain official recognition of the injustice suffered and to improve their lives, women's rights organisations, such as our partner organisation *Medica Gjakova*, fought for years for a law giving victims of wartime rape the status of civilian war victims. In 2014, Kosovo was the second country, after Bosnia and Herzegovina, to adopt leg-

islation to this effect, which provides survivors with a monthly pension and access to other social benefits. Through this official recognition, the silence surrounding the topic of sexualised wartime violence since the end of the war will hopefully be broken.

In 2015, we concentrated our efforts on advancing the practical implementation of the law. This mainly involved developing low-threshold application procedures which safeguard women's dignity and prevent retraumatisation. A National Council, set up by the former Kosovar President Atifete Jahjaga and which *Medica Gjakova* is part of, coordinates the elaboration of the law. "Our aim is to improve the psychosocial support and medical care, access to trauma-sensitive legal advice, and the economic situation of the women", said Mirlinda Sada, Director of *Medica Gjakova*. She had regular meetings with the National Council to develop the bylaws and mechanisms for the implementation of the law, which was planned to come into force during 2016.

Back to life with holistic support

Alongside political work, providing direct support for women and girls affected by violence is at the heart of *Medica Gjakova*'s work. Many survivors continue to suffer from long-term consequences, as well as from mental and social problems. To enable the women to deal with these traumatic violent experiences and to regain stability and confidence in themselves, they need long-term and holistic support. In particular, there is a growing demand for *Medica Gjakova*'s gynaecological services. The word has spread that *Medica Gjakova* not only provides good medical care free of charge, but that it also has a sensitive attitude towards women.

The fate of a 54-year-old client of *Medica Gjakova* demonstrates how violence and stigmatisation can destroy the life of an entire family. Her husband was killed by Serbian militia in 1998 and she was repeatedly raped. When her eldest son stepped on a mine and was killed, she lost what was left of her courage to face life. The once joyful woman fell into depression, suffered from insomnia, panic attacks and feelings of guilt. At *Medica Gjakova* she encountered understanding and acceptance for the first time. With the support of a psychosocial counsellor, she was gradually able to re-establish contact with her family, plan activities, and rediscover her strengths. "I have started going out again, visiting my daughter and taking care of my little niece", she tells us.

Apart from providing individual counselling, *Medica Gjakova* organises guided self-help groups, in which women can give each other strength and talk about their experiences. In addition, programmes for securing livelihoods provide opportunities to learn how to make agricultural or crafts products. A joint cooperative takes care of marketing these. About 1,600 women and girls have benefited from these diverse



The agricultural cooperative enables women in Kosovo to earn a living.

activities in Kosovo. An evaluation confirms the positive impact on the participants' health, social situation, and self-esteem.

The need for direct support remains high in Bosnia and Herzegovina, too. Long waiting periods, limited opening hours, lack of rooms for confidential consultations are some of the factors that stand in the way of women and girls affected by violence receiving good healthcare. Not only are there too few health professionals, but they are often badly trained and overloaded. To improve the quality of treatment, *Medica Zenica* started a comprehensive training programme in 2015 to establish a stress- and trauma-sensitive approach in healthcare facilities in three cantons.

Results of our work



1,541 women in Kosovo have availed themselves in 2015 of the gynaecological services provided by *Medica Gjakova*.



143 women have participated in the psychosocial groups of *Medica Gjakova*, 72 women received individual psychosocial counselling.



About **1,300** women, 35 health professionals, and various representatives of health authorities were interviewed in a baseline study. The results of the study were taken into account when designing *Medica Zenica*'s health training programme.



Armed conflict and terror have forcibly displaced more than 3.2 million people in Iraq.

Defending and extending progress

2015 was not a good year for people in the crisis region of Central Asia. In Afghanistan, the security situation has rapidly worsened since the withdrawal of the international armed forces started. At least 11,000 civilians were killed or injured in 2015 in fighting or attacks. The country is doing poorly economically and poverty is on the increase, while the support and attention of the international community are dwindling. In Syria, where a civil war has been raging since 2011, there is no peace in sight. The same is also true in Iraq, where different political groups have been fighting for power since 2003.

Women and girls are particularly affected by and threatened with violence in the context of these crises and conflicts. Yet, despite that, many of them are courageously committed to leading a self-determined life. They have achieved a great deal in recent years.

In Afghanistan, more girls are going to school and more women are going to work. The percentage of women in parliament has increased to 28 percent. “Many women no longer keep silent”, says Humaira Rasuli, Director of *Medica Afghanistan*. Now, however, the increase in violence and insecurity is threatening to destroy the progress achieved. The Afghanistan Independent Human Rights Commission (AIHRC) has ranked 2015 as the deadliest year for women in Afghanistan. The laws to protect women from violence, which were recently adopted, are still not being consistently applied. Cases of violence are usually settled informally – often to the detriment

of women. For many Afghan women, home remains the most dangerous place: beatings, rape, and humiliation are part of daily life. The work of *Medica Afghanistan* is therefore all the more important. Braving all sexist currents, the team provides legal assistance to women affected by violence, and works at the political level to ensure that women and girls are treated fairly.

A further focus at the three project sites, Herat, Kabul and Mazar-e-Sharif, is on psychosocial counselling and health care, as the high level of gender-specific violence bears no relation to the support available. “There is a shortage of doctors, rooms and equipment”, explains Vida Faizi, manager of the psychosocial and health programme of *Medica Afghanistan*. However, she sees the biggest shortcoming in the attitude of doctors and nurses and their lack of awareness of traumatisation and psychosocial work. Instead of being met with understanding, women affected by violence are often treated insensitively and made to feel guilty. Yet, it is precisely the healthcare staff who can make a decisive contribution to stabilise women and to avoid any additional stress. A large-scale training programme aims to establish the stress-and trauma-sensitive approach, which *medica mondiale* has developed, in hospitals in three provinces. *Medica Afghanistan* is going to train 80 health professionals – doctors, midwives, nurses – and 20 trainers over a three-year-period. “We thereby don’t just want to impart knowledge, we especially want to change behaviour”, Faizi explains.

Professional and sensitive support for refugees

Expanding psychosocial support is also at the core of *medica mondiale's* commitment in the crisis region Iraq/Syria. Armed conflicts and terror in Iraq have caused more than 3.2 million people to flee and, in addition, more than 250,000 Syrians have sought refuge in the region. In the Kurdish autonomous regions in northern Iraq, refugees and internally displaced people now make up one fifth of the population. Many of them have witnessed violence, or have experienced violence themselves. In this largely patriarchal environment, many survivors of sexualised violence are stigmatised and rejected. Due to fear and shame, they tend to keep quiet about what has happened and remain alone with their traumatic experiences.

The healthcare and social systems in the host regions have long been overloaded, given the numbers of displaced people. There is, in particular, a shortage of experts able to recognise trauma and the consequences of violence and provide professional support to survivors. For this reason, *medica mondiale* started a qualification programme in 2015, together with the Directorate General of Health in Duhok in northern Iraq, which builds on existing structures and aims at improving the medical and psychosocial assistance of women affected by violence. The Duhok region has taken in a large part of the Yazidi population that fled the terror organisation Islamic State. An estimated 2,000 women and girls are still missing.

Since April, experienced trauma-experts from *medica mondiale* have been training doctors and psychologists in governmental health centres in a stress- and trauma-

sensitive approach. The first five psychosocial counsellors passed their examination at the end of 2015. In parallel, we qualify staff in health stations that provide primary medical and psychosocial assistance. A further, large-scale qualification programme will start in 2016. To secure expert training in the long-term and establish uniform quality standards, *medica mondiale* is advising the health authority on the design of curricula and referral pathways.

At the same time, *medica mondiale* supports local women's initiatives that provide assistance to refugee women. For example, the association "Women For Better Healthy Life" is setting up a women's health centre in Duhok, in which refugee and local women can receive medical care and counselling. "The centre wants to strengthen women and improve their lives", says Luma Hazim, from the board of the association. "It's intended to be a place of safety."



Meeting needs: *Medica Afghanistan* trains health professionals in hospitals.

Results of our work



In Afghanistan, **238** women received emergency bedside psychological counselling.



In northern Iraq, the first **5** experts were trained in psychosocial work with survivors of sexualised violence.



38 health workers in Afghan hospitals were trained in stress- and trauma-sensitive treatment of patients in 2015.



Training for psychosocial experts in South Kivu: experiencing and instilling a zest for life

Increased exchange for holistic support in South Kivu

For the last two decades, the Great Lakes Region in Central Africa has been torn apart by armed conflicts. In 1994, pictures of the horrendous genocide in Rwanda went around the world. The civil wars in the Democratic Republic (DR) of Congo, Burundi and Uganda were equally destructive, though generally ignored. Many tensions continue to this day. In the Kivu provinces in eastern Congo and in Ituri, the population continues to suffer at the hands of rival armed groups. Domestic violence is also increasing.

This ongoing state of emergency has destroyed social cohesion, as well as values and norms. With limited government or societal regulation, women and girls are constantly faced with the threat of rape or other gender-based violence. They almost always have to deal with the consequences alone. Rwanda and a few other states have officially declared their will to fight gender-specific violence. However, in most countries, this remains an ineffective declaration of intention and support for survivors is hopelessly inadequate.

The gaps are mainly filled by non-governmental organisations. They provide women affected by violence with medical, psychosocial, legal, and economic support and raise awareness among communities and local authorities of the causes of sexualised conflict-related violence and its consequences. They also do this in remote regions, which are only accessible with great difficulties because of the lack of infra-

structure. There is a huge need for counselling and support in these vast regions and the organisations' resources are very limited.

Through its project fund, *medica mondiale* has been providing local women's organisations with expertise and financial assistance since 2004 – also in South Kivu. Most of them have developed their own context-specific approach and focus on the work with women and girls affected by violence. To be able to provide comprehensive support to as many beneficiaries as possible, *medica mondiale* strengthens cooperation between the organisations. "Some have trained psychologists, others have knowledge of community-based approaches" says Karen Knipp-Rentrop, Great Lakes expert at *medica mondiale*. All sides can benefit from an intense professional exchange.

With the South Kivu Support Programme, *medica mondiale* wants to systematically take forward this idea and also build up more local expertise. Since 2015, six partner organisations in DR Congo are being strengthened through comprehensive qualification measures, and networks amongst them are being promoted. Our representative in the *medica mondiale* regional office in Bujumbura works in close cooperation with them. The project leaders of the participating organisations discuss their approaches and challenges at regular meetings, to some extent

also with partners from the neighbouring country Burundi. The women got to know each other well over time. If an organisation is unable to adequately assist a client, they refer her to another organisation in the programme which is able to provide the service.

Securing livelihoods for survivors

To enable survivors of sexualised violence to develop new prospects in life, despite their experience and resulting trauma, they need to feel safe. This is true both of the economic and the emotional situation. It is only once basic needs, such as housing or medical care, are met that survivors have the strength to deal with past events. At the same time, being able to earn a living presupposes emotional stability.

In Uganda, *medica mondiale* has implemented a new counselling model, together with its partner organisation FOWAC (Foundation for Women Affected by Conflict), which combines socio-economic strengthening of survivors with a stress- and trauma-sensitive approach. This is intended to sustainably ensure a woman's mental and economic survival. Such a counselling model is urgently needed as there are many women and girls, especially in northern Uganda, who are affected by violence and who live in extreme poverty, without education or prospects.

They have survived the civil war between government troops and the rebels of the Lord's Resistance Army, which also kidnapped and enslaved millions of people. Meanwhile, most internal refugees have returned to their villages. Among the returnees are also former child soldiers and women who were forced by the militia into years of prostitution. Some of them have given birth to children conceived by rape, which fur-

ther complicates their re-integration into the villages, which is hard enough as it is. They are frequently despised as mothers of "rebel children" and are – like the children – rejected and stigmatised.

Since its foundation in 2007, the women's organisation FOWAC has been working to improve the life prospects of these women in their villages. One of the focal points of their work are programmes that enable women to be financially independent. In village saving and loan associations, they learn to accumulate capital or they receive small loans to open their own businesses and earn a livelihood.

In 2015, *medica mondiale* provided training to improve FOWAC staff's ability to recognise trauma among their clients and to integrate stress- and trauma-sensitive methods into their group counselling. This is done, for example, through advanced education and training on conflict-, stress- and health-management, or in guided exchange rounds. According to the participants, solidarity and well-being has improved considerably. Meanwhile, FOWAC tells us, the women no longer meet only to administer their savings, but also to share their painful experiences with one another. This gives them self-confidence and fosters more personal initiative and motivation to secure a sustainable livelihood.



FOWAC's saving and loan associations enable women to become independent and generate their own income.

Results of our work



350 women and girls in Uganda regularly participate in village saving and loan associations. They were all able to increase their income.



200 women received appropriate medical care through our partner organisations in South Kivu.



In Rwanda, **60** young adults, born as a result of rape during the genocide, received psychosocial support for the first time.



The team of Medica Liberia succeeded in becoming independent after the Ebola crisis.

Medica Liberia: strong and independent

On the 9th of May 2015, the World Health Organisation declared Liberia to be Ebola-free. However, the emergency caused by the deadly virus that lasted over one year has left deep marks on the little West African country. Thousands have died, schools were closed for months, the healthcare sector and parts of the economy and trade came to an almost complete standstill. Many families were threatened by poverty and food shortages. The epidemic has been stopped for the time being. The already weak government structures need to be stabilised and people's trust in one another, and in the government and its institutions, has to be rebuilt. This is an inconceivably difficult task for a post-war country like Liberia, which has been suffering for decades from poverty, instability, and violence.

In the remote Southeast, where *medica mondiale* has been actively involved since 2006, together with *Welt-hungerhilfe* and the Danish organisation *ibis*, normality is very slow to return. Being far from the economic centre Monrovia, health care facilities, the judiciary, and administrations are completely underfinanced and understaffed. Domestic violence, sexual exploitation, and rape are widespread problems which only worsened because of the disastrous conditions during the Ebola crisis. Moreover, the loss of security, torn-apart families and grief for the loss of friends, relatives and people who have died of Ebola, have reawakened memories of the civil war and triggered re-traumatisation.

Since 2006, *medica mondiale* has been training women experts in trauma work and psychosocial counselling in Liberia and together with them, has established, a comprehensive protection network on different levels ranging from community-based solidarity and self-help groups to governmental service providers; the population was made aware of sexualised violence and the police, courts, and hospital staff received advanced training in trauma-sensitive treatment of survivors.

On the 1st of June 2015, the programme was transferred to an independent Liberian women's rights organisation – *Medica Liberia*. Apart from ensuring continuous expert qualification of the Liberian colleagues in staff management and organisational development, *medica mondiale* assisted the young organisation in 2015 mainly by expanding the finance department. Numerous training sessions were held and an accounting system introduced. *Medica Liberia* now administers all operating and project funds itself. The financial department in Cologne remains only involved in controlling.

“Of course we will support our Liberian colleagues in other projects, too” says Sybille Fezer, Liberia expert at *medica mondiale*. “Just not as a project managing organisation, but as a partner.”

For the right to a life free of violence

Even though the government of Liberia is making an effort to improve the human rights situation, the number of violent crimes continues to be extremely high. This is also due to the inefficiency of the Liberian judicial system. The constitution does guarantee all its citizens protection and legal assistance but, in practice, the situation is quite different. Liberia is one of the poorest countries in the world. The police, as well as the courts, lack the necessary resources to prosecute violence and to consistently hold perpetrators accountable. Impunity, corruption, and vigilante justice are very common.

For this reason, many families, especially in rural areas, tend to settle violence and other crimes among themselves. Much emphasis is placed traditionally on forgiveness and reconciliation, but not on preventing violence. This situation is often fatal for the women and girls affected by it. Firstly, they keep meeting the perpetrators who go unpunished and are exposed to renewed violence. Secondly, the lack of protection and the fact that they are continuously confronted with their experiences prevents them from coping with their traumas.

According to *medica mondiale*, being aware of one's rights and a functioning legal system are decisive factors in sustainably preventing violence. In the framework of the community-based approach, *medica mondiale* carries out a lot of awareness-raising activities in villages, for example through the radio programme "Know your rights". Villagers can call a legal adviser or ask questions by SMS. Furthermore, colleagues advise women locally or mediate in their fam-

ilies. They support women and girls during court hearings, prepare them for the interrogation as witness or plaintiff, and provide psychosocial support.

Yet, it is quite a hurdle for women to report a case, as the contact persons and officials they meet in their villages, at the police station, or in court do not always show understanding. For this reason, *medica mondiale* provides training sessions on gender-, violence-, and human rights-related topics and trains village elders, police officers, lawyers, and judges in stress- and trauma-sensitive treatment of women affected by sexualised violence. 18 training sessions with 80 participants took place in 2015.

This cooperation is bearing fruit. When the police hear of a case of violence, they refer the person to *Medica Liberia* or ask one of the colleagues for support. In the villages, village elders, who are traditionally responsible for settling disputes, are now increasingly siding with the women and support pursuing judicial action. Encouraged by this, more than 260 women and girls in 2015 took advantage of the legal advice provided by *Medica Liberia*.



More and more police officers are aware of the specific problems of women and girls, who have experienced violence, and know how to support them.

Results of our work



More than **2,800** psychosocial, medical, and legal counselling sessions were provided to women and girls in our target areas.



About **14,000** women, men and youths from a total of 73 municipalities have participated in awareness-raising sessions on sexualised violence and its consequences provided by the network of *Medica Liberia* counsellors.



385 women worked in solidarity and support groups in their villages to counter violence and thereby provided women with easily accessible, fast, and trauma-sensitive support.

Overview of our projects in 2015

Region	Country	Partner organisations	Funding ¹	Project*	Costs in €
South-eastern	Bosnia and Herzegovina	<i>Medica Zenica</i>	Own resources	Transnational health training programme (THTP)	92,501.95
		<i>Medica Zenica</i>	Louis Leitz Stiftung, own resources	Setting up a training centre <i>Medica Zenica</i>	49,702.98
		Budućnost	Own resources (Project funds)	More economic stability for SGBV-survivors and creation of support structures in local communities	22,082.86
		SEKA Gorazde	Own resources (Project funds)	Recovering self-esteem, improving resilience	22,082.86
		Žena BiH	Own resources (Project funds)	New life prospects for survivors of wartime rape and trauma	22,082.86
	Kosovo	<i>Medica Gjakova</i>	BMZ, own resources	Better access to health, justice, and social services for self-help groups of SGBV-survivors	193,081.35
		<i>Medica Gjakova</i>	Own resources	Core-funding	32,382.76
		Shoqata e Pavarur e Gruas „Hareja“	Own resources (Project funds)	Medical, psychosocial and economic counselling and training (in hairdressing) for women raped in war or afterwards	22,701.18
	Croatia	EWI**	Own resources (Project funds)	Establishing a network of women's initiatives for joint activities against sexualised violence on the regional and national levels	16,046.88
	Serbia	Women in Black	Own resources (Project funds)	Political and psychosocial support for victims testifying in the alternative women's court in former Yugoslavia	22,082.86
Afghanistan/Iraq/Syria	Afghanistan	<i>Medica Afghanistan</i>	Federal Foreign Office, own resources	Community-based, trauma-sensitive support for Afghan women in Kabul and Mazar-i-Sharif	340,835.57
		<i>Medica Afghanistan</i>	BMZ, own resources	Five pillars to promote women's rights: Attention. Access. Advice. Advocacy. Assertiveness.	131,852.80
		<i>Medica Afghanistan</i>	Own resources	Core-funding, fight against torture and inhumane treatment	128,094.67
		<i>Medica Afghanistan</i>	<i>Medica Afghanistan</i>	Transnational health training programme (THTP)	29,028.49
		<i>Medica Afghanistan</i>	EU, bzfo, own resources	Fight against torture and inhumane treatment	12,792.29
	Iraq	--	Own resources	Assessment of the situation of women and girls in northern Iraq and local trainings	87,153.74
		NWE**	Own resources (Project funds)	Supporting women in Halabja	11,100.32
	Turkey	The Association of Legal Aid Against Sexual Violence	Own resources (Project funds)	Medical and legal assistance for Syrian women refugees in Turkey	29,458.54
Great Lakes Region	Burundi	<i>medica mondiale</i> regional office	Own resources	Organisational development (Setting-up <i>medica mondiale</i> own structure)	117,662.80
		SFBLSP**	Own resources (Project funds)	Prevention and support of SGBV-survivors in Cibitoke, Bubanza and Bujumbura	14,721.91
	DR Congo	ADDF**	Own resources (Project funds)	SGBV prevention and strengthening of pre-school and school aged children in North Kivu	29,443.81
		PAIF**	BMZ, own resources	Improving the life situation of women and girls affected by SGBV in eastern Congo	208,715.92
		PAIF	Own resources	Medical aid and organisational development (capacity building)	78,464.69
	DR Congo + Burundi	AFPDE, EPF, La Floraison, HAM, RFPD, RAPI**	Medicor Foundation	Local women's organisations campaign for women's rights and on ending sexualised violence in South Kivu, DR Congo	163,205.06
		AFPDE, EPF, La Floraison, HAM, RFPD, RAPI**	Fondation Smartpeace	Setting-up local psychosocial competences as a contribution to fostering peace in the Great Lakes Region	53,040.93
	Rwanda	SEVOTA**	BMZ, Own resources	Improved social integration of women and their children born during the genocide as a result of SGBV	43,022.70
		SEVOTA	Fondation Smartpeace	Setting-up local psychosocial competences as a contribution to fostering peace in the Great Lakes Region	42,656.17
		SEVOTA	Own resources (Project funds)	Data analysis on recipients of support from the women's forum Abiyubaka	18,402.38
	Uganda	ACFODE**	Own resources (Project funds)	Developing effective measures against domestic violence via local communities in the Apac district	12,654.95
		FOWAC**	BMZ, own resources	Strengthening women and girls in North Uganda affected by SGBV	111,268.61
		FOWAC	Own resources	Organisational development, qualification	7,242.17
MEMPROW**		Own resources (Project funds)	Securing life prospects for girls, countering patriarchal structures	14,807.29	
West Africa	Liberia	<i>Medica Liberia</i>	Fondation Pro Victimis, Medicor Foundation, own resources	"No" to post-war violence against women: setting up solidary and protective networks	517,550.06
		<i>Medica Liberia</i>	Deutsche Welthungerhilfe e. V. (KfW), own resources	Reintegration and reconstruction programme South-Eastern Liberia	474,803.61
		<i>Medica Liberia</i>	Own resources	Core funding and combating Ebola	279,166.55
		<i>Medica Liberia</i>	Own resources	Organisational development (Founding of <i>Medica Liberia</i>)	119,852.58
		<i>Medica Liberia</i>	DEZA, own resources	Empowering local communities in the fight against Ebola in River Gee County; Organisational development	20,740.52
Germany	Germany	--	Sigrid Rausing Trust, own resources	Advocacy work and qualification to strengthen SGBV-survivors and women threatened with SGBV in war and conflict zones	132,189.70
		--	BMZ, own resources	Further training series for DC and humanitarian aid workers on stress- and trauma-sensitivity	51,207.48
		--	Stiftung Anne-Marie Schindler, own resources	Fighting SGBV, measures for influencing key political actors	37,276.963
		--	BMFSFJ, Eigenmittel	Conference "Long-term consequences of war rape: challenges for society, policies, and experts" (30.11.2015 in Berlin)	29,951.55
		--	Stiftung Umwelt und Entwicklung Nordrhein-Westfalen, Eigenmittel	Introduction 'Achtsame Organisationskultur'© (mindful organisational culture) in the Cologne office	24,648.51
Worldwide	Albania	<i>Medica Tirana</i>	Own resources (Project funds)	Psychosocial support for women and girls affected by domestic violence and social conflicts in the suburbs of Tirana	22,082.86

BMFSFJ = Federal Ministry of Family Affairs, Senior Citizens, Women and Youth
 BMZ = Federal Ministry for Economic Cooperation and Development
 bzfo = treatment centre for torture victims
 DC = development cooperation

DEZA = Agency for Development and Cooperation (Switzerland)
 EU = European Union
 KfW = Kreditanstalt für Wiederaufbau
 SGBV = Sexualised and gender-based violence

* = due to lack of space the project names/objectives have been shortened
 ** = Full names of partner organisations on p. 6
 1 Own funds are composed of i.a. donations, legacies, participation fees.

“We live under very difficult conditions. We haven’t received any food aid for eight months. I have a stiff hand. The disability makes me even more vulnerable and defenceless.”



Like this Syrian woman, some of the people in Akree Refugee Camp in Duhok/Northern Iraq fled the civil war in Syria five years ago.



Strengthening commitment: medica mondiale trains health professionals and volunteers working with refugees in Germany, in a stress- and trauma-sensitive approach.

Working with people, who have survived violence in different contexts calls for specific knowledge and a stable environment. With its stress- and trauma-sensitive approach, *medica mondiale* helps women and girls affected by violence to better cope with stress, to prevent new trauma, and to strengthen their inner resilience. Moreover, we engage in educational work on sexualised violence and the consequences of trauma and train professionals in stress- and trauma-sensitive treatment of survivors.

Focus on displacement and migration

Qualification programme for stress- and trauma-sensitive support of refugees in NRW

medica mondiale has years of experience in providing advanced training and education for professional staff and volunteers on the stress- and trauma-sensitive support of people affected by violence worldwide. We also offer several training sessions each year in Germany for professionals and volunteers with a particular interest in this field. In response to the growing need for trauma-sensitive knowledge due to the influx of refugees in 2015, we decided to set up a new qualification programme.

Several hundred thousand people now live amongst us, who have almost all experienced traumatic events such as war or sexualised violence and were uprooted from their homes. And here, too, they are confronted with various factors that can trigger stress reactions. They arrive in a totally alien en-

vironment and culture, in which hardly anyone understands them; they are alone, dependent, and uncertain as to whether they will be allowed to stay on or not. The support system can help people cope with their experiences by offering empathetic and competent counselling that provides them with security and stability.

medica mondiale's new qualification programme is aimed at professionals and volunteers working with refugees in NRW and, in particular, with refugee women and girls. They will learn the basics about stress- and trauma-sensitive support, which they can use in the specific context of their daily work. Moreover, refugee women and migrants are encouraged to organise in self-help structures, so that they can share their experiences with, and support, one another. *medica mondiale* has paved the way for this in 2015, designed the programme, and mobilised the necessary human and financial resources.

As there is a significant need for counselling and training, the plan is to also provide advanced education and training courses for experts and multipliers. They will be able to pass on the stress- and trauma-sensitive know-how in the field of refugee work. The training is also aimed at qualified women, who themselves were once refugees, and who would now like to use their knowledge and experience to help newly arriving

refugees, or who are already doing so. Their knowledge about potential mental strains on refugees is helpful in finding appropriate solutions together.

The project is funded by the Ministry for Health, Equality, Care and Ageing of the state of North Rhine-Westphalia. The first training sessions will take place in NRW in the spring of 2016.

Multiplying knowledge, strengthening support

medica mondiale established a pool of women experts in South Kivu

In most war and crisis zones, there is a lack of expertise to adequately support women and girls affected by violence. In the Central African Great Lakes Region, decades of conflicts have spread poverty and violence and led to a great need for support. *medica mondiale* promotes women's organisations, which are committed to helping survivors of sexualised violence, for example, through imparting knowledge on stress, trauma, and providing low-threshold psychosocial counselling.

To sustainably embed this knowledge locally, in 2015, we started in the Democratic Republic (DR) of Congo to train local psychologists and sociologists in several workshops to become experts in our stress- and trauma-sensitive approach. The advanced education and training aim to establish a pool of women experts, who can ensure competent local support for women affected by violence, and who are able to pass on specific trauma-expertise to other partner organisations and beyond.

Following a design phase in April, which *medica mondiale* carried out together with counsellors from projects in Burundi and the DR Congo, which have enjoyed long-standing support, the first workshop took place in September. Ten women, partly self-employed psychosocial counsellors, partly senior experts from partner organisations, were first trained in trauma-sensitivity, empowerment, and supervision. In further workshops, they will learn about methods how they, as trainers, can impart the knowledge they acquired to staff members and other partners.

Many counsellors have themselves been subjected to sexualised violence. Moreover, they are confronted with extremely painful experiences in counselling situations. Therefore, the topic of self-care is a cornerstone of all training sessions. To ensure continued awareness, we also organise special trainings on trauma-sensitivity and caring organisational culture for the directors of the partner organisations. Thus, they are able to ensure that their staff provide quality counselling, and to help them stay healthy.

Four training sessions per year are planned to set up the pool of women experts. In the mean time, an experienced, local psychologist is available as a contact person. In the long-run, the pool members will independently provide training sessions on stress- and trauma-sensitivity, gender-based violence, and group coaching, as well as support other psychosocial experts in counselling sessions.



In South Kivu, medica mondiale trains local health professionals in a stress- and trauma-sensitive approach.



Our interim evaluation confirms: the partner organisation PAIF in Eastern Congo provides effective support for women and girls, whose lives have been affected by violence.

Solidarity and empathy are among the most important motives of our work. They guide our actions in all areas of work. At the same time, we want to make sure that our support is of high quality and has a focused impact. To meet this requirement, we analyse and assess our projects in detail. To this end, we use different tools to monitor and evaluate programmes and results for a variety of purposes: to prepare projects, monitor progress, and draw conclusions after the completion of the projects. We can thereby identify the impact of our work and learn lessons for the future.

Understanding the context

Baseline health study in Bosnia and Herzegovina

Before starting a new project, we design it in interdisciplinary teams. To this end we always work together with our local partners as they are most familiar with local structures and contexts. Together we commission external experts, for example to collect data locally to allow us to assess the project context. That way, we obtain more detailed knowledge about existing problems and a deeper understanding of their potential causes. Both are important prerequisites for our work to be effective and focused, where help is needed.

To this end, in 2015, *medica mondiale* and *Medica Zenica* commissioned such an analysis for Bosnia and Herzegovina. This analysis was intended to highlight both the strong and weak points of the Bosnian healthcare system and to assist us in further developing a new health programme.

Our project was triggered by the results of our 2014 study “We are still alive”, on the long-term consequences of wartime rapes in Bosnia and Herzegovina. It showed that most women continue to suffer enormously from the physical and mental consequences of the violence they experienced. We were aware that the Bosnian healthcare system played a central role in this matter, so we interviewed women and girls, as well as staff members of *Medica Zenica* and other relevant actors, to find out how they assessed the quality of health services and how society deals with sexualised violence and trauma.

About 1,300 women from three cantons reported their experiences in telephone interviews, group discussions, and questionnaires. In addition, 35 reports from healthcare professionals, representatives of the Ministry of Health, and directors of healthcare facilities provided us with insight into the awareness of trauma-sensitivity and sexualised violence in the health sector.

The data analysis showed that, even though numerous health services exist, women do not fully avail themselves of these for a variety of obstacles. The shortage of staff represents a major deficit. Most experts are completely overworked and fail to address patients' specific problems. Patients are, thus, unable to believe that they are treated with respect. Moreover, many doctors are not aware of the consequences of sexualised violence and are thus unable to recognise related traumas and provide adequate support.

For the project design, this meant that *medica mondiale* and *Medica Zenica* will provide extensive training in a stress- and trauma-sensitive approach



The situational analysis of Medica Zenica, presented by Director Sabiha Husić (2nd from left) and women from the team highlights the strengths and weaknesses in the healthcare system.

for health professionals with a view to generating more empathy for survivors. Furthermore, political decision-makers need to be made aware of the special needs of women affected by violence and of their families, and that more knowledge, and stress- and trauma-sensitive interaction, are important factors in helping them cope with the consequences of violence.

Storytelling as an evaluation method

Measuring change requires more than just figures and statistics. It is often a long process until issues, that were considered to be matters of fact, are questioned and old practices replaced by new knowledge. *medica mondiale* wants to make this quasi-latent change visible. To do so, we increasingly use the method of storytelling, in addition to the more common evaluation methods. The “most significant change” approach, as this evaluation technique is called, is essentially based on collecting and systematically evaluating stories about significant changes, especially from the target group of a project.

“A 14-year-old girl was living in a refugee camp in the municipality of Goma. One day, as she was cutting her neighbour’s hair, she was called over by a block warden whose ulterior motives were sexual. The girl refused to follow the warden’s order, confident the neighbour would help protect her. However, the warden sent his accomplices over. They started to aggressively harass the girl and then forcibly took her to the warden’s house. Together with him, they tied her up, raped her and beat her. The girl tried to defend herself and cried for help. A member of a youth club for human rights heard her screams and he was able to take a photo of the situation and find the camp supervisor. But the supervisor refused to listen to the young man’s story. Later, even the Director of the National Council for Refugees turned a blind eye. News did spread, but then the families of the perpetrators and the victim came to an agreement.

The young human rights club member was not satisfied and sought an adviser from PAIF, who visited the camp. The girl was still being held captive by the perpetrators and they refused to surrender her to PAIF. So

the organisation alerted the police, who were able to ensure the girl was taken to hospital. Moreover, PAIF provided support to the girl’s family, empowering them to take the matter to court. As a consequence, the perpetrators were arrested and locked up. But the court case is not yet completed. The girl was also able to receive medical treatment.

This incident showed the inhabitants of the refugee camp that block wardens are not unimpeachable. Since then, there has been no further incidence of rape by wardens.”

We used the “most significant change” method for the interim evaluation of a project run by our partner organisation PAIF (Promotion et Appui aux Initiatives Féminines). Several staff members and women affected by violence gave brief accounts of where they see a change in their day-to-day lives in terms of violence against women. One woman told the story of the 14-year-old girl and thereby testified that, thanks to awareness-raising, family mediation, and legal advice from PAIF, a process was underway that reinforced the feeling of security among women and girls and that established social harmony. In 2015, *medica mondiale* published these results in an evaluation report.

“With the most significant change stories, we give centre stage to women’s voices”, says Kirsten Wienberg, head of Evaluation and Quality at *medica mondiale*. This is how we find out about changes in daily life, which are neither reflected in figures, nor in indicators. “The lessons learnt are also taken into account in future projects for women and girls affected by violence” says Wienberg. “Their perception is decisive for our action.”



During an expert discussion in the Federal Foreign Office, Katharina Braig (2nd from left), Christoph Strässer (middle), Rashida Manjoo (4th from right), Monika Hauser (3rd from right) and Jeannette Böhme (2nd from right) and other participants discuss how to offer women better protection against violence and how to involve them in peace processes.

Sexualised wartime violence is a structural problem which is fostered throughout the world by many factors: discriminatory laws, lack of violence prevention, impunity of perpetrators, ignorance of society and the community. *medica mondiale* sees itself as an advocate for women's rights. We identify causes and consequences of sexualised violence, and follow political processes at regional, national, and international levels, raise awareness of decision-makers, and urge them to take action.

Playing a role in shaping policies

medica mondiale at the SPD Perspectives Congress

With more than twenty years' experience of worldwide commitment to women and girls in war and crises zones, *medica mondiale* is recognised throughout Germany as being an expert organisation on gender equality. In that capacity, we contribute our expertise to many social fields, as we did on the 11th of October 2015 at the SPD Perspectives Congress in Mainz. Party representatives, among them several federal and state ministers and hundreds of SPD members, spoke at the Congress about their political goals for the next ten years.

Monika Hauser participated as an independent foreign policy expert. In a panel discussion with Frank-Walter Steinmeier, she urged the Federal Government to strengthen its commitment to involving women in peace-processes. Women's rights, their life prospects, and violent experiences have to be taken much more into consideration so as to build

a stable society, particularly in post-war countries. In this context, she welcomed the Federal Foreign Office's decision to focus much more in the future on crisis prevention and post-conflict rehabilitation.



Monika Hauser, founder of *medica mondiale*, urges Foreign Minister Frank-Walter Steinmeier to do more to include women in peace processes.

Expert dialogue for concrete strategies

medica mondiale at the Federal Foreign Office

Resolution 1325 “Peace, women and security”, adopted by the United Nations in 2000, aims to provide better protection for women and girls in armed conflicts and equal participation in peace processes. Since then, many countries, including Germany, have strengthened their commitment to implementing these goals in practice. Yet, in many conflict countries around the world, like in South Sudan or Iraq, violence remains every day problem for women and girls.

In 2015, *medica mondiale* appealed repeatedly to the international community to speed up the implementation of the resolution. To develop concrete strategies for this, *medica mondiale* organised an expert dialogue in the Federal Foreign office in July, together

with the then Federal Government’s Commissioner for Human Rights policy, Christoph Strässer.

Monika Hauser and about 40 guests, including the United Nations Special Rapporteur on Violence against Women, Rashida Manjoo, and the Director of the Legal and Consular Department of the German Embassy in Kabul, Katharina Braig, discussed together preventive measures, examined different forms of support for survivors, and identified diplomatic channels for strengthening women’s rights. The results of the dialogue were published in a documentation.

www.medicamondiale.org/en/what-we-do/news/news-details/

Educational work for police and judicial officers

medica mondiale demands and promotes more sensitivity in the treatment of survivors of sexualised violence

Rape as a war tactic is a recurrent phenomenon throughout history. On the 13th of August, *medica mondiale* consultant for gender equality, Gabriela Mischkowski, explained to the Federal Criminal Police Office in Bonn-Meckenheim the areas of suffering most commonly experienced by survivors and what needs to be taken into account when taking statements from survivors.

Her presentation, on the appropriate treatment of survivors of sexualised wartime violence in international criminal proceedings, was part of a one-week training course in international criminal law organised by the Federal Criminal Police Office for investigators and officers. This was the second time that Mischkowski, who has been documenting for several years on behalf of *medica mondiale* the way sexualised wartime violence in former Yugoslavia was handled at the International Criminal Court, talked about this matter.

In many places, violence against women entails no legal consequences. The offences are rarely prosecuted by the police or the criminal justice system and the consequences for the women are not taken seriously. Many women hesitate about reporting incidents, as they are afraid of being humiliated by the police or in court. To change that, *medica mondiale* trains police officers, judges, and prosecutors on traumatising and gender-based violence.

This educational work is important, as was shown again in autumn 2015 during the criminal proceedings against the Rwandan rebel leaders Ignace Murwanashyaka and Straton Musoni in the Higher Regional Court in Stuttgart. Both were charged in 2011



Women’s rights expert Gabriela Mischkowski critically observed the trial of Rwandan rebel leaders.

with being responsible for serious crimes against humanity including rape in the Kivu provinces of the Democratic Republic of Congo, in 1994. Whilst the court did find them guilty in September, the numerous charges of sexualised wartime violence were, however, not taken into account.

As observers, we had to note that genocide survivors who testified as witnesses were not sufficiently informed of their rights, nor did they receive adequate psychological support. On the contrary, the heavily traumatised women found the defence counsel’s aggressive interrogations to be extremely humiliating.

That is a scandal and should not be allowed to happen in Germany. Apart from educational work and awareness raising, *medica mondiale* therefore also exercises public pressure. Therefore, we strongly condemned the disrespectful treatment of survivors in Stuttgart and we have urged the German judicial system to consistently respect and protect the victims’ and witnesses’ right to dignified treatment in future.



Touched by the messages of solidarity for women refugees in Iraq: Christiane Overkamp from *medica mondiale*, Dr Luma Haszim and Maiss Sadeq from the association "Women For Better Healthy Life" (left to right)

War and displacement dominated the media and public discussions in 2015. But we often lose sight of their actual consequences on women and girls. Whether in crisis regions, while fleeing, or in reception camps – woman and girls are exposed everywhere to gender-based violence. *medica mondiale* does not just provide direct support to the victims. We give them a voice at events, in the media, in films, at exhibitions, and on the internet and we draw attention to the causes and consequences of sexualised violence. So we want to ensure that those worst affected by war and violence are not forgotten, and that more people work actively and in solidarity to end violence.

War rapes – no/an end in sight?!

When UN Special Rapporteur on Violence against Women, Rashida Manjoo, and the founder of *medica mondiale*, Monika Hauser, met in July, it was an encounter between two women who over the course of several years have been committed to ending sexualised wartime violence. In the taz Café in Berlin, they discussed with Ines Pohl, the then editor-in-chief of taz, and other guests, how international treaties can protect women more effectively against violence and how to strengthen their rights.

Manjoo criticised the widespread impunity of perpetrators and demanded more prevention. UN Resolutions 1820 and 1325 explicitly condemn sexualised violence as a war crime and demand that it should be prosecuted consistently. In practice, however, the perpetrators have hardly ever been held accountable. In current conflicts, too, women and girls are

extensively exposed to sexualised violence. The discussion group agreed on the need to fight the causes of violence, in particular, to ensure better protection for women and girls.



Full house at the taz-Café in Berlin



Syrian refugee families hope to find safety in Europe.

Millions of people were forced to flee war and violence in 2015. Germany, too, has taken in a large number of refugees. It is difficult to imagine what these people, who have fled their homes and countries, have experienced. Given the large number of refugees in Germany, *medica mondiale* decided to extend its work within its home country in 2015. In addition to providing advanced education and training for professionals and volunteers working with refugees, *medica mondiale* has developed tips for direct contact with refugees.

Refugees need support

According to the United Nations High Commissioner for Refugees (UNHCR), there are almost 60 million refugees throughout the world. This is the highest number of refugees since World War Two. Most people, who flee their country, remain within the region. For example, 95 percent of refugees from Syria live in neighbouring countries. Only a small fraction reaches Europe. Current UNHCR figures show that the number of women refugees is on the increase. Between June 2015 and January 2016, the proportion of women and girl refugees who reached Europe doubled from 27 percent to more than 55 percent.

Behind each of these figures lie the stories of people's lives and suffering; people who have had to leave behind their country and, usually, all their belongings and possessions. Many lost relatives, had to endure months of bombing raids, and feared for their lives.

The consequences of war and displacement

War and displacement have a particularly cruel impact on women. Terrorist groups, such as the Islamic State

or Boko Haram in Nigeria but also other groups involved in conflicts, systematically use sexualised violence to degrade women and to humiliate and subdue their enemies.

However, even as they flee, women are not safe. Women fleeing alone with their children and without the protection of their family are especially vulnerable. Refugees repeatedly tell partner organisations of *medica mondiale* about human traffickers and public officials demanding sexual services as payment for travel documents, transport, or shelter. Sexual assaults and harassment are commonplace in refugee camps. This is partly due to a lack of separate, lockable sanitary facilities and sleeping quarters for women and girls, or the fact that facilities are insufficiently lit and protected against intruders.

Expulsion and displacement also have other, less obvious, consequences for women and girls. On arrival, the male head of the family is often the only person registered, which means that women have no direct access to relief supplies, health services, or education. In particular, girls usually stop attending school

once they have taken flight. The crowded living conditions, uncertainty and forced inaction accompanying displacement also trigger violence within families. The lack of income increases the risk for young women of being forced into marriage to relieve the family's financial situation.

In our midst – refugees in Germany

The specific needs of women and girls rarely receive adequate consideration when help is provided for refugees. Many have experienced gender-based violence in their countries or while fleeing. As a result of fear or shame, women generally do not report these incidents, and they do not receive any medical or psychosocial assistance. They urgently require access to stress- and trauma-sensitive healthcare and counselling. *medica mondiale* has developed a number of tips



The refugees' despair grows in grim refugee camps.

for professional and volunteer workers, based on our many years of experience and on the guidelines from the German Association of Midwives.

Many volunteers and institutions showed great interest in these practical recommendations. The Catholic German Women's League, for example, published them in its members' magazine and the District Office of Würzburg included them in its guidelines for refugees on the internet.

11 Tips for interaction with women refugees

- 1 Believe in the strength of the women you are dealing with. Even if women have undergone traumatic experiences, most will be able to use their own inner strength to overcome the consequences
- 2 Help the woman become aware of this strength. Ask her what she enjoyed in the past. Ask her about positive memories, ambitions and dreams. Even if she feels helpless now, she still has many skills and abilities.
- 3 Trust the gut feeling that you also use when dealing with other people. Let your natural empathy be your compass.
- 4 Ask, whether your behaviour is appropriate, whenever you feel unsure. If not in words, then through a questioning look or a simple sketch.
- 5 For men: do not seek body contact. For women: only offer body contact, e.g. a touch on the arm only with great caution. Pay attention to signals such as gestures, to see whether this physical contact is wanted or not.
- 6 Explain your role within the support system, as well as the possibilities and limits of support. For example, say when you are available and who will replace you if you are not.
- 7 Do not ask questions about past experiences such as displacement or war out of curiosity. If the woman indicates that she wants to talk, listen attentively, but maintain boundaries.
- 8 Find a way to change the course of the conversation if you or the woman you are talking to is reacting by sweating, shaking, breathing with difficulty, feeling numb or having a restricted perception of time and surroundings. Offer the woman a glass of water, ask her if she would like some fresh air, and tell her how strong she is to have survived such difficult experiences.
- 9 Be patient. Stress and trauma reactions can manifest themselves in lapses of concentration. Do not be annoyed if your explanation or advice has not been put into practice or has been forgotten.
- 10 Respect the woman's privacy and do not ask any questions that could violate her dignity as a woman or provoke feelings of shame.
- 11 Do not overload yourself. Pay careful attention to your body language, take breaks from providing help, and make sure you have sufficient variety in your life – your help will be needed in the long-term.

Income

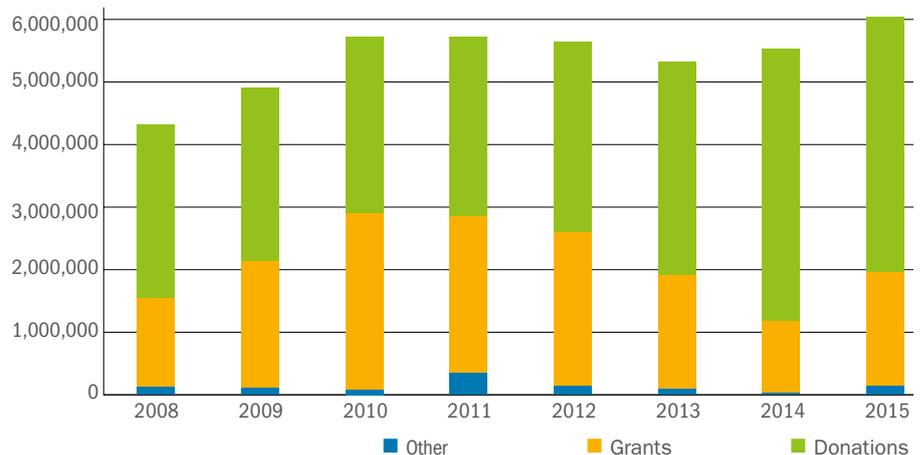
Our income increased in 2015 compared to the previous year. In total, our income rose by about 9 per cent. Income from donations decreased by about 7 per cent. However, this is because of the high comparative figure in 2014, which was due to a one-off donation from *medica mondiale* Foundation Switzerland to set up an endowment fund. In fact, the development of both donations and grants was notably positive in 2015. Compared to 2013, we were able to continuously increase income from donations by 18 per cent.

Grants reached the same level in 2015 as in 2013. Other operating income increased, as we were able to reverse accruals for former projects.

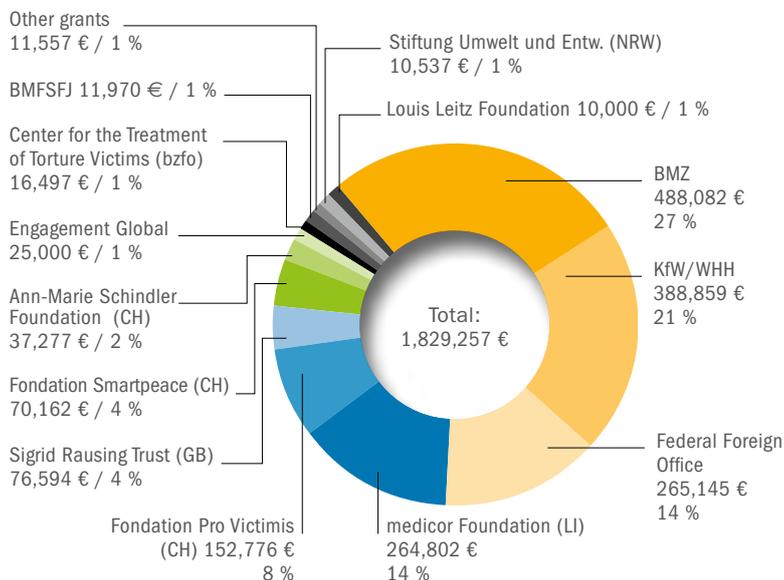
The public and private donors who allocated funds and grants for projects were essentially the German Federal Ministry for Economic Cooperation and Development (BMZ), the Kreditanstalt für Wiederaufbau via Deutsche Welthungerhilfe (KfW/WHH), the German Federal Foreign Office, the medicor Foundation, the Fondation Pro Victimis, the Sigrid Rausing Trust, the Fondation Smartpeace and other donors.

	2015 EUR	Previous Year EUR
Income from allocations and grants	1,829,257.22	1,152,220.72
Donations and similar income	4,065,452.15	4,345,235.74
a) Donations	3,588,424.26	4,109,656.66
b) Inheritances	241,348.89	9,204.08
c) Charitable allocation of fines	235,679.00	226,375.00
Other income	139,531.84	28,670.20
Interests	634.74	2,472.93
Total	6,034,875.95	5,528,599.59

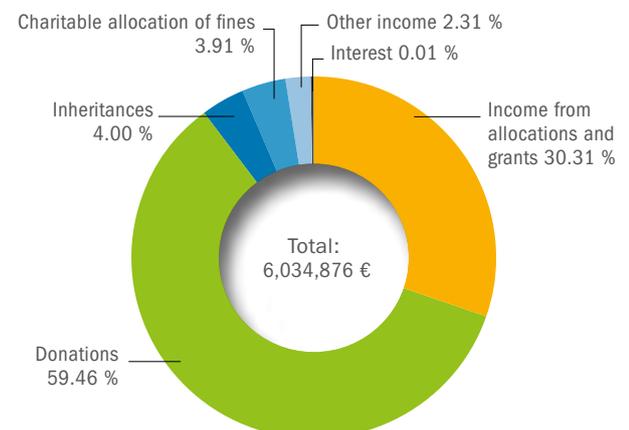
Development in income 2008-2015



Income from donors



Income 2015



Expenses

Total expenses increased by about 4.3 per cent compared to the previous year. Approximately 76.65 per cent of total expenses in 2015 was due to project work internationally and in Germany; 23.35 per cent due to administration, public relations, fundraising and donor relations.

Regarding project expenses, the share for international projects accounts for about 84 per cent. 11.4 per cent was allocated to human rights and trauma work; 4.6 per cent to awareness raising activities and information work, according to the statutes. Project costs include both direct project costs and project monitoring, including project management via the Cologne office.

As to fundraising and administrative costs, 53 per cent was allocated to fundraising and public relations, and 47 per cent to administration.

Personnel costs have decreased yet again, as *Medica Liberia* is now independent and finances its personnel from own resources.

Depreciations increased following the refurbishment in Cologne and because we had to acquire equipment for the new office in Bujumbura.

Costs of premises in Cologne have notably increased as the head office was enlarged, and about 20 new workspaces were created. This measure was mainly due to the staff increase which took place between 2009 and 2015.

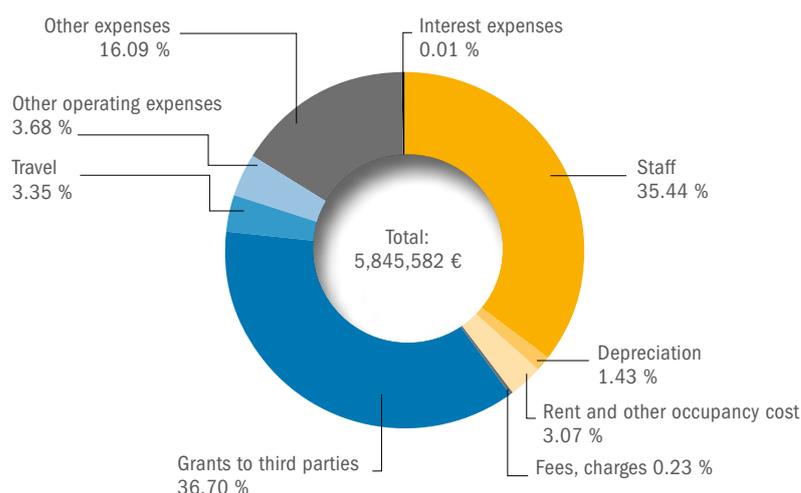
Travel expenses have gone up again, compared to 2013 and 2014. Due to the volatile security situation in some project countries, travel had been limited in previous years. Meanwhile, we have again reached the same expense levels as in 2012.

Other expenses have decreased. In the previous year, this position included the establishment of the endowment fund.

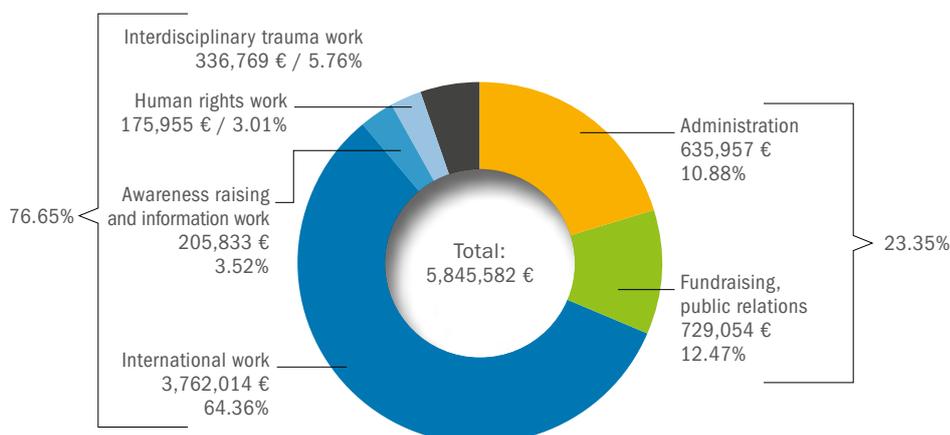
Income in 2015 exceeded expenses by 189,293.89 euros. The result will be transferred to the reserves.

	2015 EUR	Previous Year EUR
Staff	2,071,796.46 €	2,176,971.32 €
Depreciation	83,720.74 €	66,952.48 €
Rent and other occupancy cost	179,416.44 €	127,957.52 €
Fees, charges	13,499.73 €	7,863.10 €
Grants to third parties	2,145,193.70 €	1,023,260.84 €
Travel	196,095.40 €	95,400.74 €
Other operating expenses	215,320.76 €	167,798.14 €
Other expenses	940,186.99 €	1,935,363.84 €
Interest expenses	351.84 €	416.54 €
Total	5,845,582.06 €	5,601,984.52 €

Expenditure per type of expense



Expenditure per field of activity



Balance sheet the 31st of December 2015 medica mondiale e. V., Cologne

ASSETS	2015		Previous year	
	EUR	EUR	Thousand Euros	
A. Fixed assets				
I. Intangible assets				
Concessions, industrial property, and similar rights and assets as well as licenses in such rights and assets	33,317.01		35	
II. Tangible assets				
1. Land, land rights and buildings including buildings on others' properties			0	
2. Other equipment, operational and business equipment	109,992.04	143,309.05	121	156
B. Current assets				
I. Receivables and other assets	276,578.78			185
II. Securities				0
III. Cash, bank balances	3,653,942.94			3,727
C. Prepaid expenses and deferred charges	805.88	3,931,327.60		3
		4,074,636.65		4,071

LIABILITIES	2015		Previous year	
	EUR	EUR	Thousand Euros	
A. Shareholders' equity and liabilities				
Status as of 1 st January	2,921,742.07		2,995	
Annual surplus/annual deficit	+ 189,293.89	3,111,035.96	-73	2,922
B. Accruals				
Other accruals		85,380.76		336
C. Accounts payables				
1. Accounts payables towards lending institutions - of which with residual maturity up to one year				38
2. Trade payables - of which with residual maturity up to one year	89,840.99			124
3. Other liabilities	459,462.82	549,303.81	318	480
D. Deferred income	328,916.12	328,916.12		333
		4,074,636.65		4,071

Explanations regarding the balance sheet 2015

ASSETS

1. Fixed assets

From 2014 to 2015, the balance sheet total of medica mondiale e. V. increased by about 300,000 euros to 4,074,636.65 euros; this is an increase of 0.1 per cent. Intangible and tangible assets were depreciated using the straight line method. All tangible assets at locations in Liberia were fully depreciated and all tangible fixed assets were transferred to the newly-established Liberian organisation *Medica Liberia*. A new office was set up in Bujumbura, Burundi and provided with operational and business equipment.

2. Current assets

During the course of a project's implementation, financial resources not immediately needed are invested in fixed term or overnight deposit accounts. The interest earned varies according to the financial market rates.

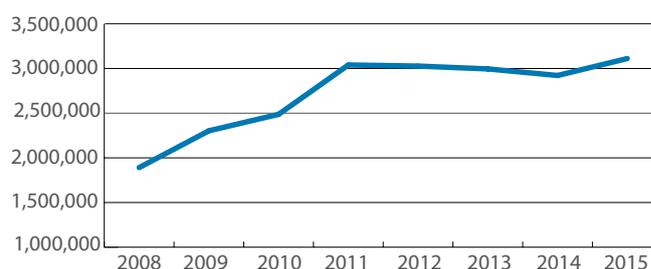
Some of the receivables from previous years were recovered. To a large extent, these consist of requested project grant payments from donors, which *medica mondiale* regularly pays in advance.

LIABILITIES

Capital

On the capital side, own capital increased by the amount equivalent to the annual surplus. Reserves for possible repayments in connection with donor projects were recovered, as we were able to complete the projects. The liabilities position of accruals and deferred income is made up of endowments to be used in 2016 for projects internationally and in Germany.

Development of own funds 2008-2015



Income and Expenditure Statement For the period the 1st of January to the 31st of December 2015

	2015 EUR	Vorjahr Thousand Euros	
1. Income from allocation of funds and grants	1,829,257.22	1,152	
2. Donations and similar income	4,065,452.15	4,345	
3. Other operating income	139,531.84	6,034,241.21	29 5,526
4. Personnel expenses			
a) Wages and salaries	1,766,783.22	1,870	
b) Social charges, old-age pension	305,013.24	2,071,796.46	307 2,177
5. Amortisation and depreciation of intangible and tangible assets	83,720.74		67
6. Other operating costs			
a) Rent and other occupancy costs	179,416.44	128	
b) Fees, duties and contributions	13,499.73	8	
c) Financial support, grants to third parties	2,145,193.70	1,023	
d) Advertising and travel allowance	196,095.40	95	
e) Other operating expenses	215,320.76	168	
f) Other expenses	940,186.99	3,773,433.76	1,935 3,357
Interim result		+ 189,010.99	- 75
7. Other interests and similar income		634.74	2
8. Interests and similar expenses		351.84	0
9. Net operating loss/income for the year		+ 189,293.89	- 73

Excerpt from the report on the audit of the Annual Financial Statements as of the 31st of December 2015 conducted by the audit and tax consulting company Solidaris Revisions-GmbH Wirtschaftsprüfungsgesellschaft – Steuerberatungsgesellschaft, Cologne dated 10th of June 2016.

Certificate: We audited the annual financial statement – balance sheet and income statement – for the accounting year the 1st of January to the 31st of December 2015, including the accounting of medica mondiale e. V., Cologne.

The legal representatives of the association are responsible for accounting and the voluntarily applied German accounting rules and regulations for prudent business persons.

It is our responsibility to comment on the annual financial statement on the basis of our annual audit.

The audit we carried out was within the scope which is necessary to prove that accounting is conclusive and quoted values are appropriate. To gain evidence, we essentially choose analytical examination and item-by-item review. We determined the range of our item-by-item review by methods of random sampling.

We are convinced that our examination forms an adequate basis for our opinion within the frame of the audit assignment.

Our audit did not lead to any objection.

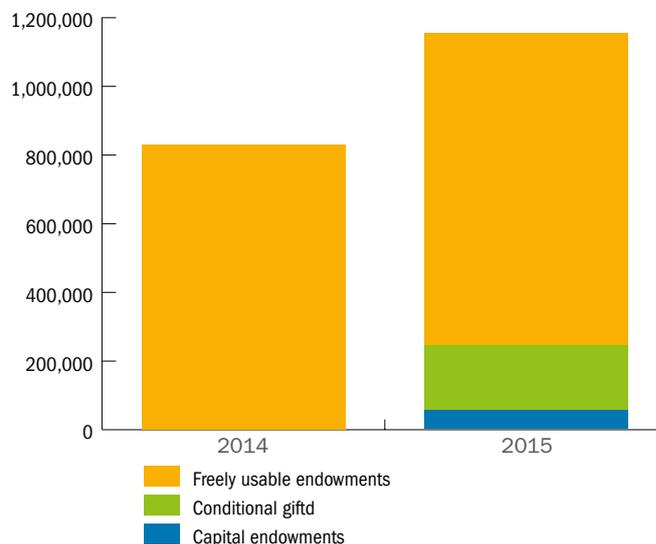
Based on the findings of our audit, we feel confident that the annual financial statement complies with the voluntarily applied German accounting rules and regulations for prudent business persons.

Cologne, 10.06.2016

Endowment fund *medica mondiale*

Since 2014, medica mondiale e. V. has had its own endowment fund in an umbrella foundation of GLS Treuhand e. V. The endowment fund ensures a high degree of flexibility in crisis situations and will make it easier to start and pre-finance projects in the future. Thanks to endowments, donations and interest, the endowment fund closed in 2015 with 1,153,644.92 euros. The money is invested according to sustainable criteria, and the umbrella foundation reached an average interest rate of 3.6 per cent in 2015.

Endowment fund (31.12.2015):	€ 1,153,644.92
Annual income 2015:	
Interest minus charges:	€ 24,780.13
Capital endowments:	€ 55,000.00
Non-earmarked donations:	€ 55,000.00
Conditional endowment:	€ 190,000.00



Association, governing bodies and duties

medica mondiale e. V. is a registered non-profit association based in Cologne, Germany. Our governing bodies are the General Assembly and the Board of Directors. The General Assembly is the highest supervisory body in our organisation. It elects the Board of Directors from among its ranks. It receives and

approves the Annual Report from the Board of Directors. The accuracy of the Annual Financial Statements is checked by an independent financial auditor. The Board runs the association. It decides on the priorities and strategies in accordance with the purpose of the association. It also appoints and supervises the Man-

agement. With the exception of one full-time employee, all members of the Board perform their duties voluntarily. They are not paid remuneration. Instead they receive minor fixed-sum compensation. This is decided by the General Assembly.

Executive Board 2015

Heidi Baumann
 Dr Claudia Czerwinski
 Dr Monika Hauser
 (Executive Member of the Board)
 Karin Schüller
 Heidi Thiemann

Head office in Cologne

2 Managing Directors
 48 salaried employees (annual average) of which
 33 are full-time positions and 15 part-time; plus
 4 marginally employed; 7 placement students; 1 intern;
 4 voluntary staff members

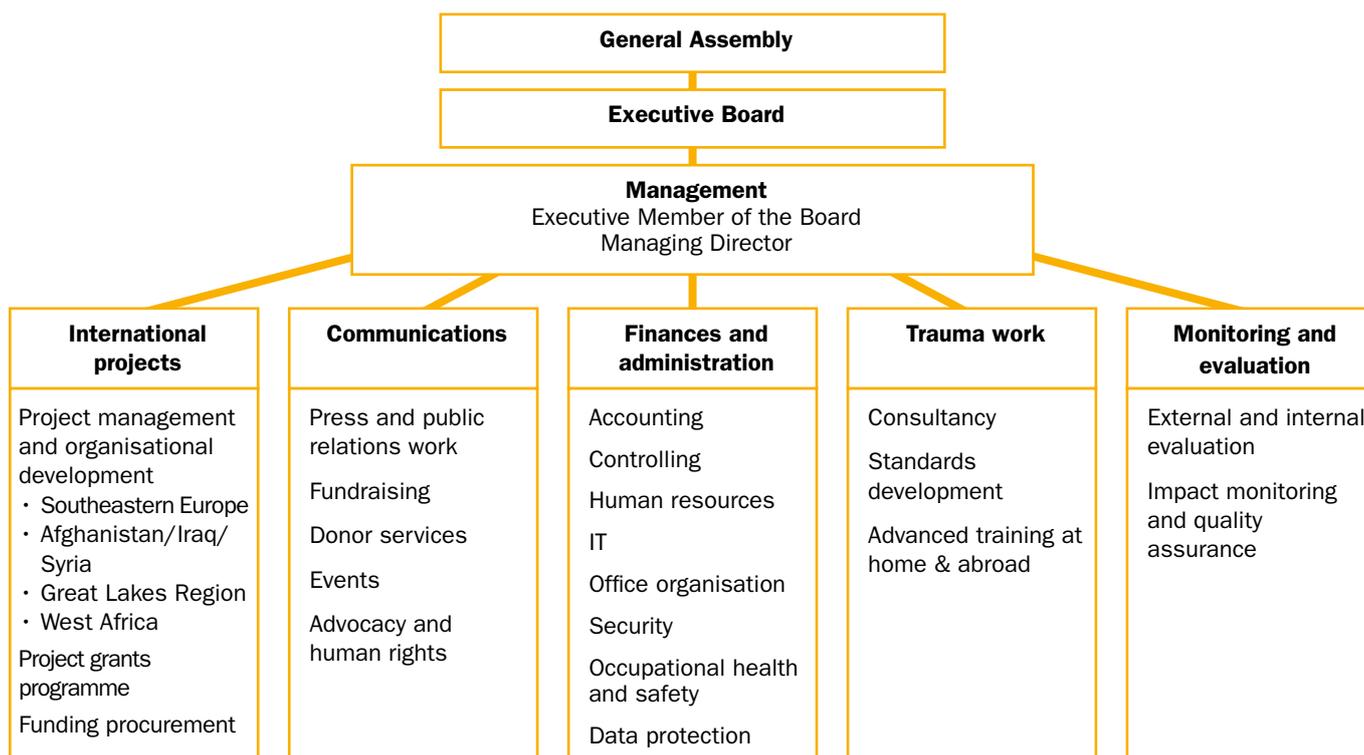
Salaries

Managing Directors: average 5,200 euros
 Heads of Department: 3,900 euros
 Officers: 3,050 euros
 Assistants: 2,300 euros
 The average monthly salaries indicated were calculated on the basis of a full-time position. These amounts do not include the statutory employer contributions to social security. They include 12 monthly payments. Any extra Christmas bonuses are decided on from year to year by the Board.

Memberships held by *medica mondiale*

VENRO (German Association of Non-governmental Development Organisations), Forum Menschenrechte (Human Rights Forum – a network working to improve protection of human rights), Arbeitskreis Frauen und Gesundheit (women's health network), Crisis Action (international, non-profit organisation working to avert conflicts through advocacy and campaign work).

Additionally, our Executive Member of the Board Monika Hauser is also a member of the Board of Trustees of the Bremen Solidarity Prize, and the Board of Trustees of the Medica Mondiale Foundation Switzerland.



20,000 examples of resolve and solidarity.

Thank you for your support!

Dear supporters,

We achieved a great deal in 2015 – thanks also to your help. In the 22nd year of our work on behalf of women and girls, our projects enjoyed particularly high levels of support. Donors are an essential mainstay of our determined fight against sexualised wartime violence. Thank you very much!

13,633 people supported *medica mondiale* last year with a donation.

4,484 women and men demonstrated their continued confidence in *medica mondiale*'s work with a direct debit, thus contributing to the secure basis for our work planning.

1,500 people expressed their support for women refugee in northern Iraq on a solidarity postcard.

97 judges and prosecutors allocated the money from 267 fines to the non-profit work of *medica mondiale*.

96 committed supporters collected donations, ran marathons, auctioned off cherished possessions, baked cakes, organised exhibitions and put on concerts for our "good cause".



116 people held parties and asked their guests to make donations, instead of giving presents

17 families asked for donations for us at funerals, in accordance with the wishes of the person who had died. We would also like to thank all those who included *medica mondiale* in their wills with a bequest or legacy.

All of you...

...ensure that, every year, thousands of women and girls in war and crisis regions receive the care, support and strengthening they need to cope with traumatic experiences.

...are enabling many women, who have survived sexualised war violence, to access stress- and trauma-sensitive medical treatment and psychosocial and legal counselling.

...are securing people's livelihoods, helping to build networks, strengthening political influence and thereby, creating sustainable social structures for women and girls, down through the generations.

We are not stopping here. We are working assiduously to make our vision a reality, so that women and girls can live free from violence, in dignity and justice. Please remain in solidarity with us – there are many ways, in which you can strengthen the active commitment of *medica mondiale*.

Thank you!

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Our vision:

“Women and girls are living in a world free of violence.
They live in dignity and justice.”



Initiative
Transparente
Zivilgesellschaft



VERBAND ENTWICKLUNGSPOLITIK
DEUTSCHER NICHTREGIERUNGS-
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