

Annual report 2014



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medica mondiale 2014

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Thanks and imprint



Cover photo:
A Kosovar in her field of maize



Initiative
Transparente
Zivilgesellschaft



Transparent Civil Society Initiative

For us, transparent accounts and meaningful evidence of the results and effects of our work go without saying. *medica mondiale* has been a member of the Transparent Civil Society Initiative since 2011. The information about what goals we are pursuing, where our resources come from, how they are used and who the decision-makers are, is made public.

VENRO

medica mondiale is a member of VENRO, the German Association of Non-governmental Development Organisations, and has undertaken to abide by the standards set out in VENRO's code of conduct.

Introduction



Dr Monika Hauser
Executive Board
Member

Christiane Overkamp
Manager

Dear readers,

“I survived the war – but how can I survive the peace?” In 2014 we received the results of a study on the long-term consequences of rape in war, which we carried out with our partners in *Medica Zenica*. This lament from a Bosnian woman vividly illustrates how hard survivors have to struggle with the repercussions of their rape, even years later.

The study shows that we can give good support to women affected by violence, both during a crisis and afterwards. They have gained new courage for facing their difficulties, and have gone back to living their lives. But the study also shows that the rapes and the – extremely difficult – overall post-war situation place a strain on them to this day. Many women feel they have been failed by society, and by politics. They have been stigmatised and ostracised, and are still given the blame for what they endured. There are no state structures to support women as they struggle to cope. Neither in the health nor the judicial system are staff trained in how to deal professionally with people affected by sexualised violence. Indeed, there is even no awareness of the fact that the impact of this violence is felt deep within society, affecting everything. So we must keep on launching initiatives and campaigns to prevent rapes from being dismissed as the problem of individual women. We must keep on calling for patriarchal structures to be recognised as a cause – otherwise all efforts, no matter how well-meaning, are doomed to failure.

We see this even today, a year after the “Global Summit to End Sexual Violence in Conflict” was held in London. We warmly welcomed the serious political will of former British Foreign Secretary William Hague and UN Special Envoy Angelina Jolie on this occasion. This was the first conference at a high political level to put sexualised violence in conflict explicitly on the international agenda. It aimed to spark a change in the public perception and prosecution of rapists worldwide. But even this initiative falls short of the mark. If rape in wartime continues to be portrayed merely as a tactic of war, and the prevailing images of masculinity – under which men also suffer – are ignored, the problem will, time and again, be dismissed as “a wartime phenomenon”. And there will be no real shift in awareness, and the violence will continue.

Thank you for having followed and supported us over the past year!
With your help, we can carry on working for a better, fairer world.


Dr Monika Hauser


Christiane Overkamp



Development of a vision – the Kosovar colleagues are also working on a strategy.

Achieving more together

Report of the Executive Board

For the Board and the office in Cologne, 2014 was marked by the development of a new overall strategy for *medica mondiale*. Our international strategy – the aims for our programme and project work in other countries and for cooperation with local partners – was set out in advance. Giving our work a sound financial foundation, one that enables us to react flexibly even in acute crises, is one focus of our long-term planning. Another major area of work is influencing political decision-makers and social leaders so that they will help make the world a better place for women and girls.

Winning allies

Political human rights work has played a key role for *medica mondiale* from the very beginning. The only way to make lasting changes to the world-wide, large-scale violence against women and girls is by making lasting changes to harmful structures. To achieve these far-reaching social changes, we need many different kinds of support. In the coming years we therefore want to expand our political work against sexualised violence in war and, especially in Germany, to win over key political players to support us on this issue. At the same time we want to inform people of the causes and effects of sexualised violence in war, to raise public awareness, touch more people and spur them to action. Only by working together can we turn our vision into a reality.

Violence in war and crisis zones has lasting repercussions: not just for the women and girls directly affected, but also for those in their immediate surroundings, and farther afield. Potential traumas affect the whole of society and create dy-

namics that are destructive and divisive, so they must be specifically targeted and taken into consideration in all policy areas. Another important goal for us, therefore, is to extend the socially critical, trauma-sensitive approach we have developed both in our own projects and together with our partners in war-ravaged countries, and which has been tried and tested over our many years of experience.

Our vision:

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

A trauma-sensitive attitude needs to be adopted in all areas, from health and the legal system to development aid. This is the only way the individual and collective processing of traumatic wartime experiences can be successful, the only way gender equality and peace can become possible in societies suffering the consequences of war. We therefore intend to invest more in disseminating our approach among experts, and we plan to train some professionals working in the legal and medical spheres and in development policy, both in Germany and internationally.

» Many of us lived in fear of death. We in Monrovia were awoken in the morning by the **sound of sirens** – it was ambulances, taking away people who had died or got infected. «

Caroline Bowah Brown, Country Director of *medica mondiale* Liberia

Crisis-proof financing

A sound financial base is a prerequisite for achieving these goals. Our donors play a crucial role here. Donations enable us to act independently and flexibly, and in the coming years *medica mondiale* intends to maintain their high percentage of the organisation's total income, and even increase it. The Board is pleased to see that in 2014 our income from donations has again increased.

The second pillar of our funding will be sponsorship from public and private institutions and funds. For us it is particularly important to find donors who, as well as giving financial support, are interested in a dialogue on our professional and political approach and the content of their own work. Very often, we deliberately submit applications jointly with our local partners, so that they can have direct access to other donors and build a funding base that is as diversified – and, therefore, as crisis-proof – as possible. In 2014 we were again successful in impressing new donors with our work, often persuading them to give us multi-annual support.

Our work extends over the long term, but we frequently have to react quickly in a crisis. This calls for great financial flexibility – so, to increase ours, last year *medica mondiale* created another instrument by establishing an endowment fund. Thanks to a very large individual donation from Switzerland this fund has already been endowed with EUR 824,674 making the organisation more sustainable and enabling us to adopt innovative approaches and initiate new projects quickly and unbureaucratically.

Responding as needed

During the major Ebola crisis in West Africa, thanks to a high level of donations the Board was able to take decisions swiftly and provide money enough to give support in response to local needs. While international aid – with the exception of a few relief agencies – was far too slow in coming, we were already on the spot and able to draw on the trust we had built up in the community over the years. For many Liberians, the loss of security in an acute crisis, the dearth of information from government, families torn apart and, not least, the many deaths, all revived memories of the brutal 14-year civil war, and

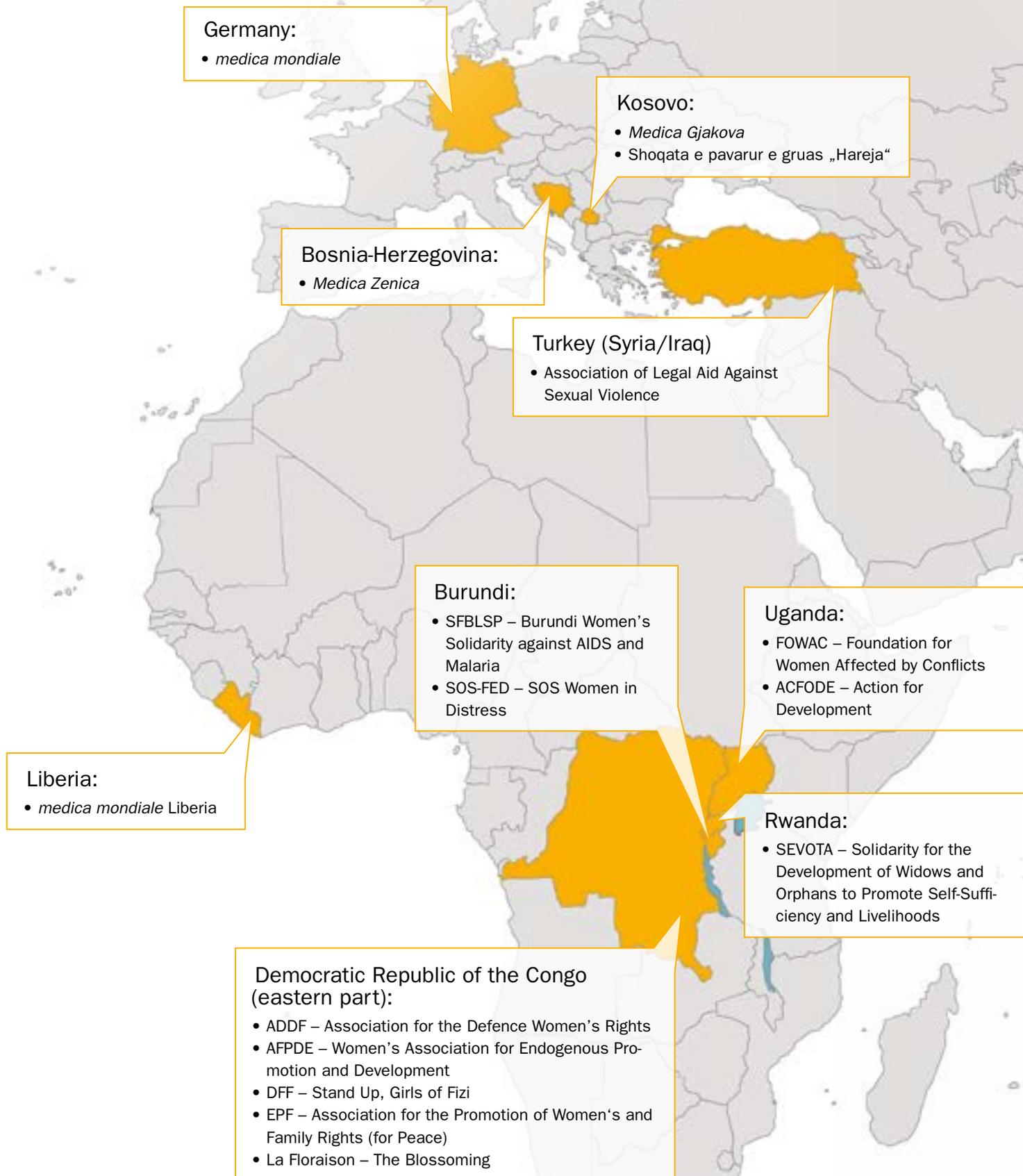


medica mondiale Liberia fighting against Ebola.

triggered re-traumatisation. So in addition to intensive educational work, and distributing hygiene items and food packages, our colleagues in *medica mondiale* also provided psychosocial counselling for Ebola patients and their relatives.

The epidemic, moreover, had a gender-specific impact: traditionally, women are the ones who take care of the sick, and they are the first to become infected. To compound matters, in the already ailing government-run health system, “regular” health care was now barely possible any more. Many women had to give birth at home, or in the street, and the already high maternal mortality rate continued to rise. *medica mondiale* therefore used donated money to support a private women's hospital, where women were treated without having to pay extra fees, and another gynaecologist and more midwives were taken on.

medica mondiale in action



As of Dec. 2014

Work areas in our overseas projects

In the context of our double strategy, which combines direct support of women and girls in war and conflict zones with activities to improve the political framework conditions and support structures for women and girls, we are working in the following fields:

Afghanistan:

- *Medica Afghanistan – Women Support Organisation*



Trauma-sensitive psychosocial work

Psychosocial work consists of direct counselling and support for women and girls. Furthermore through education and awareness-raising, it also strengthens the capacities of the entire social fabric for dealing with the consequences of wartime violence and traumatisation.

medica mondiale promotes solidary support in communities for women and girls affected by violence. Such support prevents marginalization and renewed violence and provides women with access to aid services. Trauma-sensitive psychosocial counselling and monitoring by trained counselors contributes substantially to the successful treatment of psychological damage. Mediation on the family and community levels helps in dealing with conflicts in a constructive manner. Advanced education and professional training for key activists such as teachers, religious leaders, staff of ministries, courts, the UN and its local representatives provide the competent help women in war and conflict zones need on a longterm basis.

Example

Community volunteers are providing initial qualified and solidary support to women and girls affected by or threatened with violence in nearly 50 communities in southeastern Liberia.



Trauma-sensitive healthcare

Sexualised and other forms of violence against women often lead to life-threatening injuries and serious diseases. A low-threshold and safe access to medical counselling and treatment 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. The only way to ensure this is with an empathic attitude and trauma-sensitive treatment. We aim to ensure that women and girls receive counselling and proper medical treatment. To this end, we offer community-oriented healthcare counselling, we educate health professionals from government and non-government sectors and strengthen the competencies of doctors, nurses and midwives to improve their skills in dealing with women affected by violence and trauma.



Trauma-sensitive legal aid

Wartime rape is a severe human rights violation. In spite of improvement in the possibilities for international prosecution and the ratification of UN Security Council Resolutions 1325 and 1820, impunity for the perpetrators is still widespread. Gender-specific and domestic violence against women is also widespread in post-war periods, and in most cases these deeds go unpunished. Even if progressive laws were passed in the post-war period, they are often not enforced. Furthermore, women and girls in some countries such as Afghanistan are prosecuted as criminals if they get raped or flee from violence and 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. Women wishing to change oppressive living conditions via legal procedures (e.g., women requesting a divorce because of domestic violence) should receive support. *medica mondiale* provides direct legal counselling and representation as well as training to police, lawyers, and court personnel on trauma- and gender-sensitive treatment of women who have been affected by violence. *medica mondiale* also provides limited funding for the implementation of locally adapted, extrajudicial approaches (e.g., symbolic tribunals, compensation funds, women's courts) in order that women may obtain justice. One of our medium-term goals is to assist partner organizations in documenting human rights violations committed against women in order to put an end to the taboos and impunity.

Example

Medica Afghanistan provides aid to women and girls prisoners in Kabul, Herat, and Mazar-I-Sharif in the form of legal counsel in prison, criminal defense in court, etc., in order that they may regain their rightful freedom.



On the side of women: Grace Arach (left), Director of FOWAC/Uganda, with a client.



Establishment and strengthening of independent

women's organizations *medica mondiale* wants to ensure that women affected by or threatened with violence in conflict and post-war zones will receive solidary support adapted to the local context over the long term. Hence one of the key fields of international programme work for *medica mondiale* is the sponsorship and strengthening of partner organisations. In regions where there are no adequate support structures, we are also conducting our own programmes which often transform into independent local women's organisations. We offer our partner organisations organisational counseling and development, based on feminist and emancipative principles. Qualification in topics such as leadership, management, finance, fundraising, advocacy, and traumaspecific professional work strengthen the skills of partner organisations. In addition, we offer selected partner organisations institutional funding and assistance with regional, national, and international networking.



Advocacy work for women's rights

Political advocacy for women's rights in war and crisis zones is essential for bringing about sustainable positive changes in social structures that discriminate against women. Support for the implementation of UN Security Council Resolutions regarding women, peace, and security is absolutely essential. Another key element is topic-related lobbying work, e.g., lobbying work that focuses on better healthcare for women and girls affected by violence in the country. More support will be provided to partner organisations in order that the latter may build and improve their capacities and skills in advocacy work for women's rights and implement a rights-based approach. Over the long term we will jointly define regional advocacy goals with our partners and take steps to ensure the implementation of appropriate advocacy measures.

Example

***medica mondiale* is supporting projects in rural regions in eastern DR Congo in their efforts, through advocacy work, to raise awareness among communities, schools, and local authorities of the problem of sexualised violence and motivate them to take action.**



Additional field of work: Measures for securing livelihood

The health-related, social, and economic consequences of wars and conflicts coupled with structural handicaps usually put women in economically extremely precarious living conditions. Some women are neglected or isolated by their families as a consequence of having experienced sexualised violence, whereas others are compelled 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 stabilize 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 active referral to competent cooperation partners/partner organisations provide women with access to other aid services and enable them to become self-sufficient. We provide minimal services for securing subsistence to our target group. We also plan to cooperate more closely with specific professional organisations specializing in securing subsistence.



Most of the day-to-day work falls to women.

Liberia

Context

In 2014 Liberia was one of the West African countries hit by a severe Ebola epidemic, which highlighted the weaknesses in its infrastructure and health-care system. While at first the quality of health-care may have improved after the war, for some time now we have been observing that, once the international medical and humanitarian organisations withdraw, the situation goes from bad to worse. There is an overall shortage of doctors, and very often there are no medicines and no petrol for ambulances. The situation is particularly disastrous for women: they are suffering the

consequences of complicated (teenage) births, or torn vaginas from rape; many have been infected with sexually transmitted diseases, and the estimated figure for HIV is very high. Added to this are the mental and psychosomatic problems caused by everyday violence and chronic stress. Many women live in dire poverty, do all the work in house and field, and look after children and the sick mainly on their own.

Goals and commitment

To improve health care for women, our colleagues in *medica mondiale* Liberia

provide health education and psychosocial counselling, and where necessary they offer women company and transport for hospital trips. They work closely with the State health-care system, give training to health professionals on sexualised violence, the effects of trauma, and self-care, and take part in awareness-raising campaigns. In this acute crisis, they made a decisive contribution to preventing Ebola, raising awareness and controlling the spread of the virus.

Raising awareness, prevention, and saving lives

In areas where the Liberian health-care system struggles to provide its services, *medica mondiale* Liberia steps in with a range of activities.

For Gloria and her baby, help came almost too late. She had already been in labour for two days, and the local midwife was unable to do any more for her. A neighbour turned to a colleague from *medica mondiale* Liberia, who immediately arranged for the pregnant woman to be taken from the village to the nearest clinic – 45 minutes away by car. The nurse who admitted Gloria said that if mother and child had not been brought to the clinic they would have died within the next half-hour.

Liberia has one of the highest maternal mortality rates in the world. Over and over, we hear from our local colleagues that even young women in clinics and hospitals are dying in childbirth. In the rural south-east of the country, sick or heavily pregnant

women often have to walk for hours through the rain forest to reach a clinic. There are hardly any ambulances, and when there are, very often either they do not have enough petrol, or the roads are impassable.

The generally poor health-care in Liberia is exacerbated by customs and traditional practices which very often result in serious health problems for women – often, even death. Genital mutilation is still widespread, and women are accused of witchcraft, beaten and raped. Time and again this happens even to little girls, owing to the belief that “sexual intercourse with a virgin” gives protection from AIDS.

According to the law, each hospital must have a specially trained female contact for women who have been raped or subjected to some other form of gender-based violence. Often, however, those responsible have not received the specified training, or the posts have not been filled – hardly any of those qualified stay in rural Liberia for longer than the two-year minimum imposed by the government. And although treatment and care in State hospitals are supposed to be free of charge, there is often a shortage of life-saving medicines, which must then be bought privately on the black market: and in Liberia, with its high rate of poverty, this often means a death sentence.

The women working in *medica mondiale* Liberia tackle the many shortcomings in health care in a wide variety of ways. In clinics and village communities, in trainings with midwives, police and court staff, and even on the radio, they raise awareness of gender-based violence and its consequences, sexually transmitted diseases and ante- and post-natal care. They visit women in their homes and carry out an initial assessment of their health problems and any violence they may have experienced. Where necessary, our *medica mondiale* Liberia colleagues transfer the women to hospital and pay for hygiene items or medicine. In rape cases, the hospital staff contact our health counsellors or refer those concerned to *medica mondiale* Liberia for psychosocial counselling or legal advice. And although transporting patients is really the responsibility of the State, in emergencies, and to prevent serious health impacts, it is one our Liberian colleagues frequently take on themselves.

Gloria was lucky. A few hours after her admission she gave birth to a healthy baby girl. She called her Musu – after one of the *medica mondiale* Liberia employees who helped her get to the clinic in time.

Examples of successful outcomes in our work:



140 midwives, village counsellors and other voluntary workers have been trained to give information about Ebola and identify cases.



11 Girls' Clubs have been set up and 129 girls have been taught about contraception and women's rights.



26 health professionals in Sinoe have been trained in the trauma-sensitive clinical management of sexualised and gender-based violence.

Project locations:



Target groups:

Women and girls in south-eastern Liberia who are affected by gender-based violence, in particular sexualised violence; municipal and district authorities and security, court and health staff; village communities; those affected by Ebola and their families

Project activities:

Trauma-sensitive legal, health and psychosocial counselling and training, mediation, awareness-raising and information for women decision-makers at the local, regional and national levels, running a women's shelter, developing sustainable organisational structures, networking, Ebola-related activities, information work, psychosocial support and bereavement counselling for those affected by Ebola, providing supplies for prevention and treatment

Partners:

Deutsche Welthungerhilfe, IBIS, ActionAid Liberia, UN organisations, other international and Liberian non-governmental organisations, Kvinna till Kvinna, ministries, hospitals, police, the courts

Funding:

German Federal Ministry for Economic Co-operation and Development (BMZ) through the Reconstruction Loan Corporation (KfW), the Pro Victimis Foundation, Medicor Foundation, Jefira Nothilfe-Stiftung (Emergency Relief Foundation), UNFPA (United Nations Population Fund), AJWS (American Jewish World Service), AIWCC (American International Women's Club of Cologne), private donations

Project costs
2014

EUR
1,197,104.17



Raising awareness of Ebola in villages



Medica Afghanistan fights for a more worthwhile future for women and girls.

Afghanistan

Context

The withdrawal of international troops, the turbulent presidential elections and the reduction in international funding caused a further worsening in Afghanistan's security and financial situation in 2014. The Afghan government was no longer able to control large parts of Kabul. Women civilians, activists and workers in non-governmental organisations were increasingly a target for threats and attacks. Numerous cases of the kidnapping and murder of women were reported, and the ministry for women recorded an increase in the number of rapes.

Goals and commitment

Together with our local partner organisation, *Medica Afghanistan* – Women Support Organisation *medica mondiale* supports Afghan women affected by violence by providing psychosocial counselling, training and legal aid. *Medica Afghanistan's* work in 2014 was also marked by activities at the political level.

The precarious security situation imposed severe restrictions on the mobility and flexibility of *Medica Afghanistan's* staff, making it harder for them to carry out their activities. They received strong

support and advice from *medica mondiale*, however, the monitoring of the situation was stepped up, and new safety plans were put in place. In Germany, we are advocating that Afghanistan political attention should be focused on Afghanistan and that it should be kept on the political agenda. Well-established relationships with the Foreign Office have made it possible to influence the federal government's policy on women's rights in Afghanistan.

Knowledge brings confidence, autonomy and independence

In cooperation with former clients, *Medica Afghanistan* raises women's awareness of their basic rights and supports them in court – a step in the direction of achieving justice.

At the age of 18, Kazima* married a police officer who, after a few months, began to beat her. Fearing for her honour, Kazima's family asked her to keep quiet and to put up with the violence. In the following years, she had three baby girls. Her husband was enraged at the sex of the children, and with each birth his outbreaks of violence worsened. The young mother stayed with her husband and bore the abuse, and even attempted murder, for years. It was only when he broke Kazima's nose and abandoned her in the middle of the night that (now aged 25), in her desperation, she felt she could see no other way out than to beg her father for help.

Like Kazima, many Afghan women do not know their basic rights. They see violence and contempt as a normal consequence when they do not meet the expectations of their society or family, and they feel they must not voice even the simplest of needs. In its trauma-sensitive legal aid programmes, *Medica Afghanistan* makes women aware of their rights and supports them in asserting these rights, both in court and vis-à-vis their families and society.

Examples of successful outcomes in our work:



198 clients have benefited from mediation to help resolve conflicts, in particular those involving domestic violence.



930 women and girls took part in psychosocial groups or individual counselling.



600 women availed of legal aid from *Medica Afghanistan*.

Kazima too found her way to *Medica Afghanistan*, and she and her daughters ended up going back to her family. Social workers often visit her at home. They explain to the family that Kazima was deprived of her rights, and that from now on it is important to support her daughters so that they can enjoy theirs.

Through knowledge of their rights and the support available, women gain increased scope for action and, above all, self-confidence. Indeed many of the women who have received counselling immediately start trying to change society in their own area. To ensure sustainability, *Medica Afghanistan* developed a new concept in 2014: under the guidance of former *Medica Afghanistan* clients, women come together in self-help groups where they can discuss their problems and experiences of violence and exchange views on their rights. This in turn strengthens the autonomy of the clients who set up these groups, as they see that they themselves can be agents of change.

In Afghanistan, perpetrators of violence usually go unpunished, and generally speaking, cases of violence against women are rarely prosecuted. Many women and girls, on the other hand, are criminalised after rape. *Medica Afghanistan's* lawyers actively support such women in court. In 2014, in 530 cases they either stood by the women as plaintiffs or defended them in bringing a charge, and in 206 of the 530 cases the legal representatives obtained a settlement, a reduced sentence or the woman's release. A total of 86 accusations of adultery were brought before the court. A positive sign was that the EAW (Elimination of Violence Against Women) Law was applied in 29 cases – something that is not yet self-evident in the Afghan justice system.

In court, Kazima was successfully supported as a plaintiff by a woman lawyer. She managed to have the EAW Law applied, and her husband was sentenced to three years' imprisonment.

*Name changed to protect the client



Medica Afghanistan uses brochures in raising awareness of women's rights

Projects regions:



Target groups:

Women and girls who are affected by or threatened with family violence, forced marriage or rape; women in prison who have been charged with alleged crimes

Project activities:

Psychosocial counselling, trauma-sensitive training of health staff and other professionals working with the target groups, legal counselling and representation in court, mediation, awareness-raising activities with court, police and security staff, and also with government officials and religious authorities, about women's rights and violence, counselling and training for women police officers, public awareness-raising, literacy courses, advocacy work to promote the anti-violence law (EAW Law)

Local partners:

Medica Afghanistan – Women Support Organisation

Funding:

Federal Foreign Office, German Federal Ministry for Economic Co-operation and Development (BMZ), European Commission, private donations

Project costs
2014:

EUR
509,914.02



The repercussions of wartime violence can be felt even today.

South-Eastern Europe

Context

Gender-based violence is still a widespread problem in the post-war Balkan countries. In June 2014, as part of the British “Preventing Sexual Violence Initiative”, the largest international conference to date on this issue was held in London, with colleagues from *Medica Zenica* and *Medica Gjakova* among the participants.

In January, the government of Kosovo approved the implementation of UN Resolution 1325, one of whose goals includes compensation for survivors of sexualised

violence in war. In March, President Atifete Jahjaga set up a national council for survivors consisting of representatives from various ministries, civil society and international organisations.

Goals and commitment

In 2014 *medica mondiale* and *Medica Zenica* completed a joint study on the long-term impact of war rape and coping strategies in Bosnia and Herzegovina. The study shows that, more than 20 years after the war ended, its violence

continues to have a powerful impact. The two organisations call for a society-wide debate, as survivors are still being ostracised and perpetrators are not.

Linda Sada became *Medica Gjakova*'s new director in February 2014, and in her first year she has already strengthened the organisation and put it on a more professional footing. Seventeen groups led by psychosocial counsellors have been set up, and 79 women from previous groups have come together in 12 new self-help groups.

Cows, bees and vegetables

An agricultural cooperative enables poverty-stricken Kosovar women to earn a living.

K. Shabani is 56 years old. Two of her eight sons (who are attending university), one of her daughters, and an uncle, all live with her. Her husband has been in prison for years, and she has to provide for her family on her own. Soon after she joined one of *Medica Gjakova*'s psychosocial groups its members gave her a calf, to help her improve her financial situation.

In Kosovo, survivors of wartime sexualised violence are often widows on their own. In many cases these women are living in poverty, and training courses on farming matters enable them to generate a small income, urgently needed by them and their families.

The current Kosovo project (2013-2016) sponsored by the German Federal Ministry for Economic Co-operation and Development (BMZ) supports the income-generating measures of the Duarte Dardanes women's cooperative, which was set up under

Examples of successful outcomes in our work:



278 psychosocial group meetings have been conducted by *Medica Gjakova* – 76 with women from existing groups, 202 with women from new ones.



686 Kosovar women have availed of trauma-sensitive gynaecological services and counselling.



16 survivors have applied to *Medica Zenica* for the status of “civil victim of war” since autumn 2014, when the organisation was authorised to award the status.

the previous project (2009-2013). *Medica Gjakova* works together with Initiative for Kosova Communities (IKC), a non-governmental organisation that specialises in income-generating measures and building cooperatives. A total of 46 women, all members, have benefited from a range of training courses, thereby contributing to the strength of their cooperative.

Fifteen women who took part in training on beekeeping were presented with a total of 60 hives and beekeeping equipment, an event that was celebrated in the presence of the mayoress of Gjakova.

In trainings on dairy processing, 16 women learned to make different kinds of traditional cheese. Each participant was given a cheese-making machine of her own, which Gjakova’s municipal farming authorities funded at a cost of EUR 4,200. The presentation of the machines was broadcast on the local Syri TV channel.

Participants in a course on preserving vegetables learned new recipes and discovered that additives are not necessary. One benefit of the course is that the cooperative’s shop now offers a wider range of products.

By the end of 2014 the *Duart e Dardanes* women’s cooperative had 46 members. In 2015 they will make further efforts to attract new members – helped no doubt by their increased cooperation with Gjakova’s municipal authorities.

Since taking part in a training course on dairy processing, K. Shabani has been gradually able to improve her financial situation by selling milk and dairy products. Now she has ten cows and four beehives, she can support herself and her children, and she can even pay for their education.



Beekeeping to combat poverty

Project regions:



Target groups:

Female survivors of sexualised and gender-based violence during and after the war, women and girls from ethnic minorities, widows

Project goals:

To improve the physical and mental health of women and girls, to strengthen their self-help skills and reduce poverty, build community-based support structures, raise awareness in society and promote networking

Local partners:

Medica Zenica (Bosnia-Herzegovina), *Medica Gjakova* and *Hareja* (Kosovo)

Funding:

German Federal Ministry for Economic Co-operation and Development (BMZ), Fondation Smart-peace (Initiatives for Peace), private donations

Project costs 2014:

Medica Gjakova:
EUR 234,499.83

Medica Zenica:
EUR 63,616.92



Support from AFPDE helps Congolese women find fresh courage for coping with life.

Project fund

Context

In many war zones there is a lack of State structures for preventing violence against women or giving appropriate support to survivors of sexualised violence. These gaps are mainly filled by local women's rights organisations or self-help initiatives, whose resources are limited. *medica mondiale* has been supporting these organisations both financially and technically since 2004, thereby boosting the commitment of local activists.

Most of the projects supported in 2014 are, as in previous years, in Africa's

Great Lakes region – in the east of the Democratic Republic of the Congo (DRC), in Uganda, Burundi and Rwanda. Since the mid-1990s this region has been one of the worst conflict areas in the world, a situation exacerbated by systematic violence against the civilian population and a high incidence of sexualised violence.

Goals and commitment

Our local partners take a variety of approaches to their projects. Their work ranges from supporting individual women and girls directly to building women's

groups, protection and the prevention of sexualised violence, working with leading local figures and raising awareness among staff in the health and judicial sectors. In addition, major local players received training and were called on to stand up for women's rights in their communities. The local people in the project areas are made aware of the causes, effects and different forms of sexualised violence. In 2014, our partner organisations promoted 11 projects involving sums of between EUR 10,000 and 35,000.

Psychosocial support, and developing local skills

In 2014 over 3,000 women and girls accessed psychosocial, material, medical or legal support through *medica mondiale*'s project fund. The following two organisations illustrate the work and commitment of our dedicated partners.

In eastern DRC, in the South Kivu region, the **Association des Femmes pour la Promotion et le Développement Endogène (AFPDE)** supports survivors of sexualised violence, inter alia through trauma-sensitive psychosocial activities. An important part of their work is direct counselling for women and girls, in which social workers from AFPDE work together with local women's groups. They raise awareness about the causes of sexualised violence and how to prevent it, and provide information about the locally based *maisons d'écoute* (listening houses). In such safe space, survivors receive counselling from psychosocial workers and, where necessary, they are accompanied to hospital. Especially for women, who – out of shame, or for fear of being stigmatised – are left on their own with their traumatic experiences, the *maison d'écoute* is an important source of help.

Examples of successful outcomes in our work:



830 psychosocial counselling sessions were conducted by AFPDE



48 cases of violations of women's rights, such as sexualised violence, were identified and documented by EPF.



450 women were looked after by AFPDE in the maisons d'écoute.

Along with providing urgent support, the psychosocial work also involves promoting long-term solidarity and support for women and girl survivors in their communities.

The psychosocial workers conduct mediation with the survivors' families to make them aware of the repercussions of sexualised violence and to facilitate the survivors' reintegration into their family and community. This helps prevent renewed stigmatisation, and makes it easier for those affected to access support services. Awareness-raising work increases the ability of the whole community to deal with the repercussions of war-related violence and trauma.

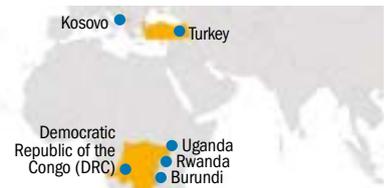
Networked for women's rights

Again in the DRC, in the Fizi region in South Kivu, women affected by or threatened with violence are supposed to receive long-term support and solidarity adapted to the local situation. Here, *medica mondiale* supports our partner organisation, **Ensemble pour la Promotion de la Femme et de la Famille (EPF)**, in campaigning for women's rights. EPF networks at both the local and provincial levels in support of survivors of sexualised violence, and it belongs to DYFAP (Dynamique des femmes activistes de la paix), a Congolese network which has been supported by *medica mondiale* since 2010. In workshops, members gained knowledge about advocacy work and peace-building, which EPF was then able to use to push for women's rights in cooperation with other organisations. In 2014 the organisations lobbied at the level of South Kivu's provincial governor and council, among other things urging the authorities to make a stronger commitment to women and take a stand against sexualised violence. Together with other women's organisations, EPF also set up a network for peace-building and to promote women in leadership positions. *medica mondiale* supports its partners' networking by sharing contacts and linking with international and national organisations, and in 2014 meetings with Congolese partner organisations were arranged, at which women were able to get to know one another and exchange experiences.



EPF's role-plays prompt a rethink in communities.

Project regions:



Target groups:

Local women's rights organisations that campaign for survivors of sexualised violence

Project goals:

Raising awareness in society, direct support, capacity development

Local partners:

ACFODE (Apac District, Uganda)
 ADDF (North Kivu, Butembo, DRC)
 AFPDE (South Kivu, Kaniola, DRC)
 Association of Legal Aid Against Sexual Violence (Turkey/Syria)
 DFF (South Kivu, Fizi, DRC)
 EPF (South Kivu, Fizi, DRC)
 La Floraison (South Kivu, Fizi, DRC)
 SEVOTA (Kigali and Districts, Rwanda)
 SFBLSP (Provinces of Bubanza, Bujumbura Rural and Cibitoke, Burundi)
 Shoqata e pavarur e gras "Hareja" (Rahovec, Kosovo)
 SOS-FED (Provinces of Bujumbura and Bubanza; Burundi)

Funding:

Private donations

Project costs
2014:

Project fund:
EUR 276,134.24



Education prevents young Congolese women from having to become prostitutes in order to survive.

Long-term partnerships

Since 2004, for *medica mondiale* the Project Fund has paved the way to long-term, strategic partnerships with women's organisations in areas of conflict and crisis: cooperation that has proved itself during a variety of smaller sponsorships can be expanded into more comprehensive partnerships. Cooperative projects are developed with the women's organisations, actions and goals for multi-annual projects can be written into contracts, and joint applications can be made for funding.

DR Congo: PAIF (Promotion et Appui aux Initiatives Féminines)

Context

In 2014 too there were many reports of acts of sexualised violence in the DR Congo (DRC). Many girls and young women have survived repeated rape, kidnapping and flight, have lost either one or both of their parents and receive no protection either from society or from family. Eight out of ten girls who turn to PAIF have been subjected to sexualised violence by either weapon bearers or civilians. Many have

been cast out by their families and expelled from school, especially if they have become pregnant as a result of rape. They are financially dependent, and perform forced labour or survive through (forced) prostitution.

Goals and commitment

Partnership activities include direct support for affected women by providing trauma- and gender-sensitive psychosocial,

health and legal counselling and securing their livelihoods by means of literacy, vocational courses and financial start-up aid. Organising girls and young women in groups, and supporting them in building self-help structures, is one important aspect of this work. Educational work and political activities targeting the various municipalities, institutions and authorities are designed to ensure that sexualised and gender-based violence are recognised as a violation of human rights, and are duly punished.

Through its youth work, PAIF promotes the respectful treatment of young women and men

In the east of the DRC, PAIF supports the formation of community-based youth clubs, in which young women and men between the ages of 15 and 25 work on promoting human rights and preventing violence. In monthly meetings, the young people receive training on issues relating to women's rights and human rights, and exchange experiences. They learn ways of organising, of protecting each other from violence and of resolving

conflicts. Discussions focus on issues such as the importance for girls of attending school, and women's inheritance rights.

The youth clubs' primary responsibility, however, is to uncover cases of sexualised violence, and to report them. If someone knows about a case, they pass on their information to PAIF, staying in the background so that their identity remains protected and they need fear no reprisals. In training, young people learn how to behave discreetly when they report violations of people's rights. By swiftly contacting human rights and women's rights groups, the youth clubs ensure that girls and women who are affected by or threatened with sexualised violence receive support quickly.

As they say themselves, through their involvement in the youth clubs the young women and men become more open and self-confident and they begin to influence their parents, their families and even other young people. Using activities such as drama, they help raise awareness in their own environment, thereby helping make girls safer from violence. They also inform other girls about the availability of vocational training courses and PAIF's other activities, opening up future prospects for them.

PAIF's project is succeeding in making young people aware of the problem of sexualised violence. By promoting a culture of relationships not based on sexual desire, the groups help lessen the suspiciousness between young men and girls. In addition, through PAIF young men are encouraged to protect the girls in their group, to treat them like sisters, to report cases of sexualised violence, to identify the perpetrators and to raise awareness in their surroundings.

Uganda: FOWAC (Foundation for Women Affected by Conflict)

Context

Since 2007 *medica mondiale* has been sponsoring this Ugandan women's rights organisation. To help improve their living conditions, FOWAC supports women and girls who have been deeply affected by the impact of the almost 20-year-old civil war. They include, in particular, former child soldiers, single under-age mothers and girls who, as head of household,

bear sole responsibility for their families, and who have been subjected to domestic or other kinds of sexualised or gender-based violence.

Goals and commitment

FOWAC increases women survivors' ability to help themselves, and helps them integrate better into their communities. It achieves this through psychosocial, med-

ical and legal support. In addition, self-help groups are set up, in which women and girls affected by violence improve their social and financial skills. Besides the direct measures for women and girls, awareness-raising, educational and political activities encourage village communities and local authorities to develop mechanisms and structures for the prevention of sexualised and gender-based violence.

Project regions:



Target groups:

Local women's rights organisations with which a long-term partnership is envisaged

Project goals:

Direct support, social awareness and political advocacy work, capacity development, networking

Funding:

German Federal Ministry for Economic Co-operation and Development (BMZ), private donations

Project costs 2014:

PAIF:
EUR 274,463.01

FOWAC:
EUR 98,510.97

Young mothers receive support from FOWAC.



A. Florence, a 30-year-old widow, lives with six children in Kitgum District in northern Uganda. Her husband died five years ago, and she was "inherited" by her brother-in-law. When, shortly afterwards, she had his brother's child, he separated from her, taking the entire contents of the house and several goats. He also refused to allow her access to her land, which had belonged to her late husband. On the radio, A. Florence heard a talk show on women's rights produced by FOWAC, and she contacted the organisation. FOWAC advised her and, in cooperation with FIDA, the international legal aid organisation for women, and the local police, they organised family mediation. All the members of the family – 16 women and 13 men – took part in the mediation. The widow immediately got her property and the goats back, and was again able to access her land.



Femihje Luza, Veprore Shehu (both from Kosovo), Monika Hauser and Sabiha Husić (Bosnia) at the Global Summit in London (from left to right).

Living in dignity and peace – a political commitment to human rights

Many survivors of sexualised violence suffer from severe physical and mental wounds, some for the rest of their lives. In addition, rape does particular damage to a woman's dignity. The act of rape itself already robs a woman of her right to make decisions about her own body. This is often followed by a further injustice: if a woman breaks the silence about what has been done to her, she is very often cast out by her family and excluded from her community. For women and girls to be able to live in dignity and peace, society needs to recognise the suffering inflicted on them and to uphold their rights. To achieve this, in 2014, too, *medica mondiale* continued to campaign politically for an end to sexualised violence, pushing for the systematic punishment of the crime and for effective protection, justice and political participation for the survivors of violence.

Berlin international conference on Afghanistan

What is in store for Afghanistan, since the withdrawal of the international protection force in 2014? This was discussed by German, Afghan and international politicians and civil society representatives at a conference on Afghanistan held in Berlin in March. It was hosted by the German Federal Ministry for Economic Co-operation and Development (BMZ), which took stock of its own activities in Afghanistan to date and set out its strategy for the period up to 2017. Even before the conference, in talks with the BMZ *medica mondiale* urged it to include women's rights in its strategy: this would strengthen civil society, and rebuilding Afghanistan will only be possible with a strong civil society and with the involvement of women. At the conference Humaira Rasuli, director of the women's rights organisation *Medica Afghanistan*, urged the international community to do more to promote women's rights and to end the violence against women in Afghanistan.

Uniting globally against sexualised violence in war

In June, *medica mondiale* accepted the invitation to London from British Foreign Minister William Hague and Angelina Jolie, UN Special Envoy for Refugees, to the "Global Summit to End Sexual Violence in Conflict". Over 1,000 representatives from politics and society met to work on strategies to end sexualised violence in war. Before an audience of about 100 people, colleagues from *medica mondiale*, *Medica Gjakova* and *Medica Zenica* talked about their long experience of working with survivors of sexualised violence and what they have learned in the process. An international protocol which *medica mondiale* helped to draft – containing guidelines on the documentation and investigation of sexualised violence in conflict and on supporting and protecting survivors – has been published.

» I'm proud to be a survivor. «

A participant at the Global Summit to End Sexual Violence in Conflict, held in London.

Observing the trial of alleged war criminals

We know from our work about the large-scale sexualised violence against women and girls in the Democratic Republic of the Congo (DRC). For *medica mondiale*, this has been a reason to observe the criminal proceedings against Ignace Murwanashyaka and Straton Musoni in Stuttgart, which have been going on since 2011. President and vice-president respectively of the FDLR rebel organisation, they have been living undisturbed in Germany since the end of the 1980s, and have been held responsible for crimes against humanity and war crimes in the DRC between 2008 and 2009. They have been accused, inter alia, of not having prevented their subordinates from raping and sexually enslaving Congolese women and girls. In monitoring the trial, *medica mondiale* pays particular attention to how the crimes of sexualised violence are processed. Another focus for the organisation is how victims appearing as witnesses are dealt with by the courts, although, as the women testifying in the FDLR trial are questioned behind closed doors, it is difficult to judge how they are being handled. The remarks of a lawyer who was asked during a public hearing about the examination of witnesses, however, give cause for concern: she indicated that the relevant authorities know little about the appropriate handling of survivors of sexualised violence. Otherwise, those responsible would have certainly allowed more than just one day for questioning witnesses, and would have made sure the women had suitable legal and psychological preparation beforehand and counselling afterwards.

Training for the Criminal Police Office on how to handle victims

The trial in Stuttgart shows that it is still not routine for victims testifying in trials for sexualised violence to be dealt with in a manner that is respectful, mindful of their culture and sensitive to the trauma they have suffered. Part of the reason for this is undoubtedly the lack of training of court and police staff on the issue. More knowledge of the subject would also be useful for investigators, because if they succeed in building a relationship of trust with the witnesses, these women will give them solid statements that support the charges. *medica mondiale* was therefore happy to accept an invitation from the Federal Criminal Police Office in Meckenheim to speak as an expert on the questioning of victims of sexualised violence in war from the point of view of the survivors.



Many Congolese women were raped and forced into sexual slavery.



Gabriela Mischkowski, *medica mondiale* expert in the history and prosecution of sexualised violence in war

During the September course, the participants – investigators and officials who work on sexualised violence cases – learned what is needed for a long-term relationship of trust with witnesses, what obstacles they may encounter during questioning, and how to ensure that their dignity is preserved.



Godelieve Mukasarasi (left), head of the Rwandan women's organisation SEVOTA

Raising voices and finding fellow campaigners

Sexualised violence in areas of war and conflict is still a niche topic, and all over the world, women who have been raped are still without a powerful lobby. They urgently need safety, protection and justice, together with medical, psychosocial, legal and material support. That is why we are raising our voices in public more and more to denounce sexualised violence, clearly naming its causes and effects, and calling for the perpetrators to be punished. We do this in talks, in panel discussions and in the media. We inform women decision-makers in the political arena and in society generally, and raise their awareness of our issues. This is the only way we can help survivors to get the attention and support they need and bring about some long-lasting changes in the structures that foster violence structures.

New opportunities for debate

Looking back at our work in 2014, we see a total of 43 events – talks, photo exhibitions, film screenings and a reading – all over Germany. As in previous years, our expertise was in great demand at events around 8 March, International Women's Day, and we are increasingly called on to contribute our specialist knowledge in workshops and trainings on trauma-related work and lobbying. Art and culture also play a major role in our publicity work: photos, films and texts convey the issue of violence against women in a different, sometimes more accessible way, opening up new opportunities for debate. Eight times, in all, our photo exhibitions with pictures of our projects in Afghanistan, Liberia, Rwanda, Uganda and the Democratic Republic of the Congo were shown in town halls, at conferences or in adult education centres. We also issued invitations to two film screenings: at the Dortmund/Cologne "International Women's Film Festival" we presented the film "For Those Who Can Tell No Tales" by Bosnian director Jasmila Žbanić, while "Lioness", a documentary by Frédéric Kristiansson, features the work of

SEVOTA, our partner organisation in Rwanda. At an event held in cooperation with Cologne's "Literature in St. Agnes" series of readings, author Ruth Halo read from her book "The Comfort Women", which deals with the forced prostitution of Chinese women during the second Sino-Japanese war (1937 to 1945).

Encouraged and motivated

Our colleagues presented the work of *medica mondiale* and raised awareness of sexualised violence at a total of 23 events. At our events we particularly appreciate the direct contact with all the women and men who want to learn more about our work, who rebel, who side with us and support us. Many interested people use opportunities such as these to ask questions and have a lively discussion with us. For our part, we always leave these meetings feeling more encouraged and motivated.

The following three exemplary events illustrate 2014:

At the invitation of Soroptimist International – a worldwide organisation of professional women who work for human rights, peace and international understanding – Monika Hauser gave

» My colleagues and I derive energy from talking to **people** who are interested in our work, **who care** and who, with us, want to make the world a better place for women. «

Monika Hauser, founder of *medica mondiale*

a presentation on *medica mondiale* in September. Her talk was attended by 150 members from Lüneburg and the surrounding area. After it, invitees could ask questions and have a discussion with Monika Hauser. The evening event took place in cooperation with the Women and Equal Opportunities Office at the Leuphana University of Lüneburg.

In October, Sybille Fezer, Liberia programme manager with *medica mondiale*, was a guest speaker at the Humanitarian Congress, a platform for discussion on trends in international humanitarian aid. The organisers – from Médecins sans Frontières, the German Red Cross, Berlin Medical Council and the Charité Medical Faculty – held the meeting in Berlin under the title “Protection: A Broken Promise?”. Sybille Fezer spoke before one hundred or so colleagues on “Gender in Protection”, using *medica mondiale* Liberia as an example. Her talk focused on gender-based violence before, during and after war and armed conflict, together with the forms and causes of this type of violence.

“Gender-based violence in conflict – a legacy for post-conflict reconstruction, sustainable development and peace” was the title of a round table on 11 November in the Cinematte cinema in Bern, Switzerland. Here, experts working in international development cooperation discussed strategies for bringing about the effective implementation of UN Resolution 1325 on women, peace and security. Along with Manuel Sager, Director of the Swiss Agency for Development and Cooperation (SDC) and Zainab Hawa Bangura, UN Special Representative of the Secretary-General on Sexual Violence in Conflict, Monika Hauser was one of the speakers. She called for the adoption of the trauma-sensitive approach developed by *medica mondiale* and long-term, holistic support in the community-based work with survivors of sexualised violence.



Author Ruth Hallo reading from her book „Comfort Women“.



We use publications to give information and account for what we do.





A psychosocial counsellor from *Medica Afghanistan* talks to a client.

Developing synergies: trauma and justice

Based on its long experience of working in war-torn and post-war zones, *medica mondiale* has developed a holistic, trauma-sensitive approach to supporting women and girls affected by violence, which is adopted in its different areas of work. As well as working on its own projects, *medica mondiale* trains colleagues from partner organisations and other specialists dealing with women who have been subjected to violence. Drawing on their knowledge of the deep and destructive repercussions of violence, activists and colleagues from non-governmental organisations need to develop an attitude and a professionalism in order to fundamentally strengthen and stabilise the people they deal with.

Medica Afghanistan's trauma-sensitive approach to legal aid

In 2014 *Medica Afghanistan's* team of women lawyers were trained to adopt a trauma-sensitive approach when giving legal advice and conducting mediation with women and their family members. The majority of the women and girls with whom the lawyers in Kabul, Herat and Mazar-i-Sharif work have suffered traumatic violence such as domestic violence, rape, imprisonment or isolation. In trauma, the central feelings are those of powerlessness and helplessness. Investigations and court proceedings can revive these elements of the traumatic experience, causing lasting damage to a woman's psychosocial health. With training, lawyers become better able to recognise the effects of a violent experience. By explaining exactly what the court procedure is, or arranging a confidential setting, they can do more to help the affected women feel safe. They can use relaxation techniques to ease the stress of women showing an acute response such as numbness or trembling.

And as the lawyers themselves are also exposed to highly stressful situations, colleagues from *Medica Afghanistan's* psy-

chosocial unit support them through case reviews with peers and regular visits to the mediation centre. These sessions, and the trainings too, help them find the best possible way of coping in a situation where their potential influence on behalf of women is becoming more and more restricted owing to corruption, oppressive family structures and problematic legal interpretations by judges. In December, at the request of the Afghan Tawanmandi fund and with support from trauma expert Maria Zemp, two *Medica Afghanistan* lawyers successfully conducted the first training course in trauma-sensitive legal aid for 12 legal advisers, male and female, from different Afghan non-governmental organisations. Other requests have already been received for 2015.

Trauma work as a development policy issue

A crucial task for *medica mondiale* is to be proactive in introducing what we have learnt through our work for women and girls in areas of war and conflict into German and international development cooperation. Here, our expertise is increasingly in demand. Keen interest was aroused by the presentation of *medica mondiale's* trauma-sensitive approach at a workshop

»» To me, the most important thing is the snowball effect. Once a woman learns her **rights** she shares this **knowledge** with members of her family, her neighbours and other women. And then it **spreads even more**. ««

Laure Saporta, an evaluator for *medica mondiale*

at the Federal Ministry for Economic Co-operation and Development (BMZ), held in November 2014, on the preparation of the new 2015-2018 gender action plan for development policy. Sensitivity to trauma means designing development policy work in such a way that the powerlessness felt by women and girls affected by violence is not exacerbated any further. That could happen for example as a result of inadequate security measures, or a lack of opportunity to take part in farming projects. Strengthening their autonomy and self-determination also entails recognising the injustice done to them as a violation of human rights, and not allowing it to become taboo. To disseminate this approach more widely, *medica mondiale* has developed a new, multi-module, practice-oriented training programme for 2015, aimed primarily at those working on development policy.

Sensitivity to trauma when documenting human rights violations

In May 2014 *medica mondiale* successfully contributed its special expertise in trauma to the drafting of an international protocol on the documentation and investigation of sexualised

violence. The protocol was adopted in London by the “Global Summit to End Sexual Violence in Conflict”, and contains suggestions for dealing with the effects of trauma and violence and preventing re-traumatisation. Recommendations for appropriate training for the relevant staff, and offers to talk, or to take time out, are also included.

In 2015 *medica mondiale* has been asked to organise several training sessions on dealing with sexual violence and trauma as part of the “Women, Peace & Security” course in Wertheim Police Academy and the Centre for International Peace-Keeping Operations (zif). The course aims to raise awareness among participants of the impact multidimensional peacekeeping operations can have on gender dynamics in the countries in which they are deployed.



Talking on the spot with the people concerned: what do they need?



Women development policy workers at a training session.



Kirsten Wienberg (left) and Sabiha Husić in conversation

“Perpetrators have more rights than survivors”

Study on the long-term effects of war rape

Continually questioning our way of working, and its impact, is a cornerstone of our commitment. It is the only way we can ensure that we are effective in supporting women and girls affected by violence in areas of war and crisis, and that we are changing conditions in society. As little research has been done on the issue of rape in war – still less on its long-term consequences, or survivors’ coping strategies – *Medica Zenica* and *medica mondiale* have conducted a study with women from Bosnia and Herzegovina, focusing on the support provided by *Medica Zenica* during and after the war. In this interview Sabiha Husić, Director of *Medica Zenica*, and Kirsten Wienberg, Head of *medica mondiale*’s Evaluation and Quality Department, highlight the main findings of the study.

What were the main goals of the study?

Kirsten Wienberg: We wanted to know what impact our work was having. How were the survivors getting on now? Had their time with *Medica Zenica* helped them?

Sabiha Husić: We wanted a discussion on this difficult issue, we wanted to hear the women. It is they who are at the heart of the study, not rape. It was important for us that the study should give a voice to the survivors, and also that Bosnian society should learn how the women are faring today.

What are its most striking findings?

Wienberg: The women are clearly suffering from the repercussions of rape. Even now, it is a burden they – and their families – carry with them in their lives. Also, the survivors’ health situation is worrying: nearly all report gynaecological problems, and more than half of them suffer from post-traumatic stress disorder. So the impact of the trauma is still being felt.

Husić: We found that it is worse for the women now than it was immediately after the war. In Bosnia and Herzegovina, only non-governmental organisations look after survivors. The State does nothing for them, and politicians don’t take them seriously. Many survivors don’t even know their rights.

What are the demands on society that emerge from it?

Husić: For a start, it’s important that we, as Bosnian society, are in solidarity with the survivors – regardless of their nationality or where they come from. And we must do more to meet women’s individual needs.

Wienberg: The study shows that survivors need long-term support. Institutions and foundations should allow for this, and should plan their projects over 10, 15 or 20 years, rather than three, as they so often do. There must finally be a society-wide debate on the stigma that marginalises the survivors and not the perpetra-

tors. We'd like to create awareness of the situation of survivors of sexualised violence in war.

What was surprising, or welcome, about the findings?

Husić: I was glad to learn what strong mechanisms women have, in spite of everything, for dealing with their difficult living situation. As an example, here is a quote from one of the survivors: "We are still alive. We have been harmed, but we are brave and strong". This statement gave us the title for our study. Everyone is very proud to have been included in the study.

Wienberg: The women told us how important it was for them that *Medica Zenica* gave them a safe space where they could stay in the midst of war. Our work, and the atmosphere there, had a positive influence on the survivors. What surprised me was the survivors' poor health, and their marginalisation. For healing, changes need to happen in society – I'm firmly convinced of that.

How helpful is the study for *Medica Zenica's* core work? Can it help bring about changes in society?

Husić: We use the study's findings as an argument when calling for more support for the women, especially in applying for the civil status of survivors of sexualised violence in war, which comes with a monthly allocation of roughly EUR 280. As a result of our campaign around the study, *Medica Zenica* can also issue certificates to survivors now. These certificates – along with other documents – are an essential requirement for women who want to apply for that status.

One political reaction to our public relations work was that a telephone hotline, based at *Medica Zenica*, has been set up for survivors throughout Bosnia and Herzegovina. New networks have been created that can help get a discussion about violence against women going at last, and bring peace to our society. Another issue here is how to support court witnesses. In this context, one woman said "Perpetrators have more rights than survivors."

Have there been critical reactions to the study, which we could learn from?

Husić: In retrospect, survivors would have liked their financial situation to be taken into account more, and to have been asked what practical support they needed.



Women support and strengthen one another.

Wienberg: In the next study there'll be a stronger focus on the survivors' families. Another question that concerns me is how the women's financial situation affects their stress levels and their coping strategies.

Would we have done something differently, if we'd known 20 years ago what the findings of this study would be?

Husić: I wouldn't change a thing. A safer place, solidarity, professional help and an atmosphere of trust: these are and continue to be the most important things for a survivor. Without this support, Bosnian women would probably never have been able to talk about what happened to them.

Wienberg: This concept, and our fundamentally feminist stance – these are the basics that have got us where we are today. It has been shown that our work is effective for women, and that it strengthens them.

The study, entitled "We are still alive. We have been harmed, but we are brave and strong", and a video with practical recommendations, can be found in the media centre on our website:
<http://www.medicamondiale.org/en/service/media-centre.html>



Glossary of key terms

Education and public relations work, awareness-raising

Whether during the Second World War, in the former Yugoslavia in the 1990s or in one of the most unstable regions of the world today – the Democratic Republic of the Congo – from shame and fear of being ostracised women keep silent about the crimes committed against them. They live lives of isolation, stigmatised and abandoned to their fate. Society's taboo around sexualised violence prevents women from getting help and being able to go their own way.

This is why *medica mondiale* brings the worldwide scandal of sexualised violence in war out into the open and draws attention to its consequences. We inform people about its causes and context, and we call for a public discussion on the issue of rape in war.

Holistic

Unless adequate attention is paid to the effects they have at different levels, individual, isolated support measures – although initially considered effective – may not produce the desired result. In our projects, *medica mondiale* offers multi-disciplinary and interdisciplinary support for women affected by violence: gynaecological and therapeutic treatment, psychosocial help and legal advice.

We assist women by providing vocational training and a small business grant, enabling them to support themselves and to shape their futures. Help for individual women goes hand in hand with information and awareness-raising work in society, and together they are designed to give traumatised women the best support possible and to uphold their rights.

Justice
Sexualised violence in war is a reflection of the structural violence against women and girls in patriarchal societies, which helps to maintain an unequal balance of power between men and women. In its political work for women, *medica mondiale* campaigns tirelessly for sexualised violence in war to be recognised and punished, in both national and international courts, as a violation of human rights. The recognition and punishment of sexualised violence as a serious violation of human rights contributes to the restoration of justice for those affected and helps them in working through their traumatic experiences. By supporting women with legal counselling, *medica mondiale* helps them to assert their rights.

Justice

Human rights work
medica mondiale campaigns for women's human rights: for an end to violations and for these rights to be recognised, upheld and protected. We organise actions and campaigns to put the spotlight on the global scandal of sexualised violence in war, and its repercussions on the people affected by it. Together with our colleagues in local projects we explore the causes of and background to sexualised violence in war, and we promote a public discussion about rape in war. *medica mondiale* advocates for women at the political level and puts pressure on politicians and organisations to stand up for women's rights. *medica mondiale* urges politicians and governments to respect the international conventions on protecting women by preventing and combating sexualised violence.

Human rights work

Sustainability
medica mondiale develops projects that offer a basis for long-term support for women. Local staff in our projects are given intensive training to enable them to continue the work on their own. Multiplier trainings and Train the Trainer courses cater for awareness-raising on the issue of sexualised violence and trauma in a wide range of professional

Sustainability

groups. Project sustainability is promoted through the strengthening of women and girls and the formation of women's networks. Long-lasting results can be seen in society's growing awareness of the need to provide long-term support for affected women and to introduce social changes that will lead to greater gender justice.

A pro-women bias

Sexualised violence in war is part and parcel of the structural violence against women all over the world. As a result of this structural violence, women in post-war societies face a lack of solidarity from their community: they are held responsible for what has happened to them, and are forced to keep quiet about their wounds and even about the act of sexualised violence itself. They are left on their own, stigmatised and ostracised both by society and by their own families.

The staff of *medica mondiale* show unconditional solidarity with women and girls who have been subjected to violence. They stand up for them, acting as their advocates, pointing out and condemning injustice, discrimination and violence.

Guidance on resources

Women and girls who have experienced sexualised violence are often seen solely as victims. In word and deed, *medica mondiale*'s staff are careful to treat traumatised women as survivors who have managed not to let the violence break them.

The counsellors in our projects help women to draw on individual, cultural and collective resources and to reveal previously hidden strengths and talents. In addition, these clients are encouraged to take responsibility for their own healing process, which helps them become independent of support services.



The *medica mondiale* team stands up for women all over the world.

Sexualised (wartime) violence

From time immemorial, women have been regarded by men as their rightful spoils of war: women's bodies symbolise men's supposed honour, while their "defilement" demonstrates power over the opposing side and one's own superiority. The rape and torture of women are used deliberately: to demoralise the opponent, to force the displacement of people for ethnic reasons, and as a means of social oppression. They are a way of exercising power, control and oppression over another person, or other people. Rape is not an aggressive expression of sexuality – it is a sexual expression of aggression, in which violence is sexualised.

Trauma, psychological trauma

A psychological trauma destroys a person's sense of security. It undermines their basic sense of trust, breaks through their personal boundaries, erodes their self-esteem and generates a feeling of overwhelming helplessness. It can lead

to panic attacks, sleep disorders, chronic pain or post-traumatic stress disorder, with devastating effects on a survivor's life for years afterwards.

Trauma-sensitive

A trauma-sensitive approach takes certain basic principles into account when dealing with people who have experienced violence. The idea is to avoid additional stress for the survivor, to prevent a re-triggering of the trauma symptoms and, finally, to strengthen and stabilise the women and girls. A trauma-sensitive approach is evident throughout *medica mondiale*'s areas of work and support services.

More explanations and background can be found in the glossary on our website, at:
<http://www.medicamondiale.org/en/service/glossary>

Financial report 2014

Income

Our income increased in 2014 compared to the previous year. In total, our income rose by 3.53 per cent. Yet, donations and grants developed very differently, like in the previous year.

Donations and similar income increased by approx. 27 per cent; this was mainly due to increased financial support from Switzerland, especially from generous individual donations and contributions.

This enabled *medica mondiale* to set up, i.a. an endowment fund in 2014. Undesignated donations increased by 3.8 per cent, designated donations even by 28.8 per cent.

Grants decreased by 36.6 per cent, other operational income was 68.8 per cent lower. This was mainly the result of several multi-annual projects having come to an end.

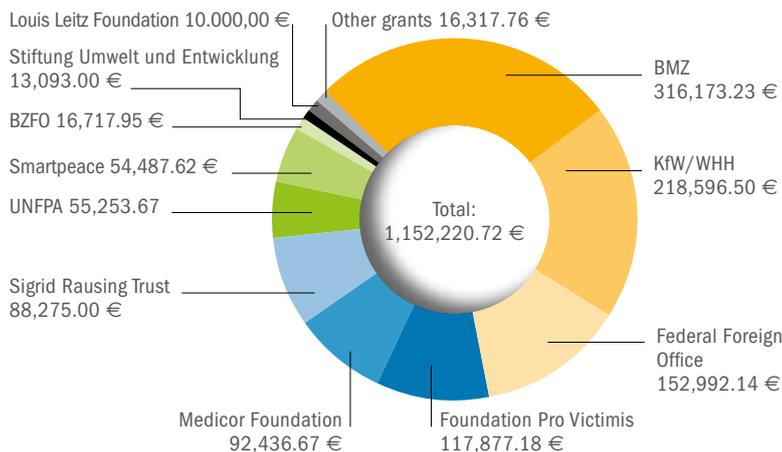
Major grants and funding for projects were mainly received from the following public and private institutions: the German Federal Ministry for Economic Cooperation and Development, the KfW Development Bank via German Agro Action (WHH), the German Federal Foreign Office, the Pro Victimis Foundation, the Sigrid Rausing Trust, the Medicor Foundation, the Smartpeace Foundation, the Foundation for the Environment and Development, the Louis Leitz Foundation and other donors.

	2014 EUR	Previous year EUR
Income from allocations and grants	1,152,220.72	1,817,806.41
Donations and similar income	4,345,235.74	3,421,274.25
a) Donations	4,109,656.66	3,174,257.17
b) Inheritances	9,204.08	30,051.08
c) Charitable allocation of fines	226,375.00	216,966.00
Other income	28,670.20	91,749.03
Interests	2,472.93	4,860.73
Total	5,528,599.59	5,335,690.42

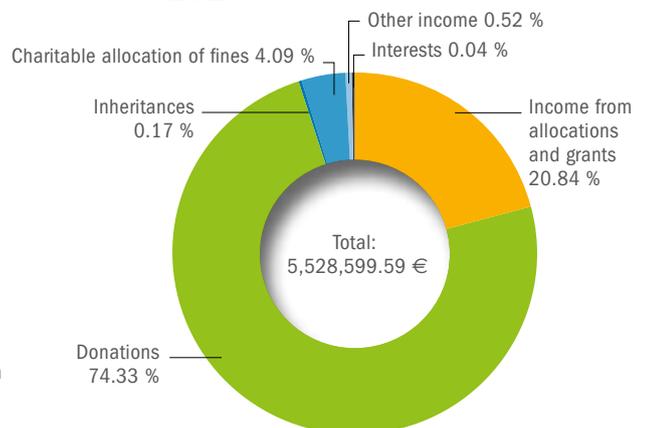
Development in income 2007-2014



Income from donors



Income 2014



Expenses

Total expenses increased by approx. 4.18 per cent compared to the previous year. However, regular operating expenses were generally lower than in the previous year. The decrease in several expenditure positions is closely linked to the decrease in grants. The establishment of the *medica mondiale* endowment fund in 2014 represented a major expense.

Approx. 65 per cent of total expenses were allocated in 2014 to projects internationally and in Germany, 35 per cent to administration, public relations, advertising and donor relations.

As to projects, approx. 83.3 per cent was allocated to international projects. 10.3 per cent were allocated to projects in Germany - human rights and trauma work - and 6.4 per cent to public awareness, information and human rights work in accordance with the statutes.

Project expenditures include direct project costs and expenses for project support, including their management from the main office in Cologne.

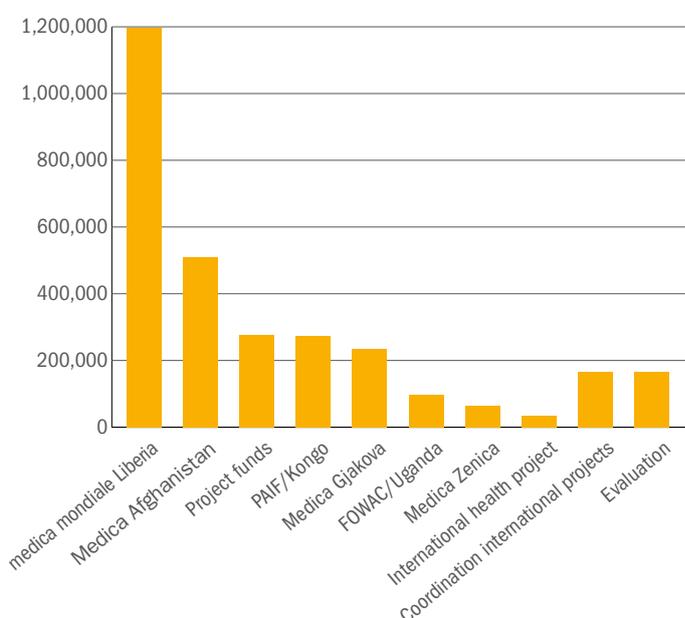
The **advertising and administration** costs can be divided into advertising and public relations (60 per cent) and administration (40 per cent).

Expenditures in 2014 exceeded income by 73,384.93 euros. This result is covered by reserves. **Staff expenditure** decreased for the first time due to staff changes in the office in Liberia. **Depreciations** increased as new equipment was bought for the office in Liberia. Rent and other occupancy costs marginally increased as new conference rooms were added in Cologne.

Travel expenditure decreased significantly, as different countries could not be travelled in over long periods of time due to the security situation. **Other operating expenses** increased marginally. **Other expenses** increased as this position includes the expenses for setting up the endowment fund.

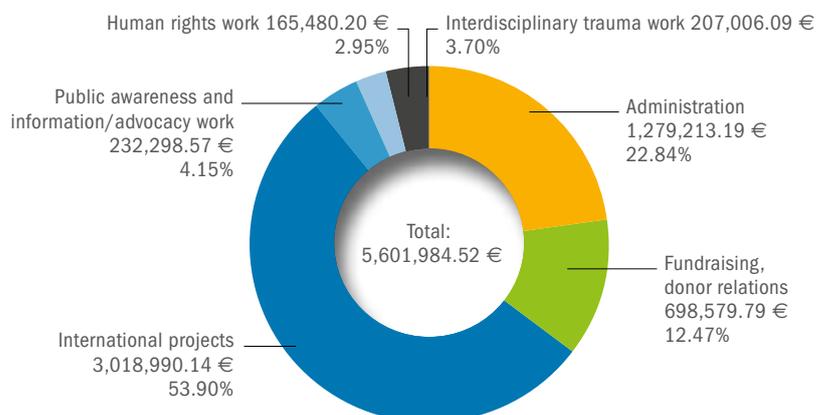
	2014 EUR	Previous year EUR
Staff	2,176,971.32	2,263,290.02
Depreciation	66,952.48	58,849.07
Rent and other occupancy costs	127,957.52	120,198.50
Fees, charges	7,863.10	7,280.47
Grants to third parties	1,023,260.84	1,082,261.57
Vehicle expenses		9,933.69
Travel	95,400.74	145,064.65
Other operating expenses	167,798.14	158,205.18
Other expenses	1,935,363.84	1,522,322.48
Interest expenses	416.54	0
Operating expenses	5,601,984.52	5,367,405.63

Expenses per international project



Expenses per field of activity

The administration expenses include the costs for setting up the endowment fund, including the deposit of 824,674.25 euros. For this reason, the position for administration, public relations, advertising and donor relations in the total expenses is 35.31 per cent. If these establishment costs are subtracted, these expenses only amount to 24.15 per cent. Some administrative costs have increased somewhat, mainly because procurement transactions take account of sustainability and equitable products.



Income and Expenditure Statement for the period 1 January to 31 December 2014

	2014 EUR	Vorjahr TEUR
1. Income from allocation of funds and grants	1,152,220.72	1,818
2. Donations and similar income	4,345,235.74	3,421
3. Other operating income	28,670.20	92
4. Personnel expenses		5,331
a) Wages and salaries	1,869,860.27	1,994
b) Social charges, old-age provision	307,111.05	270
5. Amortisation and depreciation of intangible and tangible assets		2,263
66,952.48		59
6. Other operating costs		
a) Rent and other occupancy costs	127,957.52	120
b) Insurance, membership fees, consultation fees	7,863.10	7
c) Financial support, grants to third parties	1,023,260.84	1,082
d) Vehicle expenses		10
e) Advertising and travel allowance	95,400.74	145
f) Other operating expenses	167,798.14	158
g) Other expenses	1,935,363.84	1,523
Interim result		3,045
	-75,441.32	-36
7. Other interest and similar income		5
	2,472.93	
8. Interests and similar expenses		0
	416.54	
9. Net operating loss (income) for the year	-73,384.93	-31

Excerpt from the report on the audit of the Annual Financial Statements as of December 31, 2014 conducted by the audit and tax consulting company Solidaris Revisions-GmbH Wirtschaftsprüfungsgesellschaft – Steuerberatungsgesellschaft, Cologne dated May 30, 2015.

Certificate:

We audited the annual financial statement – balance sheet and income statement – for the accounting year January 1 to December 31, 2014 including the accounting of the *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 men.

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 proof 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.

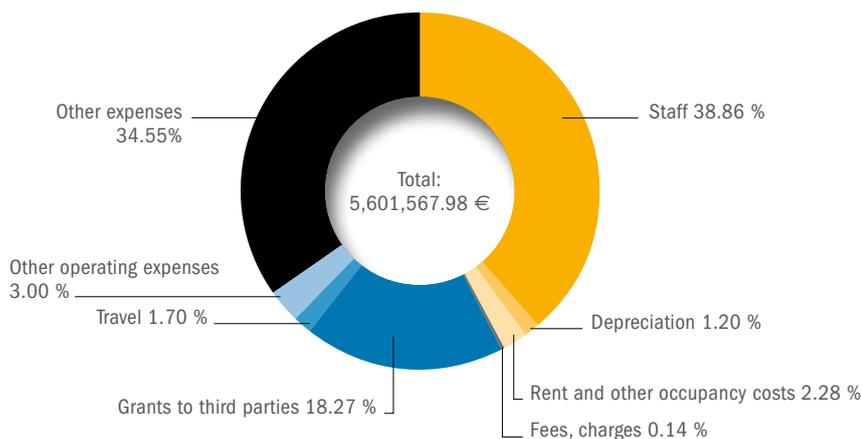
Based on the findings of our audit we feel confident that the annual financial statement complies with the voluntarily applied German accounting rules and regulations for prudent business men.

Cologne, May 29, 2015

Endowment fund:

In 2014 *medica mondiale* e.V. set up an endowment fund. Thanks to a very significant single donation from Switzerland, this fund could be endowed with 824,674.25 euros. The endowment fund enables us to operate more flexibly, for example, in providing initial financing in crisis situations worldwide and in starting new projects. The *medica mondiale* endowment fund was set up in the “Umbrella Foundation for Individual Endowment in the GLS Treuhand e.V.”. The capital in the endowment fund is invested according to cultural, social, ethical and environmental considerations. It is possible to make undesignated – expendable – donations or donations to the capital stock. We would be pleased to provide you with more information.

Expenses 2014 per type of costs



Association, governing bodies and duties

medica mondiale e.V. is a registered non-profit association domiciled 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 ap-

proves 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 supervis-

es the Management. 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 a minor fixed-sum compensation. This is decided by the General Assembly.

Board of Directors 2014:

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

Main office in Cologne

2 Managing Directors
 37 salaried employees (year average), of which 22 are full-time positions and 15 part-time; plus 4 minor employment status; 6 placement students; 1 interns; 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*

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), People In Aid (worldwide association of agencies in the humanitarian and development sector), 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. Additionally, she is a member of the Expert Advisory Board of the "International Nuremberg Principles Academy".

* 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.



A great big thank-you! We are persevering together.



Dear supporters, thank you for standing by us. With your commitment and your donations, you make all our work possible. We feel encouraged and energised by your faith in us.

This past year we've been able to count on steady support from a total of 12,543 donors. Over three thousand (3,396) women and men demonstrated their continuing faith in *medica mondiale's* work with a direct debit, giving us a secure basis for planning our work. Other committed supporters – 112 of them – collected donations, ran mara-

thons, auctioned off cherished possessions, baked cakes, organised exhibitions and put on concerts for our "good cause". A hundred people threw parties and asked their guests, instead of giving presents, to make donations to *medica mondiale*. Nine people asked for donations for us at funerals, in the spirit of the person who had died. We'd also like to thank everyone who has included *medica mondiale* in their will with a bequest or a legacy.

All of you...

... are helping to make it possible for thousands of women and girls coping with traumatic experiences in war and crisis zones to be cared for, supported and strengthened every year;

... are enabling many women and girls to access trauma-sensitive medical treatment and professional psychosocial and legal counselling;

... are securing people's livelihoods, helping networks to start up, strength-

ening political influence and thereby, down through the generations, building sustainable social structures for women and girls.

We're not stopping there.

We will persevere in our work to make our vision a reality, so that women and girls can live free from violence, in dignity and justice. We would ask you to keep up your solidarity with us

– there are many ways in which you can strengthen *medica mondiale's* active involvement.

Thank you very much.

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Our vision:

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

Donations account

Sparkasse KölnBonn

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Zivilgesellschaft

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VERBAND ENTWICKLUNGSPOLITIK
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ORGANISATIONEN e.V.

