

# Annual Report 2017



## Our vision

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

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## Our objectives

*medica mondiale* is a feminist women’s rights and aid organisation, which for 25 years has been assiduously campaigning for the rights of, and in solidarity with, women and girls in war and crisis regions throughout the world. Our primary objective is to end sexualised war-time violence and other forms of gender-based violence. We believe that peace and development are only possible when gender hierarchies and power imbalances are overcome.

## Our commitment

Our work seeks to address the causes and consequences of sexualised (wartime) violence. *medica mondiale* provides professional stress and trauma-sensitive support for women and girls, who have experienced violence – irrespective of their political, ethnic or religious background. We offer health, psychosocial and legal support as well as economic measures to help survivors deal with their traumatic experiences and lead independent lives. Our political advocacy is part of our contribution to the promotion of social transformation. We give a voice to women, spotlight human rights violations and call for the prosecution of perpetrators. In co-operation with other activists, we work at local, national and international level for the rights, protection and participation of women.

## Our partners

*medica mondiale* primarily implements projects in collaboration with local women’s organisations while simultaneously promoting their networking. By providing training in project and finance management and in our stress and trauma-sensitive approach, we strengthen local capacities. This ensures that long-term support for women and girls is sustainable and takes root in society.

## Our history

Outraged by the reports of mass rape during the Bosnian war in 1992, the young gynaecologist Monika Hauser sets off to deliver help in the war-torn country. Together with local women psychologists and doctors in the city of Zenica, she opens the first therapy centre for women, who have been raped. One year later, *medica mondiale* is founded in Cologne. Together with local partners, the organisation now supports women and girls in war and crisis regions throughout the world.

🏠 [More information available at: www.medicamondiale.org/en/what-we-do/our-vision-and-mission](http://www.medicamondiale.org/en/what-we-do/our-vision-and-mission)

Cover photo:

One of three motifs used during the campaign “My body is no battlefield”, which *medica mondiale*, in its anniversary year 2018, is using to gain support in its efforts to combat sexualised violence against women and girls

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# Foreword



Dr Monika Hauser,  
Chairwoman of the executive board

©Malin Kundl/medica mondiale

## Dear readers,

It is now 25 years since I set out for the war-torn Balkans, driven by my indignation at the mass rape of women and girls and the sensationalist media reporting. As a junior gynaecologist, I knew that the survivors would need immediate help. Nevertheless, even at the time, I knew long-term help and support would be required, if they were ever going to come to terms with their traumatic experiences and start living normal lives again. The suffering of those affected does not quickly subside – as we know from World War II – but has a lifelong impact that continues into the next generation.

I knew early on, that such a solution was only possible through working closely with local women on the ground. Our working commitment demonstrates what solidarity can accomplish. With around 30 partner organisations, we have provided medical, psychosocial and legal support to more than 150,000 survivors, empowering them and giving them prospects for the future. *medica mondiale* has developed into a professional organisation, with high standards in the provision of sustainable project work and our own specific stress and trauma-sensitive approach.

I was similarly aware that in the case of the Balkan war, we were not just dealing with one-off incidents of excessive violence, but with a continuum of violence that was deeply rooted in patriarchal attitudes and structures. Sexualised violence – in Syria, Afghanistan, Eastern Congo or here in Germany, perpetrated by soldiers, members of militias, neighbours or husbands, is a worldwide phenomenon. As long as gender-based hierarchies continue to exist, women, even during times of peace, will not be safe.

One problem is the continuing impunity, both in war and post-war regions and in highly developed countries. In Germany, too, only one fifth of all rapes is reported to the police, with only a small percentage of perpetrators sentenced. What is lacking is the political will to enforce laws that already actually exist. Gender-based inequality makes sexualised violence possible, but it is already evident in education and income distribution.

Dismantling these structures requires patience and perseverance. That is why we will not let up in our commitment to provide resistance wherever discrimination and violence prevail. We will continue to prosecute human rights violations and call those responsible to account. This also includes ending the destructive arms trade. There is, instead, a need for peaceful conflict resolution, in which women play an active role.

To mark the 25<sup>th</sup> anniversary of *medica mondiale*, we are launching a campaign in 2018 entitled “My body is no battlefield”. This will seek to spotlight the discrimination and violence women and girls are faced with every day – in war situations, while they are fleeing and, even, during times of ostensible peace. We are counting on your support, so that women and girls throughout the world are able to say: My body is no battlefield!

Dr Monika Hauser



Direct dialogue with politicians is important for our work as a means of initiating change and giving a voice to women and girls in war and crisis regions.

## Report of the Executive Board

*medica mondiale* achieved a great deal in 2017 – both internally and externally. Through our calls for feminist approaches to foreign, security and asylum policy, we took a clear position during the German general election. Our intention of also incorporating stress and trauma-sensitive approaches into state-run development co-operation was put into practice in a project run by the Gesellschaft für Internationale Zusammenarbeit (Society for International Co-operation – GIZ). At association level, we created a new structure – a Supervisory Board alongside the Executive Board – that allows us to tackle the growing challenges of working in complex conflict situations.

### Stress and trauma-sensitive development co-operation

For some time now, *medica mondiale* has been calling on the German Government to incorporate the strategic goal of “employing psychosocial approaches to accompany, support and empower survivors of sexual violence as a means of facilitating their active participation in reconstruction” into its development co-operation policy. And with success: the new action plan from the German Federal Ministry for Economic Co-operation and Development (BMZ) now even includes the concrete goal of developing a trauma-sensitive approach. *medica mondiale* was asked to identify starting points and create conceptual foundations to enable the stress and trauma-sensitive approach to be linked to existing structures and concepts within Germany’s development co-operation in a way that, in the long-term, would establish stress and trauma-sensitivity as the basic approach adopted by all staff and organisations.

In July, a pilot project was launched in co-operation with the GIZ. In numerous discussions with senior representatives from the GIZ, BMZ, Civil Peace Service, KfW (Credit Institution for Reconstruction) and the Academy for International Co-operation and trainings in Germany and Jordan, it was clear that this issue has enormous significance for all those involved. It must be considered that a heavy workload and the impact of stress and trauma on teams and organisations not only put people in crisis regions

at risk, but also the staff and, thus, the effectiveness of development interventions. Our approach proved persuasive because its holistic concept addresses all levels and not only encompasses self-care but also supports organisational structures.

With this project, *medica mondiale* is not only helping to increase the effectiveness and gender sensitivity of state-run development co-operation. It is also raising awareness of our trauma concept that argues that the consequences of trauma should not be “treated” in an individual and symptom-oriented manner, but as a serious human rights violation, for which the society responsible for the trauma also has responsibility for ensuring it is overcome.

In a subsequent step, an examination will be made as to how, in the long-term, parts of the concept can be integrated into state-run development co-operation.

### Interregional programmes

One example of how our work has developed is the range of interregional programmes that focus on one sector and, through the communication between partner organisations, promote joint learning processes. In Bosnia and Herzegovina and Afghanistan, one such programme was carried out in the health sector. In 2018, this programme will be expanded to Northern Iraq and Kosovo. Although these countries have little in com-

mon, what they do share is that women affected by violence rarely receive adequate access to, or treatment in, health facilities. The programme, therefore, seeks to integrate stress and trauma-sensitive approaches into state structures, so that, in the future, survivors of violence can benefit from competent and empathetic support.

In the lead up to this, detailed baseline studies were carried out to ascertain how much health staff already knew and identify weaknesses within the system. Nurses, doctors and staff from other health sectors subsequently received training over several days in areas including gender-specific violence, trauma and self-care or training of trainers. They should then be able to lead the training and thereby ensure that skills and expertise are anchored locally. An equally important component is the liaison with decision-makers as a means of tackling such institutional barriers as inadequate structures or of raising awareness for the issue at management level.

### Strategies for our political advocacy

With the support of an external advisor in 2017, we analysed the political work of *medica mondiale* in terms of its effectiveness as well as its strengths and weaknesses. We simultaneously weighed up the current political opportunities and risks and explored new political alliances. This resulted in an advocacy strategy that identified a number of specific steps to be taken in the next four years. The two most important working areas are, firstly, combating sexualised wartime violence within the scope of German foreign, development and security policy and, secondly, refugee and asylum policy. We also want to use data and evidence from our own and external studies to add academic weight to our political demands. As part of our advocacy work on behalf of our stress and trauma-sensitive approach, we are planning to be much clearer in communicating the intrinsic political substance and transformative power of the approach.

### Changes in association structure

Along with the success of *medica mondiale*'s work in recent years, the association's workload and responsibilities have also grown markedly. The number of projects has increased



A durable structure for growing challenges – the supervisory board and executive board of *medica mondiale*: Heidi Baumann, Beate Ziegler, Monika Hauser, Elke Ebert, Heike Baur-Wagner, Sybille Fezer (l. to r.)

to 40 and, thus, too, staff numbers and the complexity of the challenges. This has also meant that the executive board, which hitherto has operated on an unpaid basis, has found itself under increasing time pressure. It has had to assume responsibility for an organisation the size of a medium-sized company. Together with a consultation group consisting of women from the association, we, therefore, decided to restructure the association. In future, there will be three full-time executive board members, responsible for the different working areas. A supervisory board, elected by the general assembly, will function as a powerful supervisory body. An advisory board will provide the organisation with specialist advice. In October 2017, the membership voted to incorporate these structures into new statutes.

### Outlook

2018 will be marked by the 25<sup>th</sup> anniversary of *medica mondiale*. We want to use our campaign, "My body is no battlefield", to draw attention to the women and girls throughout the world, who, day after day, are subjected to sexualised violence. In addition, through a range of events and publications, we will seek to motivate others to join us in our fight to end this violence.

In our international programme work, *medica mondiale* will continue with and expand our working commitment in Iraq. The focus will be on our co-operation with the Kurdish women's organisation, Emma.

Within the scope of our organisational development, we intend to adapt our security management – evaluated in 2017 as part of external assessments – to new challenges. In addition, the anti-corruption guidelines will be revised as a means of improving controlling,

## WORKING FOR 25 YEARS WORLDWIDE

Since **1993**, *medica mondiale* has been supporting women and girls in war and crisis regions, and working politically for their rights.

So that they can live their lives free of violence and in dignity and justice.



Together with more than **30 partner organisations**

throughout the world, we have supported more than

**150,000 women and girls**

in war and crisis regions through psycho-social, legal and medical counselling and livelihood programmes.



In around **120 training courses** since 2006, we have trained more than **1,600**

**specialists** and

volunteers in Germany in our stress and trauma-sensitive approach for dealing with people, who are traumatised.



Since our foundation, we have provided

**58.4 million euros** to

support women and girls throughout the world.

This enabled us to finance **310 projects** in Africa, Asia, Latin America and Europe and to create sustainable structures.



**81** in **South Eastern Europe**

**68** in **Afghanistan, Iraq and Syria**

**21** in **West Africa** and

**117** in the **African Great Lakes Region.**



A team of **60 staff members** and **student trainees** ensured the provision of efficient administration, high quality of work and information in our head office in Cologne in the past year.



We are currently supporting projects in Afghanistan, Albania, Bosnia and Herzegovina, Burundi, El Salvador, Iraq, DR Congo, Kosovo, Croatia, Liberia, Rwanda, Serbia and Uganda.

## Our work worldwide

***medica mondiale*** has set itself the goal of combating sexualised wartime violence and other forms of gender-specific violence at all levels. The objective is to provide effective and sustainable support to women and girls in war and crisis regions, so that they can live free of violence and suppression. Alongside individual support, our working engagement also always seeks to address issues in the social context and prompt political changes at a national and international level, as a means of dismantling unjust structures and violence.

### We are partners

*medica mondiale* works together with activists and organisations that support women and girls affected by sexualised violence in war and post-war regions and protect them against violence. Many of these local women's organisations grew out of self-help initiatives or *medica mondiale*'s own projects. As well as providing financial support, we also offer them advice in organisational and work-related issues. Joint political advocacy is a further vital component of these partnerships.

Since 2004, *medica mondiale* has been using the project fund to help local women's organisations run small-scale projects, limited in terms of duration and financial resources. These include projects providing medical and psychosocial care, legal assistance and income-generating measures, or involve political advocacy for women's and human rights or raising public awareness. Successful small-scale projects can lead to long-term partnerships, within the scope of which joint larger-scale projects can be implemented over the course of several years.

Wherever women affected by violence are evidently in need of support, but no local partner organisations exist, *medica mondiale* will, to a limited extent, implement its own projects.

### We strengthen local capacities

Organisational development and the development of local expertise are vital components of our work. In many countries, in which we operate, there is little expertise in trauma and psychosocial counselling. *medica mondiale* provides basic and advanced training in stress and trauma-sensitive approaches, not only for partner organisations, but also for public institutions and NGOs. A further key working area is capacity building for local structures. We train our partners, for example, in finance and human resources management, thereby enabling them to organise their own work. This is the only way to guarantee that the support of women and girls affected by violence is secured in the long-term and embedded in society.

### We set regional priorities

Since armed conflicts usually affect entire regions, irrespective of national borders, we deliberately base our international work on regional concepts. Achieving effective and sustainable change requires an understanding of the whole conflict area and regional context as well as knowledge of the key actors in the region. Co-operation with several organisations in a region enables us to create synergies and bundle limited resources effectively. By doing so, *medica mondiale* can respond quickly to political developments and oversee long-term changes. We are, therefore, concentrating our resources and support on the following key regions:

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

### We operate within networks

Networking is an essential component of overcoming the isolation of women in the context of sexualised wartime violence, strengthening mutual solidarity and exerting combined pressure on policy-makers and public opinion. That is why we intentionally work in regional and expertise-based networks and promote co-operation with partner organisations. Networks provide the opportunity to learn from others and to share and develop our expertise in, and knowledge about, sexualised violence.

The objectives and fundamental principles of our international work are set out in *medica mondiale*'s strategy for international programme work:

🏠 [www.medicamondiale.org/en/what-we-do/strategy-for-international-programme-work](http://www.medicamondiale.org/en/what-we-do/strategy-for-international-programme-work)

## Areas of our international programme work

For the last 25 years, the women's rights and humanitarian aid organisation *medica mondiale* has been working on behalf of women and girls in war and crisis regions. Together with our local partners, we offer holistic empowerment to survivors of sexualised violence and give them prospects for the future. As part of our dual strategy, we combine individualised direct support with raising social awareness and political advocacy to change the political and legislative context.

*medica mondiale* has developed an emancipatory stress and trauma-sensitive approach to support women affected by violence, to be applied throughout all working areas. The aim is to stabilise and empower women and girls, who have experienced violence and protect them against additional stress and potential renewed traumatisation. Together with our partner organisations, we provide holistic support through medical care, psychosocial counselling, legal assistance, and opportunities to secure livelihoods. We intentionally adopt a community-based approach and establish solidarity-based structures that protect women from renewed violence.

Women in war or crisis regions, who have experienced sexualised violence or are threatened by violence, usually have difficulty in securing appropriate support. This is partly because the social infrastructure is often inadequate and severely rundown. But also because women affected by violence are usually unable to reach healthcare facilities or afford treatment. And, in the facilities that do exist, such as clinics, police stations or courts, they are often stigmatised or humiliated by staff. *medica mondiale* seeks to ensure that women have access to stress and trauma-sensitive healthcare, psychosocial support, legal assistance, and opportunities to secure a livelihood.



### Stress and trauma-sensitive psychosocial work

Psychosocial care consists of direct counselling and support for women and girls. The stress and trauma-sensitive psychosocial support provided by qualified counsellors plays a key role in enabling women to cope with psychological trauma and its long-term consequences, to help stabilise them and protect them against further stress. By providing information and raising awareness, psychosocial care also enhances the overall social structure's capacity to deal with the consequences of wartime violence and traumatisation. Active solidarity with women and girls affected by violence in the community prevents marginalisation and a reoccurrence of violence, and furthers women's integration into, and their participation in, society. Mediation within the family and community promotes a constructive approach to dealing with conflict. Capacity building and professional training for people in key positions, including teachers, religious leaders, governmental and NGO staff – help ensure that women in post-war and conflict regions gain access to support at all levels.



### Stress and trauma-sensitive healthcare

The different forms of violence, including sexualised violence against women and girls, often lead to potentially fatal injuries and serious illnesses or infections. Low-threshold, safe access to medical care and counselling is vital for the survival of women and girls affected by violence. The attitudes and responses of doctors, nurses and midwives are decisive in ensuring whether women obtain competent care and are protected against renewed traumatisation in healthcare facilities. This requires

healthcare staff to be empathetic and to take a stress and trauma-sensitive approach.

Our goal is to ensure that women and girls have access to good quality medical care and counselling and any supplementary support. Community-based healthcare and counselling plays a decisive role in this field. That is why we provide additional training and education for nurses and health staff to deal with women affected by violence and trauma and train influencers in the state-run and non-state healthcare system.



### Stress and trauma-sensitive legal assistance

Wartime rape is a serious violation of human rights. Yet, impunity for perpetrators is still widespread, despite the improvements to the instruments of international criminal prosecution and the adoption of UN Resolutions 1325 and 1820. In post-war periods, too, women are commonly subjected to gender-based and



Our partner organisations work for and with women and Herzegovina.

domestic violence. Most perpetrators are never punished. Progressive laws, designed to protect women, often remain unenforced. Indeed, in some countries, such as Afghanistan, women and girls are even criminalised if they attempt to escape domestic violence or forced marriages. They are frequently subjected to further violence by the police, in court or in prison.

*medica mondiale* works to ensure that women and girls affected by violence are aware of their rights, helps them through legal advice and represents their interests in court, for example, when women take legal action to change intolerable living situations and seek divorce on the grounds of domestic violence. Alongside this, we offer the police, lawyers, and court personnel advanced training in stress and trauma-sensitive approaches to dealing with women affected by violence. We are committed to ensuring that women and girls affected by violence receive legal advice and representation at national and international level. *medica mondiale* also promotes the implemen-

tation of locally adapted, out-of-court approaches (e.g., symbolic tribunals, women's courts or compensation funds) to ensure that women obtain justice. We also help partner organisations document violations of women's human rights as a means of countering taboos and impunity.



### Advocacy work for women's rights

To ensure sustainable change in social structures that discriminate against women, it is vital that women's rights in war and crisis regions are enforced at political level and embedded in national legislation, and thereby end the widespread impunity for perpetrators of sexualised violence. A key component of this is promoting the implementation of the UN resolutions relating to women, peace and security that call for the participation of women in peace negotiations. An important role, here, is played by advocacy on specific issues, for example, seeking to improve local health care for women and girls affected by violence. Alongside this, we also help partner organisations develop their capacities and skills in women's rights advocacy and implement a human rights-based approach.



### Establishing and empowering autonomous women's organisations

*medica mondiale* wants to ensure that women affected or threatened by violence in conflict and post-war regions have access to long-term, solidarity-based support that is adapted to the local context. That is why supporting and empowering local partner organisations is a central feature of our international work. This also involves offering our partners' capacity building through organi-

sational consultancy and development, based on feminist and emancipatory values. For example, we provide training in leadership, finance management, fundraising and psychosocial counselling. We deliver institutional support to selected partner organisations and help them set up regional, national, and international networks.



### Supplementary working area: income-generating activities

The social and health-related consequences of war and conflicts, in combination with structural disadvantage, usually mean that women end up living in highly precarious conditions. Many women, who have experienced sexualised violence, are disowned or cast out by their families. Others are forced to secure single-handedly the survival of their family. Such difficult situations often force women into dependent, violent relationships, in which sexual exploitation and forced prostitution are not uncommon. Material security is often a basic requirement in ensuring that women can find emotional stability and access psychosocial services, to help them come to terms with violent experiences. Through basic and advanced vocational training for survivors, for example in dressmaking/tailoring or agriculture, *medica mondiale* promotes their self-sufficiency and facilitates their social participation and reintegration. Comprehensive economic programmes may not be one of the explicit working priorities of *medica mondiale*, but we do provide measures to secure livelihoods to our target group, or refer them to organisations specialising in income-generating interventions.



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girls – for example here, at Vive Žene in Bosnia and



Living solidarity: in Gjakova, women take to the streets in support of survivors of sexualised wartime violence, still fighting for justice and long overdue reparations.

## KOSOVO: For recognition and reparation

Almost 20 years after the end of the conflict in Kosovo, war rape remains taboo. Those affected are regarded as being defiled and are often socially marginalised. As a consequence of their violent experiences, many of them are no longer able to work and are forced to live in poverty. The struggle to come to terms with their traumatic experiences, together with their exclusion and existential hardship, makes it difficult for many women to resume normal life. Alongside psychosocial and economic support, the social recognition of the injustice they have suffered is, therefore, an important step for survivors.

Since February 2018, women, who were raped in the Kosovo war, can apply for the official status as civilian victims of war. This guarantees a monthly pension

of around 220 euros as well as access to a range of social services. Parliament in Kosovo passed the law on the status and the rights of civilian victims of war back in 2014. However, its implementation has been delayed – most recently because it took three months for a new Government to be formed after the elections in June 2017.

*Medica Gjakova* and other local women's rights organisations had been fighting for several years for the introduction of this compensation. Activists worked hard for the introduction of a low-threshold application process that neither stigmatises nor burdens women. Experiences from Bosnia and Herzegovina, where survivors of violence have been eligible for a war victim pension since 1996, have demonstrated that the bureaucratic

7 projects

7 local partner organisations

**Bosnia and Herzegovina:** *Medica Zenica*, *Vive Žene*, *Budućnost*, *SEKA Gorazde*  
**Kosovo:** *Medica Gjakova*, Kosovo Rehabilitation Centre for Torture Victims (KRCT)  
**Croatia:** Ecumenical Women's Initiative (EWI)

Project regions

**Bosnia and Herzegovina:** the cantons of Zenica Dobož, Central Bosnia, Una Sana, Bosnian Podrinje, Tuzla and Republic of Srpska  
**Kosovo:** entire country  
**Croatia:** Dalmatia

Project priorities

- Support for survivors of sexualised wartime violence and other forms of gender-specific violence through direct holistic services: psychosocial counselling, gynaecological care, legal advice, income-generating measures
- Training for health professionals as to improve access to trauma-sensitive health services
- Advocacy and awareness-raising initiatives seeking to improve the access of survivors of sexualised wartime violence to compensation and justice
- Supporting networking of women's organisations to improve initiatives to deal with past experiences and peace building

Financing

Federal Ministry for Economic Co-operation and Development (BMZ)  
 Federal Foreign Office (AA)  
 GIZ  
 Foundation of War Trauma Therapy  
 Anne-Marie Schindler Foundation  
 Louis Leitz Foundation  
 donations/own resources



hurdles are too high for many women. So far, fewer than 1,000 women have filed an application.

In order to promote a culture of recognition and reparation in Kosovo, *Medica Gjakova* and *medica mondiale* hosted an international conference in May 2017 with the motto, “Empower Women Now”. Around 150 participants from the Balkan States, including survivors, politicians and civil society representatives, spoke about the situation and the rights of women affected

by violence and how the compensation process in the country can be promoted.

“The pension is a sign the country wants to make amends,” said Mirlinda Sada, director of *Medica Gjakova*. “And an important step in the reconciliation process within Kosovan society.” As a means of publicising the new law, the organisation is launching a nationwide awareness campaign in the coming months and will help survivors apply for their pension.

## BOSNIA AND HERZEGOVINA: introducing trauma sensitivity

The signs of post-traumatic stress disorder and what someone displaying these symptoms requires is summarised on the blackboard by Orhan Džimic. Since the gynaecologist received training in the stress and trauma-sensitive approach by *Medica Zenica* and *medica mondiale*, he is aware of the possible consequences of sexualised violence. The fact that they can have a long-term impact and that survivors need to feel safe and respected, is something he can now pass on to his colleagues.

Countless women in Bosnia are still suffering from the health and psychological consequences of having been raped during the war in the 1990s. Domestic violence is similarly widespread. Doctors or nursing staff are often the first people they turn to. Yet they, are often unable to recognise symptoms, which are a consequence of violence. In rural areas, in particular, there are not enough health facilities or trained staff to deal appropriately with those affected. “One of the biggest obstacles,” Džimic maintains, “is our own prejudice and patriarchal attitudes”.

Through a comprehensive training programme, *Medica Zenica* seeks to improve healthcare for women affected by violence. Since 2015, it has provided training for mental health staff at hospitals and clinics to equip them with psychosocial skills to deal with survivors and to pass on self-care methods to help them avoid exhaustion. Some specialists, including Orhan Džimic,

have been trained as trainers, so that they can impart their knowledge to others. “Women affected by violence are often confronted with a range of difficulties,” he says. “It is important to treat these patients with sensitivity.” By May 2017, around 100 doctors and nurses had completed the training.

As a means of introducing this stress- and trauma-sensitive support nationwide, *Medica Zenica* and *medica mondiale* held discussions in October with institutions, hospitals and health authorities in the Cantons. In future, *Medica Zenica* will be involved in the training of prospective health workers. The instruction manual, completed in December, should help ensure that the training is of a high standard. In 2018, the programme will also be extended to Kosovo.



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To ensure that women affected by violence have access to stress and trauma-sensitive care, *Medica Zenica* and *medica mondiale* are training health staff in Bosnia and Herzegovina.

## Results of our work



**150** applications for war pensions were received by *Medica Gjakova* by the end of 2017. They will be submitted to the relevant commission as soon as the pension comes into force.



**13** health care specialists participated in the *Medica Zenica* training programme enabling them to pass on the stress and trauma-sensitive approach to others.



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Together with other activists, Medica Afghanistan is campaigning for women's rights in Afghanistan – through political dialogue, conferences, media work and public relations.

## AFGHANISTAN: protecting women and girls through legislation

Afghanistan is still not at peace. Yet again in 2017, terrorist attacks shook the country almost on a daily basis, claiming many lives. The main focus: the capital, Kabul. Government structures and the economy have been severely weakened. The growing instability is enabling fundamentalist forces to regain strength. This is jeopardising the many achievements secured for women, including education, political participation and laws providing protection against violence. Our partner organisation, *Medica Afghanistan*, is one of the few actors of civil society putting up any resistance to this.

This is also true of the pending reform of the penal code in 2017. This reform sought to incorporate the punitive elements of the Elimination of Violence against Women (EVAW) law into the penal code. The law, passed in 2009,

makes rape and other forms of gender-based violence a criminal offence, but also provides measures for protection, prevention and redress. Activists from *Medica Afghanistan* have campaigned for this for many years. In virtually no other country in the world do women live more dangerously than in Afghanistan. For many women, beatings, rape and humiliation are part of everyday life. Four out of five marriages are arranged. One woman in two is under 16 years old when she marries. "Our goal was the introduction of a law that would address all forms of violence against women, while simultaneously supporting and protecting them," explains Humaira Rasuli, director of *Medica Afghanistan*. "We recognise that punishment alone is not sufficient. Victims must be at the centre of the justice system," she adds. This aspect was in danger of sinking without trace through

9 projects

6 local partner organisations

- Medica Afghanistan*
- Haukari/Khanzad
- Women's Rehabilitation Organisation
- Women for Better Healthy Life
- Women's Empowerment Organisation
- Dachverband des Êzidischen Frauenrats e. V.

7 project regions

- Iraq: Kurdish Autonomous Regions: Dohuk and Sulaymaniyah; Central Iraq
- Turkey: Gaziantep
- Afghanistan: Kabul, Herat, Mazar-e-Sharif

### Project priorities

- Northern Iraq:
  - qualification of health professionals
- Afghanistan:
  - advocacy, including the Elimination of Violence against Women law (EVAW) and forced gynaecological examinations
  - psychosocial support and legal advice
  - qualification of health professionals
  - awareness-raising and educational work focusing on gender-based violence

### Financing

- Federal Ministry for Economic Co-operation and Development (BMZ)
- Federal Foreign Office (AA)
- Anne-Marie Schindler foundation
- GIZ
- Swiss Agency for Development and Co-operation (SDC)
- Donations/own resources

the inclusion of the exclusively punitive elements in the penal code.

That is why the women from *Medica Afghanistan* were so passionate in their efforts to ensure that the law continues in its present form. In numerous discussions with the responsible government and parliamentary representatives, in press and policy papers they did what they could to persuade others. With success: In August 2017, the Ministry of Justice removed the EAW section from the penal code.

At the same time, the *Medica Afghanistan* team continues to provide legal assistance. Lawyers advise women and girls charged with “crimes against morality” such as adultery, and represent them in civil cases, in-

cluding divorce and custodial issues. On the whole, though, they deal with domestic violence. Nevertheless, many women decide against taking legal action, since the imprisonment of a violent husband can jeopardise the family’s livelihood. In this case, mediation can help defuse family conflicts and protect women.

## IRAQ: support requires strength and knowledge

The situation in Iraq remains tense, even after the retreat of IS terrorist militias. The war in neighbouring Syria continues to rage unabated. Currently in Iraq, one person in four is displaced. Around 2.9 million people are seeking refuge within their own country, almost half of them in the Kurdish region. A further 200,000 refugees from Syria are adding to this figure. Society, the economy and politics are being pushed to their limits in the attempt to provide help to so many people. And aid workers are also reaching their own limits.

Women and girls, in particular, are suffering as a result of the ongoing conflict. Many are survivors of sexualised violence perpetrated by the so-called IS or other militias, have been raped, enslaved or witnessed massacres. Domestic violence has also increased dramatically as a consequence of the tense situation. “The women affected urgently require psychosocial support and counselling,” says Lena Reul, regional officer for *medica mondiale*. Unfortunately, though, there is a lack of personnel and opportunities to find support. Since

2015, *medica mondiale* has, therefore, been training specialists in state-run health facilities to care for women, who have experienced violence in a sensitive and competent manner.

Specific focus is given to the sharing of experience and know-how gained during the practical work. In 2017, *medica mondiale*, in co-operation with the Swedish women’s organisation Kvinna till Kvinna and the UN Population Fund, ran two workshops in the Turkish border city of Gaziantep for senior staff from organisations also operating in Syria. “Many of them are upset because they can’t do much for their teams in Syria,” reports trauma officer Alena Mehlau. “It’s causing them great concern.” They often felt guilty because they themselves were safe, while their colleagues living in war zones were in immediate danger. The training course, therefore, focused on self-care as well as caring for others. In concrete, this included ways, for example by telephone, to help colleagues far away in Syria and simultaneously raise their spirits.



©Kerstin Lepper/medica mondiale

In workshops in Gaziantep, specialists working with aid organisations learn self-care and stress-management methods for their work in crisis regions.

## Results of our work



**15** staff from 12 organisations took part in two workshops run by *medica mondiale* in Turkey. The focus was on using knowledge about self-care, stress and trauma to boost their own capacities and provide best possible support to teams in conflict regions.



**181** women affected by sexualised violence were represented between 2016 and 2017 by *Medica Afghanistan*’s legal aid team. In 32 cases, the perpetrator was found guilty.



Investing in the future: savings and loan associations offer women in Uganda future prospects and give them the strength they need to regain control of their lives.

## UGANDA: solidarity empowers

When her children set off for school each morning, Jennifer Acen is still amazed at how much her life has changed. Like so many other women living in the rural areas of Northern Uganda, she married at a young age and was pregnant several times. But soon she had to flee from her husband's beatings, back to her parents. As a single mother, with no money and socially marginalised, the 27-year-old felt desperate. "I was completely overwhelmed trying to take care of my children," she explains, "and I couldn't see any future prospects." She heard about the group programmes offered by the women's organisation FOWAC (Foundation of Women Affected by Conflict). Because of her psychological state and family situation, she was given a place immediately.

Together with *medica mondiale*, FOWAC set up the savings and loan associations in Kitgum District, which combine economic and psychosocial support. Between 15 and 25 women meet regularly accompanied by FOWAC counsellors. Each of them contributes a specified sum to the groups' savings account. How this money is eventually allocated, for example for the purchase of an ox or as loans to individual women, is decided by the group members. In courses, they learn to read and write or handcrafts including sewing or knitting, to help them find employment. "The loan helped me to improve my income", Jennifer Acen reports. "I can now send my children to school and provide them with meals twice a day."

23 projects

14 local partner organisations

**Burundi:** Maison Marthe Robin, SFBS, MUKENYEZI MENYA  
**DR Congo:** ADDE, PAIF; South Kivu programme: AFPDE, EPF, HAM, La Floraison, RAPI, RFPD  
**Rwanda:** SEVOTA  
**Uganda:** FOWAC, MEMPROW

13 project regions

**Burundi:** Bujumbura, provinces of Cibitoke, Bubanza, Bujumbura Rural and Mairie  
**DR Congo:** provinces of North and South Kivu  
**Rwanda:** Muhanga, Kirehe, Kigali  
**Uganda:** Districts of Nebbi, Kitgum, Lamwo in Northern Uganda

### Project priorities

- provide holistic medical, psychosocial and socio-economic support for survivors of sexualised violence and their children
- prevent sexualised violence in communities and schools
- engage in advocacy work with relevant civil society and state representatives to improve support and protection for survivors
- offer training and organisational development courses for women's organisations that provide direct support to women and girls affected by sexualised violence
- train psychosocial counsellors in stress and trauma-sensitive care within the scope of the pool of women experts

### Financing

Federal Ministry for Economic Co-operation and Development (BMZ)  
 Fondation Smartpeace  
 Medicor Foundation  
 Fürsorge und Bildungsstiftung  
 Anne-Marie Schindler Foundation  
 Sigrid Rausing Trust  
 Donations/own resources

Uganda  
 DR Congo  
 Rwanda  
 Burundi

Their most important asset, though, is the self-confidence, which grows along with their economic success. The group meetings also encourage the development of trust and solidarity among the women. They can open up to each other, discuss issues and encourage one another. To supplement this, FOWAC also offers individual and marriage counselling or makes home visits. "I now feel as if I can cope with all my everyday problems", Jennifer Acen says today.

Domestic violence is widespread in the patriarchal-dominated region. Women and girls are hardly valued. The situation for women who were abducted and raped during the civil war is particularly difficult. To this day, they and their children are facing rejection and mistrust. The numbers wanting to take part in the programme are accordingly high. In 2017, eight new groups were formed.



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In training courses, medica mondiale demonstrates relaxation techniques including yoga, to help participants deal with the consequences of stress and trauma.

To enable women affected by violence to find help locally, FOWAC began setting up counselling centres in the villages. FOWAC founder, Grace Arach, already has further plans. She wants to build a centre in the city of Kigtum, to take in women in acute danger of violence and offer them protection. The foundation has already been laid down.

## DR CONGO: combating violence together

Eastern Congo cannot find peace. Hundreds of different rebel groups are active in South Kivu Province alone, repeatedly bringing violence and terror to villages and towns. For the local population this means one thing: taking flight and hoping to escape unharmed. Yet countless women and girls are raped during these attacks – 200,000 since 1998 according to the United Nations.

The state-run health centres are poorly equipped and unable to care for the survivors. Local initiatives, like *medica mondiale's* partner organisations, are often the sole providers of psychosocial support. Given the enormous need and the scarce resources, pooling the available capacities makes sense. This is precisely the goal of the South Kivu programme, initiated in 2015 by *medica mondiale*, and in which six local women's associations between Bukavu and Fizi participate.

The programme is multifaceted and includes training in project and finance management to help improve partners' organisational capacities, and the sharing of expertise and experience. Alongside regular meetings, *medica mondiale* organises symposiums, offering local opportunities to present their work to and learn from one another. Financial support also enables them to initiate micro projects, for example by establishing solidarity groups or creating income-generating measures for women. Improving psychosocial support is another priority in the training of local women counsellors. *medica mondiale* has trained a group of 10 experts to instruct and guide local staff in stress and trauma-sensitive care.

The network also wants to be more politically active against sexualised violence. For example, it is advocating for access to free medicines.

### Results of our work



**8** new savings and loan associations were established in Northern Uganda by FOWAC in 2017. Small loans and basic knowledge of bookkeeping, marketing and customer service open up opportunities for women to earn their own income.



**15** girls learned knitting and tailoring in four-month courses and were subsequently given sewing machines and other materials as a first step towards self-employment.



**1,190** women and girls affected by violence have been supported by our partner organisations in South Kivu since 2015. 446 of them were referred to clinics for further medical treatment.



Collective girl power: in Medica Liberia's girls' clubs, girls gain self-confidence and the know-how they need to combat violence and stand up for their rights.

## LIBERIA: because they are girls

"The discrimination of girls in Liberia permeates all areas of life," explains Daniela Gierschmann, country officer with *medica mondiale*. "Because of the deeply rooted patriarchal attitudes, girls and boys here grow up entirely differently." This is particularly obvious in education. In the southeast of the country, the proportion of girls attending secondary school is between 36 and 41 percent. One reason for this is the high prevalence of teenage pregnancies. Almost two thirds of all mothers in the tiny West African country are under 19 years old when they have their first child. For most girls, motherhood means the end of schooling. Yet, without education, they have very little chance of later being able to take control of their own lives.

For young women, in particular, sexualised violence is an ever-present threat – whether in the family, at work,

on the way to market or to collect water. They are not even safe at school. High poverty rates, a lack of education and support nurture the misuse of power and exploitation. Twenty percent of girls have had sexual intercourse before they are 15 years old, one in seven of them against their will. Young people are often largely ignorant about their right to sexual determination or contraception.

In an effort to empower girls to defend themselves against violence and discrimination, *Medica Liberia* organises "Girls' Clubs" in all project regions. The groups offer girls a safe space, in which they can discuss their problems and everyday experiences. The focus is on issues including sexuality and contraception, women's rights and topics related to growing up.

5 projects

1 local partner organisation  
*Medica Liberia*

3 project regions  
Grand Gedeh County  
Sinoe County  
Montserrado and Margibi Counties (Monrovia)

### Project priorities

- trauma-sensitive and gender-specific approaches in psychosocial work, health care, income generation and legal advice for survivors of sexualised violence
- basic and advanced training of state service providers
- lobbying/educational work
- linking gender-specific education and careers advice to information on sexual and reproductive health for schoolgirls

### Financing

- Federal Ministry for Economic Co-operation and Development (BMZ)
- Kreditanstalt für Wiederaufbau (KfW)/Welthungerhilfe
- GIZ
- Fondation Pro Victimis
- Medicor Foundation
- Anne-Marie Schindler Foundation
- Donations/own resources

Liberia

Experience has shown that peer education is particularly effective. That is why *Medica Liberia* trains its own members, who can not only pass on their knowledge to their group but also mobilise people around them. Presented in a youth-friendly manner, for example, as a theatre performance or as a rap ensures there is also room for fun and recreation. Another objective of the monthly meetings is to give the girls self-confidence.

The girl's clubs are also part of the protection network built up by *Medica Liberia*, to protect women and girls against sexualised violence. Altogether, 32 clubs in schools, churches and associations are currently involved in the project regions of Sinoe, Grand Gedeh and Monrovia. Two women mentor each group. As individuals in positions of trust, they can help the girls with problems or violent incidents and, for example, accompany them to health institutions.

Since the end of 2017, a new project, combining awareness raising with careers advice, gives the girls orientation and future prospects. In 17 secondary schools in Grand Gedeh and Sinoe, careers advisors provide information about careers, particularly within the health sector. Short internships allow girls to find out what the job involves as well as the opportunity to discover their own strengths and interests. The project also deliberately targets parents and teaching staff, since their involvement means that the girls are more likely to go to school and develop plans for their future.

### Stress and trauma-sensitive health care

Another working priority in Liberia in 2017 was training qualified staff in the health sector. "The Ebola crisis further weakened what was already an instable health

system following the long civil war," Gierschmann explains. *Medica Liberia* trains medical and nursing staff as well as midwives in its stress and trauma-sensitive approach, so that survivors of violence will be treated with respect and sensitivity.

The first module focuses on skills relating to the clinical management of sexualised violence, such as case documentation, data protection and collecting forensic evidence as the basis for court cases. The second module is concerned with providing information on trauma and its consequences, to ensure that healthcare staff examining women affected by violence, do so in a way that ensures they are not retraumatised. Many women are also reluctant to speak about the violence they have experienced. That is why an atmosphere of trust is so important. "We were in the private area where people could not see us", one of the women patients in a clinic says with relief.

In response to the Ebola crisis, *Medica Liberia* has also developed a new programme for health staff that boosts self-care and helps the women affected to deal with the challenges of their work.



©Medica Liberia

At numerous demonstrations in the run up to elections in Liberia in 2017, activists campaigned for political change and better protection for women and girls.

### Results of our work



**625** girls benefited from peer education in schools on such issues as sexuality, family planning, menstruation and other relevant topics in communities in and around Monrovia.



A total of **96** qualified staff in health facilities including clinics and hospitals were trained in stress and trauma-sensitive care by *Medica Liberia* in 2017. The training was aimed at nursing staff, doctors, midwives and traditional birth-attendants.



**58** girls' club meetings were held in Sinoe in 2017, and 78 in Montserrado und Margibi. Altogether, around 780 girls discussed issues including sexuality, contraception, women's rights, education.

# Overview of our projects in 2017

SOUTH EASTERN EUROPE				
Country	Partner organisation*	Funding**	Project	Costs in €
South Eastern Europe	<i>medica mondiale</i>	Own resources (incl. project funds)	Regional development	75,078.74
Bosnia and Herzegovina	Budućnost		Resource Center for the Economic Empowerment of Women	
	Vive Žene		Rehabilitation of women and girls, victims of war, torture and violence	
	SEKA		"The right of a self-determined life free from violence" - working towards the implementation of the Istanbul convention in BPC Gorazde	
Croatia	EWI		Groundswell: Changing perspectives	
Bosnia and Herzegovina	<i>Medica Zenica</i>	Louis Leitz Foundation, own resources	Economic empowerment and therapy work in the safe house and villages	56,975.32
		AA, own resources	Transnational Health Training programme (THTP)	206,711.29
Kosovo	<i>Medica Gjakova</i>	Anne-Marie Schindler Foundation,	Strengthening the resilience and sustainability of <i>medica mondiale</i> 's partner organisations	111,871.37
		Foundation for War Trauma Therapy in Switzerland	Trauma-sensitive treatment of women in Kosovo	16,563.73
		BMZ, own resources	Empowerment to action: holistic support of women, affected by SGBV	31,754.17
		GIZ, own resources	Improved livelihood opportunities for female and adolescent returnees and host community in Kosovo's Dukajini region	16,491.02
<b>Total for region</b>				<b>515,445.64</b>

AFGHANISTAN/IRAQ				
Country	Partner organisation*	Funding**	Project	Costs in €
Afghanistan/Iraq	<i>medica mondiale</i>	Own resources (incl. project funds)	Regional development	86,065.51
Iraq	WFBH		Pilot project to train 6 volunteers to provide information on hygiene and support for women and girls affected by violence in Shariya Camp	
	WEO		Improving social integration and access to rights for Yazidi women and girls	
	WRO		Boosting resilience and economic viability of internally displaced women	
	Umbrella organisation of the Ezidischer Frauenrat e. V. SMJE		Start phase of the development of a trauma therapy centre for Yazidi women in the Shengal/Sindshar Region	
	<i>medica mondiale</i>	GIZ, own resources	Psychosocial support for Syrian refugees and Iraqi IDPs	23,911.46
	Haukari/Khanzad	BMZ, own resources	Empowering and capacity building of local structures and professional staff to support women and girls affected by gender-based violence	641,017.34
Afghanistan	<i>Medica Afghanistan</i>	AA, own resources	Creating safe spaces - Empowerment of Afghan women and girls through stress and trauma sensitive psychosocial services.	276,852.27
		BMZ, own resources	5 pillars to build women's rights: Awareness. Access. Advice. Advocacy. Assertion.	186,104.49
		own resources	Boosting the resilience and sustainability of <i>medica mondiale</i> 's partner organisations	69,908.26
		Own resources, SDC through <i>Medica Afghanistan</i>	Transnational Health Training Programme (THTP)	30,605.42
<b>Total for region</b>				<b>1,314,464.75</b>

WEST AFRICA				
Country	Partner organisation*	Funding**	Project	Costs in €
Liberia	<i>Medica Liberia</i>	Anne-Marie Schindler Foundation, own resources	Boosting the resilience and sustainability of <i>medica mondiale</i> 's partner organisations	203,328.86
		BMZ, own resources	Reducing violence against women and girls and improving the quality of state-run and civil society services for survivors of violence	354,555.20
		GIZ, own resources	Occupational support for women in the health sector	17,282.36
		WHH, own resources	Reintegration and Recovery Program in South East Liberia, Phase IV	350,383.65
		Fondation Pro Victimis, Medicor Foundation, own resources	Strengthening and extending local solidarity and protection networks to reduce violence against women and girls	436,255.54
<b>Total for region</b>				<b>1,361,805.61</b>

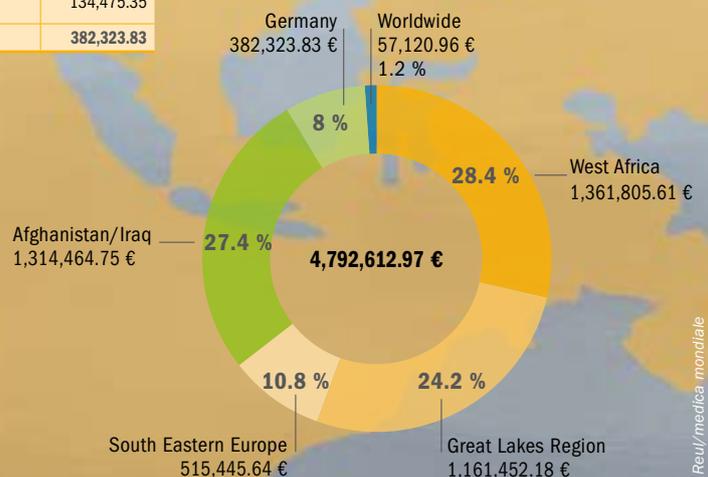
AFRICAN GREAT LAKES REGION				
Country	Partner organisation*	Funding**	Project	Costs in €
Great Lakes Region	<i>medica mondiale</i>		Regional development	
DR Congo	ADDF	Anne-Marie Schindler Foundation, own resources (incl. project funds)	Violence protection and prevention in schools as well as support care for survivors of gender-based violence in the territories of Lubero and Beni, North Kivu	72,858.63
Burundi	Marthe Robin		Support and socio-economic reintegration of pregnant and marginalised girls and women	
	SFBLSP		Joint action against sexualised and gender-based violence perpetrated against women and girls in Burundi	
Uganda	MUKENYEZI MENYA		Psychosocial and economic support for survivors of sexualised violence	159,893.00
	Mempro		Securing Girls' Livelihood and Resilience Challenging, Patriarchy, project extension	
Rwanda	FOWAC	BMZ, Anne-Marie Schindler Foundation, own resources	Safe spaces and a supportive environment for survivors of sexualised violence in Northern Uganda	107,141.40
	Sevota	BMZ, Fondation Smartpeace, Anne-Marie Schindler Foundation, own resources	Improved social integration of women and their children born as a result of SGBV during the genocide in Rwanda	
DR Congo	PAIF	BMZ, Anne-Marie Schindler Foundation, Fürsorge- und Bildungstiftung, own resources	Improving prevention and protection of women and girls against SGBV, as well as enabling them to access school education and medical care in Eastern Congo	280,810.22
DR Congo and Burundi	South Kivu Programme	Medicor Foundation, Sigrid Rausing Trust, Anne-Marie Schindler Foundation, own resources	Capacity and resilience building of women's organisations and promoting their holistic programmes for survivors in South Kivu	540,748.93
		Fondation Smartpeace	Setting-up local psychosocial competences as a contribution to fostering peace in the region	
<b>Total for region</b>				<b>1,161,452.18</b>

### WORLDWIDE

Country	Partner organisation*	Funding**	Project	Costs in €
Albania	<i>Medica ALB</i>	Own resources (project funds)	Improving living conditions women survivors of SGBV in rural areas through income generating	57,120.96
El Salvador	Asociación Concertación de Mujeres de Suchitoto		Prevention of sexual violence, exploitation and teenage pregnancies	
<b>Total for region</b>				<b>57,120.96</b>

### GERMANY

Country	Partner organisation*	Funding**	Project	Costs in €
Germany	<i>medica mondiale</i>	MHKBG, own resources	Professional training and empowerment of supporters in NRW through a stress and trauma-sensitive approach to resilience-building (STAR II)	245,829.46
		Stiftung Umwelt und Entwicklung, own resources	Introduction of Achtsame Organisationskultur© (mindful organisational culture) in the Cologne office	2,019.02
		GIZ, own resources	Development of a concept to embed stress and trauma-sensitivity in post-conflict regions	134,475.35
<b>Total for region</b>				<b>382,323.83</b>



BMZ = Federal Ministry for Economic Co-operation and Development  
 AA = Federal Foreign Office  
 GIZ = Agency for International Co-operation  
 WHH = Welthungerhilfe  
 THTP = Transnational Health Training Programme  
 MHKBG = Ministry for Homeland, Communal Affairs, Building and Equality  
 SDC = Swiss Agency for Development and Co-operation

\* Due to lack of space the names of partner organisations and project titles have been shortened  
 \*\* Own resources comprise e.g. donations, legacies, course fees



In reports to the evaluation team in the DR Congo, local women gave accounts of how the South Kivu programme had impacted their day-to-day lives.

Evaluation, research and learning – these are the central concerns of *medica mondiale*'s department for evaluation and quality. By conducting regular evaluations, we seek to ensure that together with our partner organisations we are doing the right things, and that we are doing them the right way in our projects to bring sustainable and effective improvements to the situation of women and girls in war and crisis regions.

## Learning together

A fundamental feminist perspective is at the heart of our evaluations within *medica mondiale*. Women and girls are our primary concern in the project regions and are involved at all stages of the process. At the same time, though, given the complex causes and consequences of sexualised violence, we must, at all times, keep an eye on the overall political and social context. “Although this is time-consuming and requires sufficient human and financial resources, it is enormously important for our work,” explains Kirsten Wienberg, head of department for evaluation and quality. “The evaluation process and the results,” she adds “contribute to our efforts to continually improve the programmes and guarantee their quality.” The systematic review and evaluation promotes the learning processes that are essential for successful project planning, implementation and management.

Alongside the South Kivu programme, projects in Afghanistan, Rwanda and Germany were evaluated in 2017.

In 2018, evaluations will include projects in Liberia, Afghanistan, Iraq and the DR Congo.

All evaluation reports available at:

[www.medicamondiale.org/en/what-we-do/project-evaluation](http://www.medicamondiale.org/en/what-we-do/project-evaluation)

*medica mondiale* appoints independent experts to carry out these evaluations. They use internationally accepted standards to examine how effective, efficient, relevant, coherent and sustainable the projects are as well as how much impact they have. The evaluations also help ensure accountability to all participants and donors regarding the work carried out and the use of project funds. Data from the evaluations and lessons learned also play a key role in reinforcing our political demands. Finally, the results of the evaluations demonstrate what the support and self-help can accomplish and, thereby, contribute to empowerment and self-efficacy.

### In focus: the South Kivu programme

The programme in the Province of South Kivu in Eastern Congo has been running since 2015. Six Congolese

women's organisations, the departments for international programmes and trauma work together with the *medica mondiale* regional office in Burundi are participating in the programme. Long years of civil war and continuing violence have left their mark on the region. According to UN estimates, since the mid-1990s, up to 200,000 women and girls have been the victim of sexualised violence – whether at the hands of rebels, army or UN forces. Health institutions and other social services function inadequately. Small local initiatives, such as *medica mondiale*'s partner organisations, frequently assume the responsibility of being the only place, to which survivors can turn.

The programme operates on several levels. On one hand, it seeks to improve psychosocial support for women affected by violence by training qualified staff. On the other, it seeks to improve partners' organisational capacities and provides funding for specific interventions. At the same time, networking aims to extend political influence, as a means of advancing social change and reduce violence.

The evaluation was also concerned with analysing the impacts on individual organisations as well as their mutual co-operation, but also with identifying whether and how the quality of support provided and the lives of those directly affected have changed. Through interviews, focus group discussions and other participatory methods used in discussions with clients and staff, the evaluation team were able to gain a detailed insight into the programme's strengths and weaknesses.

One of the strengths, according to the evaluation, was that the local women's organisations were familiar with the local context and had direct access to the women concerned. At the same time, though, they often lacked the necessary expertise. The training courses, for example in finance management and documentation, therefore, proved to be beneficial.

According to the evaluators, the training courses, especially in our stress and trauma-sensitive approach, have markedly improved psychosocial support and enabled counsellors to offer survivors competent services. Self-care and team-building simultaneously help prevent burnout among staff. In contrast, the evaluation was critical in its assessment of the continuing ineffective co-operation with state agencies. Integrating the work of partner organisations into local healthcare

structures is, consequently, one of the recommendations, which will now be incorporated into the next programme phase.



Evaluator  
Michelle Dörlemann  
©Health Focus

## Interview with Michelle Dörlemann, evaluator for Health Focus

### How does evaluation work in practice?

Initially, it is a matter of reading, reading, reading, since we, as a team, have to develop a detailed understanding of a programme, about which we have no previous knowledge, within a very short period. During the planning stage, we already determine who our contacts will be, in which locations we will be operating and the duration of the programme. For this evaluation, we were working in the field for 17 days. Several weeks of preparation are required for the design of the required evaluation tools and for the evaluation and analysis of the collected data and for the final report.

### What were the biggest challenges?

In the South Kivu programme, *medica mondiale* is working with six different local partner organisations, spread throughout the province, that support a large number of survivors of sexualised violence. Even if all these organisations share a common goal, it should not be forgotten that their organisational structures and approaches vary. Trying to take all of this into consideration was one of the biggest challenges.

### Which methods did you use?

It is vitally important to include local partners in programme planning and organisation from the outset, so that they can become an active component of the evaluation. As a means of establishing a trustworthy, working relationship with the clients of the partner organisation in such a short time, we used participatory tools. The most important aspect, though, was dealing with the women in a respectful, trauma-sensitive manner and establishing transparent communication regarding the contexts and objectives of the evaluation.

### What surprised you most?

One of the things that surprised me most was how, thanks to the local partner structures, the programme managed to reach people in very remote places, even areas currently in the grip of armed conflict. One other positive surprise was how quickly the programme was able to be of direct benefit for the clients. Most of the women we spoke to said that the counselling had led to a tangible improvement.



©Steffi Meyer/medica mondiale

*medica mondiale is supporting residents and staff in the women's shelters in Dohuk to help counteract the depressing atmosphere.*

**The stress and trauma-sensitive approach of *medica mondiale* seeks to empower people, who have experienced violence, and thereby enable them to take control of their lives and play an active part in society. We do not view the consequences of trauma as being individual and symptom-oriented, but always within the social context. This is because patriarchal attitudes and power structures are the source of violence and make it more difficult to overcome traumatic experiences. By training qualified experts, our aim is to enable them to adopt a stress and trauma-sensitive approach in dealing with those affected by violence.**

## Safety alone is not enough

They might be safe, but they are damned to doing nothing – around 15 women of different ages are living in the state-run women's shelter in Dohuk in Northern Iraq. From outside, the building surrounded by barbed wire looks more like a prison than a sanctuary. Inside, the atmosphere is one of hopelessness and despair. There are no employment opportunities, virtually no distractions and, often, not even electricity. Many of the residents think about committing suicide or act aggressively – one reason why there are no mirrors anywhere in the house, to prevent anyone from using broken glass to injure themselves or others. Places in the shelter are allocated on the basis of a court order, for example to protect women against so-called honour killings. Similarly, the women are only allowed to leave the institution when they receive official authorisation.

Similarly, the observers and caregivers – two women psychologists and a woman legal advisor – also experience desperation. The house is poorly equipped, and the strain is enormous. Altogether, twelve women are

currently working in the shelter, although at least another two would be required. They feel abandoned and pushed beyond their limits, faced with the latent threat of suicide and the verbal and physical attacks by residents. The women in the shelter are socially stigmatised. Something that is also passed on to staff. Some even avoid telling their families where they work. Yet, what is lacking more than anything else, is recognition for what they do, even if it was simply a thank-you letter from the ministry of social welfare.

Within the scope of its psychosocial qualification programme, *medica mondiale* ran training courses in its stress and trauma-sensitive approach in 2017 for the staff of the women's shelter. In three training modules, each over several days, the trainers sought to bring across methods for self-care and how to deal with residents in a trauma-sensitive manner. But most of them were so exhausted and frustrated that they had great difficulty in being open to such issues as stress, trauma and sexualised violence or to exercises in self-reflec-

tion. “In a normal working day, we simply don’t have the time to think about self-care”, one of the team stated. Their appeals to the ministry to improve the situation go unheard. “They’ve been wanting to leave for years”, says Steffi Meyer, trauma officer with *medica mondiale*. Nevertheless, most of them have no choice, since they

have to make a living somehow, and have been working there for some time. “They would like to be shown appreciation”, Meyer continues, “and be awarded a danger bonus, like that paid to prison officers”.

However, in an effort to improve resident support and accommodation, the partner organisation EMMA will upgrade the shelter’s infrastructure from 2018. Furthermore, at the initiative of *medica mondiale*, a group of volunteers has been visiting the shelter regularly since last year. They offer music classes and yoga, for example – a welcome diversion in the life behind barbed wire.

## STA – the *medica mondiale* stress and trauma-sensitive approach®

- ▶ As a means of providing the best possible support to women and girls affected by violence in, and from, war and crisis regions, *medica mondiale* developed the stress and trauma-sensitive approach® (STA). Since 2017, the STA has been a registered trademark.
- ▶ The approach is low-threshold and encompasses specific fundamental principles in dealing with women, who have experienced violence. The experience of threats, the impotence and isolation are countered by the concepts of safety, empowerment and contact. The aim is to make those affected feel safe, as a means of reducing anxiety and stress, and of avoiding retraumatisation. Empowering support and the opportunity to talk to others allow them to experience self-worth and self-efficacy.
- ▶ The stress and trauma-sensitive approach permeates all working areas of *medica mondiale* and requires no previous therapeutic skills. Dealing with women affected by violence in an empathetic manner, is not restricted to psychosocial care, but is just as important in the provision of legal advice or in occupational training. At the same time, the approach also empowers staff, through self-care methods and a mindful organisational culture, to be aware of their own stress limits, and to identify and tackle stress and trauma dynamics at an individual and organisational level.
- ▶ The STA also has a socio-political dimension and seeks to confront attitudes such as discrimination, shame and guilt. Training courses and discussions with politicians and local actors should aim to achieve more active participation, gender-sensitivity and solidarity as well as recognition of the suffering and injustice.



Psychotherapist  
Malene Budde  
©Alena Mehlau/*medica mondiale*

### Interview with psychotherapist and trainer, Malene Budde

#### What previous knowledge did the staff from the shelter have?

Although the staff did have some theoretical knowledge of trauma, they had had little experience and opportunity to put it into practice. None of the staff had previous knowledge of trauma-sensitivity and self-care.

#### What makes the work there so difficult?

Human resources are very limited. Staff training does not adequately equip them for the work they have to do. This is compounded by inadequate financial resources. In winter, for example, there is no fuel for the generator or money for clothing or other materials. Most of the staff have difficulty in achieving a healthy work-family balance. Some of them have also been traumatised but have not yet been able to deal with it. Working in the shelter has reactivated their trauma, which simultaneously places an enormous strain on their relations with the residents.

#### What were the challenges of this training course?

To some extent, the staff themselves exhibit symptoms of depression and exhaustion, which in turn has an impact on their motivation and their ability to respond with empathy to others. Both the staff and the residents are extremely isolated and are suffering as a result of the uncertainty and having no future prospects.

#### What could be improved?

What the staff most urgently need is the feeling that their living and working situations are being recognised. But what they also need is for the very real lack of resources to be addressed. To enable them to do their work well, continuous, supportive supervision would help. This would help them to develop a practice-oriented trauma-sensitive approach towards themselves and towards the residents, one step at a time.



©Stefanie Loos/medica mondiale

In Germany's election year 2017, *medica mondiale* campaigned throughout the country for feminist-oriented foreign, security and asylum policies.

Stable societies can only come about when women are protected against violence and their active participation in peace processes is guaranteed. This basic principle, anchored in UN resolution 1325 also motivates us to take regular action. As a way of reminding decision-makers in Germany to promote gender equality and end gender-based violence, *medica mondiale* ensures that its concerns and demands find their way into the political debate. In 2017, our political advocacy focussed to a large extent on the September general election in Germany. *medica mondiale* called on all parties to remember that protecting women throughout the world has its starting point in their own political agenda.

## Working for feminist foreign and asylum policies

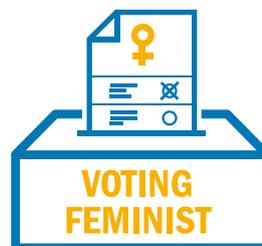
Once again in 2017, thousands of women and girls sought refuge in Germany – from war and violence, from extremism and fragile political conditions in their home countries. Most have survived serious human rights violations. Even during their flight, they are often unsafe. That is why *medica mondiale*, during the election year, called on the future government to intensify its efforts to improve violence prevention in conflict and crisis regions as well as the protection of displaced women during the next legislative period.

Just how the German Government views its contribution was demonstrated in January 2017 with the publication of its National Action Plan 1325 (NAP) “Women, Peace and Security”. This updated version of the initial plan (2013-16) presents the German Government’s planned support for women in armed conflict until 2020. *medica mondiale* was closely involved in the revision process and succeeded in ensuring that a holistic approach link-

ing support for survivors of violence to women’s rights advocacy was adopted. *medica mondiale* issued a statement welcoming the objectives outlined in the action plan, but also called for the necessary human and financial resources to be provided. The main criticism: the plan has no set budget or any specific indicators that would facilitate the subsequent impact analysis of the implemented measures.

In response, and as a means of improving the effectiveness of our political advocacy on behalf of women’s rights regarding other issues, Jeannette Böhme, *medica mondiale*’s advocacy and human rights officer, moved her office to Berlin in spring 2017. During in-depth discussions with

parliamentary representatives, she persuaded them to introduce our proposals for the implementation of the NAP to the German parliament. In June, the issue, “Women, peace, security”, was discussed for the first time ever in a plenary debate.



The fact that German foreign and asylum policy, in response to these discussions, should then have adopted a more distinct feminist commitment largely determined the focus of our subsequent political work in the lead up to the general election. In March 2017, *medica mondiale* published a policy paper to launch its election activities – with the motto, “Vote feminist”. The papers not only identified current shortcomings but also a number of specific proposals as to how Germany could promote gender justice and prevent violence against women and children. One of our other priorities, alongside the implementation of the NAP, was the dangerous situation facing women refugees. The German Government must take it seriously that sexualised violence is a reason for forced displacement and, in practice, recognise it as a justifiable ground for asylum. Furthermore, the Government should not be focusing on toughening up asylum legislation but on human rights-oriented solutions, such as humanitarian visas, trauma-sensitive support and safe accommodation for refugees.

With the intention of offering voters an overview of which parties were committed to addressing the needs of women and girls, *medica mondiale* analysed their election manifestos on the basis of diverse questions<sup>2</sup>. The result was published in a “Programmcheck” in August 2017. This clearly showed “how little interest the parties have in feminist issues”, said *medica mondiale*’s founder Monika Hauser. Although all election programmes included strategies relating to displacement, they included no measures to tackle sexualised violence as a reason for seeking asylum. The issue of women and peace was given only marginal consideration.

“We expect more courage, a greater sense of responsibility and solidarity with women and girls throughout the world,” said Jessica Mosbahi, *medica mondiale*’s advisor for human rights and politics, in reference to the coalition’s plans following the election. In 2018, *medica mondiale* will continue with its resolute calls for politicians to be given serious consideration to the link between gender justice, peace and security and to act accordingly.



Jeannette Böhme, advocacy and human rights officer  
©Stefanie Loos/*medica mondiale*

## Interview with Jeannette Böhme, advocacy and human rights officer

### What can political advocacy in Germany achieve for women and girls in war and crisis regions?

Better protection against violence can only be achieved when society as a whole changes. This is a key component of our political work, not only in the countries, in which we operate, but also in the German political field. Within the scope of its foreign, security and development policies, the German Government can make an important contribution to combating sexualised wartime violence. That is why we make it possible for the voices of our partners to be heard and for them to present their concerns directly – for instance in individual discussions with political decision-makers or at conferences. This is how we succeeded, for example, in ensuring that the ERAW law in Afghanistan was a key issue in government-level negotiations between both countries.

### How does *medica mondiale* support political human rights work at a local level?

Working for women’s rights involves considerable risks in most of our project countries. But German embassies have substantial room for action at a diplomatic level to work for the protection of women’s rights defenders. But this is often not put sufficiently into practice. We are advocating to ensure that diplomats meet regularly with our partners and give them political support.

### What changes is *medica mondiale* hoping to achieve with its political work in Germany?

Although the German Government finances many projects focusing on combating sexualised wartime violence, there is no overall coherent strategy. We stand up for feminist policies and are calling for the consistent implementation of the rights of women and girls. For instance, in German asylum policy: women and girls, who have taken flight to escape sexualised and gender-specific violence, must be given the opportunity, in practice, to justifiably claim asylum on this basis. They have not been able to do so up to now. But we are working to ensure that this situation changes.

<sup>2</sup> *medica mondiale*’s questions were sent to following parties: CDU/CSU, SPD, Die Linke, Bündnis 90 – Die Grünen and FDP



To mark its 25<sup>th</sup> anniversary, *medica mondiale* is using its “My body is no battlefield” campaign to draw attention to the issue of sexualised violence.

For the last 25 years, *medica mondiale* has been supporting women and girls affected by sexualised violence in war and crisis regions. With facts and expertise, with reports and stories from our projects, but also through our voluble campaigns, we want to draw attention to the causes and consequences of violence and motivate people to join us in our fight for women’s rights and to end violence. Achieving social change requires staying power as well as multi-faceted support.

## Working together for 25 years against violence

Rage, courage and solidarity – these were what drove Monika Hauser to set off for Bosnia in the winter of 1992. The media reported at great length about the mass rapes in the Balkans. But there was no mention of help being provided for survivors. As a trainee gynaecologist, Monika Hauser was immediately aware that they were in urgent need of medical and psycho-social care. A few months later, in the spring of 1993, she joined forces with Bosnian women experts to set up the first therapy centre for traumatised women and girls in the city of Zenica. This marked the beginning of the work of *medica mondiale*.

This combination of direct services and solidarity continues to characterize our work. 25 years after the foundation of *medica mondiale*, the survivors of sexualised wartime violence are still at the heart of our work. To give these women a voice, we work together with activists throughout the world against violence and for gender justice. Since the Balkan war, the international community, through a series of resolutions, has committed itself to improving protection for women and

girls in war zones and ensuring women’s participation in peace processes. Current conflicts show that resolutions alone are not enough. There is still a lack of political will to implement legislation and directly tackle the causes of violence. To change this situation, our public relations work seeks to raise awareness and inspire others to get involved.

### Campaign: My body is no battlefield

In our anniversary year of 2018, *medica mondiale* is launching a campaign with the motto, “My body is no battlefield!” Its objective is to highlight the fact that women and girls in war and crisis regions are being subjected every day to rape, torture and slavery. Throughout the year, we will be providing information about the causes and consequences of sexualised violence and calling for support. For only together, we will be able to succeed in ending violence and establishing more just structures. So that women and girls can live free of violence, in dignity and justice.

We invite people throughout Germany to visit our public events, become involved in what we do through social media and encourage people to be active by passing on our message within their social contexts.

#### **We say:**

- › Rape is a violation of human rights.
- › Women are not to blame for being raped – ever.
- › Survivors of sexualised violence have a right to justice.
- › Peace can only be achieved together with women.
- › Together for a world free of violence.

All information material relating to the campaign is available at [www.kein-krieg-auf-meinem-korper.de](http://www.kein-krieg-auf-meinem-korper.de).

#### **■ 25 years working for women in war and crisis regions**

On our anniversary website [www.medicamondiale.org/en/who-we-are/our-history](http://www.medicamondiale.org/en/who-we-are/our-history) we provide information on the history and work of *medica mondiale* – from its beginning in Bosnia in 1993 up to our current projects in Iraq. In reports, interviews, photographs and videos, staff report on their work. Women from our projects talk about how they live from day to day despite their experiences of violence.

#### **■ Short films confronting violence against women**

Over two semesters, the student film directors from the Art School for Media in Cologne (KHM) explored the issue of violence against women in their work. The result is five moving short films spotlighting diverse forms of violence, but also showing what empowerment and solidarity can achieve. [www.medicamondiale.org/service/mediathek](http://www.medicamondiale.org/service/mediathek)

#### **■ Documentary film, “Monika Hauser – A Portrait”**

The film, which has been running in cinemas since May 2018, tells the story of how the women’s rights

organisation *medica mondiale* came into being and accompanies its founder, Monika Hauser through the various stages in the fight against sexualised wartime violence.



*Sybille Fezer, executive member of the board, programmes*  
© Lena Böhm/*medica mondiale*

### **Interview with Sybille Fezer, executive member of the board, programmes**

#### **What has *medica mondiale* achieved since its foundation in 1993?**

In the last 25 years, we have built up a network of around 30 dedicated women’s rights organisations throughout the world, with which we co-operate closely. Together, we have been able to reach thousands of women – partly in regions, in which no other aid organisation has ever set foot. And we have developed a trauma approach, which not only provides women and girls with individual support, but also admonishes politicians and society to face up to the responsibility of addressing the destructive impacts of sexualised violence.

#### **What makes you particularly proud?**

I’m proud that, over the past 25 years, we have been a vocal, sometimes uncomfortable feminist organisation, with a keen eye for the unfair treatment and instrumentalisation of women and girls – here, too, in Germany. Our demands have been integrated into action plans and national laws in the Balkans, Liberia or Germany.

#### **What is unique about the work of *medica mondiale*?**

We are an aid organisation that directly helps women and girls. Yet, we are also a political human rights and women’s rights organisation. For us, the one cannot exist without the other: we cannot simply make political demands, while women in conflict situations are being raped or killed. And we don’t just want to restrict ourselves to “resolving” the consequences of war and patriarchal violence, but also to create fairer structures.

#### **How is *medica mondiale* planning to celebrate its anniversary?**

25 years is a good time to take stock. In 2018, we will be undertaking an evaluation synthesis, in other words looking at what we have achieved where, which approaches have been successful and what we want to change. We will be issuing a one-off publication to show what our endeavours against sexualised wartime violence have accomplished. And we will be celebrating with our partners and feminists from around the world.

#### **How can people, themselves, become actively involved?**

By not closing their eyes, actively confronting sexism and demanding gender justice – everywhere. Solidarity with women and girls in conflict regions can grow only when people’s attitudes here change. But donations also help, of course: without them, our work would not be possible.

## **Public relations work in figures 2017**

At **42** public events, we presented our work and concerns.

**15** press releases and newsletters were sent out to the media and 50 press requests were answered. The media reported **474** times about our work.

**4** digital newsletters were sent out in 2017. The number of subscribers has grown to around 2,800. Over **120,000** people visited our website in 2017 – on average, 330 every day.

In **8** info-mailings, we informed our donors – 13,036 women and men – about *medica mondiale* projects.

In **190** support initiatives, dedicated individuals demonstrated their solidarity.

# 25 YEARS - WORKING TOGETHER FOR A LIFE WITHOUT VIOLENCE



I work for women's rights in Rwanda and throughout the world, because I want the world to change, I want women to know their significance for peace and development – at a local, regional and global level.

**Godelieve Mukasarasi, founder of SEVOTA,  
Rwanda**

©Stefanie Kelenburg/medica mondiale



I am very happy about the co-operation between *medica mondiale* and PAIF because it is giving women back their lives.

**Marie Claire, psychosocial counsellor, PAIF,  
DR Congo**

©Anna Famula/medica mondiale



*medica mondiale* is still necessary, because the kind of work we do has to do with change. And change doesn't come fast, not overnight.

**Elizabeth Greene, psychosocial counsellor,  
Medica Liberia**

©Karin Griese/medica mondiale



After the war I was very happy to get my chance with *medica mondiale* – I could do something! It has been great to work together with local women and enable them to become activists in their own right.

On this 25<sup>th</sup> anniversary my congratulations go to Dr Monika Hauser and to her team of strong, brave and committed women, and to all the other partner organisations. I encourage all of us to continue with our good work. And I thank all the supporters and donors that help us to take action.

**Caroline Bowah, director Medica Liberia**

©Karin Griese/medica mondiale



There is still an overwhelming number of women who need support. Violence and trauma are still a big challenge. So please uphold the golden heart for women and girls!

**Grace Arach, director FOWAC, Uganda**

©Sue Winter/medica mondiale



We have achieved a lot concerning women's rights but there are still a lot of challenges: When it comes to the legislation of women's rights, we face a lack of political will. Some of our girls' schools were shut down. That challenges female education. However, women still really want to go forward, they want to re-build their country; they want to participate, so they will keep their movement going on until they are completely accepted.

**Saifora Paktiss, deputy director  
Medica Afghanistan**

©Ulta Burghardt/medica mondiale



Together, we have empowered, supported and strengthened the well-being and self-confidence of thousands of women. The holistic approach makes our work in Kosovo unique.

Despite all achievements, this is only the beginning, not only in Kosovo but throughout the world. Violence against women remains omnipresent. We still need to support women and fight for women's rights. So even after 25 years: keep going!

**Mirlinda Sada, director Medica Gjakova, Kosovo**

©Ulta Burghardt/medica mondiale



Together we encouraged women to speak up about their horrible experiences in a patriarchal society.

During the last 25 years we motivated thousands of women to start thinking about themselves and their strength, making them aware that they can constitute their women's rights.

**Sabiha Husic, director Medica Zenica,  
Bosnia and Herzegovina**

©Ulta Burghardt/medica mondiale

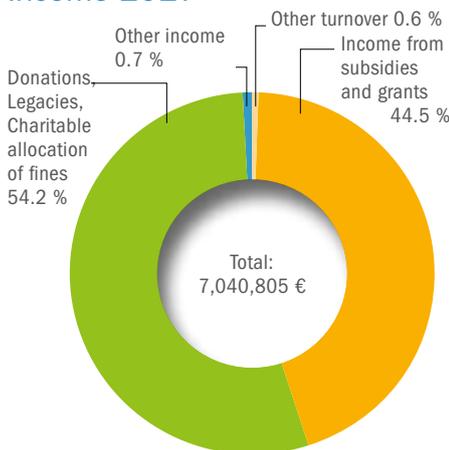
## Income

In 2017, income rose compared to the previous year, by about 3.4 percent in total. Income from subsidies rose by 12.8 percent, donations decreased by about 1 percent, while income from the charitable allocation of fines fell by about 35 percent to the level of 2010. All in all, donations and grants and subsidies showed a satisfactory development. In the long-term income has increased steadily by about 5 percent annually since 2013.

Grants and subsidies in 2017 reached a record level of 3.1 million euros. Other operational income increased, particularly as a result of the dissolution of reserves for former projects.

The key public and private donors of earmarked allocations and grants for projects were the Federal Ministry for Economic Co-operation and Development (BMZ), the German Federal Foreign Office (AA), the medicor Foundation in Liechtenstein, the Kreditanstalt für Wiederaufbau through the German Welthungerhilfe (KfW/WHH), the Anne-Marie Schindler Foundation and the Fondation Pro Victims in Switzerland, the Medica Mondiale Foundation Switzerland, the Ministry of Homeland, Communal Affairs, Building and Equality in North Rhine-Westphalia, the Society for International Co-operation (GIZ), the Swiss Fondation Smartpeace, the Sigrid Rausing Trust in the UK, the Foundation for War Trauma Therapy in Switzerland, the Louis Leitz Foundation and other donors.

## Income 2017



## Income and expenditure statement

for the period 1<sup>st</sup> January - 31<sup>st</sup> December 2017

1. Other turnover
2. Income from subsidies and grants
3. Donations and similar income
a) Donations
b) Legacies
c) Charitable allocation of fines
4. Other operating income
5. Personnel costs
a) Wages and salaries
b) Social insurance/pension contributions
6. Amortisation and depreciation of intangible and tangible assets
7. Other operating costs
a) Rent and occupancy
b) Fees and charges, contributions
c) Grants/subsidies to third parties
d) Vehicles
e) Advertising and travel
f) Other operational expenditure
g) Other expenditure
Interim result
8. Miscellaneous interest and similar income
9. Interest and similar expenditure
10. Net operating income/loss for the year

## Development of income from 2010 to 2017



2017		2016	
EUROS	EUROS	EUROS	EUROS
	41,096.95		148,088.99
	3,136,135.91		2,779,676.85
3,590,907.78		3,619,714.09	
62,204.67		3,749.28	
<u>159,532.98</u>	3,812,645.43	<u>247,360.00</u>	3,870,823.37
	<u>50,920.17</u>		<u>8,391.86</u>
	7,040,798.46		6,806,981.07
1,948,234.99		1,824,597.64	
<u>418,324.90</u>	2,366,559.89	<u>388,249.24</u>	2,212,846.88
	46,492.71		34,872.30
206,943.64		200,925.62	
15,384.48		16,679.45	
2,913,117.44		2,519,946.56	
6,099.43		4,344.35	
142,415.72		161,300.13	
245,359.97		266,294.61	
<u>1,012,645.20</u>	<u>4,541,965.88</u>	<u>1,043,739.65</u>	<u>4,213,230.37</u>
	+85,779.98		+346,031.52
	6.32		77.07
	<u>39.25</u>		<u>133.80</u>
	<u>+85,747.05</u>		<u>+345,974.79</u>

## Expenditure

Total expenditure increased by around 7.7 percent compared to the previous year. Approximately 79.2 percent of total expenditure in 2017 was accounted for by international and domestic projects and the remaining 20.8 percent by administration, public relations, advertising and donor services.

International projects amounted to 85.6 percent of total projects expenditure. 9.1 percent of project expenditure was spent on projects in Germany – human rights and trauma work – and, in compliance with the statutes, approximately 5.2 percent on awareness-raising activities, information and human rights work. Project expenditure includes both direct project costs as well as project support, including project management through the Cologne office.

Expenditure on advertising and public relations accounted for 55 per cent of overall publicity and administration costs, and expenditure on administration for the remaining 45 per cent.

Income in 2017 exceeded expenditure by 85,747.05 euros. The result will be transferred to the reserves.

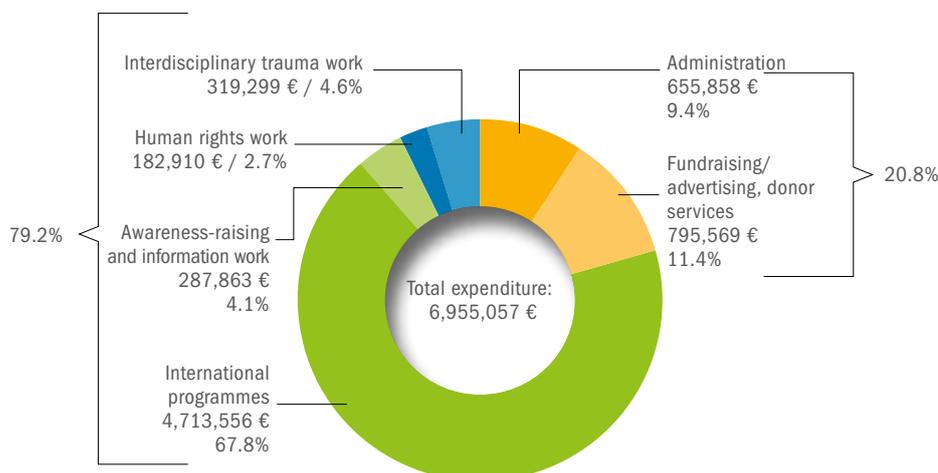
Depreciation in Cologne increased again in the course of the development of the IT system.

Rent and occupancy costs increased again in Cologne in 2017, as a result of a change of landlord at the beginning of the year.

Travel costs decreased compared to 2016 levels, partly because the tense security situation in some project countries continued to make travel inadvisable.

Personnel costs increased markedly in 2017, partly attributable to the new remuneration scheme in Cologne introduced in 2016, which was in operation for its first full year.

## Expenditure according to field of activity



## Balance sheet as of 31<sup>st</sup> December 2017, medica mondiale e. V., Cologne

ASSETS	2017		2016		LIABILITIES	2017		2016	
	EUROS	EUROS	Euros	Euros		EUROS	EUROS	Euros	Euros
<b>A. Fixed assets</b>					<b>A. Equity</b>				
<b>I. Intangible assets</b>					I. As of 1.1.	3,457,010.75		3,111,035.96	
Concessions, industrial property and rights and similar rights and assets as well as licenses for such rights and assets	23,173.22		31,774.02		II. Annual surplus	+85,747.05	3,542,757.80	345,974.79	3,457,010.75
<b>II. Tangible assets</b>					<b>B. Accruals</b>				
Other assets, operational and business equipment	91,358.64	114,531.86	100,533.76	132,307.78	Other accruals		110,990.40		137,826.28
<b>B. Current assets</b>					<b>C. Liabilities</b>				
<b>I. Receivables and other assets</b>					1. Liabilities to lending institutions with residual maturity of up to one year	69,894.18		83,767.78	
Cash, Bank balances	4,791,190.87		4,274,661.19		2. Other liabilities	736,153.69	806,047.87	616,760.26	700,528.04
<b>C. Prepaid expenses and deferred charges</b>					<b>D. Deferred income</b>		782,510.45		597,920.11
	168,898.11	5,127,774.66	223,186.01						
		<u>5,242,306.52</u>	<u>4,893,285.18</u>			<u>5,242,306.52</u>		<u>4,893,285.18</u>	

## ASSETS

### 1. Fixed assets

Between 2016 and 2017, the balance sheet total of medica mondiale e. V. increased by 349,000 euros, or 7.1 percent, to 5,242,306.52 euros. Intangible and tangible assets were depreciated in Cologne using the straight-line method. Tangible assets in the regional offices in Dohuk and Bujumbura will be recorded in an inventory and, thus, are not included under fixed assets.

### 2. Current Assets

Receivables from previous years were partly recovered. They primarily consist of project grants requested from donors, which *medica mondiale* regularly pays in advance.

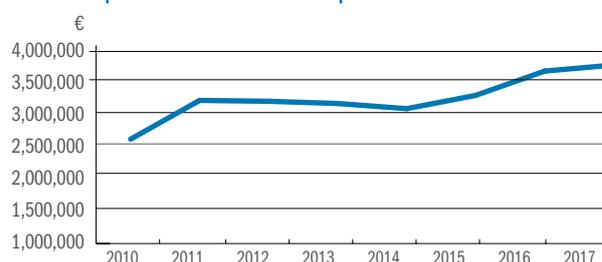
Measured against the usual monthly operational financial requirements of 580,000 euros (536,000 euros in 2016), the liquidity reserves correspond to financial requirements for 6.1 months.

## LIABILITIES

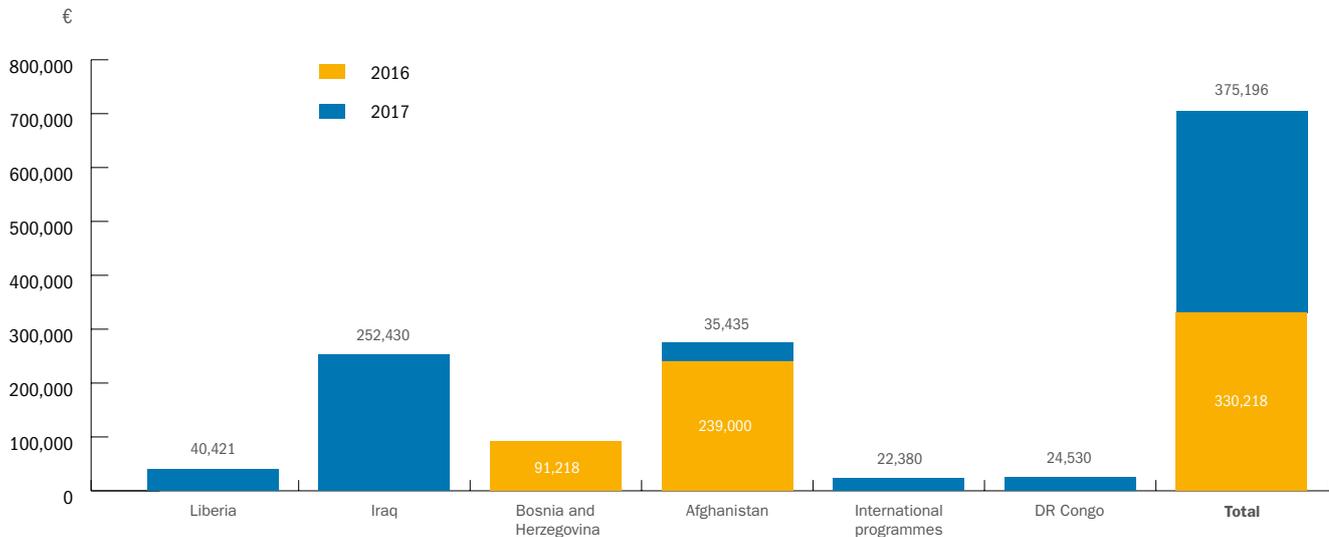
### Capital

On the capital side, equity increased by the amount equivalent to the annual surplus. Reserves for potential repayments from donor projects were dissolved, due to their completion. Accruals and deferred income comprise grants for international and domestic projects in 2018.

### Development of own capital 2010 - 2017



## Liabilities from earmarked donations as of 31.12.2017 *medica mondiale e. V.*



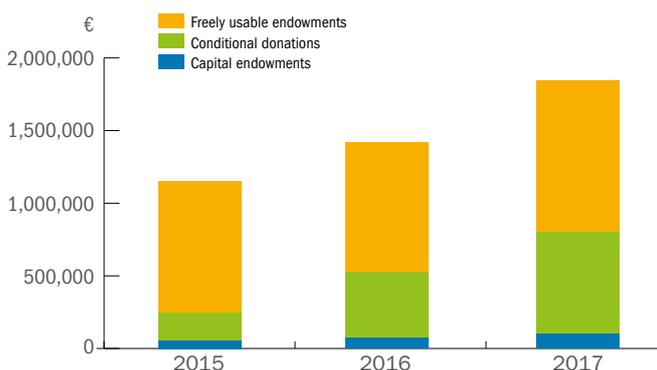
For the first time, *medica mondiale e. V.* was able to put aside a substantial quantity of earmarked donations for new international projects, that were projected to begin in 2018 and, there-

by, guarantee the start of the projects and long-term planning. A great success for all donors, who made this possible.

### Endowment fund *medica mondiale*

Since 2014, *medica mondiale e. V.* has had its own endowment fund within the scope of the GLS Treuhand e.V umbrella foundation. This fund provides substantial flexibility in crisis situations and should, for example, facilitate the launch of new projects and pre-finance urgent interventions. Alongside interest, usable assets can also be used for project work. Through endowments, donations and income from interest rates, the endowment fund closed in 2017 at a level of 1,846,183.39 euros. This sum is invested in accordance with sustainable criteria, and the umbrella foundation generated an average interest rate of 3.1 percent in 2017.

<b>Endowment fund as of 1.1.2017</b>	1,417,300.78 €
Interest minus charges:	37,509.14 €
New donations and subsidies:	401,000.00 €
Allocated subsidies:	- 9,626.53 €
<b>Endowment fund as of 31.12.2017</b>	<b>1,846,183.39 €</b>



**Excerpt from the report on the audit of the Annual Financial Statements as of 31<sup>st</sup> December 2017, conducted by the auditing and tax consultants, Solidaris Revisions-GmbH (Wirtschaftsprüfungsgesellschaft – Steuerberatungsgesellschaft)**

#### Certificate

We have audited the annual financial statement – consisting of balance sheet and income statement – including the accounting records of *medica mondiale e. V.*, Cologne for the business year from 1<sup>st</sup> January to 31<sup>st</sup> December 2017. The legal representatives of the association are responsible for the accounting records and preparation of the annual financial statements in voluntary compliance with the German commercial code. On the basis of the audit conducted by us, it is our responsibility to give an opinion on the annual financial statements under consideration of the accounting records.

We carried out our audit within the scope required to verify that accounting records are accurate and auditing values of balance sheet items are accurate and appropriate.

In gathering evidence, our auditing approach was essentially based on analytical examination and case-by-case reviews. The case-by-case reviews were conducted on a sample basis. We are of the opinion that our audit provides a sufficiently secure basis for our assessment within the scope of our auditing assignment.

Our audit did not lead to any objection.

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

Cologne, 15<sup>th</sup> May 2018

# Association, governing bodies and duties

medica mondiale e. V. is a registered, non-profit association based in Cologne, Germany. Our governing bodies are the general assembly, the supervisory board and the board of directors. The general assembly is the highest supervisory body in our organi-

sation. It elects the supervisory board from among its ranks. That appoints the executive board. The general assembly receives and approves the annual report from the supervisory board and board of directors. The accuracy of the annual financial statements is

checked by an independent financial auditor. The executive board has overall responsibility for the work of the association, deciding on its priorities and strategies in accordance with the purpose of the association. It is supervised by the supervisory board.

## Supervisory Board (since 2018)

Heidi Baumann  
Heike Baur-Wagner  
Beate Ziegler

## Executive board (since 2018)

Monika Hauser  
Sybille Fezer  
Elke Ebert

### Head office in Cologne

3 executive directors (from 2018 executive board)  
45 full-time employees\*  
including 25 on a full-time and 20 on a part-time basis  
3 additional employees on limited hour contracts  
12 student trainees, 2 interns  
4 volunteers

\*average number of employees throughout the year

### Salaries as of 31.12.2017

Executive directors: 5,300 euros\*\*  
Heads of department: 4,520 euros\*\*  
Officers: 3,570 euros\*\*  
Assistants: 2,870 euros\*\*

\*\*Average monthly salaries based on full-time employment, excluding the employer's social insurance contributions. 12 monthly salaries are paid. The executive board decides annually on the payment of a Christmas bonus.

## Networks and memberships

medica mondiale is active in various national and international networks and works closely together with other women's initiatives and specialist organisations. Our aim is to continue to develop our work and, together, initiate social change.

As a member of VENRO (German association of non-governmental development organisations) medica mondiale is committed to complying with the standards of the VENRO code of conduct and is active in numerous working groups (e.g. fragile states) that focus on the challenges of working in crisis contexts. We are also members of the Forum Menschenrechte (Human Rights Forum), a network working to improve human rights protection and the Arbeitskreis Frauen und Gesundheit (alliance of independent women's health organisations). Our specialist staff is also actively involved in different working groups, in-



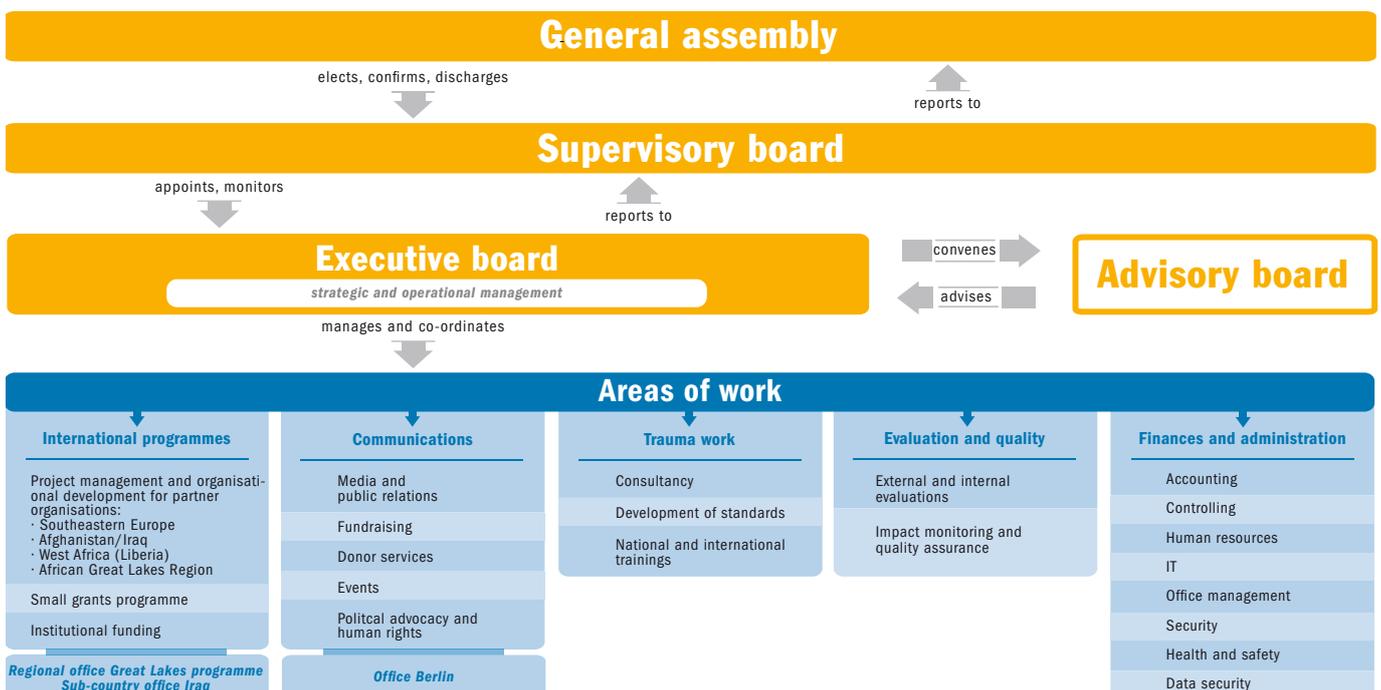
cluding the German Government's consultation group on UN resolution 1325.

At an international level, medica mondiale is a member of the Association of Women in Development (AWID), the world's largest feminist-development network. Regionally, we are active in the Arbeitskreis Kölner Frauenvereinigungen (AKF - working group of women's associations in Cologne) and the Kölner Arbeitskreis gegen Gewalt an Frauen (Cologne working group against violence perpetrated on women).

Since 2011, medica mondiale has been a member of the Initiative Transparente Zivilgesellschaft (German branch of Transparency International). In the interests of transparent accountability and presenting evidence of the successes and impacts of our work, we openly provide information on the objectives we pursue, the source of our funds and how they are used, as well as how decisions are made within our organisation.



Since 2011, medica mondiale has been a member of the Initiative Transparente Zivilgesellschaft (German branch of Transparency International).



## THANK YOU SO MUCH FOR YOUR SUPPORT!

More than **62,000 women and men** have supported our work since 1993, by providing donations and actively supporting women and girls in more than **2,450 solidarity campaigns**.



They have baked, produced craftwork, sewed, run and drove, taken to the stage, danced, played music and taken part in readings. They have celebrated for the benefit of *medica mondiale* and asked for donations for *medica mondiale* instead of presents. They have remembered *medica mondiale* in their wills, made endowments or demonstrated their trust in us through long-term direct debits.

At stalls and public events, they have provided information about our work, raised awareness for sexualised war-



©Rendel Freude/medica mondiale

time violence and been vociferous in their calls for more justice.

With donations amounting to **51.7 million euros** in the last 25 years, they

have enabled us to support women and girls traumatised by violence and sustainably improve their lives and livelihoods.



## WE HAVE ACHIEVED ALL THIS WITH YOUR SUPPORT!

So much has been achieved since a handful of dedicated people along with Monika Hauser founded *medica mondiale*



in Cologne in June 1993 to help survivors raped and traumatised during the war in the Balkans. Today, together with around **30 partner organisations**, we support women and girls in war and crisis regions throughout the world.



Since then, we have provided holistic support to **150,000 women** and girls, empowered them and enabled them to secure new livelihoods.

In more than **20 countries**, we have used our projects to create sustainable structures, which offer stress and trauma-sensitive counselling to those in need. Together with strong partner organisations, we have developed networks providing women and girls with



effective protection against violence. This has been made possible by the dedicated local women and experts, committed paid staff and volunteers both in Germany and abroad and, of course, the generous donors and benefactors.

We thank you all very much for your valuable work and your untiring commitment!

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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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