



# ANNUAL REPORT 2020

PROTECTING WOMEN'S RIGHTS,  
SUPPORTING FEMALE HEROES!

# THE YEAR IN NUMBERS



IN 2020 WE  
WORKED  
TOGETHER WITH  
**49 PARTNER  
ORGANISATIONS**  
IN **13 COUNTRIES.**

IN 2020 WE RECEIVED  
DONATIONS FROM  
**14,726 PEOPLE**  
TOTALLING  
**4.46 MILLION  
EUROS.**



THANKS TO  
**5.6 MILLION  
EUROS IN FUNDING**  
WE WERE ABLE TO SUPPORT  
52 PROJECTS AND 3 MULTI-  
COUNTRY PROGRAMS.



IN 2020, SOME  
**20,000 WOMEN  
AND GIRLS** AFFECTED BY  
SEXUALISED OR GENDER-  
SPECIFIC VIOLENCE BENEFITTED  
FROM INTEGRATED  
OFFERS OF SUPPORT.



IN 2020 IN  
GERMANY, WE RAN  
**41 TRAINING  
COURSES** ON THE STRESS-  
AND TRAUMA-SENSITIVE  
APPROACH AND THE  
CONSEQUENCES OF TRAUMA.



OUR ALL-FEMALE TEAM  
IN THE COLOGNE MAIN OFFICE  
NUMBERS **72 EMPLOYEES**,  
EFFICIENTLY PROVIDING ADMINIS-  
TRATION, QUALITY ASSURANCE  
AND INFORMATION – AND THEY  
WERE ABLE TO CONTINUE THEIR  
WORK FROM HOME, TOO.

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## LEGAL NOTICE

PUBLISHED BY: medica mondiale e. V.,  
Hülchrather Straße 4, 50670 Cologne, Germany,  
Tel. 49 221/93 18 98-0, info@medicamondiale.org

Responsible acc. to press law: Dr Monika Hauser | EDITOR: Esther Wahlen  
LAYOUT: Dreimalig Werbeagentur | PROOFREADING: Angelika Söhne  
PRINTING: DFS Druck Brecher GmbH | CIRCULATION: 800  
EDITORIAL DEADLINE: 21 May, 2021.

Printed on 100% recycled paper with environmental certification

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**4** Women's rights during the pandemic



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© EMMA

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## PROTECTING WOMEN'S RIGHTS, SUPPORTING FEMALE HEROES – NOW MORE THAN EVER!

### Monika Hauser on the impacts of the COVID-19 pandemic on women and girls

#### What effects has the COVID-19 pandemic had on the situation of women?

**Monika Hauser:** The pandemic has highlighted the disadvantages faced by women, and in many cases made them worse. In some countries, violence against women has increased by 40% – and that is only the reported cases! Women's poverty is also increasing around the world. We can observe how many countries are cutting back in healthcare provision for women, such as gynaecological care. At the same time, women's unpaid care work is increasing to record levels.

#### Why are women and girls affected so severely?

Existing inequalities are reinforced by a pandemic. This is something we have also observed during other crises. Many of the measures used to curb the spread of COVID-19, such as shutting schools or restrictions on leaving the house, were not designed with the situation of women and girls in mind, so they suffer particularly severely. And women have much less political influence in order to ensure their needs are met. The average proportion of women in Covid-19 crisis committees is not even one quarter.

#### What does that mean for women in war and crisis situations?

They were already more strongly affected by injustice, violence and poverty beforehand, so the impacts multiply. Social security is often completely lacking, and any infrastructure providing protection is usually insufficient. Many women work in casual or precarious employment situations, and if this income disappears, they do not know how to feed their families.

### How did our partner organisations react to these challenges?

They set up emergency hotlines to continue providing advice to women affected by violence. They educated communities about COVID-19 and increases in violence against women, distributed hygiene supplies and trained government workers. In many cases, our partners took on the work which the state was not willing or able to perform.

Our partner organisations could react quickly because they already knew exactly how crises can affect women's rights. Some of them had experiences of epidemics such as Ebola. And their long years of reliable work had gained the trust of the people in the region, and of local authorities. This trust is especially crucial in times of crisis.

### How has the pandemic changed the way *medica mondiale* works?

Right from the start we were in close contact with our partners. Our staff in Cologne quickly set up an emergency fund and raised donations to make it possible to finance the necessary expenditure without delays. Of course, we had to adapt practically, too: most of our staff worked from home; our events had to become online events; and we also had to learn how to deal with schools being shut, social distancing and insecurities.

### What is the positive news from 2020?

In spite of the challenges, an enormous amount was achieved. For example, there was a very positive response to our online training courses, such as those for healthcare workers in northern Iraq. There was also a great deal of interest shown in our campaign "Never merely history" on the topic of wartime rape in World War II. Together with the city of Cologne, we continued with our plans for a memorial to survivors of sexualised violence.



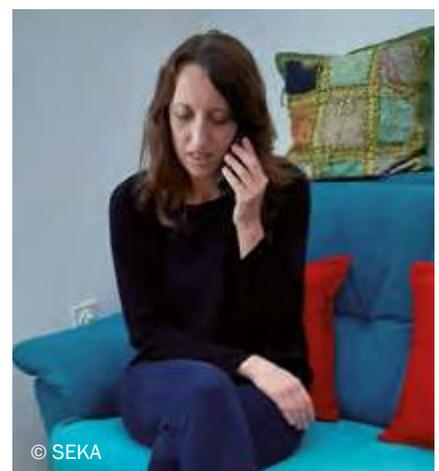
**Dr Monika Hauser**  
Chair of the Board  
of *medica mondiale*

© Anna Verena Müller/  
*medica mondiale*

*“ Women’s rights organisations took on the work which the state was not willing or able to perform. ”*

### What is the outlook for 2021?

The pandemic has once again shown how important it is for governments to protect women's rights and empower women's rights defenders. When crises strike, it is women's rights which are the first to be restricted, and across the world we can see anti-feminist currents gaining in strength. In 2021 Germany will elect a new parliament, and we are calling on the parties to write women's rights into their manifestos and ensure they are on the agenda in the next legislative period. We will be keeping a close eye on them.



Crisis hotlines, emergency supplies, and information work: Our partners in Bosnia and Herzegovina, Liberia, and northern Iraq

# WE SUPPORT WOMEN AND GIRLS WORLDWIDE.

## Our project work in 2020

**17**  
projects

**1** multi-  
country  
program

### South-east Europe

20 partner organisations

- **Bosnia and Herzegovina:** Budućnost, Center of Women's Rights, Maja Kravica, Medica Zenica, SEKA, Snaga Žene, Forgotten Children of War, Vive Žene, Žena BiH
- **Kosovo:** Kosova Rehabilitation Centre for Torture Victims (KRCT), Medica Gjakova
- **Croatia:** Centre for Women War Victims – ROSA
- **Serbia:** Autonomous Women Center, Humanitarian Law Center, Community Development Center LINK, Roma Novi Bečej, Roma Women of Vojvodina, TRIAL International, Women in Black Belgrade, YIHR Serbia

**17**  
projects

### West Africa

13 partner organisations

- **Liberia:** ADWANGA, medica Liberia, Rising Youth Mentorship Initiative, Women Aid Incorporated
- **Sierra Leone:** Action Pro, AdvocAid, Choices and Voices Foundation for Women and Girls, Forum Against Harmful Practices, Girl 2 Girl Empowerment Movement, WEAP, Women Against Violence and Exploitation in Society (WAVES)
- **Ivory Coast:** Centre Féminin pour la démocratie et les droits humains en Côte d'Ivoire (CEFCI), West Africa Network for Peacebuilding in Côte d'Ivoire (WANEP)

Germany

**1**  
project

Worldwide

**1**  
trans-  
regional  
program

**7**  
projects

### Afghanistan and Iraq

3 partner organisations

- **Afghanistan:** Medica Afghanistan - Women Support Organisation
- **Iraq:** EMMA Organisation for Human Development, consortium partner Haukari with local partner organisations Khanzad and PDO

**10**  
projects

**1** multi-  
country  
program

### African Great Lakes Region

13 partner organisations

- **Burundi:** Association NTURENGAHO, Dushirehamwe, MUKENYEZI MENYA
- **Democratic Republic of Congo:** AFPDE, EPF, HAM, La Floraison, PAIF, RAPI, RFDP
- **Rwanda:** Solidarité pour l'Epanouissement des Veuves et des Orphelins (SEVOTA)
- **Uganda:** FOWAC, Mentoring and Empowerment Programme for Young Women (MEMPROW)

# Ways out of dependence

## AFRICAN GREAT LAKES REGION

### Project description

Countries: Burundi, Democratic Republic of Congo, Rwanda, Uganda

Focal areas:

- Integrated support for survivors of sexualised violence and their children
- Community work against violence within the family
- Organisational development for women's rights organisations

## When lockdowns threaten livelihoods

### Insights into the project work

When COVID-19 hit, many of the countries in the Great Lakes Region of Africa were able to draw on their experience of handling crises and epidemics. They quickly secured their outer borders and introduced strict restrictions on social contacts. However, these measures often had a particularly severe effect on women and girls.

**INITIAL SITUATION** Curfews had only been in place for a few days in Uganda when the police started to enforce them with brutal violence. They attacked female street vendors, beating them to drive them away from the marketplaces. Even where direct physical violence was not used, many of the street vendors and others in casual employment were women who still faced the dilemma of how to feed their family without risking their health or punishment. Other dependencies were also reinforced: women affected by violence found themselves obliged to return to their partners, and the number of arranged marriages increased in 2020.

**MEASURES** Setting up telephone hotlines, distributing mobile phones, organising mutual support groups: our partner organisations in the Great Lakes Region proved to be extremely flexible in their efforts to maintain contact with clients. And they never forgot the financial hardships those women were facing. For example, our partners at PAIF in the Democratic Republic (DR) of Congo started producing protective face coverings in the sewing courses held in their training centre. By selling the masks, the women could generate an income. And they also had face masks to protect themselves. Our partners also turned to the general public. On local radio

and via social media they provided information on suitable protective measures against COVID-19 and offers of support for women affected by violence.

**EXAMPLE PROJECT** Faumbe Lillian is proud. Her group of female smallholders has managed to help establish another nine similar groups. Back in 2019, Ms Lillian and the others could hardly support themselves from their income, but they benefitted from a decisive stimulus in the form of a training course at the Ugandan women's rights organisation MEM-PROW. Afterwards, they commissioned an agricultural advisor, informed themselves about improved cultivation methods, and increased their harvests and income. Then they passed



© PAIF

Participants in the sewing courses at PAIF produced protective face coverings which they could sell and generate a small income.



© Rendel Freude/medica mondiale

In addition to direct assistance for women affected by violence, our partners also target local decision makers and communities. In the photo: Doreen Kyasiimire from MEMPROW.



© EPF

Income-generating measures: In solidarity and savings groups, women can work together and support each other. Photo: Support group at the organisation EPF in South Kivu.

on what they had learnt to other women who formed their own groups. “Our results are so good because we shared what we learnt,” says Ms Lillian.

Along with Faumbe Lillian and her group of female smallholders, other women’s groups in South Kivu also benefited from income-generating measures, such as training courses to enhance their agricultural expertise or micro-credits.

Our partner organisation AFPDE is also supporting female survivors of violence in South Kivu by providing income-generating measures. One client reported: “The project helped alleviate the pain I was suffering after being raped. Now I earn my money by selling tomatoes, onions, salt and oil. I have made a lot of contacts, and people like buying from me.” She explains how satisfying it is for her to have enough money to buy occasional treats for her family. And she can also save a little. “I used to feel lonely, but now I can even make my own living. People respect me and I feel like I belong again.”

**OUTLOOK FOR 2021** In the past year, *medica mondiale* was able to maintain its contact and networking efforts with partners. The aim is to enhance networks in the region and develop a common feminist approach. Additionally, partners are helped to take a more systematic approach to preventing violence by involving local decision makers, families and communities in the implementation of their assistance measures. This ensures long-term prevention of violence.

*“ People respect me and I feel like I belong again. ”*

*Client of AFPDE (DR Congo) who participated in an economic support project*

## RESULTS OF OUR WORK



**More than 1,100** women and girls affected by violence received integrated support in the South Kivu region of DR Congo.



**About 90** women in South Kivu benefitted from income-generating measures.



In Burundi, more than **6,000 people** were informed about sexualised violence and preventive measures as part of the “Twiteho Amagara” program.

# Supporting women affected by violence

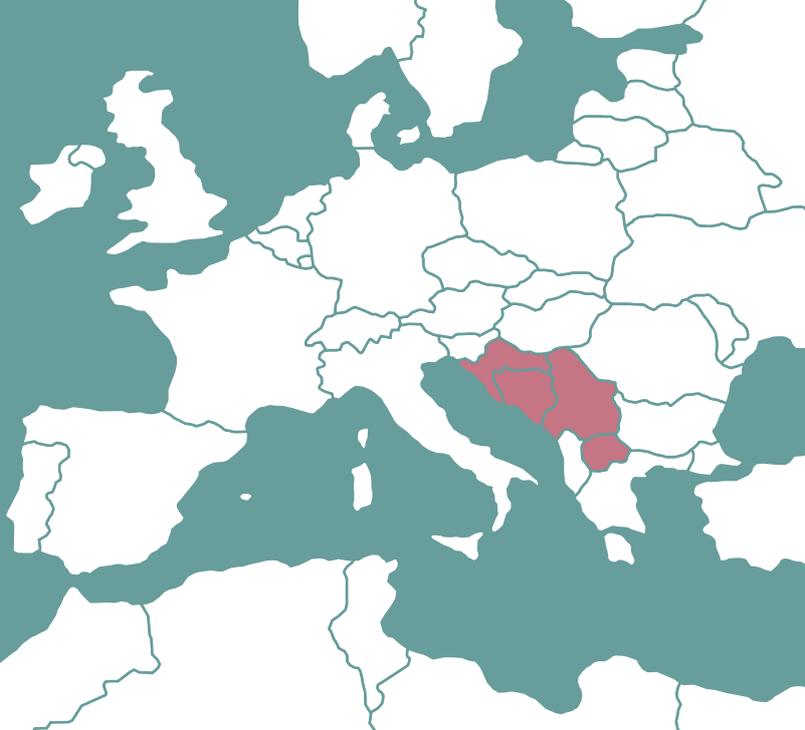
## SOUTH-EAST EUROPE

### Project description

Countries: Bosnia and Herzegovina, Croatia, Kosovo, Serbia

Focal areas:

- Capacity building in the healthcare system
- Coming to terms with the past
- Regional networking



## Warnings went unheard

### Insights into the project work

Even before the COVID-19 pandemic, 68% of women in Kosovo said they had experienced family violence. In March 2020, the Kosovo police force reported an increase in family violence of 36% compared to the previous year. Yet these and other warnings went unheard, with women's rights organisations often the only sources of support for women affected by violence during the crisis.

**INITIAL SITUATION** “Stay home, stay safe,” was the slogan used to publicise curfews at the start of the COVID-19 pandemic in Bosnia and Herzegovina. For many, however, it had an almost cynical undertone: women's rights organisations drew attention to the fact that crises almost always lead to an increase in violence against women. For this reason, they called for the lockdowns to be accompanied by measures to assist those subjected to family violence.

**MEASURES** “Women's organisations have stepped in where governments failed,” says Aleksandra Nestorov, an activist at our partner organisation Autonomous Women's Center in Serbia. She points out how the COVID-19 pandemic demonstrated the insufficient capacity of governmental institutions at all levels to support women affected by violence.

In Spring 2020, our southeast European partners adapted the way they offer support to ensure they could reach out to women during the pandemic. They set up hotlines for those affected by family violence and distributed flyers in food shops, informing people of contact points and prevention measures. This was done using simple language and the local minorities'

languages. For their clients, they moved advice sessions and self-help groups online. They also distributed hygiene materials and food to those who had lost their opportunities to earn a living. Many organisations also used these food deliveries as a way of intervening in cases of family violence.

**EXAMPLE PROJECT** “Now that I feel better, I can contribute and be productive – whether with manual work or vegetable cultivation. I can even earn my own money.” This is how one client of our Kosovan partner *Medica Gjakova* summarises why the projects “Empower to Act” and “Improved livelihood opportunities” can be so beneficial. Integrated measures are the essential feature of these projects at *Medi-*



© LINK

The Serbian organisation LINK used posters to advertise their contact points for those affected by family violence.



© LINK

Women’s rights organisations make use of the opportunities provided by the distribution of food packages to make contact to clients and find out how they are.



© Steffi Meyer/medica mondiale

Income-generating measures only have a long-term beneficial effect if women affected by violence also have an environment that empowers and supports them.

ca Gjakova. In order to assist survivors of sexualised wartime violence to process their experiences and begin to participate actively in their life again, the organisation offers psychosocial counselling, legal advice and income generating measures.

Another component is family counselling. This type of integrated support is new in Kosovo. Especially in rural areas, many families are patriarchal and initially were hesitant to accept these types of services, but 43 families have now taken up the offer of counselling sessions.

In addition to providing direct support for survivors, the project also targets political decision makers and the general public. With the campaign “Be My Voice”, *Medica Gjakova*, our partner organisation KRCT and other organisations redoubled their efforts to bring the issue of sexualised wartime violence into public discourse. Indeed, a new level of visibility for the taboo issue of wartime rape has become apparent in the media, in political speeches and in election campaigns in recent years.

**OUTLOOK FOR 2021** In order to continue breaking down the taboo surrounding the issue of sexualised wartime violence, seven women’s rights organisations from Serbia, Kosovo, and Bosnia and Herzegovina joined with *medica mondiale* to draft a program whose long-term aim is to establish a feminist, inter-ethnic culture of remembrance. In the coming years, they will work together on education provision for a range of target groups, share their methods, and continue to progress the cross-border advocacy work and networking.

## RESULTS OF OUR WORK



**More than 900 survivors of sexualised wartime violence** in Kosovo now receive a monthly war pension from the government. Our partners *Medica Gjakova* and KRCT assist the women during the application process.



In the past 3 years, *Medica Gjakova* has helped more than **2,500 clients** by providing psychosocial, gynaecological and legal support, as well as income-generating measures.



Thanks to the advocacy work by *Medica Zenica*, women in the Bosnian Canton Una-Sana are now able to attend a doctor’s appointment without being accompanied by their spouse. In particular for refugee women, this is an important **step towards self-determination**

# Women's health during the crisis

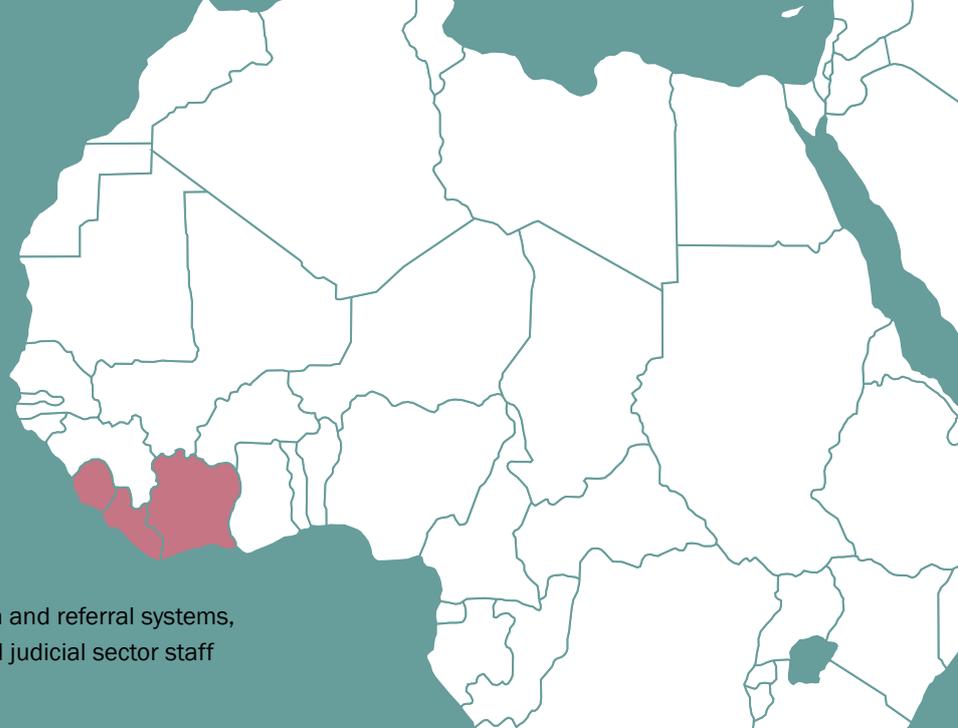
## WEST AFRICA

### Project description

Countries: Liberia, Sierra Leone, Ivory Coast

Focal areas:

- Integrated support for women and girls
- Establishment of community-based protection and referral systems, as well as training for healthcare, security and judicial sector staff
- Advocacy work for women's rights



## “We will continue to make our voice heard.”

### Insights into the project work

The COVID-19 pandemic has had significant effects on the health of women and girls. In many countries, resources have been prioritised to their disadvantage. Our partner organisations in the West African Mano River region reacted quickly with emergency support, advocacy work and information provision.

**INITIAL SITUATION** In times of crisis it becomes particularly clear which issues are deemed to be relevant in a society. Unfortunately, women's health is rarely one of them. So, as elsewhere, in the past year West African countries saw cutbacks in numerous health care services, including provision for pregnancy, support for women affected by violence, and access to contraception. These decisions can be very dangerous, as was seen during the Ebola epidemic: in Sierra Leone, maternal mortality rose by 22 per cent from 2014 to 2015.

**MEASURES** For our partners in Liberia, Sierra Leone and the Ivory Coast, it was already clear in the initial phase of the pandemic that emergency provision had to go hand-in-hand with public awareness and advocacy work. They were able to draw on their experiences from the Ebola epidemic and took to the streets with loudspeakers and posters or appeared on the radio to address the public and the politicians.

Our partners from WANEP in the Ivory Coast distributed hygiene kits for hand washing, and ensured that women and girls who were particularly isolated or vulnerable could be supplied with food. The Rising Youth Mentorship Initiative in Liberia organised educational events for girls on the issues of health, sexuality and reproductive rights. Furthermore, our partner

organisations addressed politicians to raise awareness of the particular risks associated with the pandemic to women and girls and call for corresponding measures to address their needs.

**EXAMPLE PROJECT** The COVID-19 pandemic once again showed how important the voices of women's rights defenders are. Various Liberian organisations and activists, including *medica Liberia*, Adwanga or Woman Aid Incorporated, appealed to political decision-makers in view of the increase in violence against women and children. One of the outcomes of the women's appeals was that the Liberian Ministry of Gender, Children and Social Protection set up a toll-



© Rising Youth Mentorship Initiative

Health and reproductive rights: The Rising Youth Mentorship Initiative offers education to girls on these topics.



© WANEP

Crisis management: The organisation WANEP from the Ivory Coast reacted quickly to the COVID-19 pandemic, distributing hygiene kits and food.



© Karin Griese/medica mondiale

Caroline Bowah, Director of *medica Liberia*:

“ As women’s rights activists we will continue to make our voice heard in order to ensure that appropriate support structures for women and girls are made available – in particular during the pandemic. ”

free 24-hour hotline for women affected by violence.

The ministry commissioned *medica Liberia* to provide training in telephone advice: this was a sign of recognition for the organisation, which has established itself as an experienced specialist for trauma-sensitive work during many years of practice and sustained training from *medica mondiale*. In a three-day training session in August 2020, our partners trained some 30 newly hired social workers. In presentations, group discussions and role-plays, the counsellors acquired practical skills for their work, including how to communicate on the phone in a stress- and trauma-sensitive manner and how to refer survivors to relevant support services.

Caroline Bowah, Director of *medica Liberia*, sees the ministry’s request as a positive step towards adapting the service provision to the prevailing situation and the needs of women and girls. It is also a result of women’s rights organisations’ collective efforts to sensitise and engage political decision-makers on the issues of women’s health and safety.

**OUTLOOK FOR 2021** Networked women’s rights work is also the focus of a program which *medica mondiale* will initiate together with six partner organisations from Sierra Leone and Liberia. In addition to providing stress- and trauma-sensitive support, the partners will increase their focus on the prevention of violence. Additionally, the program offers a framework for the partners to strengthen their structures and strategies, positioning themselves as part of a cross-border, feminist network.

## RESULTS OF OUR WORK



The Rising Youth Mentorship Initiative in Liberia educated **450 girls** on the issues of their rights, sexuality and health.



The Forum Against Harmful Practices alliance in Sierra Leone educated **150 school pupils, 50 school directors and 75 teachers** in three districts on the topic of female genital mutilation.



Women Aid in Liberia operates a safe house which provided refuge, counselling and materials to **more than 100 women and girls affected by violence**.

# Defending women's rights

## AFGHANISTAN AND IRAQ

### Project description

Countries: Afghanistan, Iraq

Focal areas:

- Psychosocial counselling, legal and family counselling for women affected by violence
- Training courses for healthcare professionals, police and judicial sector staff
- Public awareness work on gender-based violence and political advocacy work

## “We are being treated worse than the Taliban.”

### Insights into the project work

In Afghanistan and Iraq, the situation for women is precarious. A persistently unstable security situation means women's rights are being pushed into the background in all issues – not just the COVID-19 pandemic. Our partner organisations are not prepared to accept these injustices and take active steps to ensure women's voices are heard by institutions, the media and political offices.

**INITIAL SITUATION** In Afghanistan and Iraq, the spread of COVID-19 could be described as ‘yet another threat to women's rights’. As in many other countries, gender-specific violence increased and women's needs were ignored when deciding pandemic-related measures. Furthermore, the economic crisis in Iraq is preventing necessary investments in women's safe houses. Women are also being backgrounded in the inner-Afghan peace negotiations.

**MEASURES** Faced with these significant challenges, our partner organisations seek out specific opinion leaders whose position within the media or institutions enables them to inform many others about the needs of women. One important type of contact point here was found in healthcare institutions. As part of a transnational project, *medica mondiale* and partners offered training courses for healthcare specialists for them to learn the stress- and trauma-sensitive approach to dealing with people affected by violence. Afterwards, these specialists could then run their own training sessions to pass on their new expertise to their colleagues.

Our partners at EMMA in northern Iraq also turned to rep-

resentatives of the press. In September 2020 they presented journalists with an analysis of media coverage of violence against women. They also made specific recommendations to the journalists for improvements.

**EXAMPLE PROJECT** “We are being treated worse than members of the Taliban who killed so many people.” This is a quote from one of the imprisoned women being advised by *Medica Afghanistan*.

She was describing the consequences of a decision made by the Afghan government in April 2020 to alleviate the risk of COVID-19 outbreaks in jails by releasing convicted prisoners on bail. Of those who benefitted, the overwhelming majority



© Fatimah Hossaini/*medica mondiale*

*Medica Afghanistan* helps make women's voices heard in a society which usually does not listen to them. In the photo: Mariam Zalmi, lawyer at *Medica Afghanistan*



© Fatimah Hossaini/medica mondiale

Staff at *Medica Afghanistan* provide free psychosocial and legal support.



© Rendel Freude/medica mondiale

The staff at EMMA conduct information work for the general public, media and governmental institutions on issues relating to women's rights.

were well-connected men, including numerous members of the Taliban. Female prisoners, often in jail for so-called “moral crimes”, rarely have the necessary support and financial resources since they have usually been marginalised and stigmatised. In order to protest against this structural inequality, which is just one example of the situations faced by women in the country, *Medica Afghanistan* turned to the Afghan President with a petition and called on him to release more female prisoners. And, indeed, 138 imprisoned women were set free, with their bail payment being made by the state.

*Medica Afghanistan* has been successfully working for years on issues which otherwise gain little public attention. In addition to providing direct support for women affected by violence, psychosocial and legal advice, and training courses for staff in the judiciary, police and healthcare sectors and at the Ministry of Women's Affairs, they also seek direct contact with political decision-makers. Their aim: to make the issues of women heard – especially during times of crisis.

## OUTLOOK FOR 2021

With the NATO troop withdrawal from Afghanistan announced for Spring 2021, the crisis-stricken country will slip out of the pandemic into an uncertain future. We have to wait and see how the withdrawal impacts on the situation of women and girls, but *medica mondiale* will continue to support Afghan activists and help ensure that women and girls affected by violence receive protection and assistance.

## RESULTS OF OUR WORK



In the past year, *Medica Afghanistan* trained **157 staff from the police, justice and prison sectors** on the topics of women's rights, protection from violence, and the ban on so-called 'virginity tests'.



In 2020, *Medica Afghanistan* advised more than **1,900 women affected by violence** on psychosocial and legal issues.



**485 women and girls affected by violence** benefitted from psychosocial and legal support provided by EMMA in 2020.

Together with the Korea Association, *medica mondiale* called for injustices to be named and survivors to be honoured. Photo from a demonstration to keep the Peace Statue.

© Stephanie Loos/*medica mondiale*

## NAMING THE CAUSES OF VIOLENCE

Our political work to draw attention to injustices and enhance women's rights takes place in Germany, too.

**Sexualised violence is neither just an individual's fate nor a private issue: its causes are to be found within our society. And these causes can be overcome. So we also work in Germany to draw attention to these contexts and the structural causes of violence. We participate in discussions and call for feminist policies in national and international affairs.**

Sexualised wartime violence is a taboo topic around the world. Even if there has been an increase in the frequency

of political speeches and journalistic articles on wartime rape, compared with years ago, survivors continue to be stigmatised and need support in their ongoing fight for acknowledgement. This phenomenon is not restricted to current wars or crisis regions.

### Wartime rape in World War II

It is 75 years since the end of World War II, but in Germany there are still hardly any public discussions of wartime rape. German society has failed

to process this issue, and those affected have still not been appropriately acknowledged as victims of that war.

The trauma this caused is not the trauma of individuals but of society. An awareness of this fact can make a decisive contribution to removing the taboos surrounding the issue of sexualised violence. Public statements of position, especially from politicians, help to overcome the culture of silence.

## Towards a feminist culture of remembrance

Seventy-five years after the end of World War II, the campaign “Never merely history – Together against sexualised wartime violence” from *medica mondiale* remembered the injustice, raised awareness of the fate of many women and girls, and paid tribute to their strength.

One focus of the campaign was the topic of trans-generational traumatization. In a podium discussion hosted together with the adult education college in Cologne, we discussed the societal consequences of wartime trauma. Additionally, we have developed training courses on transgenerational approaches to trauma work.

Together with the City of Cologne we are also planning a memorial to all women raped during the Second World War and every war since then.

The importance of memorials can be seen in the example of the ‘comfort women’ statue in Berlin, commissioned by the Korea Association to remember the women and girls forced into prostitution by the Japanese military during the Asia-Pacific War. The responsible Berlin district had approved the erection of the memorial but later withdrew this permission under pressure from the Japanese government. *medica mondiale* supported efforts to retain the statue, and after numerous protests, the statue was allowed to stay, provisionally.



© Sara Fremberg/*medica mondiale*

The Peace Statue in Berlin is a memorial to the fate of the so-called ‘comfort women’.



**Karin Griese**  
Director of Trauma Work  
at *medica mondiale*

© Ulla Burghardt/  
*medica mondiale*

“ The destructive impacts of wartime rapes are felt not only by individual women and girls, but by whole families and the entire society. ”



© Picture Alliance akg images

According to estimates, millions of women were raped during and shortly after World War II.

## Wartime rape during World War II

According to reliable estimates, the number of women who were raped during or shortly after the Second World War is in the millions. They were from all regions of the world affected by this war, including Russia, Poland, Korea, China, France and Germany. Among them were many Jewish and Romani women. Perpetrators were to be found in all the armies involved.

German post-war society dealt with sexualised wartime violence by suppressing the topic and remaining silent. The women affected were stigmatised, and they were either not able to or not allowed to speak about what they had gone through.

# Feminist foreign policy: the Agenda “Women, Peace, Security”

We also work at a political level to ensure the issue of sexualised wartime violence is raised in national and international policy discussions. An important instrument for this is the United Nations Resolution 1325 with its Agenda “Women, Peace and Security”. This provides a legally binding framework for the protection of women and girls during armed conflict. However, worldwide it has only seen poor implementation. The Agenda has not yet been anchored sufficiently in German institutions.

## Structural anchoring of protection and participation

In 2021, the German government agreed its Third National Action Plan to ensure that the Agenda is appropriately reflected in German foreign, security and development policies.

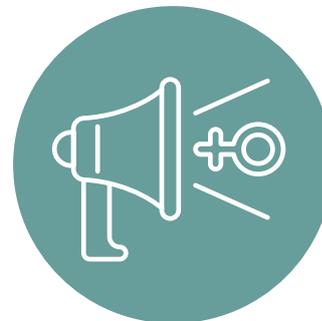
*medica mondiale* closely monitored and commented on the drafting of the Action Plan, coordinating the civil society response in Network 1325. In early 2020, the network issued a joint statement of position to make specific recommendations for action to the German government. A number of these recommendations found their way into the new Action Plan, including the demand for specific contact persons in German embassies. *medica mondiale* also welcomes the fact that, unlike its predecessors, the new Action Plan incorporates a plan for monitoring and evaluation. So it is now important for it to be implemented practicably and quickly.

## Outlook for 2021

*medica mondiale* will continue to monitor the implementation of the National Action Plan. With a view to the upcoming parliamentary elections, we are calling on politicians of all genders to actively commit to women’s rights. We are demanding both short- and long-term measures as part of a gender-equitable politics that actively considers the causes of violence.

## Find out more

- **Our demands for the German parliamentary election:**  
[www.medicamondiale.org/bundestagswahl-2021-frauenrechte](http://www.medicamondiale.org/bundestagswahl-2021-frauenrechte)
- **Wartime rape in World War II:**  
[www.medicamondiale.org/niemals-nur-geschichte](http://www.medicamondiale.org/niemals-nur-geschichte)



## Our demands on the National Action Plan

- Within all ministries, **independent ‘1325 departments’ need to be set up.**
- The **necessary financial resources** need to be made available to enable its implementation.
- Ensure **coherent policies** on the enforcement of women’s rights in Germany and abroad.



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Together with Netzwerk 1325, we are working actively to ensure the Agenda “Women, Peace, Security” is implemented within Germany, too.



## FEMINIST, INTEGRATED AND TRAUMA-SENSITIVE

### Our way of working

#### Who we are

We are working towards an end to sexualised violence – worldwide. Together with our partner organisations, we empower women and girls in conflict areas and help them to cope with and process violence and trauma. We advocate for women's rights and seek to bring about change in society. We do this as part of a diverse feminist movement.

#### Our vision

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

#### Our target groups

Our work supports women and girls in war and conflict regions who have experienced or face the threat of gender-based violence, particularly sexualised violence. We want to give those affected a chance to take charge of their own lives in spite of having experienced degrading and destructive violence.

In order to realise this vision, we work together at local, regional and national levels with a range of different actors in the respective societies. These include family members, religious and community authorities, and the staff of police forces, courts,

ministries, schools and hospitals.

After all, women and girls will only receive adequate support if all of these people interact with them in a respectful and solidary way and if the offers of assistance from state and civil society institutions complement each other.





**Integrated support for survivors of sexualised violence:** We help women and girls gain access to medical, psychosocial and legal assistance.



© Laura Fix/medica mondiale

**Working in networks:** We form alliances to achieve political change.  
Photo: The Advocacy Trainer Christine Butegwa at a networking workshop in Goma, March 2020.



© Kathrin Mengel/medica mondiale

**Awareness-raising:** With our partners (photo: staff in northern Iraq) we are committed to being advocates for women and girls, speaking openly about and condemning discrimination and violence.

## Our approaches

### 1) Our work 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.



### 2) We work within networks

Together with local women's initiatives and activists we build up solidarity structures, protection and shelter networks and independent women's organisations. *medica mondiale* promotes co-operation with and between its partner organisations, and helps to network them with other relevant stakeholders and authorities. Together they can exercise political and social pressure.



### 3) Our work is trauma-sensitive

In order to provide the best possible assistance to women and girls affected by violence, *medica mondiale* developed the Stress- and Trauma-sensitive Approach® (STA). This encompasses basic principles for dealing with people who have experienced violence.



## Find out more

The statutes of our charitable organisation can be found and read here: [medicamondiale.org/service/mediathek](https://medicamondiale.org/service/mediathek)

## What does “trauma-sensitive” actually mean?

Karin Griese, Director of Trauma Work at *medica mondiale*

### What does trauma-sensitivity mean in the work of *medica mondiale*?

**Karin Griese:** The way we conduct all of our activities takes into account the fact that in this context, many of those involved, including specialists, activists and staff, will be directly or indirectly affected by the consequences of violence, trauma and oppression. The aim of the trauma-sensitive approach is to enhance stability among everyone, from survivors to helpers and organisations. Here we are guided by the basic principles of security, strengthening, enhancing solidarity and connection, and self-care for individuals and groups.

### How does *medica mondiale* anchor this trauma-sensitivity in the projects?

*medica mondiale* offers its partner organisations information and training on the issue. We empower the managerial staff to establish measures for self- and staff care within their organisation. The partners then adapt the basic principles to the specific work and country contexts of their organisation, and run appropriate training courses internally and externally.

### How do we know that a trauma-sensitive approach actually works?

The impacts can be seen, for example, when a training program for healthcare specialists leads to an increase in the numbers of women who feel safe enough to describe their experiences of violence. Or when teams report how the regular self-care activities in their organisation have helped them cope during the COVID-19 pandemic and even left them feeling more connected with each other.



**Karin Griese**  
heads the Trauma  
Work Department at  
*medica mondiale*

© Anna Verena Müller/  
*medica mondiale*

**Continuing education:** In order to realise this vision, we work together with governments and civil society.  
Photo: Training in the stress- and trauma-sensitive approach for prison staff in Kabul.





We are in continual dialogue with our partner organisations about successes and challenges in the project schedules. In the photo: Staff at EMMA in northern Iraq.

© Rendel Freude/medica mondiale

## Quality assurance at *medica mondiale*

# Transparency and impact orientation

Our work with war-traumatised women and girls is based on knowledge and expertise which we have gained and developed together with our partners, and we continue to develop this. We regularly have our project work evaluated and apply insights from the evaluations when planning and carrying out new projects.

Does our work have impacts? And if so, are these the desired impacts? If we are doing the right thing, are we doing it 'well enough'? Or should we change anything? Can we apply what we have learnt more widely – to projects in other regions?

As a 'learning organisation', *medica mondiale* regularly reviews both the approaches in its project and program work and their results, having committed ourselves to an impact-oriented manner of working. This means that our projects are planned, monitored, evaluated and adapted in order to enhance their impacts. Here, it is important for us to consider and define impacts from the perspective of our target groups. This is also part of our feminist identity.

### Transparency at *medica mondiale*

#### Codes of transparency:

*medica mondiale* has signed up to the Initiative Transparente Zivilgesellschaft (Initiative for a Transparent Civil Society) as a voluntary commitment to transparency.

We are a member of VENRO, the Association of German Development NGOs and have committed ourselves to its Code of Conduct on Transparency, Organisational Management and Auditing.

#### Accountability at management level:

The Board is responsible for managing the organisation's work. It is monitored by the Supervisory Board. At the annual General Assembly, the members of the Board are held accountable for their

work. The General Assembly commissions an independent auditor for the annual audit of the accounts.

#### Transparent communication:

In a detailed Annual Report, we report openly on how resources were used and how the organisation works. Additional channels for transparent communication about our work include our website, letters to donors, press releases and lectures.

#### Impact orientation and evaluations

As the basis for external and internal evaluations, *medica mondiale* takes the quality standards of DeGEval (Germany Evaluation Society). The results of these evaluations are published on our website.

We assist our partner organisations to establish their own capacities for



© Laura Fix/medica mondiale

*medica mondiale* sees itself as a 'learning organisation'. Our expertise is gained from the project work and evaluations help us to continue developing this.



Are we doing the right thing 'well enough'? We adopt an 'impact-oriented approach', which means that impacts are the guide we use with our partners to plan the projects – and adapt them, where necessary. In the photo: Staff at SEVOTA in Rwanda.

© Rendel Freude/medica mondiale

## WHY WE EVALUATE

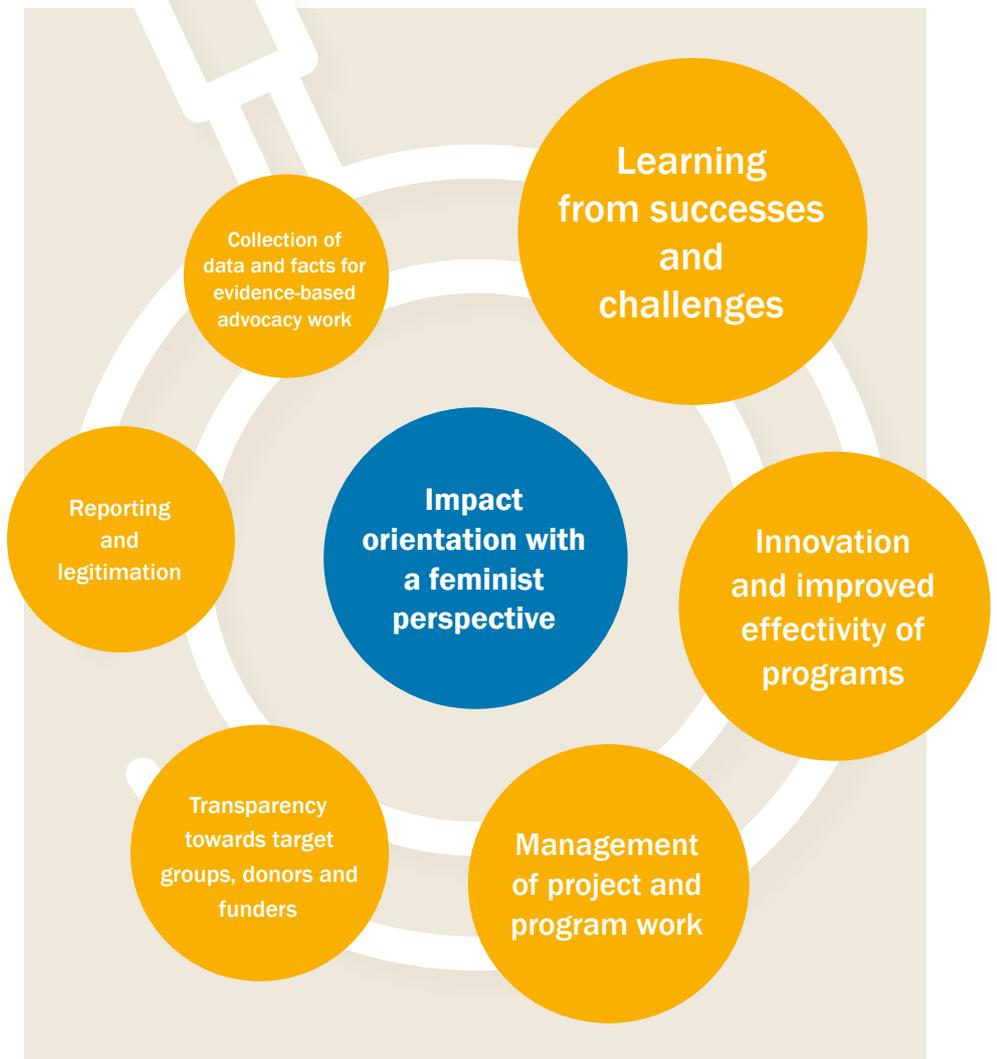
impact-orientation. The partner organisations report on project progress and challenges, and receive specialist advice from *medica mondiale*. For this we use internal procedures and instruments for the specific phases of the project cycle.

### Controlling and audit:

For each financial year we produce a Budget Plan and there is ongoing monitoring to ensure this is complied with. Regular adjustments are made, and there is also a semi-annual check and revision.

An external auditor conducts the audit of each Annual Financial Statement. For the year 2020, this audit was carried out by Solidaris Revisions-GmbH Wirtschaftsprüfungsgesellschaft in April 2021.

Internal project finance specialists and external auditors regularly conduct checks to ensure the correct allocation of resources for international projects.



# Results of the project work

The COVID-19 pandemic also created challenges for our evaluations. So in 2020 we primarily worked with evaluators who were already active in the respective regions. Methods of data collection also had to be adapted according to the local health situation.



© Fatimah Hossaini/medica mondiale

Medica Afghanistan offers legal and psychosocial support to women and girls who have been affected by gender-based violence.

## Evaluation of the project “Prevention, Protection, Reparation, Empowerment” in Afghanistan

**Partner organisation:** Medica Afghanistan

**Project region:** Kabul and Balkh, Afghanistan

**Project duration:** 1/2020-12/2020

**Funder:** Federal Foreign Office

In spite of the perilous security situation and their staff fluctuation, *Medica Afghanistan* managed to reach more women than originally planned. The evaluation team recommends refreshing the internal organisation processes. At the same time, there should be a consolidation of the strengths at *Medica Afghanistan*, such as advocacy work and counselling provision.

**Relevance:** good! 😊

**Impact:** good 😊

**Effectiveness:** very good 😊

**Efficiency:** satisfactory 😊

**Sustainability:** satisfactory 😊

**Coherence:** good 😊

*“ The assistance offers a lifeline for women. Lives are saved and changed by the services on offer from Medica Afghanistan. ”*

Charlemagne Gomez, Evaluator of the Afghanistan project



© Medica Gjakova

An important result achieved by the project is the opening of the shop in Gjakova, where the goods produced by the women can be sold.

## Evaluation of the project “Empowering to Act” in Kosovo

**Partner organisation:** Medica Gjakova

**Project region:** Dukagjini region, Kosovo

**Project duration:** 11/2017-08/2020

**Funder:** Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

*Medica Gjakova* has created new employment opportunities for women which are combined with psychosocial and gynaecological support. A better income and the feeling of solidarity and belonging in the group helped to empower the women psychologically and economically. The planned aim of registering the group as a cooperative could not be achieved by the end of the project due to the appropriate laws not being passed. The evaluators recommend continuing to pursue this aim.

**Relevance:** good 😊

**Impact:** good 😊

**Effectiveness:** satisfactory 😊

**Efficiency:** satisfactory 😊

**Sustainability:** good 😊

**Coherence:** good 😊

<sup>i</sup> The criteria were defined by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD).



Our support is well received: Donations make it possible for us to secure our project work in the long term and remain independent. In the photo: Staff from *Medica Afghanistan*

© Inga Weller/medica mondiale

# Fundraising and public relations at *medica mondiale*

## Supporting women transparently and efficiently

In addition to public funding and grants from foundations, the work of *medica mondiale* is financed to a great extent by private donations. The trust shown to us by our donors is our greatest asset. We need to gain and retain it on an ongoing basis, by means of responsible action and transparent communication.

In order to fund our active commitment to support women and girls in crisis areas, we rely on both private donations and institutional or public funding. Private donations make it possible for us to secure our project work in the long term and to remain independent. They help *medica mondiale* to target resources where they are most urgently needed, which is often in war and crisis areas out of the spotlight.

### We are transparent:

In order to retain the continued trust of our donors, we regularly publish information about our worldwide work and our allocation of these resources. Our Donor Letters, our e-mail newsletter, and the donors' magazine "memo" are all channels we use to present individual projects. For general reporting and PR, we have committed ourselves to

applying principles such as the VENRO Code of Conduct for Development-Related Public Relations.

### We work economically:

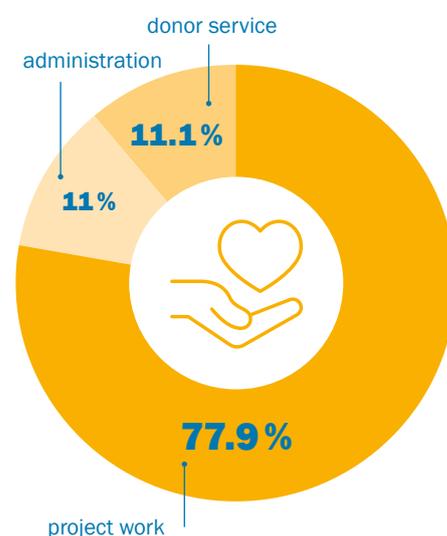
The trust shown in our work both obliges and motivates us to conduct our fundraising in an informative and economical manner. Each year, in our Annual Report we declare all of our income and expenditure for administration and fundraising.

### We remain independent:

Any donation has to be suited to the vision, mission, objects, principles and values of *medica mondiale* and cannot be allowed to influence the independence or integrity of the organisation. In cases of significant donations from companies, we have a monitoring process in place that ensures, for example,

that we take no money from the armaments industry or from companies that use misogynist advertising.

### How donations to *medica mondiale* are used:



## Balancing short-term crisis management and long-term priority setting

### Development of the organisation

In Spring 2020, *medica mondiale* had to deal with the challenge of adapting its work as quickly as possible to the pandemic conditions we were all facing. In order to provide support for the crisis management of our partners as quickly and non-bureaucratically as possible, we set up an emergency fund, carried out extra fundraising for this, and held coaching sessions on feminist self-care. At the main office in Cologne most staff began to work from home. Before the pandemic hit we had already begun to work via an online platform, so conditions had been met for remote digital workflows.

All the while we tried to ensure that long-term issues still received time and attention, and began to develop a new organisation strategy. The first result: We now emphasise even more clearly that action against sexualised violence needs to take place everywhere in the world – that means in Germany, too.

### Development of the association

The charitable association also needed to adapt to digital formats. So in 2020 the General Assembly moved online, and members discussed issues in digital “feminist discourse spaces”. An Advisory Board was set up last year to advise the Board of Directors.

### Development of our program work

We defined new priorities for our international programs. In addition to providing direct support to women and girls affected by violence, and working to prevent sexualised violence, we will now place a stronger focus on the issue of “feminist networking and action”. In the Great Lakes Region of Africa, this type of multi-country, feminist program has been in place since 2019. Further similar programs were set up in 2020 in Southeast Europe and West Africa, prioritising support for joint feminist action carried out by partner organisations in these regions.

### Outlook for 2021

In 2021, it is very likely that the world will be further fragmented by the COVID-19 pandemic. We see it as our duty in Cologne to be a focal point for our 49 partner organisations, assisting them in their courageous work for women’s rights. Increasingly we feel a longing for true, analogue cooperation, and we hope it will soon be possible again to experience this sense of togetherness, which is so important to our organisation, in the offline world as well.

The Executive Board at *medica mondiale*:  
Dr Monika Hauser, Elke Ebert, Sybille Fezer



## Grateful, but careful: “We are proceeding cautiously.”

Kristina Remy, Director of Finance at *medica mondiale*

### What effects has the COVID-19 pandemic had on the financial situation?

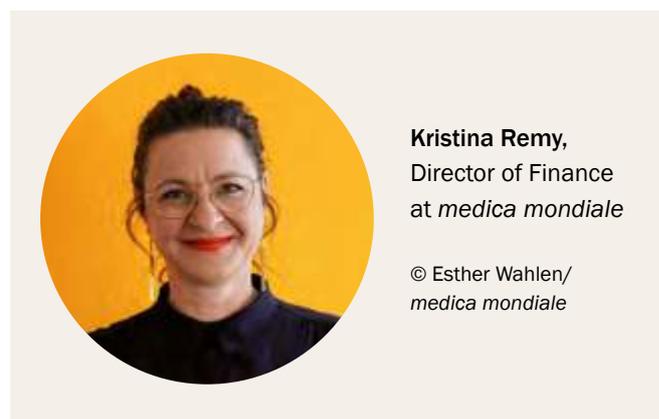
We are grateful for the loyalty of our donors, who continue to support us in these exceptional circumstances. In fact, we raised more than we hoped for in our emergency appeal. Furthermore, our funders have proven to be very flexible and willing to help, with an open communication. So we are lucky to be able to report that the impacts of the pandemic were not too negative.

### How does *medica mondiale* ensure that project funds are really used as intended?

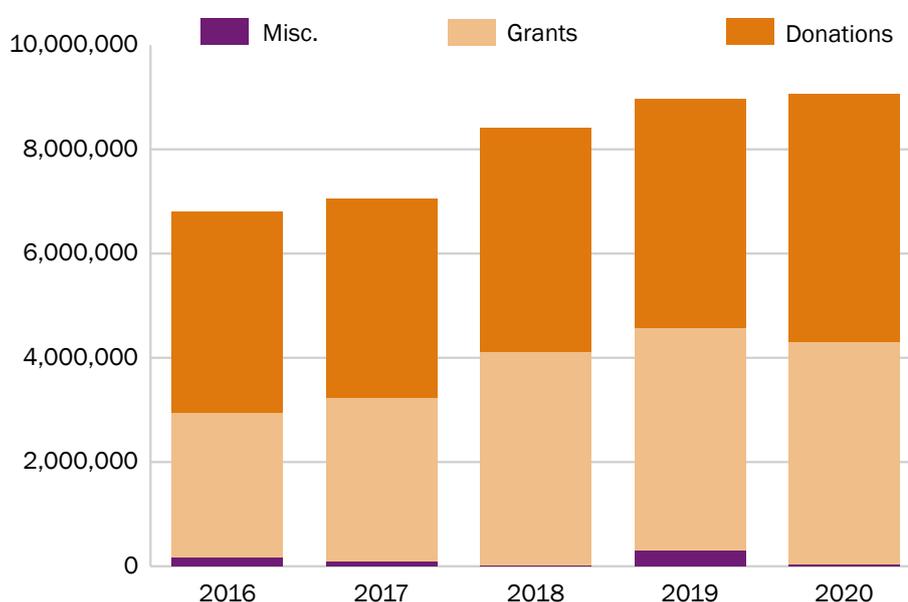
That already starts with the selection of projects, since we check whether any potential partner organisations are capable of carrying out projects according to the instructions of the funders. Wherever possible we also support them by offering capacity-building measures. Furthermore, management and controlling procedures ensure that grants earmarked for specific purposes are used for relevant projects.

### What are the perspectives for next year?

We have always worked according to the principles of economic efficiency, but at present we are being particularly careful. It is difficult to plan ahead, so we have to proceed cautiously. We also need to take into account the challenges faced by our partners, who will probably have to wait much longer for vaccinations. So the pandemic is by no means over, and we can only overcome it by working together.



## Development in income 2016-2020 (in euros)



## Total expenditure (in euros)

Administration	990,271.84 €	22.1%
Fundraising, Donor service	998,665.87 €	
International projects	5,806,623.88 €	77.9%
Awareness and educational work	394,640.52 €	
Human rights work	143,501.88 €	
Interdisciplinary trauma work	668,433.64 €	
<b>Total</b>	<b>9,002,137.63 €</b>	

The uncertainties surrounding the COVID-19 pandemic also had an impact on our financial planning, which makes us even more grateful for the continued support we receive from the donors and funders who stood by us in these difficult times. Once again, we were able to benefit from a financing mix of public funding, private donations and grants from foundations.

## Income

In 2020, income reached a similar level to the previous year. Income from donations rose by 8.5%, but the allocations from fines sank by 23.1%. Grants decreased minimally from EUR 4.279 million to 4.274 million.

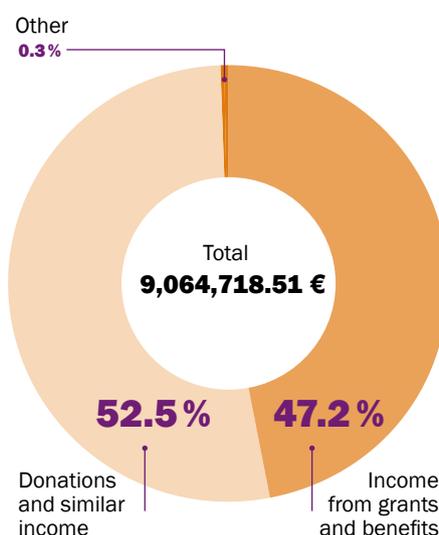
Both the donations earmarked for specific purposes and general grants are presented as revenue in the year of their use. This means that the revenues align themselves with the expenses in the respective projects.

The project-specific funding and earmarked grants from public and private sponsors mainly came from the Federal Ministry for Economic Cooperation and Development, the German Federal Foreign Office, KfW via Welthungerhilfe, the Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Health-Net TPO, the medicor Foundation from Liechtenstein, the Swiss foundations Pro Victimis, Stiftung Anne-Marie Schindler and Smartpeace, Aktion Mensch, the Leopold Bachmann Foundation, the Louis Leitz Foundation and others.

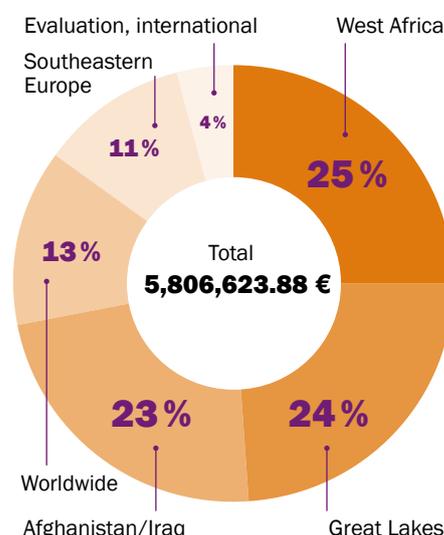
## Profit and Loss Account

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

### Income 2020



### Project expenses per region



for the period January 1 to December 31, 2020

## Expenses

	2020		2019	
	EUR	EUR	TEUR	TEUR
	14,382.06		36	
	4,274,100.32		4,280	
	4,760,327.69		4,389	
	<u>15,903.05</u>	9,064,713.12	<u>259</u>	8,964
	2,613,839.63		2,405	
	<u>485,965.73</u>	3,099,805.36	<u>454</u>	2,859
		60,911.58		72
	276,560.72		255	
	23,418.53		27	
	3,629,212.41		3,890	
	8,279.58		8	
	94,456.08		263	
	275,379.17		337	
	<u>1,533,567.21</u>	<u>5,840,873.70</u>	<u>1,266</u>	<u>6,046</u>
		+63,122.48		-13
		5.39		0
		<u>546.99</u>		<u>1</u>
		<u>+62,580.88</u>		<u>-14</u>

The total expenses in 2020 rose slightly in comparison with the previous year, by EUR 24 thousand. Of these total expenses, 73.5% were costs of the projects abroad and in Germany, 4.4% for education and campaign work, and 22.1% for administration, publicity and the donor service.

Of the project costs, international projects accounted for 82.8%. The share spent on project work in Germany – human rights and trauma work – was 11.6%, and 5.6% of the project expenses were spent on education and campaign work in line with the statutes. The project expenditure includes direct project costs and the spending on project support, including the management of the projects from the main office in Cologne.

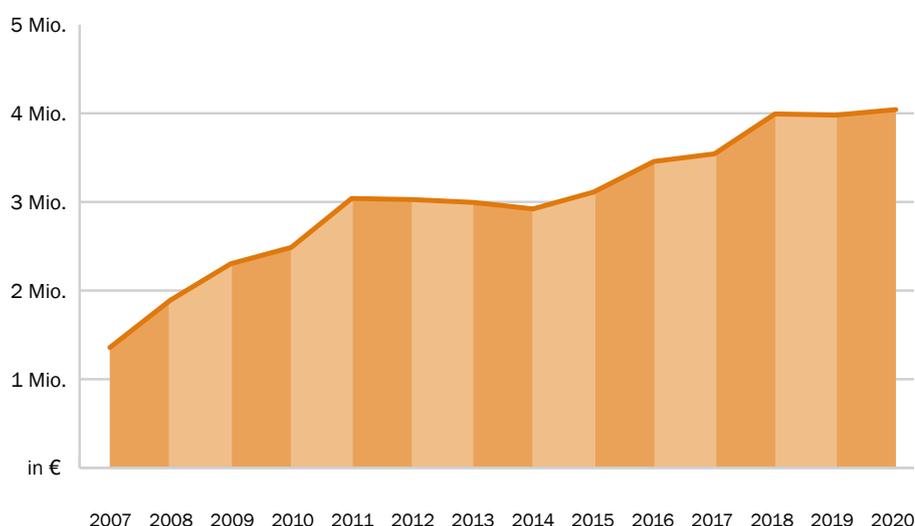
Income in 2020 exceeded expenditure by EUR 62,580.88. This result will be added to the reserves.

In 2020, fewer capital assets were acquired in Cologne, which leads to a lower figure for depreciation. There was a lower level of activity than planned at the partner organisations due to the COVID-19 pandemic, which led to a decrease in grants to third parties. Similarly, the figure for travel expenses decreased significantly compared to the previous year due to pandemic-related restrictions on travel to the project countries.

Among the other expenses are the costs of campaigns for the COVID-19 Emergency Fund and for World Women's Day, as well as comprehensive project evaluations. In several departments there was a need for more staff, which is reflected in the continued increase in expenditure on personnel.

## Development Equity Capital

as of 31.12.2020



## Explanatory notes for the Balance Sheet 2020

### Assets

#### 1. Capital assets

The balance sheet total of *medica mondiale* e.V. increased from 2019 to 2020 by EUR 100 thousand to EUR 6,898,456.94. This is an increase of 1.5%. 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 could 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 EUR 745 thousand (previous year EUR 742 thousand), the liquidity reserves correspond to the financial requirements of 5.4 months.

### Liabilities

#### Capital

On the capital side, the equity capital increased by an amount equivalent to the annual surplus. Reserves to cover potential repayments for donor projects were partially liquidated since the projects were able to be completed. New reserves were created for projects that started. The liabilities position of Accruals and deferred income is made up of grants for 2021 for projects abroad and in Germany.

## Balance sheet

ASSETS	
<b>A.</b>	<b>Capital assets</b>
I.	Intangible assets
	Concessions, industrial property rights and similar rights and assets as well as licenses in such rights and assets
II.	Tangible fixed assets
	1. Land, land rights and buildings, including buildings on third-party land
	2. Other fixtures and fittings, tools and equipment
<b>B.</b>	<b>Current assets</b>
I.	Receivables and other assets
	1. Receivables from trade accounts
	2. Other assets
II.	Cash-in-hand, bank balances
<b>C.</b>	<b>Accruals and deferred income</b>
LIABILITIES	
<b>A.</b>	<b>Equity capital</b>
I.	as of 1.1.
	Annual surplus
<b>B.</b>	<b>Reserves</b>
	Other reserves
<b>C.</b>	<b>Payables</b>
	1. Liabilities towards financial institutions – Remaining term up to 1 year
	2. Liabilities from trade and services – Remaining term up to 1 year
	3. Other payables
<b>D.</b>	<b>Accruals and deferred income</b>

#### Endowment fund for *medica mondiale*

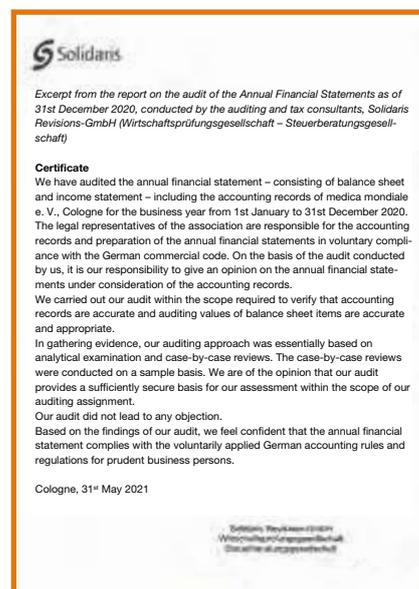
In 2014 *medica mondiale* e.V. set up its own Endowment Fund under the auspices of the GLS Treuhand e.V. This endowment fund helps to ensure flexibility in times of crisis. With further endowment contributions and dona-

tions, as well as interest accrued, the Endowment Fund closed in 2020 with a balance of EUR 3,875,618.29. This is invested according to sustainability criteria and in this way the umbrella foundation earned an average interest of 2.05% in 2020.

as of 31 December 2020

2020		2019	
EUR	EUR	TEUR	TEUR
45,465.74		35	
<u>77,698.03</u>	123,163.77	<u>70</u>	105
485,216.84		384	
<u>117,610.52</u>	602,827.36	<u>107</u>	491
	5,475,675.33		5,844
	<u>696,790.48</u>		<u>357</u>
	<u>6,898,456.94</u>		<u>6,797</u>

2020		2019	
EUR	EUR	TEUR	TEUR
3,979,414.75		3,993	
<u>+62,580.88</u>	4,041,995.63	<u>-14</u>	3,979
	362,152.50		234
239,194.59		237	
<u>891,200.32</u>	1,130,394.91	<u>561</u>	798
	<u>1,363,913.90</u>	1,785	<u>1,786</u>
	<u>6,898,456.94</u>		<u>6,797</u>



### Development GLS Endowment Fund until 31.12.2020



- Non-earmarked endowment contributions
- Donation, earmarked
- Endowment fund

#### Endowment Fund 1.1.2020

2,761,638.73 €

Interest, less fees:

47,049.54 €

New donations and endowment

contributions: 1,066,930.02 €

Funds allocated: 0.00 €

Endowment Fund 31.12.2020

3,875,618.29 €

Of these, earmarked

donations: 2,325,000.00 €

# Project overview

## Funded projects 2020

Country	Partner organisation	Project	Funding	Total (€)
<b>Great Lakes Region, Africa</b>				
DR Congo	PAIF	Educational work, plus provision of hand-washing stations	Own resources	31,621.62
	PAIF	Medical care and school fees for survivors of sexualised violence	Own resources	28,892.84
	AFPDE, EPF, HAM, La Floraison, RAPI, RFDP (South Kivu program)	Establishment of support structures for survivors, awareness-raising in communities	Sigrid Rausing Trust, Foundation Smart-peace, Medicor Foundation, Leopold-Bachmann-Stiftung	203,731.00
Burundi	<i>medica mondiale</i> Regional Office Burundi	Staff, office and security costs	Own resources	58,218.40
	Dushirehamwe	Specialist support for three women's initiatives	Deutsche Gesellschaft für Internationale Zusammenarbeit	92,716.82
	Mukenyezi Menya, Ntorengaho, Dushirehamwe	Improvement of provision in sexual and reproductive health	EU/HNTPO	269,653.71
Uganda	FOWAC	Establishment of safe spaces for survivors of sexualised violence	German Federal Ministry for Economic Cooperation and Development	41,074.58
Rwanda	SEVOTA	Enhancing staff self-care	Own resources	4,251.37
	SEVOTA	Strengthening organisational development	Foundation Anne-Marie Schindler	5,685.61
Regional development	-	Program for further strategic development of our involvement	Own resources	149,728.51
Cross-border	SEVOTA, MEMPROW, PAIF	Prevention of gender-specific violence, support for survivors	German Federal Ministry for Economic Cooperation and Development	493,462.10
<b>Total</b>				<b>1,379,036.56</b>

<b>Southeast Europe</b>				
Kosovo	<i>Medica Gjakova</i> with KRCT	Integrated assistance for those affected by gender-specific violence	German Federal Ministry for Economic Cooperation and Development	185,305.78
	<i>Medica Gjakova</i>	Income-generating measures for female and youth returnees	Deutsche Gesellschaft für Internationale Zusammenarbeit	125,338.40
	<i>Medica Gjakova</i>	Capacity-building for local partner organisations	Own resources	26,571.49
Bosnia	Vive Žene with Maja Kravica	Reconciliation work and support for survivors of sexualised wartime violence	German Federal Foreign Office	102,895.20
	<i>Medica Zenica</i>	Support for the training centre	Louis Leitz Foundation	13,809.34
	<i>Medica Zenica</i>	Capacity-building for local partner organisations	Own resources	13,809.34
	Forgotten Children of War	Legal and societal recognition for children born as a result of wartime rape	Own resources, Foundation Anne-Marie Schindler	6,856.09
	Budućnost	Economic empowerment for survivors of sexualised wartime violence	Louis Leitz Foundation	16,892.15
	Center of Women's Rights	Legal support for survivors of gender-specific violence	Own resources	
	Snaga Žene	We live – Photo exhibition on the issue of sexualised wartime violence	Own resources	
	TRIAL International	Legal support for survivors of war crimes	Own resources	
	SEKA	For an effective response to domestic and sexualised (wartime) violence	Own resources, Foundation for War Trauma Therapy	41,136.55
Croatia	Centre for Women War Victims – ROSA	Legal and court support for survivors of gender-specific violence	Own resources	
Serbia	Community Development Center LINK	Awareness-raising among youth on the issue of sexualised wartime violence	Own resources	
	Humanitarian Law Center	Integrated support for survivors of sexualised wartime violence	Own resources, Foundation Anne-Marie Schindler	6,856.09
	Roma Novi Bečej	Public awareness work on the issue of sexualised violence against girls	Own resources, Foundation Anne-Marie Schindler	6,856.09
Regional development	-	Program for further strategic development of our involvement	Own resources	6,856.09
Cross-border	<i>Medica Zenica</i> , Vive Žene, <i>Medica Gjakova</i> , KRCT, Autonomous Women's Center, YIHR Serbia, Women in Black Belgrade	Regional program on remembrance culture work and the recognition of survivors of sexualised wartime violence in Southeast Europe	German Federal Ministry for Economic Cooperation and Development	114,272.73
<b>Total</b>				<b>667,455.34</b>

## Western Africa

Liberia	<i>medica Liberia</i>	Establishment of community-based networks for prevention of and protection from violence	German Federal Ministry for Economic Cooperation and Development	471,040.99
	<i>medica Liberia</i>	Re-integration and reconstruction in south-eastern Liberia	Kreditanstalt für Wiederaufbau via Welthungerhilfe	403,395.53
	<i>medica Liberia</i>	Expanding local solidarity and protection networks	Medicor Foundation, Pro Victimis	319,445.83
	<i>medica Liberia</i>	Strengthening organisational development	Own resources	86,014.30
	ADWANGA	Establishment of protection networks for women in rural areas	Own resources	176,886.23
	Rising Youth Mentorship Initiative	Awareness-raising and empowerment for young women and girls	Own resources	
	Women Aid	Integrated support, protection and rehabilitation of survivors	Own resources	
Ivory Coast	CEFCI	Establishment of a community-based protection network for the prevention of violence	Own resources	
	WANEP	Reconstruction of Peace Huts to provide support for survivors	Own resources	
Sierra Leone	Action Pro	Strengthening of protection networks and empowerment of girls and women	Own resources	
	Advoc Aid	Reintegration and empowerment of female ex-prisoners	Own resources	12,634.73
	Choices and Voices Foundation for Women and Girls	Establishment of protection mechanisms in communities in the vicinity of Freetown	Own resources	
	Forum Against Harmful Practices	Education in schools and communities on the topic of female genital cutting	Own resources	
	Girl 2 Girl Empowerment Movement	Prevention work in communities, training of girls as outreach workers	Own resources	
	WAVES	Raising awareness of girls' rights, empowerment of girls' groups	Own resources	
	WEAP	Awareness raising within communities on the prevention of sexualised violence	Own resources	
Regional development	-	Program for further strategic development of our involvement	Own resources	12,634.73
<b>Total</b>				<b>1,469,417.65</b>

## Afghanistan and Iraq

Afghanistan	<i>Medica Afghanistan</i>	Support for women and girls affected by violence	German Federal Foreign Office	528,863.53
	<i>Medica Afghanistan</i>	Capacity-building for local partner organisations	Own resources, Foundation Anne-Marie Schindler	49,521.37
Iraq	EMMA	Establishment of a protective environment for women affected by violence and their children	German Federal Ministry for Economic Cooperation and Development	7,990.15
	EMMA and Haukari	Strengthening of referral systems and prevention networks to counsel women with gender-specific experiences of violence in IDP/refugee shelters and host communities	German Federal Ministry for Economic Cooperation and Development	563,025.79
	EMMA	Development of a concept for staff self-care in a conflict region	Deutsche Gesellschaft für Internationale Zusammenarbeit	60,085.77
	<i>medica mondiale</i> Regional Office Northern Iraq	Staff, office and security costs in the Regional Office	Own resources	81,290.34
Regional development	-	Program for further strategic development of our involvement	Own resources	31,151.87
<b>Total</b>				<b>1,321,928.82</b>

## Germany

Germany		Support for protection against violence, inclusion and trauma-sensitivity	Aktion Mensch	204,816.75
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## Worldwide

	Various	Support for COVID-19 prevention, as well as direct assistance for women and girls affected by violence	Own resources	171,643.24
Kosovo, Bosnia and Herzegovina, Afghanistan, Iraq	<i>Medica Gjakova, Medica Zenica, Medica Afghanistan, medica mondiale</i> Regional Office Northern Iraq	Transnational healthcare program: Training courses for healthcare specialists, advocacy work	German Federal Ministry for Economic Cooperation and Development	371,799.32
<b>Total</b>				<b>543,442.56</b>

# Our organisational structure

## Our governing bodies

*medica mondiale* e. V. is a registered non-profit association domiciled in Cologne, Germany. Our governing bodies are the **General Assembly, Supervisory Board and Board of Directors**. The General Assembly is the highest supervisory body and elects the Supervisory Board from its members. The Supervisory Board appoints and monitors the Board of Directors. The General Assembly receives and approves the Annual Report from the Board of Directors.

### Find out more

More details on our organisational structure and the objects of our association can be found in the Statutes, available at [www.medicamondiale.org](http://www.medicamondiale.org) in our Media Centre.

## Our staff

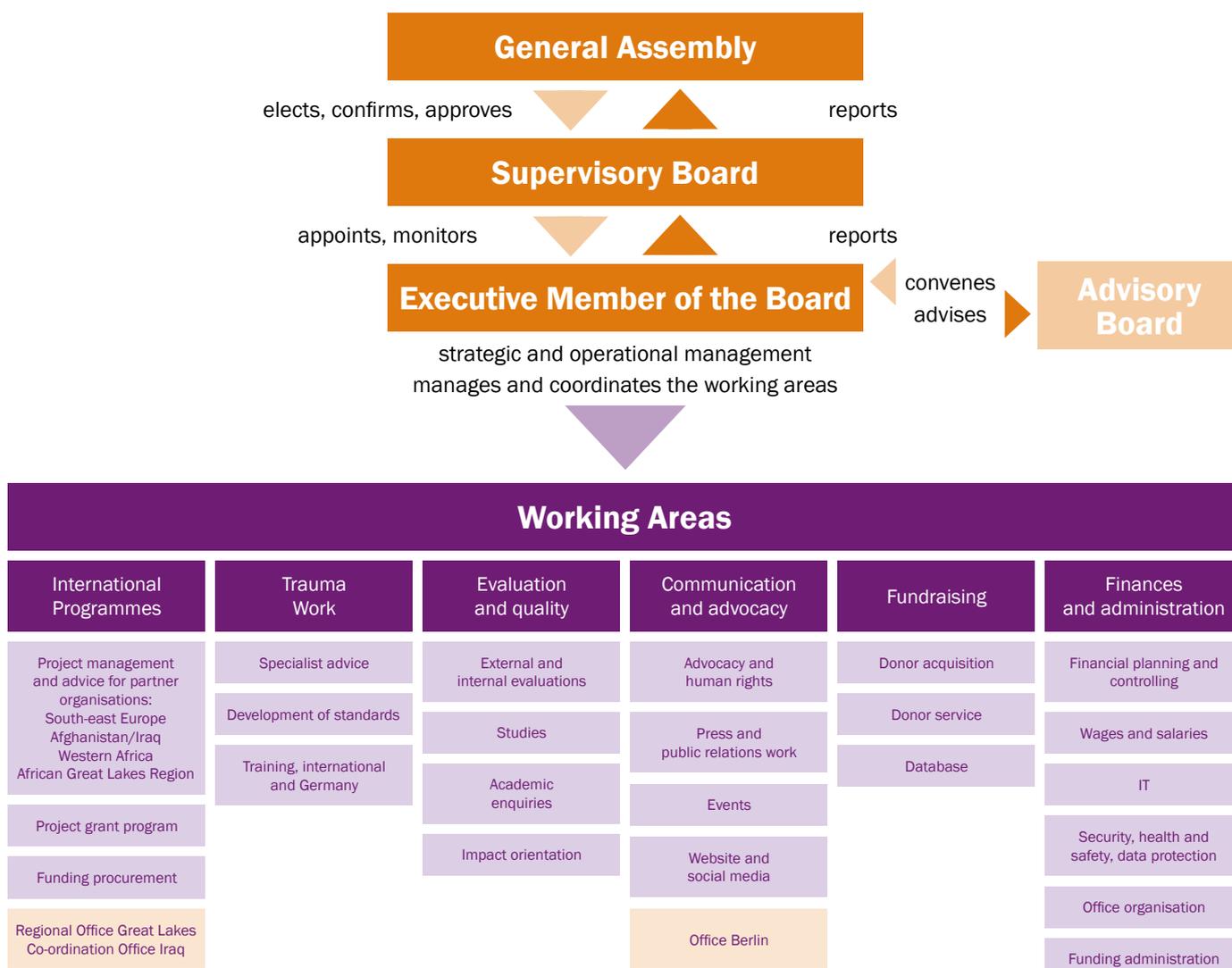
In 2020, the average number of staff at *medica mondiale* was 72:

- 3 salaried Members of the Board
- 55 salaried employees, of which 31 are part-time
- 1 marginally employed staff member
- 13 placement students
- 3 volunteer staff

Their average monthly gross salaries were\*

- salaried Members of the Board: 5,700.00 euros
- Heads of Department: 4,750.00 euros
- Officers: 3,850.00 euros
- Assistants: 3,050.00 euros

\* full-time equivalent values, these 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.



# Thank you!



## Together against sexualised wartime violence

Our gratitude goes out to everyone who helped us work to benefit women and girls in war zones and crisis areas!

In total, in 2020 **14,726 people** made a donation to *medica mondiale*.

- Of these, **5,061 people** made regular donations.

A range of fundraisers were held to collect donations for *medica mondiale*:

- **86 people** asked for donations to *medica mondiale* instead of presents.
- **58 people** made a donation as a gift to their friends and relatives.
- **23 people** asked for donations on the occasion of a funeral to honour the deceased.
- **155 supporters** put out a donations box at events or organised specific fundraising actions.



Further, we are very grateful to everyone who included us in their will.



**67 judges, prosecutors and lawyers** made use of the possibility to bestow a total of 204 fine payments to *medica mondiale*.



People following our work in 2020 on **social media**

- more than **8,700** on Facebook
- almost **2,000** on Instagram
- almost **500** on Twitter (started in May 2020)



### Institutional funders

Aktion Mensch, German Foreign Office, Federal Ministry for Economic Cooperation and Development, Comic Relief, EU/HealthNetTPO, Foundation Smartpeace, Deutsche Gesellschaft für Internationale Zusammenarbeit, Irene M. Staehelin Stiftung, Leopold-Bachmann-Stiftung, Louis Leitz Stiftung, Medicor Foundation, Pro Victimis, Sigrid Rausing Trust, Foundation Anne-Marie Schindler, Stiftung Kriegstrauma-Therapie, Welthungerhilfe/Kreditanstalt für Wiederaufbau



## Networks and Memberships

awid

**FIRE**  
Feminist Impact  
for Rights and Equality  
Consortium

FORUM  
MENSCHENRECHTE

Initiative  
Transparente  
Zivilgesellschaft

**VENRO**  
Virtueller Netzwerk  
1990 - 2020/21 2017

Arbeitskreis  
Frauengesundheit  
in Medizin, Psychotherapie  
und Gesellschaft e.V.  
ambifg - überparteilich

Member of  
**DeGEval**  
Gesellschaft für Evaluationen

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