

Annual Report 2019

Our Work for Women's Rights



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Cover photo:

Cross-border cooperation: Our Afghan and Kurdish partners share ideas and experiences in Delhi, India, during a workshop on political strategies. (p. 13)

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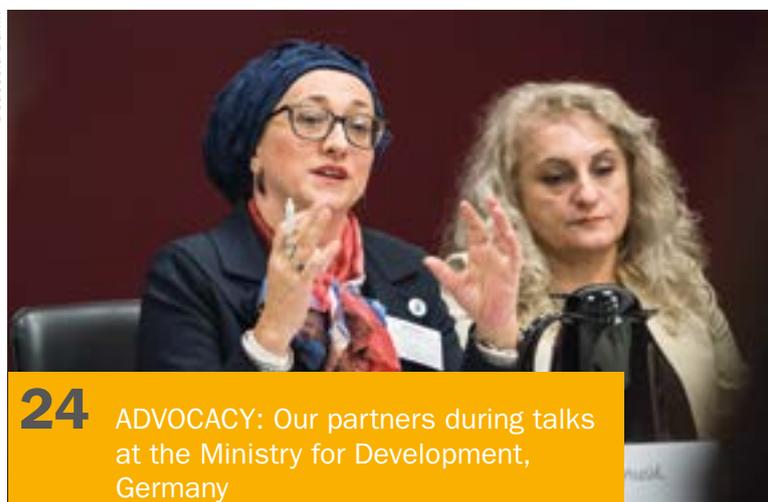
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Foreword



*Dr Monika Hauser
(Executive Member of the Board)*

Dear Reader,

What should we do when everything is suddenly different? The global outbreak of the Covid-19 pandemic has shown us how quickly realities can change. Schools, hospitals and whole countries have to adapt their structures and plans – with drastic consequences for each and every one of us.

Crises can magnify society's problems as marginalised groups are affected more but considered less when devising solutions. In all crises we see that patriarchal structures strengthen – with fatal consequences for women and social cohesion. And the women who particularly suffer are those who need particular protection.

In this respect, the year 2019 was unfortunately no exception. I was shaken, among others, by the situation of the Yazidi women. The genocide committed against the Yazidi minority by the so-called Islamic State also involved the kidnapping, forced marriage and rape of thousands of Yazidi women. According to Iraqi law, the children who these women gave birth to while in captivity – who were almost always born of rape – do not count as Yazidi but assume the Muslim identity of their biological fathers. The Yazidi authorities were also unable to persuade themselves to accept the children as part of the Yazidi community. This forced the mothers to either say goodbye to their community or give up their children.

In order to continue defending women's rights during times of crisis we have to take action together before it is too late. Our partners are currently demonstrating how important it is to establish strong networks of women's rights organisations which can still function under pressure. During the past year there were impressive developments in this regard. In the region of the Great Lakes in Africa, three of our partner organisations began to work together across borders. In Afghanistan and Iraq, and in south-eastern Europe too, our support helped our partners to initiate regular networking meetings on specialist topics and political strategies.

It is these networks of women's rights activists who give me courage and hope. We need to support and fund these alliances so that in the face of crises, we are powerful and determined.

A handwritten signature in blue ink that reads "Monika Hauser".

Dr Monika Hauser

MEDICA MONDIALE IN FIGURES

Since **1993** *medica mondiale* has been providing support to women and girls in war and crisis areas.



In **2019** we worked in **14** countries on **3** continents.



With **35** partner organisations we carried out **40** projects and **3** cross-border programmes.



In Germany we ran **22** training courses and gave **17** lectures on the stress- and trauma-sensitive approach.



14.349 people supported us by giving a donation.



Our all-female main office in Cologne has **65** employees, efficiently providing administration, quality assurance and information.



Together against sexualised wartime violence

medica mondiale is a feminist women's rights organisation. Since 1993 we have been actively supporting women and girls in war zones and crisis areas who were affected by sexualised violence. Together with local women's organisations, we support survivors and advocate politically for gender justice and an end to the violence.



Our approach

- ▶ **We empower women locally:** We work together with local activists, organisations and governmental authorities to implement joint projects and programmes.
- ▶ **Our approach is integrated:** The projects at *medica mondiale* bring together direct assistance for survivors, the building up of structures in communities, provision of training for specialists, and women's rights work at the political level.
- ▶ **Our work is trauma-sensitive:** In order to provide the best possible assistance to women and girls affected by violence, *medica mondiale* has developed the Stress- and Trauma-sensitive Approach (STA). This approach incorporates certain basic principles for dealing with people who have experienced violence.
- ▶ **We work in networks:** *medica mondiale* promotes cooperation with and between the partner organisations, and helps to network them with other relevant stakeholders and authorities. Together they can exercise political and social pressure.

Our vision:

Women and girls are living in a world free of violence; they live in dignity and justice.

The Statutes of our charitable organisation can be found and read in our Media Centre:

medicamondiale.org/service/mediathek



© Laura Fix/medica mondiale

My body is no battlefield! Together with numerous partner organisations (in the picture: staff members of SEVOTA, Rwanda), *medica mondiale* is working for an end to violence against women.



Civil society freedoms are being restricted around the world. Women and many minorities face particular threats from this shrinking of the space.

Report of the executive board: FIRE-ing up a feminist approach

Repression, intimidation and threats – like many other civil society actors worldwide, our partner organisations also report restrictions in their important political work. These types of repression can be particularly difficult for women and marginalised groups. So it is even more crucial within our work to establish strong networks and stake out clear positions.

Across the world, feminist positions and demands are receiving increased public attention due to campaigns such as #MeToo, #AidToo, the struggle for the right to physical self-determination, or proposals for quotas of women in leadership. There has been a clear increase in the number of feminist actions and events. The movement is becoming louder, more diverse, younger and more transnational. At the same time, however, global anti-feminist movements are becoming more active and networked, such as the “Lebensschützer” or “Pro-Lifers”. Almost always sharing racist or far-right views, they undermine the rights of women and LGBTIQ. One fifth of the attacks on civil society registered by the non-profit global alliance CIVICUS were targeted at women and women’s organisations; our colleagues in our partner organisations receive threatening messages on an ongoing basis.

New feminist alliances

What can be done against this organised backlash? Network more strongly and increase our joint impact. That is the opinion of Madeleine Reese, President of WILPF (Women’s International League for Peace and Freedom), the oldest women’s peace organisation in the world. She helped turn her idea into the consortium Feminist Impact on Rights and Equality or “FIRE”, bringing together the US American women’s organisation MADRE, Kvinna till Kvinna from Sweden, the Canadian Nobel Women’s Initiative, and *medica mondiale*.

These organisations share a common insight that peace is more sustainable if women are involved in the peacemaking.

So FIRE wants to support peace-building measures with a feminist focus and raise funds for women and communities affected by violence. The five organisations also intend to strengthen each other by means of joint feminist analyses and actions. For example, in March 2019 *medica mondiale* received first-hand information from MADRE as in New York the new Resolution 2467 on *Women, Peace, Security* was debated in the UN Security Council. In turn, the consortium hopes to benefit from the trauma expertise of *medica mondiale* and its experience of the struggle against sexualised violence.

Taking a clear position against intimidation

Joint political action is not only important when faced with anti-gender movements but also when confronted by governments seeking to shrink the space and scope of civil society activity. In Burundi our Regional Office, along with the offices of all international non-governmental organisations (NGOs), was forced to shut with no notice. Organisations were only allowed to reopen if they agreed to pass on sensitive data including the ethnicity of all Burundian staff members. Ostensibly this requirement serves to implement the Arusha Accords peace treaty which agreed power-sharing in government institutions based on quotas for the two main ethnic groups. However, the *de facto* purpose is to ethnicise the political and economic crisis that has been afflicting the country since 2015.

Faced with this predicament, *medica mondiale* strongly urged German NGOs to adopt a joint attitude of refusing to give the



© MADRE

Are we losing the struggle for women's rights? The FIRE consortium of feminist organisations does not think so. In photo, back, from l. to r.: Linda Säll (Kvinna till Kvinna), Liz Bernstein (Nobel Women's Initiative). Front, from l. to r.: Karin Griese and Sybille Fezer (medica mondiale), Yifat Susskind (MADRE), Madeleine Rees (WILPF), Lisa Davis (MADRE).

Burundian government this sensitive data and actively lobbied the German Federal Ministry for Economic Cooperation and Development and the German Foreign Office to adopt a clear position. In 2020, the Burundian government is continuing to follow this line of recording the ethnicity of staff members.

Also in Germany, we see a shrinking of the space. In February 2019, the Federal Fiscal Court removed the charitable status of the anti-globalisation alliance *attac* in a ruling which sets a very narrow definition of the statutory charitable purpose of “political education”. Together with VENRO (Association of German Development NGOs), our umbrella organisation for NGOs in Germany, we are now calling for an urgent reform of charity law to ensure clear legal frameworks for organisations that campaign for compliance with human rights.

Feminist on the inside as well

Maintaining a critical view of our own organisation is just as important as the outward connection to other activists and civil society organisations. How do we ensure an effective and healthy way of organising our work, which by its nature can often sap our strength? As a feminist organisation, *medica mondiale* is concerned with the issues of “feminist leadership” and how “mindful organisational culture” can be shaped. We anchor our work in a feminist understanding with intersectional approaches that are critical of power. Significant questions here are: In a feminist context, is it even necessary to have leadership? How can we design leadership so that it is feminist? In consultation

and critical reflection with all staff members, in 2019 we drafted a Feminist Leadership Policy. This serves as a model for management staff within the organisation to guide them in their behaviour and can be used in more general feminist contexts for self-reflection about power and responsibility.

There have also been internal changes within the Association. For two years now, *medica mondiale* has been led by three salaried Board Members. A voluntary Supervisory Board monitors them. In 2019 significant steps were taken to attract more and younger members to contribute to the Association, with the Association now having grown to 35 official members. These women contribute to events and to the implementation of essential aims. Another milestone was the recruitment of experts to join the Advisory Board which consults on important issues.

“Do more than just treat the symptoms.”

5 questions for Ara Stielau, Director of International Programme Work

When Ara Stielau came to *medica mondiale* ten years ago, the organisation was assisting projects in four countries. Today more than 30 partner organisations in 13 countries are being supported. Ara Stielau explains the values which guide our international project work and how it could develop in the next ten years.

What keywords could be used to characterise the international project work at *medica mondiale*?

Firstly: *Feminist*. We actively support the interests of women. Secondly: *Stress- and trauma-sensitive*, which applies to all of our approaches. And thirdly: *Partner-centred*. This means the project ideas are not thought up in Germany and then “imposed” on our partner organisations. Changes in society can only be achieved by social movements in that country.

Why is *medica mondiale* still active in Bosnia and Kosovo?

It has always been our aim to do more than just treat the symptoms of a survivor as quickly as possible and then leave the country. Instead, we aim to offer the support that women really need. In 2013 we carried out a long-term study in Bosnia, which showed that even 20 years after the wartime rapes many affected women are taking psycho-pharmaceutical medicines, suffering from anxiety, living in poverty and experiencing social

ostracism. This clearly reveals the importance of providing long-term and committed support, which characterises our role as a partner.

Why do we cooperate with governmental authorities?

Our priority has increasingly become the interplay between partner organisations and projects. We also include government agencies in this, since our partner organisations are offering these services because the state is not able or willing to do it. In the long term, governmental institutions need to assume responsibility and align their work with the needs of women. When a woman goes to a doctor, to the police or to court she should be able to take it for granted that she will be treated with respect and sensitivity. For this reason we are also enhancing the ability of the relevant government institutions to enact approaches of stress- and trauma-sensitivity.



“When a woman goes to a doctor, to the police or to court she should be able to take it for granted that she will be treated with respect and sensitivity.”

Dialogue of equals: Staff from medica mondiale visit the partner organisations regularly and maintain an ongoing dialogue. In the picture: Ara Stielau (2nd from right) with partners from the Ivorian organisation WANEP.



© Fatimah Hossaini/medica mondiale

Capacity building: medica mondiale regularly works together with governmental institutions in order to ensure that a stress- and trauma-sensitive approach is adopted when assisting women affected by violence. In the picture: Training courses for staff at the Malalai Maternity Hospital in Kabul, Afghanistan.

How do we choose our partner organisations?

There are several clear criteria. We support organisations who are: women-led; working towards women’s rights; supporting women regardless of their ethnicity, age, sexual orientation, religious or political convictions; and active in war and crisis regions. We also look at their approach: Does the organisation appear to be a welcoming point of contact for women? Do they show respect and appreciation towards their clients? Do they share feminist values? These are attitudes which can be sensed quite quickly.

Organisations who see themselves as potential new partners can apply each year to our Grant Programme, which covers projects that have a limited duration and funding amount. When the cooperation proves to be successful, longer-term joint projects can then arise out of this.

Will we be working in more countries in 10 years’ time?

We are not currently planning to become active in further countries; if we do, it will only be a result of integrating neighbouring countries within existing programmes that have a larger scope. These regional priorities are an important aspect, since in order to enable effective and long-term changes, we need to take into account each sphere of conflict and its context as a whole, including knowledge of all the key local stakeholders. By cooperating with several organisations in a region, the women’s rights work there can be enhanced. The individual organisations benefit by being part of a network, which generally has more influence than they would ever have individually.



© medica mondiale

Regional focal points: medica mondiale does not work everywhere – but wherever it is active it has thorough local expertise and a long-term commitment.



Sexualised violence is a strong taboo all over the world. In order to break this stigma, the issue has to be publicised repeatedly, such as in this exhibition in Gjakova in November 2019.

Looking forwards together

The wars in former Yugoslavia may have taken place more than 20 years ago, but nationalism and discrimination still characterise political attitudes today. In these circumstances, any process of coming to terms with war and violence will only make slow progress. Our partner organisations work to counter this tendency with programmes calling for participation and reconciliation.

Initial situation

The Western Balkans are still characterised by the wars of the 1990s and 2000s. Media and political speeches strongly feature nationalist narratives, and in recent years these seem to have increased rather than decreased. This imagery of heroic nations obstructs the attempts to take a more differentiated approach. Women who have experienced sexualised wartime violence are still frequently left with the feeling that they share the guilt for this.

Another legacy of the war is a high incidence of gender-specific violence. Civil society organisations have repeatedly drawn attention to the connection between wartime experiences and violence within families. However, there are still insufficient offers of support for survivors of gender-specific and domestic violence. In most cases these offers come from civil society organisations, who are increasingly finding it difficult to secure funding.

14 projects

14 local partner organisations

Bosnia and Herzegovina: Medica Zenica, Vive Žene, Forgotten Children of War, Center for Women's Rights, SEKA Goražde, Budućnost, Maja Kravica, Snaga Žene, TRIAL International
Croatia: ROSA; Kosovo: Medica Gjakova, Kosova Rehabilitation Center for Torture Victims
Serbia: LINK Sombor, Roma Novi Bečej

11 project regions

Bosnia: Zenica-Doboj, Central Bosnia, Una-Sana, Bosnian Podrinje, Tuzla, Sarajevo and Herzegovina-Neretva; Republika Srpska, Brčko District
Kosovo: whole country; Croatia: whole country, priorities in Zagreb; Serbia: Vojvodina

Project priorities

- psychosocial, medical and legal care as well as income-generating measures
- training and competence building for staff in the healthcare and judicial sectors
- advocacy work on reparations for survivors of sexualised wartime violence
- support for expertise exchange and networking of women's organisations

Funding

German Federal Ministry for Economic Cooperation and Development
German Federal Foreign Office
Deutsche Gesellschaft für Internationale Zusammenarbeit
Foundation Anne-Marie Schindler
Louis Leitz Foundation
Foundation for War Trauma Therapy donations





© Vive Žene

Group leaders from Vive Žene and Maja Kravica: "If the people affected by violence can change their attitudes towards people with other ethnicities, then anybody can do it."

Measures

In the projects in south-east Europe, *medica mondiale* particularly focuses on dealing with the past – both at the level of society and of the individual survivor of sexualised wartime violence. In Kosovo our partner organisations Medica Gjakova and KRCT support survivors, for example by helping them to apply for the war pension. TRIAL International from Bosnia trains lawyers how to deal with cases of sexualised violence. Others such as *Vive Žene* and *Snaga Žene* in Bosnia and *Link Sombor* in Serbia organise exhibitions and youth meetings to encourage a critical approach to values, norms and biographical realities.

medica mondiale continues to support regional networking. In November 2019, representatives of all partner organisations in the region came together for a symposium in Sarajevo to discuss ways of working with family systems. This will continue as will their aim to further develop these approaches.

Example project

Ethnic tensions in Bosnia are hindering attempts to encourage society to deal with the war. And, as our partner organisation *Vive Žene* reports, at an individual level their clients are frequently confronted with violence and stigmatisation in their everyday lives, which sets them back in their process of healing.

For this reason, at the end of 2018, *Vive Žene* started a new project with women affected by violence. Most

of them had already been assisted for several years. First of all they were brought together into ethnically separate women's groups for the Bosnian and Serbian communities. Here the women were able to get to know each other and build up a feeling of safety and security. Subsequently, women from each of the two ethnic communities attended mixed meetings. These were well prepared by the group leaders ensuring that the women shared things with each other which could create connection. Parallel to the women's meetings, four groups of young teenage school pupils were selected. They went through a similar process to the groups of women.

Initial results are showing that most women are positively surprised by the women from the other side. 50 per cent report they have now begun to engage in contact in public spaces, too. Ten per cent of the women decided against participation in the inter-ethnic group meetings, mostly because of external pressure. In 2020, the inter-ethnic exchange will be enhanced.

Outlook

Working together with like-minded partner organisations is decisive if we want to increase political and social influence. In 2020 a new regional programme is planned to start with participating organisations from Bosnia and Herzegovina, Kosovo and Serbia. At a range of societal levels, joint processes for dealing with the past, reconciliation and exchange will be initiated and progressed.

Results of our intervention



In 2019 Medica Gjakova held **454** one-to-one psychosocial counselling sessions.



By the beginning of 2020, in Kosovo **766** survivors of sexualised wartime violence were receiving a war pension.



How can women's rights be defended in situations of political instability? Staff at Medica Afghanistan, the Kurdish organisation Emma, and the Indian network MARG shared expertise and strategies relating to the common issues they work on. In photo (l. to r.): Zeenat Malick, Yalda Ahmadi (Medica Afghanistan) and Sanah Siddiqui (MARG).

Defending women's rights on a daily basis

Never-ending conflict, crises spilling over into neighbouring countries, and deep social divides – the political situations in Afghanistan and Iraq certainly did not become any calmer in 2019. This has dramatic impacts on the situation of women and girls. In order to make their voices heard our partners are forming new networks, both within their own country and across borders.

Initial situation

Political stability is still a long way off in both Afghanistan and Iraq. Groups such as the Taliban or the so-called Islamic State are gaining power again. Iraq was visibly shaken by the shock waves of conflicts in neighbouring countries, such as the Turkish military offensive against Kurdish militia in northern Syria at the end of 2019. As a consequence, thousands of civilians fled into northern Iraq.

Political crises are always a threat for women's rights, since they impact negatively on the political and social participation of women and girls and on their economic situation. In Afghanistan, women continue to be imprisoned because of so-called "moral crimes" or subjected by judicial order to forced gynaecological examinations in cases of rape or suspected intercourse outside of marriage.

5 projects

3 local partner organisations

Iraq: Emma Organisation for Human Development, Haukari e. V. with implementation partners KHANZAD and PDO

Afghanistan: Medica Afghanistan

5 project regions

Iraq: Kurdish autonomous regions

Afghanistan: Kabul, Herat, Mazar-i-Sharif, Samangan

Project priorities

- training and competence building for staff in the healthcare, police and judicial sectors
- psychosocial counselling, family counselling and legal advice
- establishment and support of self-help groups
- advocacy against forced gynaecological examinations
- public awareness work on gender-based and women's rights

Funding

German Federal Ministry for Economic Cooperation and Development
Deutsche Gesellschaft für Internationale Zusammenarbeit
German Federal Foreign Office
donations



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Monika Hauser (3rd from l.) from *medica mondiale* was one of the speakers at the Lalish Conference in April 2019. This international peace conference was organised for the fourth time by the Kurdish partner organisation Emma and the Women Peace Group.

Measures

In light of the threats to women’s rights, cooperation with governmental agencies and political advocacy are essential components of the work carried out by *medica mondiale* and its partner organisations in Afghanistan and Iraq. In 2019 this included training courses given by *Medica Afghanistan* for expert staff at the Afghan Ministry of Health and government-run family protection centres.

Emma, the Kurdish partner organisation in northern Iraq, organised a major peace conference in April 2019, bringing together representatives of government and academia, as well as members of national and international NGOs. Together with participants, the women’s rights activists discussed issues such as the situation of Yazidi women and their children born of rape.

In addition to this political work, both Emma and *Medica Afghanistan* offer psychosocial and legal counselling for women and girls affected by violence. This important combination is rarely available and calls for a high level of expertise from their staff members.

Example project

The partner organisations Emma and *Medica Afghanistan* both know how difficult it is to stand up for women’s rights in politically instable contexts. They both face the challenge of a society that makes women and girls responsible for the violence inflicted upon them.

The common aspects of these problems were the starting point for a meeting organised in Delhi in October

2019, where staff members from northern Iraq and Afghanistan met with the Indian human rights organisation MARG (Multiple Action Research Group). The activists from the three countries shared their experience of a range of political issues. Which public authorities and institutions need to be brought on board for the advocacy work? What tried and tested methods can be used to convince key governmental and civil society actors of the value of women’s rights?

Further meeting in the region were planned for the upcoming years. This exchange of expertise is not the only benefit to emerge from a strong network of women’s organisations: it also increases the political leverage of each member, which is especially important in a region where women’s rights need to be defended on a daily basis.

Outlook

In 2020 *Medica Afghanistan* will continue to hold training courses for state employees from the police and judicial sectors. Topics include women’s rights and working with survivors. In Mazar-i-Sharif, prison employees will be trained on how to deal with traumatised female inmates. Training and competence building for state and civil society counselling points will also be continued in the Kurdish Region of Iraq.

Results of our intervention



901 women received legal support from *Medica Afghanistan*, including free advice and legal representation.



1936 women and girls took part in one-to-one, group and emergency counselling sessions from *Medica Afghanistan*.



1936 Emma empowered **615** women in vocational courses such as tailoring, needlework, English and hairdressing. These courses also always include women’s rights awareness sessions.



Three partner organisations, one strategy: At a workshop in Goma, staff from the organisations in Rwanda, Uganda and DR Congo formulated joint political demands to combat sexualised violence. In the picture: Marthe Nishimwe (SEVOTA) and Mercy Munduru (MEMPROW).

Hygiene and networking

In 2019 the region of the Great Lakes saw a range of different threats. Deteriorating security and poor healthcare provision were both particularly threatening to women and girls. *medica mondiale* and three partner organisations in Rwanda, Uganda and the Democratic Republic of Congo have launched the new programme “See Far” in order to improve the situation for women and girls.

Initial situation

Armed groups have been fighting since the 1990s in eastern Congo and the border areas of Uganda and Rwanda to secure power, land and raw materials. This particularly affects women and girls. Time and again, armed attacks include extremely violent assaults on women.

In August 2018 eastern Congo faced another problem when there was an outbreak of Ebola which led to 1600 deaths within one year, according to the World Health Organisation. Here, too, it is women and girls who are particularly affected, because treating ill people is frequently seen as female work. It was not until the end of 2019 that the epidemic began to ebb.

9 projects

15 local partner organisations

Burundi: MUKENYEZI MENYA, Association NTU-RENGAHO, Dushirehamwe, Maison Marthe Robin
DR Congo: ADDE, PAIF, AFPDE, EPF, HAM, La Floraison, RAPI, RFPD; **Rwanda:** SEVOTA
Uganda: FOWAC, MEMPROW

17 project regions

Burundi: Bujumbura, Cibitoke, Kayanza, Ngozi provinces; **DR Congo:** North and South Kivu provinces; **Rwanda:** Muhanga, Kirehe, Kigali, Kamonyi, Rubavu, Bugesera; **Uganda:** Kampala; districts - Apac, Nebbi Kingdom (Arua and Zombo), Kitgum, and Lamwo

Project priorities

- integrated support for survivors of sexualised violence and their children
- preventive health care in communities and schools
- community work against violence within the family
- advocacy work to achieve support for survivors
- organisational development for women's rights organisations

Funding

German Federal Ministry for Economic Cooperation and Development
European Union/NGO consortium with Health-Net TPO
Fondation Smartpeace
Medicor Foundation
Fürsorge- and Bildungsstiftung (foundation)
Stiftung Anne-Marie Schindler
Sigrid Rausing Trust donations

Uganda
DR Congo
Rwanda
Burundi



© PAIF
 In order to combat the Ebola epidemic, in South and North Kivu PAIF set up preventive health care stations.

Measures

Our partner organisation PAIF is active in eastern Congo and reacted in 2019 with a prevention project against Ebola. As a local organisation PAIF is trusted by the people, which is a decisive advantage: Many people are distrustful of institutions and foreign organisations. Staff members from PAIF carried out public information efforts including radio programmes, flyers and posters, informing about transmission pathways and prevention measures. They distributed personal protective equipment and built up hand-washing stations with disinfectant in places such as schools and church communities.

In South Kivu *medica mondiale* is training psychosocial assistants together with local experts. These assistants learnt trauma-sensitive ways to counsel and offer skilled support to women and girls affected by violence. In 2019 *medica mondiale* was able to sign a partnership agreement with the Health Ministry in Bukavu. This sets out how the experts will also conduct training for selected health institutions.

Example project

In order to counter the widespread gender-specific violence in the region, in 2019 *medica mondiale* worked together with its partner organisations PAIF in eastern Congo, SEVOTA in Rwanda and MEMPROW in Uganda to develop the joint project “See Far”.

In the See Far programme, each of them assists women and girls with their own local offers. For example, as part of the programme in 2019 MEMPROW carried out several sessions explaining the rights of teenage mothers. PAIF set its priority on Ebola prevention and SEVOTA focussed on empowerment and community re-integration for women affected by violence.

As a second component of See Far, the three organisations conducted joint public awareness work to prevent sexualised violence. The third part of the programme is a common advocacy strategy in order to target decision-makers at a regional level. Furthermore, the partners want to develop joint training concepts for parents, teaching staff, community elders, police workers and courts.

Outlook

In 2020 a symposium and regional workshop are planned to further strengthen the cooperation between the partner organisations. In addition to MEMPROW, SEVOTA and PAIF from the See Far programme, partners from Burundi and South Kivu will also be invited. The partners want to draft a joint feminist identity and expand their joint lobbying efforts.

Results of our intervention



10 young single mothers in Burundi acquired tailoring and dressmaking skills during an 8-month course offered by our partner organisation Marthe Robin.



In 2019, PAIF set up **15** preventive health care stations in order to combat the Ebola epidemic in South and North Kivu. 3,868 people learnt how one measure that can prevent the spread of Ebola is using disinfectant and water to wash their hands.



535 survivors of sexualised violence were provided with psychosocial counselling in their advice centre by the partner organisation Nturingaho in Burundi in 2019.



Girls against violence: "Girl2Girl" is a young organisation from Sierra Leone. During group meetings, girls discuss the issue of sexualised violence and empower each other to take active roles in their communities.

Violence prevention begins in the mind

Liberia, Ivory Coast and Sierra Leone have more in common than just their geographical location stretching down from the West African highlands to the ocean: they also share a history of civil wars. Gender-based violence was widespread in all of these conflicts and is still shaping everyday life. In order to achieve sustainable change, the projects of our Western African partner organisations target communities and society in addition to providing direct support for the survivors of violence.

Initial situation

Sexualised harassment did not first occur during the civil wars that shook the region in the 1990s and early 2000s, nor did it finish when the wars ended. In fact, women's rights organisations have been highlighting increased cases in recent years. One form of gender-specific violence is the female genital

mutilation (FGM) practised in the region.¹ In Sierra Leone almost 90% of women are subjected to this procedure. Although FGM has been prohibited in the Ivory Coast since 1998, in many places the practice continues. In Liberia in 2019, pressure from conservative forces led President Weah to rescind a ban on the practice.

10 projects

10 local partner organisations

Liberia: medica Liberia, Rising Youth Mentorship Initiative, ADWANGA, Liberian Feminist Forum; **Ivory Coast:** CEF-CI, WANEP-CI
Sierra Leone: Choices and Voices Foundation, WEAP, Girl2Girl, Action Pro

13 project regions

Liberia: Grand Gedeh County, Sinoe County, Montserrado and Margibi Counties, Nimba and Lofa County; **Ivory Coast:** Abobo (Abidjan) and Niakara district ; **Sierra Leone:** Freetown, Bo District, Pujehun District, Kenema and Kailahun District

Project priorities

- trauma-sensitive and gender-specific approaches in the field of psychosocial work
- healthcare work, legal advice and economical support for survivors of sexualised violence
- further training for governmental institutions and agencies on provision of support to survivors
- enhancing community-based structures against gender-specific violence
- empowerment group offers for girls

Funding

German Federal Ministry for Economic Cooperation and Development
Kreditanstalt für Wiederaufbau/Welthungerhilfe
Pro Victimis Foundation
Medicor Foundation
Deutsche Gesellschaft für Internationale Zusammenarbeit
Stiftung Anne-Marie Schindler
donations

Sierra Leone
Liberia
Ivory Coast



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Rape begins in the mind – so that is where it can be stopped. Members of a community in south-eastern Liberia during an awareness raising session.

Measures

In 2018 *medica mondiale* expanded its support to include women’s organisations in Sierra Leone and Ivory Coast. They pursue a variety of approaches to work for the rights and protection of women and girls. Some support women to establish small businesses, others fight against FGM, and others train girls to disseminate the message of women’s rights.

The support from *medica mondiale* is also intended to help establish more spaces where the partners can network with each other. “Where more organisations work towards the same goals, this ensures an overall enhancement of women’s rights work in the area,” explains Daniela Gierschmann, Regional Manager for Western Africa at *medica mondiale*.

Example project

“Rape begins in the mind,” says Elisabeth Greene, psychosocial counsellor at *medica Liberia*. So the change has to begin in the minds of the people, too. For this reason, all of the projects at *medica Liberia* target the social surroundings of the survivors of sexualised violence in addition to providing them with direct support. This includes a project being carried out jointly with Welthungerhilfe in the structurally weak south-eastern region of the country.

medica Liberia uses the so-called “SASA!” Approach developed in Uganda by the women’s rights organisation Raising Voices when working in communities. This approach aims to mobilise key participants such as village elders, women’s groups or parents and teachers. These community activists are then trained in work-

shops how to use various methods of public awareness work such as theatre performances, door-to-door campaigns and talking in public. Gradually the communities themselves assume responsibility for protecting women and children. This approach deliberately targets men as well, who become “change agents” working for a better position of women and girls.

The results of previous project phases show that this can indeed reach more people than just the main beneficiaries – women and girls. The project influences the attitude and behaviour of community members, and also of public institutions and government workers. In turn, these are then the role models for everybody else - an effect which plays a decisive role in the fight against sexualised violence.

Outlook

In 2020 *medica mondiale* is beginning to draft a regional concept for Western Africa. This will include a detailed analysis of all relevant actors in Liberia, Sierra Leone and the Ivory Coast who are working on the issue of sexualised violence. Meanwhile, in Liberia the projects in Monrovia and its surroundings continue as do those in Sinoe and Grand Gedeh. An important priority will be anchoring protection networks for survivors within their communities in a long-term way. In parallel, organisational development processes at our partner organisation *medica Liberia* will be enhanced.

Results of our intervention



51 activists benefited from training on the organisation of events and public awareness work (SASA!).



450 survivors of sexualised violence received psychosocial and medical support from *medica Liberia* in 2019.



520 girls in 2019 were active in the *medica Liberia* Girls Clubs. The participants shared their knowledge on their rights, sexuality and health with their peers.

¹ The term “female genital mutilation” has established itself internationally, but is nonetheless disputed, since those affected can feel stigmatised by the label “mutilated”. Many would consider themselves to be “circumcised”. However, “female circumcision” is rejected by the World Health Organisation as downplaying the nature of the act.



Income-generating measures: Medica Gjakova supports refugee women who have returned to Kosovo. In food stores, women sell their wares such as honey, cheese and conserved vegetables.



Building up local expertise: Psychosocial counsellors in South Kivu are taught the stress- and trauma-sensitive approach.

Our 2019 projects at a glance

| | PARTNER ORGANISATION* | FUNDING** | PROJECT | TOTAL COSTS |
|-----------------------------------|--|---|--|------------------|
| Southeast Europe | | | | |
| Kosovo | Medica Gjakova | GIZ, own resources | Income-generating measures for female and youth returnees | 165,069 |
| | Medica Gjakova with KRCT | BMZ, own resources | Trauma-sensitive counselling for women affected by gender-specific violence | 195,724 |
| Bosnia and Herzegovina | Medica Zenica | Louis Leitz Foundation | Income-generating and therapy offers in women's safe house | 29,513 |
| | Vive Žene with Maja Kravica | AA, own resources | Rehabilitation for survivors of war, torture and violence, inter-ethnic dialogues | 120,787 |
| | Budućnost | Louis Leitz Foundation, own resources | Vocational and economic assistance for women affected by violence | 17,855 |
| | The Forgotten Children of War | own resources | Public awareness campaigns on wartime rapes and children born of war | 139,635 |
| | SEKA | Foundation for War Trauma Therapy, own resources | Protection against violence for women and girls in Gorazde | |
| | Center for Women's Rights | own resources | Legal counselling for disadvantaged women and those affected by violence | |
| | TRIAL International | own resources | Legal counselling for survivors of sexualised wartime violence | |
| | Snaga Žene | own resources | Public relations work on sexualised wartime violence in Bosnia | |
| Croatia | ROSA | own resources | Support for female survivors of war | |
| Serbia | Roma Novi Bečej | own resources | Support for Romnija faced with forced marriage and violence | |
| | LINK | own resources | Public relations work on sexualised wartime violence in Serbia | |
| Regional programmes | | Foundation Anne-Marie Schindler, own resources | programme to enhance the organisational development of our partner organisations | 19,329 |
| Total (region) | | | | 687,912 |
| Afghanistan/Iraq | | | | |
| Afghanistan | Medica Afghanistan | AA, own resources | Legal counselling for women and girls | 645,202 |
| Iraq | Emma and Haukari with implementation partners KHANZAD and PDO | BMZ | Training courses for refugee shelters on dealing with gender-specific violence | 613,768 |
| | EMMA | GIZ | Enhancing self-care for staff | 268,761 |
| Regional programmes | | own resources | programme to enhance the organisational development of our partner organisations | 88,133 |
| Total (region) | | | | 1,615,864 |
| African Great Lakes Region | | | | |
| DR Congo | PAIF | BMZ, Foundation Anne-Marie Schindler, Fürsorge- and Bildungsstiftung, own resources | Protection, access to education and health care for women and girls affected by violence | 130,533 |
| | ADDF | own resources | Protection from violence in schools and support for survivors | |
| Burundi | Nturengaho | EU Programme "Twiteho Amagara": EU/HealthNetTPO | Socio-economic reintegration of pregnant girls and women | 61,319 |
| | Dushirehamwe | | Protection for women and girls affected by violence | |
| | MUKENYEZI MENYA | | Psychosocial and economic support for survivors | |
| Uganda | MEMPROW | own resources | Socio-economic assistance and sexual and reproductive health information for young women | 164,504 |
| | FOWAC | BMZ, Foundation Anne-Marie Schindler, own resources | Establishment of safe spaces for survivors of sexualised violence | |
| Rwanda | SEVOTA | BMZ, Fondation Smartpeace, Foundation Anne-Marie Schindler, own resources | Social integration of survivors of sexualised wartime violence and their children | 51,106 |
| Regional programmes | AFPDE, EPF, HAM, La Floraison, RAPI, RFDP (South Kivu programme) | Medicor Foundation, Sigrid Rausing Trust, Foundation Anne-Marie Schindler, Foundation Smartpeace, own resources | Programme to enhance the organisational development of our partner organisations | 462,572 |
| Total (region) | | | | 870,034 |



© Rising Youth Mentorship Initiative

Public awareness work: In the Girls Clubs of the Rising Youth Mentorship Initiative (Liberia), girls find support and solidarity.



© Inga Weller/medica mondiale

Counselling: Staff from Medica Afghanistan provide legal and psychological counselling for women affected by violence.



Western Africa

| Country | Partner Organisation | Resource | Project Description | Amount (€) |
|-----------------------|-------------------------------|---|--|------------------|
| Liberia | Medica Liberia | Foundation Anne-Marie Schindler, own resources | Programme to enhance the organisational development of our partner organisations | 138,600 |
| | | BMZ, own resources | Measures against gender-specific violence, improvement of state and community offers for survivors | 398,915 |
| | | GIZ, own resources | Employment-oriented assistance for women in the healthcare sector | 110,387 |
| | | KfW via WHH, own resources | Re-integration and reconstruction in south-eastern Liberia | 618,306 |
| | | Fondation Pro Victimis, Medicor Foundation, own resources | Expanding local solidarity and protection networks | 343,887 |
| Ivory Coast | ADWANGA | own resources | Establishment of protection networks for women in rural areas | 108,229 |
| | | Rising Youth Mentorship Initiative | Awareness raising and empowerment for young women and girls | |
| | | Liberian Feminist Forum | Protest campaign as part of "16 Days of Activism" | |
| Ivory Coast | WANEP-CI | CEFCI | Reconstruction of the Peace Huts to provide support for survivors | 108,229 |
| | | CEFCI | Establishment of a community-based protection network for the prevention of violence | |
| Sierra Leone | Choices and Voices Foundation | WEAP-SL | Establishment of protection mechanisms in communities in the vicinity of Freetown | 108,229 |
| | | WEAP-SL | Awareness raising within communities on the prevention of sexualised violence | |
| | | Girl2Girl Empowerment Movement | Prevention of gender-specific violence, mentoring and empowerment of girls | |
| | | Action Pro | Strengthening of protection networks and empowerment of girls and women | |
| Total (region) | | | | 1,718,324 |



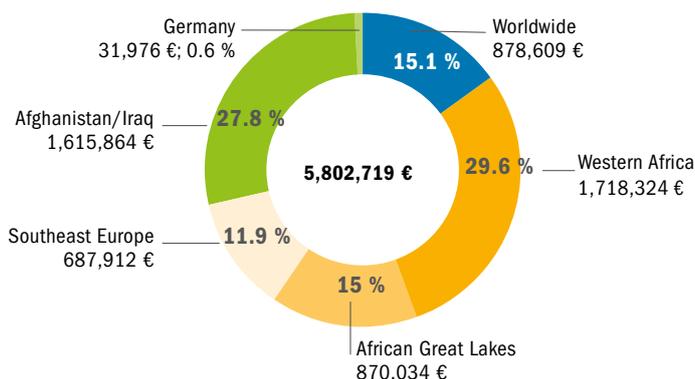
Worldwide

| Country | Partner Organisation | Resource | Project Description | Amount (€) |
|---|---|--------------------|--|----------------|
| Rwanda, Uganda, DR Congo | SEVOTA, MEMPROW, PAIF ("See Far" programme) | BMZ | Prevention of gender-specific violence and empowerment of women | 316,519 |
| Bosnia and Herzegovina, Kosovo, Afghanistan, Iraq | Medica Zenica, Medica Gjakova, Medica Afghanistan (trans-national healthcare training programme, Phase 2) | BMZ, own resources | Training for healthcare staff on dealing with gender-specific violence | 562,090 |
| Total | | | | 878,609 |



Germany

| | | | |
|--|------------------------------|--|---------------|
| | GIZ, own resources | Concept development for anchoring stress- and trauma-sensitivity in post-conflict regions | 31,976 |
| | Aktion Mensch, own resources | Empowerment first! Support for protection against violence, inclusion and trauma-sensitivity | |



- BMZ = Federal Ministry for Economic Co-operation and Development
- AA = Federal Foreign Office
- GIZ = Deutsche Gesellschaft für Internationale Zusammenarbeit
- WHH = Welthungerhilfe
- KfW = Kreditanstalt für Wiederaufbau

* 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.



Re-establishing a self-connection: After an experience of violence, many of those affected have to re-learn their sense of self and feeling for their own boundaries. In the picture: Psychosocial counsellors from Burundi and DR Congo during a joint training session.

Creating the conditions for empowerment

What support does a female lawyer in Kabul need, when she is affected by domestic violence? And what support does a single mother with no secure income in Goma need? Our partner organisations pursue approaches which are as diverse as the social contexts within which they operate. Common to them all is an offer of trauma-sensitive support for women.

Sexualised violence has more than just physical consequences for those affected: the experience of a severe violation of their personal needs and boundaries will often leave a lasting feeling of insecurity and powerlessness. Trauma-sensitive support for women and girls was therefore a crucial part of all projects carried out by *medica mondiale* right from the start.

New developments in trauma work

The trauma work at *medica mondiale* is continually being adapted and further developed to meet the needs of the countries where it is applied. In 2019 the following strategic aims were agreed as guiding principles.

- ▮ **Conceptual strengthening of the approaches:** There should be further development of all issues which concern many of the partner organisations (stress- and trauma-sensitive counselling methods, approaches to self-care for staff).
- ▮ **Consideration of family surroundings:** All projects should systematically include family systems and children as affected persons.

- ▮ **Increase the visibility of approaches from the Global South:** Many partner organisations have developed their own approaches which can be developed for use in other countries. Here *medica mondiale* can act as an intermediary.

The project “Empowerment First!”

The trauma work is a component of all international projects. For several years now, *medica mondiale* has also been offering training courses in Germany on its stress- and trauma-sensitive approach (STA®).

One example is the project “Empowerment first!”, which *medica mondiale* is carrying out together with Aktion Mensch. For a period of three years starting in 2018, specialist staff are being trained in how to work with female refugees. These training courses serve to raise awareness: What experiences of violence, and sexualised violence in particular, have women experienced before, during and after they flee? What impacts do traumatic experiences have? How safe are the refugees within the facilities? How safe are the staff? Participants share experiences of specific cases and

Foundations of our trauma work:

medica mondiale pursues a socio-political understanding of trauma. The strength and persistence of the consequences of traumatising depend not only on the severity of the experience and the constitution of the affected individual. They also crucially depend on the availability or lack of social and political support for the survivors after the experience of violence, and whether or not they are subjected to renewed violence, stigmatisation and/or poverty.

For the trauma work of *medica mondiale* this means that those affected by violence should not be reduced to the traumatic experience. Instead, the priorities are to name the injustice, to interrupt the cycle of violence, and to create the conditions for empowerment so that women can stabilise themselves.

work together to develop solutions to improve violence prevention. They learn which institutions or authorities they can turn to in cases such as a suspicion that a child's well-being is in danger. Another important aspect is also the individual self-care and staff care needed to ensure that employees do not exceed their own limits when carrying out this frequently very stressful work.

The project brings in "peer experts", who are often women who were refugees. This helps to overcome the tendency to only see refugee women as needing protection, since many actually have valuable experiences which could help others. Women who have been living in Germany for some time are trained to carry out this work with those who arrived recently. This offers great encouragement to many women, and the peer experts also experience it as an enriching opportunity to share their perspective and knowledge.

Interview



Petra Keller manages the project "Empowerment First!"
© Anna-Verena Müller/*medica mondiale*

"Many women remain silent about their experience of violence"

medica mondiale is best known for its work in crisis regions. Why did you decide to run a project here in Germany?

In 2015 we received an increasing number of enquiries from counselling points and accommodation facilities. Many staff had come from other professions with little knowledge of the impacts of trauma and violence, so they felt overwhelmed in this work with refugee women. We were an important point of contact because of our expertise in trauma work and our long experience in areas of war and conflict.

What are the particular problems faced by refugee women?

The lack of private space is a major issue, restricted access to health-care, and a lack of protection from violence. Further, most women do not know which rights they have here in Germany or how to assert those rights. If a refugee woman experiences violence committed by her partner, she may remain silent about this because she does not want to risk jeopardising the asylum procedure of her family.

What approaches does the project offer?

The trainings are designed to closely match real practical situations. The aim is to demonstrate the opportunities that exist to support the women and to develop practical instruments. Some participants reported for example, how stressful every new arrival is because of the atmosphere of chaos and fear. They came up with simple ideas such as a stock of colouring books for the children, which helps to calm the situation. Other participants draft ideas for preventive measures to ensure violence does not flare up in their facility. These can be very small, practical steps which have a large impact within everyday routines.



Project visits and video conferences: The team at medica mondiale remains in close contact with partner organisations (in the picture: staff members of the Kurdish organisation Emma) to discuss ongoing projects and, where necessary, to agree on necessary adaptations.

Keeping a critical view of our own work

Almost all projects funded by *medica mondiale* are implemented together with local partner organisations. During the project we remain in close contact with the partners and support them to carry out their work in a proper way. Additionally, external evaluators ensure independent quality control. Their appraisals help us to keep a critical view of our own work and to continue developing our approaches.

medica mondiale has almost all of its projects assessed by external specialists. These evaluations require good planning, time, resources and, of course, money. So why are these evaluations so important to us? Firstly, we want to remain accountable to our funders and donors. Secondly, evaluations actually benefit us, our partners and all of our target groups, since we need to know how effective the project was before we can decide what to keep for future projects and what needs improving.

How can we measure the end of violence?

Gender-specific violence manifests at different levels: attacks on individual women; discrimination by the law; income disparities; or sexist attitudes shown by teachers and parents. Evaluations by *medica mondiale* have to try to reflect this complexity of cause and effect, so the situation of the survivors is not the only aspect given consideration. Other factors include the social surroundings, access to advice and support, institutional and political levels, and the field of social norms. All assessments combine a range of methods and sour-

ces of information in order to gain useful insights. As well as the numbers (how many people did a particular offer reach?), another example is the use of questionnaires and interviews before and after training courses to track changes in attitudes.

Results of our evaluations in 2019

In 2019 we commissioned a synthesis of seven evaluations from previous years, in order to detect general tendencies within the projects, such as frequent weaknesses or particularly positive developments. These evaluations were carried out in five countries in three priority regions: in Afghanistan, Iraq, the DR Congo, Liberia and Rwanda. The following tendencies can be detected:



© Rising Youth Mentorship Initiative

Do the projects really benefit the right people and achieve the planned impacts? In the picture: Participants in a girls' group from the Rising Youth Mentorship Initiative in Liberia.

Projects serve local needs

- + All projects are relevant because they serve needs that are not or insufficiently covered by the government and local institutions. Particularly relevant are the projects in Afghanistan, Liberia and Iraq.
- Some projects such as the Transnational Health Training Programme are relevant and important but suffer from a limited coverage due to their focus on state institutions.

Projects impact at different levels

- + All projects have measurable benefits for the survivors, especially in relation to their psychological and physical health. The stress- and trauma-sensitive approach from *medica mondiale* gets frequent positive mentions as a unique selling point.
- + There is an improvement in the knowledge held by institutions, government authorities and communities at many points, especially regarding the issues of trauma and availability of advice and counselling.
- *medica mondiale* is striving to achieve change at all levels of society. However, many aspects cannot be influenced easily. For example, in Afghanistan women continue to suffer from negative judgements in court cases relating to so-called moral crimes. Furthermore, attempts to reintegrate women affected by violence back into their families and communities have not been successful everywhere.

Projects need to be anchored in the longer term

- +/- The sustainability of our work is assessed as good to satisfactory. For example, we succeed in training specialists in the stress- and trauma-sensitive approach. However, future projects need to focus more attention on ensuring ongoing application of these new approaches after the training.
- +/- The income-generating measures for women lead to psychosocial empowerment but less to economic empowerment. Therefore, *medica mondiale* needs to check which synergies are available with other organisations and projects that might improve the specifically economic aspects of the empowerment.

What happens with the results?

The evaluation reports are an important instrument for everyone involved in the projects, from the project officers in the Cologne main office to the staff members of our partner organisations, as they work to ensure further improvement in the joint work. Which measures are having an impact? Where do we see no impacts or different impacts to the ones we planned for? What changes might be achieved more quickly in another way? Are the changes we do achieve actually the right ones? Evaluations can help to avoid significant traps in future projects and to continue achieving the positive effects. So after one evaluation it is always also before the next evaluation.

All evaluation reports can be seen at:

<https://www.medicamondiale.org/en/what-we-do/project-evaluation.html>



Mirlinda Sada (2nd f. l.) from Medica Gjakova at the German Development Ministry reporting on political advocacy for survivors of sexualised violence during the Kosovo war.

Women's shelters and women's rights

Women's rights need to be fought for and defended, time and time again, whether in the UN Security Council, in communal politics, by means of online protest, or local demonstrations. In 2019, *medica mondiale* and its partner organisations succeeded in bringing their expertise to high-ranking committees and expressing their demands for women's rights.

Our political work

Which is more important? Offering points of contacts and safe houses for women affected by violence, or fighting for women's rights on the political level? From decades of experience, *medica mondiale* knows that neither of these succeeds without the other. Political interventions for women's rights are an essential component of our work just like the direct support of women affected by violence.

Measures

Once again, a priority of the political work in Germany in 2019 was the issue of **refugee and asylum policy**. In May *medica mondiale* attended the Annual Conference of the German Bar Association, on the issue of "The Constitutional State", to represent the viewpoint of refugee women.

In October, *medica mondiale* joined the migrants' organisation agisra in organising a symposium on the issue of "Safe countries of origin". The symposium was

well attended and demonstrated a substantial need for information on this topic. Representatives of women's rights organisations from Kosovo and Albania – two countries which count as "safe countries of origin" – reported on the situation and the lack of protection for women there.

At the international level, *medica mondiale* joined with other women's rights organisations to provide critical advice to the German Federal Government on the proposal for a new UN resolution. **Resolution 2467** was intended to ensure more effective protection for women and girls from sexualised violence during armed conflicts, and was proposed and passed at the Security Council of the United Nations in April 2019. However, pressure from powerful member states, such as the USA, Russia and China, weakened the text of the resolution, which drew on the already existing Agenda "Women, Peace, Security". *medica mondiale* judged this resolution to be a "weak compromise" and provided comments on the process to the media such as an interview with Deutsche Welle.



Jeannette Böhme from *medica mondiale* assesses and comments on UN policy to protect women against wartime violence.

Demands

Representatives of *medica mondiale* were also invited in 2019 to provide input and comments on national and international political measures and strategies.

In May 2019, Dr Monika Hauser, Executive Member of the Board, was invited to the Human Rights Committee of the Federal German Parliament to comment on the **Human Rights Report** of the government. Monika Hauser used her statement of opinion to call for a foreign policy that assesses its measures consistently according to criteria of gender justice. She pointed out that the German government cannot condemn sexualised wartime violence while at the same time granting permissions for arms exports to governments who will quite possibly use these weapons to commit human rights violations.

In the field of **refugee and asylum policy** *medica mondiale* is urgently calling for the universal introduction and implementation of violence protection concepts into accommodation used for refugees. In this regard, *medica mondiale* is demanding a full implementation of the Istanbul Convention, which came into force in Germany on February 1, 2018. The Convention mandates contracting states to protect women from violence and expressly includes refugee women in its scope.

Our partners visit the German Development Ministry

Representatives of the Bosnian and Kosovan organisations *Medica Zenica*, *Medica Gjakova* and *Kosovarian Rehabilitation Center for Torture Victims* were invited to speak at an Expert Dialogue at the German Federal Ministry for Economic Cooperation and Development in November 2019.

This event was held to mark a strategy passed by the German government to support work in ‘Dealing with the Past’ which plays a core role in dealing with sexualised wartime violence. The Expert Dialogue was organised by *medica mondiale* and the Working Group Peace and Development. Our partners gave first-hand reports of their long struggle for the introduction of compensation payments, which finally proved successful: In 2006 in Bosnia and Herzegovina, and in 2018 in Kosovo, laws were passed recognising survivors of sexualised wartime violence as “civilian victims of war” entitling them to a monthly war pension. The representatives of the Development Ministry, Foreign Office, Federal Parliament and civil society invited the activists to join a discussion on how the new strategy of the German government can be put into practice.

Outlook

In October 2020 it will be the 20th anniversary of *UN Resolution 1325* “Women, Peace and Security”. The main demands of the resolution are the participation of women in peace processes and the protection of women from sexualised violence. As a UN member state, the German government is called on to take Resolution 1325 into account in its foreign, security and development policy. For this purpose, in 2020 the third National Action Plan will be drafted. *medica mondiale* is joining together with a range of women’s rights organisations in the “Bündnis 1325” alliance to draw up specific demands and suggestions for the government.



Visitors at *medica mondiale*'s information stand at the Protestant Kirchentag in Dortmund.

Communication is (almost) everything

As a charitable association, *medica mondiale* is funded to a great extent by donations – they are one of the most important sources of income. We do not take for granted the trust which our donors show us year after year, since this trust is our greatest asset. We need to earn it on an ongoing basis, by means of responsible, economical action and transparent communication.

In addition to public funding and grants from foundations, the work of *medica mondiale* is financed to a great extent by private donations. Some of these are earmarked for specific projects, but the majority are not, providing general funding that enables *medica mondiale* to target resources where they are most urgently needed, which is often in war and crisis areas out of the spotlight. In order to maintain the continued trust of our donors, we inform regularly about our work and the allocation of these resources.

Website

On our website www.medicamondiale.org you can find news and examples of current projects, as well as well-researched background reports in German and English, for example on women's rights in Afghanistan or the stress-and trauma-sensitive approach applied to work with refugees. Our publications and information on donating are also available online.



Social media

On Facebook and Instagram we also inform you about current campaigns, events and news from the projects. Furthermore, we share links to interesting articles on the issue of sexualised violence and feminism all around the world. In 2020 we plan to expand our Twitter channel in order to communicate on political issues in a more targeted way.



Events

In 2019, *medica mondiale* attended a range of events, allowing us to dialogue with new target groups and with long-term supporters. Two examples generating particular interest were our contribution to the opening service at the 37th Protestant Kirchentag in Dortmund, and an evening event on trans-generational trauma at the Literature House in Cologne.

Newsletter and publications

In the Annual Report we provide regular information about our approaches to our work, and explain in a transparent way how we use our resources. Our e-mail newsletter, the magazine for donors *memo* and topic-specific appeals for donations contain introductions to individual projects and explain the impacts achieved by means of this assistance. Fundamentals and specialist insights are also published in individual publications such as the new brochure “My Body is No Battlefield!”, which was published in 2019 in German and English.



Transparency and responsibility

Within our public relations work and our advertising for donations, we are careful to use our resources in a responsible and economical way. Supervisory committees within our organisation, external assessors and auditors all ensure transparency and effective monitoring of our work. Furthermore, we have committed ourselves to following existing rules of conduct, such as the requirements of the Initiative for a Transparent Civil Society and the Code of Conduct from VENRO.

Public relations work in 2019 in figures

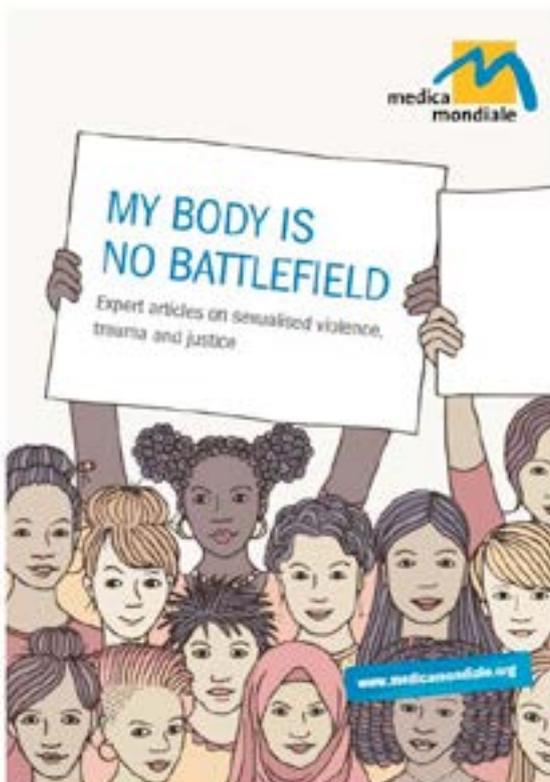
Approximately **110.000** people visited our website – that is about 300 per day.

7.000 people ‘like’ our Facebook page – one third more than in the previous year. On Instagram there are **900** followers.

Approximately **3.100** people receive our newsletter.

We presented the work of *medica mondiale* at **35** events.

A total of **203** benefit events and collections were organised by supporters to raise money for and awareness of our work.



2019 in pictures

© Anna Verena Müller



Women's Strike

"If we stop work, the world stops turning!" Together with an alliance of women's organisations from Cologne, *medica mondiale* called for a strike and demonstration on March 8. Many demands of the alliance concern worldwide problems such as violence against women, access to abortions, or income inequality. "Every time a woman stands up against injustice, she stands for all women," proclaimed *medica mondiale* during a speech.

© Ulla Burghardt



Long-term Consequences of Trauma

Can a trauma be inherited? Wartime rapes frequently have an impact beyond the life of the immediately affected survivor: they affect successive generations. In April *medica mondiale* organised a podium discussion on this topic in the Literature House Cologne. Speakers included the psychotherapist Dr Katharina Drexler and the Director of our partner organisation *Medica Zenica*, Sabiha Husić.

© Saskia Hintz



Training Courses for Healthcare Staff

In April, Dr. Nezar Ismet Taib, Director of the Health Department in Dohuk in northern Iraq, and Dr Monika Hauser, founder and Executive Board Member of *medica mondiale*, signed a memorandum setting out the procedure for the Transnational Health Training Programme. The aim of the programme is competence building for healthcare staff to enable them to treat women affected by violence using the stress- and trauma-sensitive approach.

© Daniela Gierschmann



New Partners in Western Africa

medica mondiale has been working in Liberia since 2006. Funding for projects in Ivory Coast and Sierra Leone started in 2018. This expansion in support provision is important to ensure that sustainable long-term structures are built up. In May, representatives of *medica mondiale* visited a selection of organisations in the region to speak with them about the challenges, approaches and opportunities faced in setting up networks.

© Deutscher Bundestag



Human Rights Report

Every two years the German government publishes a report on the state of human rights in Germany and abroad. In May 2019, Monika Hauser was invited to the German parliament as one of seven experts. In the public hearing she submitted comments on the report from the perspective of gender justice.

© WDR



Protestant Kirchentag

"What confidence is this". That was the theme of the 37th German Protestant Kirchentag in Dortmund. In the "Market of Opportunities" *medica mondiale* presented the focal areas of women's rights and aid work around the world. During the Opening Service *medica mondiale* staff member Karolina Plewniak called for an end to violence against women.



See Far

In the Great Lakes Region, *medica mondiale* started the joint project “See Far”. This brings together the three women’s rights organisations PAIF from DR Congo, SEVOTA from Rwanda and MEMPROW from Uganda. During the kick-off workshop in Entebbe (Uganda), the organisations discussed joint approaches to the prevention of sexualised violence.



Trauma Training

In addition to its international work, *medica mondiale* also conducts training courses in Germany. In 2019, several training courses on sexualised violence, stress- and trauma-sensitivity, and staff and individual self-care were offered within the context of refugee work. The aim is to improve everyday life for traumatised and stressed refugees and those supporting them.



Anniversary in Kosovo

medica mondiale has been working in Kosovo for 20 years. The anniversary celebrations of *Medica Gjakova* gained substantial media and public interest. One highlight of the event was the launch of the book “I am Anemone”, in which 25 survivors of sexualised violence in the Kosovo war tell their stories.



Feminist Breakfast

In Berlin in November, *medica mondiale* invited a range of female activists to discuss future strategies for feminist exchange. The topics at the workshop were digital violence, sexualised violence, and trans-generational trauma.



Dealing with the Past

Together with the Working Group Peace and Development, in November *medica mondiale* organised a Background Discussion at the Federal Development Ministry. The topic was coming to terms with sexualised wartime violence at individual and societal levels. Panel members included the Directors of our partner organisations in Bosnia and Kosovo, Sabiha Husić, Feride Rushiti and Mirlinda Sada.



Human Rights in Foreign Policy

On December 10, the Day of Human Rights, the Foreign Office hosted an international conference with the title *Advocating Human Rights in the 21st Century*, to discuss current challenges in the field of human rights. Monika Hauser from *medica mondiale* took part in a panel with federal Foreign Minister Heiko Maas to discuss how women’s rights can be strengthened internationally and nationally.

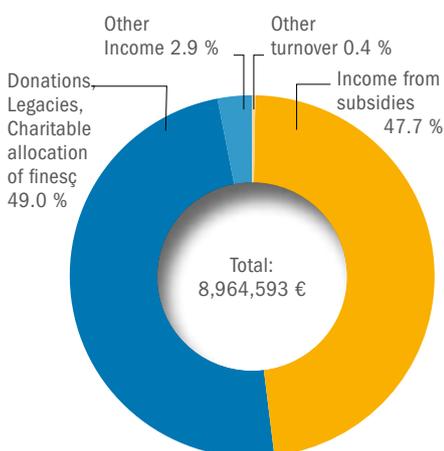
Income

There was a clear positive development in 2019 for both donations and grants. This continues the increases in income we have experienced since 2013.

Compared to the previous year, in 2019 our total income increased by approx. 6.5 per cent. The income from donations increased by some 5 per cent, but the allocations of fines paid sank by 2 per cent. Compared to the previous year, grants increased by 4.5 per cent to 4.279 million euros. This increase is due to an increase in both the number and size of projects. Year-on-year increases were particularly visible in the state funding from the Federal Ministry for Economic Cooperation and Development and the Kreditanstalt für Wiederaufbau via Deutsche Welthungerhilfe.

The project-specific grants and benefits from public and private sponsors mainly came from the Federal Ministry for Economic Cooperation and Development, KfW (Reconstruction Loan Corporation) via Welthungerhilfe, the German Federal Foreign Office, GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit), Medicor Foundation from Liechtenstein, the Swiss foundations Pro Victimis, Stiftung Anne-Marie Schindler, Stiftung Smartpeace and Stiftung für Kriegstrauma-Therapie, from Aktion Mensch e.V., the Louis Leitz Foundation and other sponsors.

Income 2019

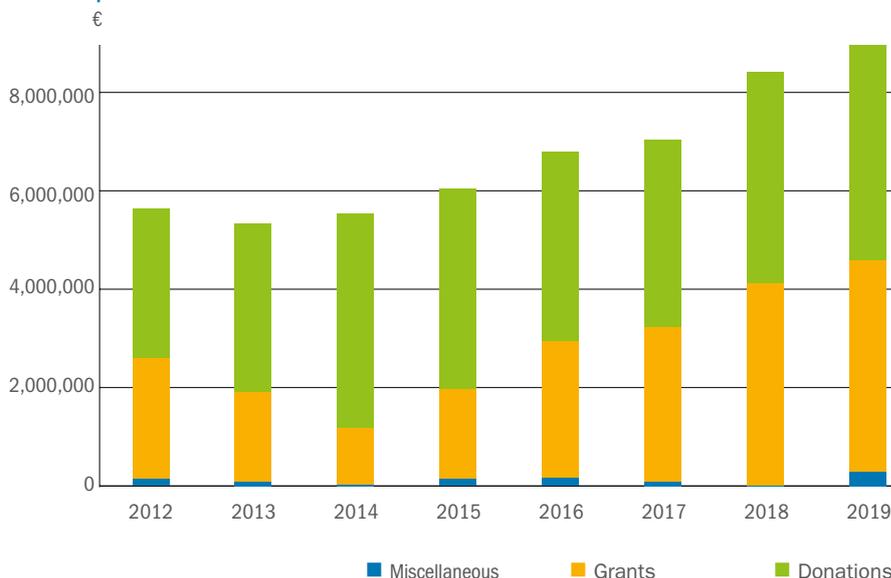


Profit and Loss Account

for the period January 1 to December 31, 2019

| |
|--|
| 1. Other turnover |
| 2. Income from grants and benefits |
| 3. Donations and similar income |
| 4. Other operating income |
| 5. Staff expenses |
| a) Wages and salaries |
| b) Social security, pensions |
| 6. Depreciation of intangible assets and tangible fixed assets |
| 7. Other operating expenses |
| a) Rents and other premises expenses |
| b) Fees, charges, membership fees |
| c) Grants and benefits to third parties |
| d) Vehicle expenses |
| e) Representation and travel expenses |
| f) Other operating expenses |
| g) Other expenses |
| Interim result |
| 8. Interest and similar income |
| 9. Interest and similar expenses |
| 10. Result after taxes/ Surplus or deficit for the year |

Development of income from 2012 to 2019



| 2019 | | 2018 | |
|---------------------|---------------------|--------------|--------------|
| EUR | EUR | EUR thousand | EUR thousand |
| 36,488.37 | | 10 | |
| 4,279,733.18 | | 4,096 | |
| 4,389,328.86 | | 4,309 | |
| <u>259,037.78</u> | 8,964,588.19 | <u>1</u> | 8,416 |
| 2,405,697.58 | | 2,100 | |
| <u>453,706.63</u> | 2,859,404.21 | <u>400</u> | 2,500 |
| 72,130.32 | | 54 | |
| 255,315.33 | | 235 | |
| 27,193.23 | | 16 | |
| 3,889,703.80 | | 3,341 | |
| 7,885.43 | | 6 | |
| 263,205.03 | | 188 | |
| 337,267.16 | | 248 | |
| <u>1,265,748.55</u> | <u>6,046,318.53</u> | <u>1,379</u> | <u>5,412</u> |
| | - 13,264.87 | | + 450 |
| | 5.35 | | 0 |
| | <u>442.66</u> | | <u>0</u> |
| | <u>-13,702.18</u> | | <u>+ 450</u> |

Expenses

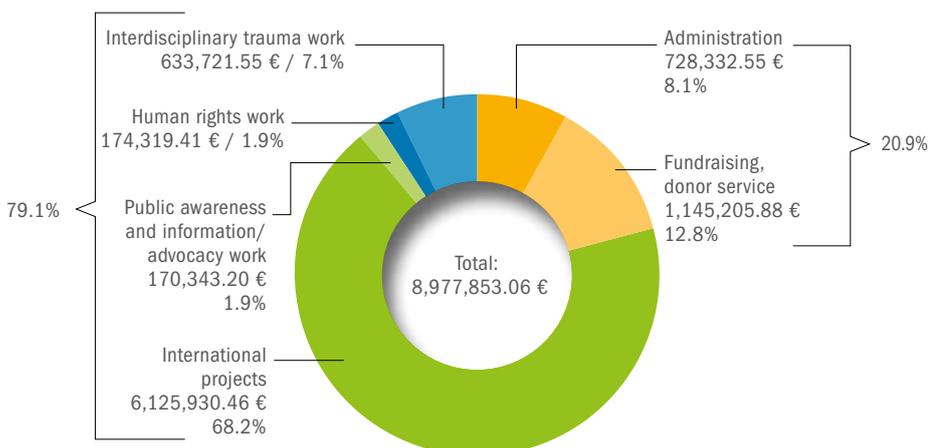
Total expenses in 2019 rose some 12.7 per cent in comparison with the previous year. Of the total, 79.1 per cent were costs of the projects abroad and in Germany, and 20.9 per cent were spent on administration, public relations, publicity, advertising and the donor service.

Of the project costs, international projects accounted for 86.2 per cent. The share spent on project work in Germany – human rights and trauma work – was 11.4 per cent, with 2.4 per cent of the expenses being spent on awareness raising, information and advocacy work for human rights. This expenditure includes direct project costs and the spending on project support, including the management of the projects from the main office in Cologne. The advertising and administration costs can be divided into advertising and public relations (61.1 per cent) and administration (38.9 per cent).

Expenditure in 2019 exceeded income by 13,702.18 euros. This result is covered by reserves. In Cologne there was a rise in the depreciation figures due to expansion of the IT systems. At the end of 2018, in the Kurdish Region of Iraq it became possible to rent long-term office space for the Regional Office. This was included on a whole-year basis for the first time in 2019, which led to an increase in rents/premises costs. As in the previous year, the celebrations of the 25th anniversary led to an increase in representation costs, as part of the publicity budget. And it was once again possible to make more trips to the project countries, which explains the higher travel expenses.

In several areas there was a need for more staff, which is reflected in the continued increase in expenditure on personnel.

Total expenses per working areas



Balance sheet as of as of 31st December 2019, medica mondiale e. V., Cologne

| ASSETS | 2019 | | 2018 | | Liabilities | 2019 | | 2018 | |
|--|--------------|---------------------|-------|--------------|--|---------------------|--------------|--------------|--------------|
| | EUR | EUR | TEUR | TEUR | | EUR | EUR | EUR thousand | EUR thousand |
| A. Capital assets | | | | | A. Equity capital | | | | |
| I. Intangible assets | | | | | as of 1.1. | 3,993,116.93 | | 3,543 | |
| Concessions, industrial property and rights and similar rights and assets as well as licenses for such rights and assets | 34,715.74 | | 27 | | Annual surplus | <u>-13,702.18</u> | 3,979,414.75 | <u>450</u> | 3,993 |
| II. Tangible fixed assets | | | | | B. Reserves | | | | |
| Other fixtures and fittings, tools and equipment | 70,270.05 | 104,985.79 | 75 | 102 | Other reserves | | 234,174.83 | | 381 |
| B. Current assets | | | | | C. Payables | | | | |
| I. Receivables and other assets | | | | | 1. Liabilities from trade and services remaining term up to 1 year | 236,445.56 | | 140 | |
| Receivables and other assets | 491,121.83 | | 591 | | 2. Other payables | 561,261.88 | 797,707.44 | 758 | 898 |
| II. Cash-in-hand, bank balances | | | | | D. Accruals and deferred income | | | | |
| Cash-in-hand, bank balances | 5,844,151.58 | | 5,610 | | | 1,785,468.14 | | 1,244 | |
| C. Accruals and deferred income | | | | | | | | | |
| Accruals and deferred income | 356,505.96 | 6,691,779.37 | 213 | 6,414 | | | | | |
| | | <u>6,796,765.16</u> | | <u>6,516</u> | | <u>6,796,765.16</u> | | | <u>6,516</u> |

Notes to the Balance Sheet

ASSETS

1. Capital assets

The balance sheet total of medica mondiale e. V. increased from 2018 to 2019 by 281,000 euros to 6,796,765.16 euros. This is an increase of 4.3 per cent. Depreciation of intangible assets and tangible assets in Cologne is calculated according to the straight-line method. The assets in the Regional Offices in Dohuk and Bujumbura are listed in an inventory and not included here under Capital assets.

2. Current assets

Some of the receivables from previous years were able to be recovered. To a large extent, these arise where projects require grant payments and *medica mondiale* advances these to them.

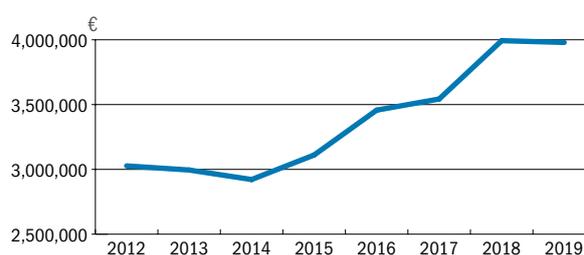
In relation to the usual operating monthly finance requirements of 742,000 euros (previous year 659,000), the liquidity reserves correspond to the financial requirements of 5.3 months.

LIABILITIES

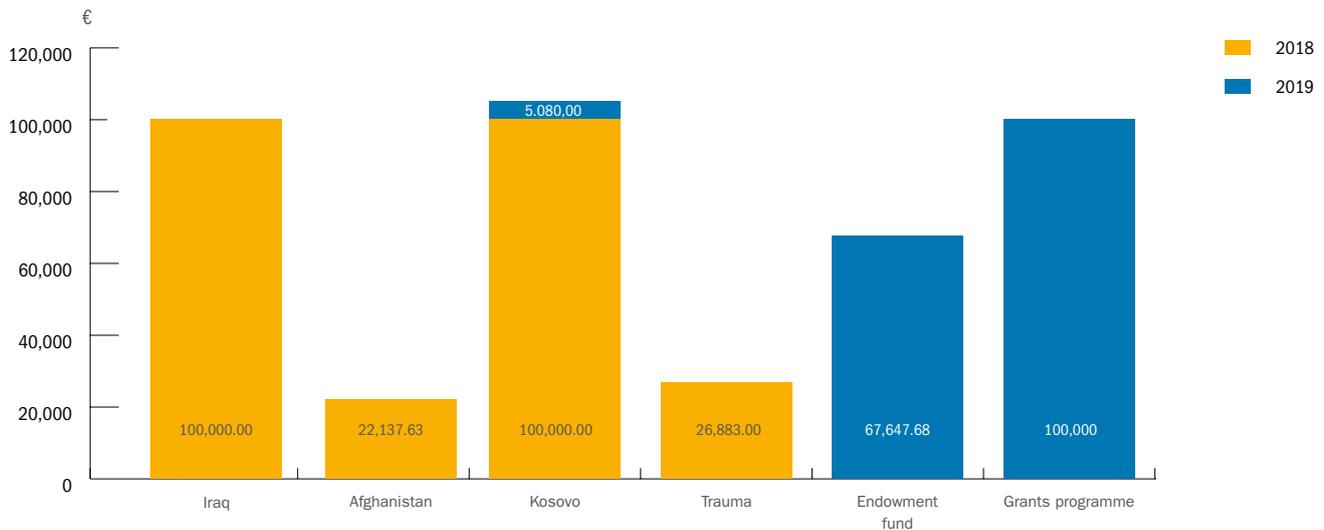
Capital

On the capital side, the equity capital diminished by an amount equivalent to the annual deficit. Reserves to cover potential repayments for donor projects were liquidated since the projects were able to be completed. The liabilities position of "Accruals and deferred income" is made up of grants for 2020 for projects abroad and in Germany.

Development of equity capital 2012-2019



Liabilities from earmarked donations as of 31.12.2019



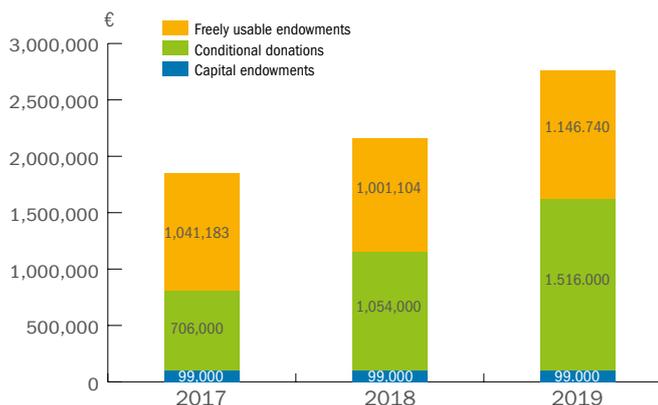
In 2019, medica mondiale e.V. was able to set aside a total of 421,748.31 euros in project-specific grants for international projects, helping to ensure a good start to projects and the

possibility of long-term planning. This is a great success. Our gratitude goes out to all the donors who helped to make this possible!

Foundation endowment, development

In 2014 medica mondiale e. V. set up its own Endowment Fund under the auspices of the umbrella foundation GLS Treuhand e. V. This endowment fund helps to ensure flexibility in times of crisis and makes it easier to finance project establishment and funding advances. With further endowment contributions and donations, as well as interest accrued, the Endowment Fund closed in 2019 with a balance of 2,761,739.75 euros. This is invested according to sustainability criteria and in this way the umbrella foundation earned an average interest of 2.45 per cent in 2019.

| | |
|--|-----------------------|
| Endowment fund 1.1.2019 | 2,154,104.00 € |
| Interest, less fees: | 40,635.75 € |
| new donations and endowment contributions: | 567,000.00 € |
| funds allocated: | 0.00 € |
| Endowment fund 31.12.2019 | 2,761,739.75 € |
| of these, earmarked donations: | 1,516,000.00 € |



Excerpt from the report on the audit of the Annual Financial Statements as of 31st December 2019, 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 1st January to 31st December 2019. 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, 1st July 2020

Association, governing bodies and networks

Structure of the association

medica mondiale e. V. is a registered non-profit association domiciled in Cologne, Germany. Our governing bodies are the General Assembly, the Supervisory Board and the Board. The General Assembly is the highest supervisory body and elects from its members the Supervisory Board. The Supervisory Board appoints the Board of Directors. The General Assembly meets once a year to receive and approve the Annual Report from the Board of Directors. The accuracy of the Annual Financial Statements is checked by an independent financial auditor. The Board is responsible for managing the work of the association. It decides on the priorities and strategies in accordance with the Purpose of the association. The Board is monitored by the Supervisory Board.

Networks and memberships

medica mondiale is a member of VENRO (Association of German Development NGOs). As such, we are committed to upholding the standards of the VENRO Code of Conduct. Further memberships include Forum Menschenrechte [Forum Human Rights] and Arbeitskreis Frauengesundheit [Working Group Women's Health]. At the international level, *medica mondiale* is a member of the Association of Women in Development (AWID), the alliance Feminist Impact for Rights and Equality (FIRE), and the Global Peacebuilding Network.

medica mondiale joined the German Evaluation Society (DeGEval) in 2019 and the Initiative Transparente Zivilgesellschaft [Initiative for a Transparent Civil Society] in 2011. With regards to our transparent accountability and impact orientation, we inform in an open manner about the aims and impacts of our work, the source and allocation of all financial resources, and the decision making within our organisation.

Main office in Cologne

- 3 salaried Board Members
- 51 salaried employees, of which 29 are part-time, 22 are full-time*
- 2 employees on limited hour contracts
- 9 placement students
- 3 volunteer staff

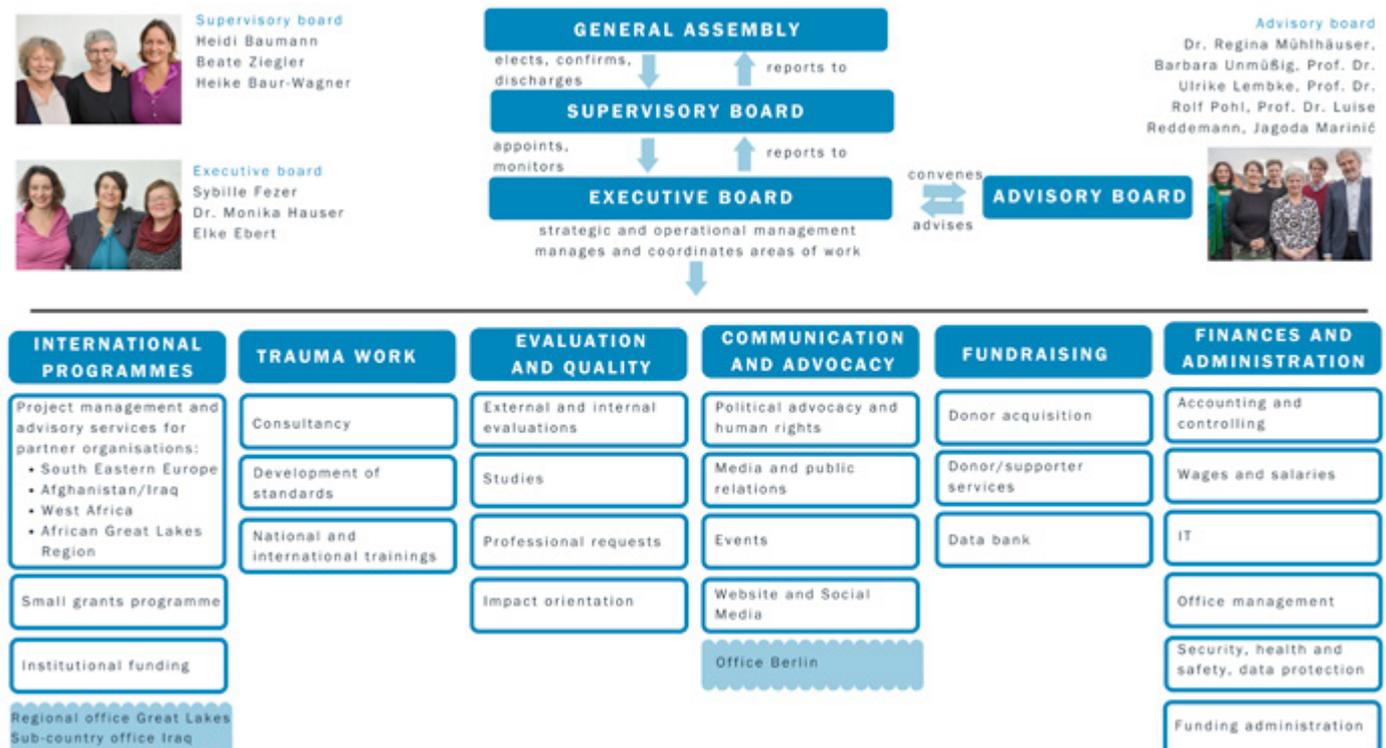
* number of staff as a one-year average.

Average salaries in 2019**

- Salaried Board Members: 5,400.00 euros
- Heads of Department: 4,700.00 euros
- Officers: 3,800.00 euros
- Assistants: 3,000.00 euros

** The average monthly salaries indicated were calculated on the basis of a full-time position. These amounts do not include the statutory employer contributions to social security. They include 12 monthly payments. Any extra Christmas bonuses are decided each year by the Board.

The organisation structure of *medica mondiale*



THANK YOU – YOUR DONATIONS HELP BRING ABOUT CHANGE!

Sexualised violence occurs within the context of our society, and as a society we can overcome it. We can all work towards the dignity of women and girls – for our own dignity. More and more people are standing up and creating courage. They are creating positive signs for hope to work against violence and injustice. Thanks to the trust shown by thousands of you, we continue our struggle to ensure that women and girls around the world can live in dignity and justice, free of violence!



© Hanna Hilger/medica mondiale

14,349 people supported us in 2019 by giving a donation.

4,901 donors demonstrated their trust and confidence by setting up a regular donation, enabling us to plan and continue our work in the long-term.

126 people asked guests attending a party or celebration to donate instead of bringing presents.

In **203 benefit events** our supporters collected sponsorship for running,

swimming or cycling, auctioned prized possessions, sold Christmas trees, organised exhibitions, or held concerts to support our aims.

78 judges, prosecutors and lawyers made use of the possibility to bestow a total of 189 fine payments to *medica mondiale*.

18 families asked for donations on the occasion of a funeral to honour the deceased.

Further, we are very grateful to everyone who included *medica mondiale* in their will, leaving us an inheritance or endowment.



TOGETHER AGAINST SEXUALISED WARTIME VIOLENCE



All of you make it possible to support, assist and empower thousands of women and girls in war and crisis areas as they cope with traumatic experiences. All of you are ensuring access to crucial assistance for

women who have survived sexualised wartime violence, including access to stress- and trauma-sensitive medical support as well as psychosocial and legal counselling, and vocational training which opens up new outlooks in life. All of you are securing



livelihoods, helping to establish networks, strengthening political participation, and creating viable societal structures for women and girls. Our gratitude goes out to all of you for your solidarity!



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PUBLISHED BY:
medica mondiale e. V.,
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50670 Cologne, Germany
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LAYOUT: seitz-atlama design
TRANSLATOR: Craig Meulen
EDITORIAL DEADLINE: July 31, 2020
Printed on 100% recycled paper with
environmental certification
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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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