

# Annual Report 2016



## Our vision

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

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## Our objectives

*medica mondiale* is a feminist women’s rights and aid organisation, which has been campaigning for over 20 years in solidarity with, and uncompromisingly for, the rights of women and girls in war and crisis regions. Our primary objective is to end sexualised wartime violence and other forms of gender-based violence. We believe that peace and development are only possible when gender hierarchies and power imbalances are overcome.

## Our commitment

Our work seeks to address the causes and the consequences of sexualised (wartime) violence. *medica mondiale* provides professional stress and trauma-sensitive support for women and girls, who have experienced violence. We offer health, psychosocial, legal and economic support to help survivors deal with their traumatic experiences and lead independent lives. Direct support goes hand in hand with political advocacy. We give a voice to women, spotlight human rights violations and call for the prosecution of perpetrators. Together with other activists, we work at local, national and international level for social change and an end to violence.

## Our partners

*medica mondiale* primarily implements projects in collaboration with local women’s organisations and at the same time promotes their networking. By providing training in project management, organisational development and our stress and trauma-sensitive approach, we strengthen local capacities. This ensures that long-term support for women and girls is secured and rooted in society.

## Our history

The reports of mass rape during the Bosnian war in 1992 are something the young woman doctor Monika Hauser cannot shake off. She travels to the warzone to offer her support. Together with local women psychologists and doctors in the city of Zenica, she opens the first therapy centre for women, who have been raped. A year later, *medica mondiale* is founded in Cologne. Together with local partners, the organisation now supports women and girls in war and crisis regions throughout the world.

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

# Foreword

Dear readers,



Dr Monika Hauser,  
executive member of the board

The past year began with bad news: sexual assaults on women and girls attending New Year's Eve celebrations in Cologne. Sexualised violence suddenly became a major topic of discussion. Yet, instead of prompting an open-minded debate on the long-standing criticism of the loopholes in criminal prosecution, it provoked frantic political posturing focusing on the asylum laws. The second hastily passed asylum package included measures to ease deportation. This was followed in the summer by the long overdue reform of §177 of the German criminal code on sexual assault by use of force or threats; rape. Simultaneously, populist factions were using the incidents in Cologne to incite hostility against refugees and migrants. In contrast, the women who had actually been assaulted were quickly forgotten.

Meanwhile, the wars in Syria and Iraq continued unabated in 2016. In Afghanistan, the number of civilians killed or injured in armed hostilities and terrorist attacks rose to a new high of 11,500. Armed conflict also continued in Southern Sudan, Ukraine and Eastern Congo. In all of these conflicts, women are subjected to sexualised violence – by militias, government troops or other parties.

Yet, despite the many international agreements, political leaders are doing little to stop sexualised wartime violence and address its causes. Instead of promoting the development of adequate health care or organisations providing long-term effective support for survivors, investment in weapons continues. Instead of actually addressing the root causes of the refugee crisis, Europe's common migration policy is largely occupied with keeping refugees out. And instead of helping those seeking refuge by providing trauma-sensitive support, the debate is focused on deciding which countries can be declared "safe" countries of origin, to make deportation easier.

Yet, inactivity and resignation are not the solution! It is precisely because of these challenges that standing firm in solidarity with those forced to bear the brunt of these conflicts is more important than ever. Our local partner organisations, supporting survivors and working for women's rights, are encouraging role models: for example, the women from *Medica Afghanistan*, who, alongside their counselling services, work tirelessly for the implementation of legislation to protect women against violence; or the psychosocial counsellors in Liberia, Uganda and South Kivu – the first point of contact for women and girls, who, day after day, have to confront the violence they have experienced; or the many people in Germany committed to supporting refugees.

The recent adoption in North Rhine-Westphalia of the concept to protect refugees against violence, which takes up our calls for needs-based accommodation and safe areas for women and girls, demonstrates that our political advocacy is, indeed, making an impact.

All this is encouraging and demonstrates that we can achieve a great deal together, to ensure that women and girls are able to live in dignity and justice!

  
Dr Monika Hauser



Improving the support for women affected by violence in Northern Iraq remained one of our working priorities in 2016, for example by training staff working in the state-run women's shelter. Pictured is legal advisor Jihan Abas Mohammed.

## Report of the Executive Board

The ongoing conflicts in Syria, Afghanistan and Iraq and the accompanying sexualised violence have yet again demanded our full commitment in 2016. In view of the large numbers now seeking refuge in Germany, war and violence have also become an issue here. The huge demand for our training courses focusing on stress and trauma-sensitive approaches to dealing with refugees indicates that knowledge in this specific area is also lacking in Germany. At the same time, the diverse global conflicts and movements of refugees underline the fact that we will need to step up our efforts to improve our support and protection for women in, and from, war and crises regions, both in terms of protecting refugees against violence in refugee accommodation and in foreign and development policy. To address these challenges, we revised our overall strategy in 2016 and restructured our management.

### Expanding our work in Northern Iraq

Civil war has been raging in Syria for over six years, with devastating effects on the civilian population. Millions of people have fled their homes and the number of victims is increasing every day. Even Iraq, where many of those displaced are seeking refuge, is being torn apart by internal conflicts and terror. Sexualised violence against women and girls is practised by all conflicting parties. Since 2014, *medica mondiale* has been working on behalf of survivors – principally in the autonomous region of Kurdistan in Northern Iraq, which, in addition to refugees from Syria, has also taken in large numbers of internally displaced persons. The project office in Dohuk, opened by *medica mondiale* in 2016, co-ordinates the work locally.

Last year, with financial support from the German Ministry for Economic Co-operation and Development (BMZ), we initiated comprehensive training for specialist staff in healthcare facilities, counselling centres and refugee camps. The qualification programme, focusing on stress and trauma-sensitive approaches to dealing with survivors of sexualised violence, psychosocial counselling and mental health, benefits the local population as well as those displaced. Experience shows that as people's stress levels increase in crisis situations, domestic violence also increases. That is why the programme also targets profes-

sional staff in local structures, e.g. the police, the Directorate to Combat Violence Against Women and the women's shelter in Dohuk that provides protection and counselling to survivors. To reach out to people in other parts of Northern Iraq, *medica mondiale* implements the programme in co-operation with the Haukari organisation in Berlin and the Khanzad women's centre which have been working for several decades in the Sulaymaniyah region. We also financially support the work of several smaller women's organisations.

### Supporting refugees in Germany

Many of the people seeking refuge in Germany in the past year have been women and girls who have experienced diverse forms of violence and are now having to adjust to unfamiliar surroundings. In 2016, *medica mondiale* launched a training programme for people working with refugees, providing basic skills in dealing sensitively with traumatised people. The aim of the project supported by the Ministry of Health, Equalities, Care and Ageing in North Rhine-Westphalia, Germany, is to provide access, especially for women and girl refugees, to compassionate and competent support. In 2016, *medica mondiale* trained more than 200 full-time and voluntary staff.



Well-equipped to face new challenges: the three executive directors of *medica mondiale*, from left to right, Sybille Fezer, Monika Hauser and Elke Ebert.

## Strategic development

In spite of the numerous international conventions to improve the protection of women and girls as well as their active participation in society, sexualised violence in war and crisis regions is still prevalent in all conflict phases. This political impasse, alongside the current conflicts that are forcing millions of people to flee their homes, has compelled us to carry out a strategic reorientation of our work. The management, association and staff of *medica mondiale* have jointly developed a strategy for the years 2016 to 2020 and identified four core processes.

Our solidarity-based, stress and trauma-sensitive approach to dealing with sexualised wartime violence is to be further developed and disseminated amongst key actors in development aid. *medica mondiale* is, thereby, gradually establishing itself as a trauma-specialist organisation. We also want to influence key political stakeholders, including the German Government, to give more consideration to sexualised wartime violence in their crisis prevention, stabilisation and post-conflict management. Establishing and reinforcing structures that combat and cope with sexualised wartime violence in war and post-war zones is as important as ever. We also want to raise the public's awareness of sexualised wartime violence, its causes and consequences through strategic communication measures.

## About the organisation

Since November, *medica mondiale* has been headed by three women. Alongside founder Monika Hauser, now devoting more time to political advocacy and representing the organisation externally, Elke Ebert is Director of Finance, Human Resources and Administration. Sybille Fezer, former regional officer, is now Executive Director Programmes and Strategic Development and, together with Monika Hauser, is also involved in developing organisational policy.

Since being awarded the Alternative Nobel Prize in 2008, *medica mondiale* and its working commitment on behalf of women raped in war and crisis regions have grown steadily. We want to address these challenges with our new management structure.

The new appointment became necessary when former managing director, Christiane Overkamp, after seven years with *medica mondiale*, moved to the Stiftung Umwelt und Entwicklung (Foundation for the Environment and Development) in Bonn.

## Review and outlook

The substantial volume of donations we received in 2016 again demonstrates that large numbers of people want to express their solidarity with us by supporting our work with survivors of sexualised violence in war and crisis regions. The support of numerous institutional donors that helped finance the long-term commitments and specialist work of *medica mondiale* in 2016, is also gratifying.

Other important strategic ventures will be initiated in 2017. We are planning to develop a strategy for our political advocacy and try out new political advocacy instruments to ensure this work is even more targeted and effective.

One other vital issue in 2017 will be the revision of our security concept for field visits. This has become necessary because the contexts, in which we operate, are becoming increasingly dangerous and the periods between conflict phases ever shorter.

In 2017, the development of a financing concept stretching over several years will be initiated. Our focus here is on identifying the most reliable, broad-based means of financing our work.

Since **1993**, *medica mondiale* has been supporting women and girls in war and crisis zones.



Together with more than **30 partner organisations**, we supported survivors of sexualised violence through psychosocial, legal, medical and economic programmes in more than **50 projects**.



We provided training courses in our stress and trauma-sensitive approach and promoted local structures – in Iraq alone, around

**170 specialists** were trained and more than **200 full-time and voluntary staff** in Germany.

In **2016**, we were in action in **13 countries**



in Africa, Asia and Europe.

Around **50 members of staff** in our head office in Cologne ensure efficient management, quality and information.



Our expenditure on projects and programmes amounted to

**5.29 million euros.**

Donations of **3.87 million euros** and **2.78 million euros**

from other **donors** enabled us to carry out our work.



## Our work worldwide

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

### We strengthen partners

*medica mondiale* has been working for many years in war and post-war regions with activists and organisations that support women and girls affected by sexualised violence and try to prevent violence. Many of these local women's organisations, with which *medica mondiale* has set up partnerships, grew out of self-help initiatives or *medica mondiale*'s own projects. We provide financial support, expertise, and help them develop the organisation. Other vital components of these partnerships include joint political work and the sharing of expertise.

Since 2004, *medica mondiale* has been using the project fund to support local women's organisations in running small-scale projects, limited in terms of duration and financial resources. These include projects that provide direct services in the form of medical and psychosocial care, training and income-generating measures and legal assistance, or that involve political advocacy for women's and human rights or raising public awareness. Successful small-scale projects can lead to long-term partnerships, which can then provide the framework for larger-scale projects that can be jointly implemented over the course of several years.

### We strengthen local capacities

Organisational development and developing local expertise are vital components of our international work. In many countries, in which we operate, there is virtually no expertise in trauma and psychosocial counselling. *medica mondiale* provides training and advanced training in stress and trauma-sensitive approaches not only for partner organisations, but also for public institutions and non-governmental organisations. One other key area of our capacity-building measures is organisational development. We train our partners, for example, in finance and human resources management and, thus, help them plan and implement projects.

### We set regional priorities

Since most armed conflicts affect whole regions, irrespective of national borders, our international work is deliberately based on regional concepts.

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

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

### We implement our own projects and programmes

Where no local partner organisations exist to support women affected by violence, but a very real need is evident, *medica mondiale* will, to a limited extent, implement its own projects. This direct, feminist work, in solidarity with local women, is part of our identity and provides us with opportunities to continuously develop our professional approach.

### We operate within networks

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

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

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

## Areas of our international work

In its work, *medica mondiale* addresses both the root causes and the consequences of gender-based violence and, specifically, sexualised wartime violence. As part of our dual strategy, we combine individualised direct support for women and girls in war and crisis regions with raising social awareness and political advocacy to change the political and legislative context.

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

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



### Stress and trauma-sensitive psychosocial care

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



### Stress and trauma-sensitive healthcare

The different forms of violence, including sexualised violence against women and girls, often lead to potentially fatal injuries and serious, sometimes protracted illnesses. Low-threshold, safe access to medical care and counselling is, therefore, vital for the survival of women and girls affected by violence. The attitudes and responses of doctors, nurses and midwives are decisive in ensuring whether women obtain competent care and protection from retraumatisation within healthcare facilities. This calls for an empathetic and a stress and trauma-sensitive approach from healthcare staff.

Our goal is to ensure that women and girls receive appropriate medical care and counselling and any further support required. Community-based healthcare and counselling plays a decisive role in this field. That is why we provide additional training and education for nurses and health staff to deal with women affected by violence and trauma and train key actors in the governmental and non-governmental healthcare system.



### Stress and trauma-sensitive legal assistance

Wartime rape is a serious violation of human rights. Yet, impunity for perpetrators is still widespread, despite the improvements to the instruments of international criminal prosecution and the adoption of UN Resolutions 1325 and 1820. In post-war periods, too, women are commonly subjected to gender-based and domestic violence. Most perpetrators are never punished. Progressive laws, designed to protect women, are often not enforced. Indeed, in some countries, such as Afghanistan, women and girls



Human rights and peace activists from throughout the processes at the Global Peacebuilder Summit in Berlin.

are actually criminalised if they attempt to escape marital violence or forced marriages. They are frequently subjected to further violence by the police, in court or in prison.

We are committed to ensuring that women and girls affected by violence know their rights and receive legal counselling and representation at a national and international level. *medica mondiale* and its partner organisations provide legal advice and support women in court, for example, when women take legal action to change intolerable living situations and seek divorce on the grounds of domestic violence. Alongside this, we offer the police, lawyers, and court personnel advanced training in stress and trauma-sensitive approaches to dealing with women affected by violence. *medica mondiale* also promotes the implementation of locally adapted, out-of-court approaches (e.g., symbolic tribunals, compensation funds or women's courts) to ensure that women obtain justice. We also help partner organisations document violations of women's human rights as a means of countering taboos and impunity.



world at discussing the role of civil society in peace



### Advocacy work for women's rights

To ensure sustainable change in social structures that discriminate against women, it is essential that women's rights in war and crisis zones are enforced and that they are legally binding. A vital component of this is promoting the implementation of the UN resolutions relating to women, peace and security. An important role, here, is played by topic-specific advocacy, which, for example, seeks to improve local health care for women and girls affected by violence. Alongside this, we also help partner organisations develop their capacities and skills in women's rights advocacy and implement a human rights-based approach.



### Establishing and empowering autonomous women's organisations

*medica mondiale* wants to ensure that women affected or threatened by violence in conflict and post-war zones have access to long-term, solidarity-based support that is adapted to the local context. That is why supporting and empowering local partner organisations is a key feature of our international work. This also involves offering our partners capacity building in organisational consultancy and development, based on feminist and emancipatory values, and providing training in leadership, finance management, fundraising, advocacy, and psychosocial counselling. We provide institutional support to selected partner organisations and assist them in setting up regional, national, and international networks. In the absence of appropriate support structures, we run our own programmes, which can subsequently give rise to independent local women's organisations.



### Supplementary domain: income-generating measures

The social, economic and health-related consequences of war and conflicts, in combination with structural disadvantage, usually mean that women end up living in highly precarious conditions. Many women, who have experienced sexualised violence, are disowned or cast out by their families. Others are forced to secure the survival of their family. Such grim economic circumstances often force women into dependent, violent relationships, in which sexual exploitation and forced prostitution are not uncommon. Basic material security is often a requirement for ensuring that women can stabilise their situation and access psychosocial services, to help them come to terms with violent experiences. Participation in basic and advanced vocational training and income-generating measures, as well as referral to competent co-operation partners or partner organisations promote their self-sufficiency and facilitate their social participation and reintegration. Comprehensive economic programmes are not a working priority for *medica mondiale*. Nevertheless, we do provide measures to secure livelihoods to our target group, or co-operate with organisations specialising in income-generating activities.



“ Peace is also when a woman can make the decision to lie down to sleep, without having to fear that, in the night, someone may attack her house or her village. ”

As part of its focus on “Our contribution to crisis prevention and peace building”, the department for international programmes asked local partner organisations in 2016 what peace means to them.

*Sylvie Mazambi,  
member of staff of the women's rights organisation, PAIF,  
in the Democratic Republic of Congo.*



Working together in the co-operative's greenhouses provides the women with a small income, while simultaneously boosting their self-confidence and belief in their own strengths.

## Income boosts self-confidence and the ability to act

There is a constant humming and buzzing – surrounded by swarming bees, Mirjana stands in front of a row of beehives, checking the honeycombs. For many years, she had been mistreated by her husband and beaten repeatedly. She sometimes sought protection in the women's refuge. But because she was financially dependent on him she stayed with him. But when he died all she inherited was a massive debt. Then, a year later, her son died in a car accident. A low point for Mirjana, psychologically as well as financially. When the team from the Bosnian partner organisation, Budućnost, offered her a place in a professional training course, she seized the opportunity. "I would never have imagined my life could change so much," the 54-year-old says. "The occupational

therapy and training have restored my hopes and motivation."

In 2016, a total of 62 women participated in the courses teaching skills in honey production, vegetable growing, seed production and upholstery. Ten graduates also received material or starting capital to launch their own small enterprise. A co-operative initiated by Budućnost helps the women market their products. But as well as enabling women to have their own income, the activities also boost their self-confidence.

Mirjana is not an isolated case. A survey carried out in five districts of the Doboj region in Bosnia-Herzegovina confirms the close association between sexualised vi-

10 projects

8 partner organisations

Bosnia-Herzegovina:

Medica Zenica, Vive Žene, Budućnost, Žena BiH, SEKA Gorazde

Kosovo: Medica Gjakova, Hareja

Croatia: Ecumenical Women's Initiative

8 project regions

Bosnia-Herzegovina: the cantons of Zenica Dobo, Central Bosnia, Una Sana, Bosnian Podrinje, Tuzla, Herzegovina-Neretva and the Republic of Srpska

Kosovo: entire country

Croatia: Dalmatia

### Project priorities

- empower women, who have experienced sexualised gender-based violence, through direct holistic support: psychosocial counselling, gynaecological care, legal advice, income-generating measures
- improve access to good quality, trauma-sensitive health care
- provide advocacy with respect to better access to reparations for survivors of sexualised wartime violence
- promote knowledge exchange and the networking of women's organisations

### Financing

Federal Ministry for Economic Co-operation and Development (BMZ)  
Federal Foreign Office (AA)  
Stiftung Anne-Marie Schindler  
Louis Leitz Stiftung  
Association Soltierra Viva  
Donations/own resources

Croatia

Bosnia-Herzegovina

Kosovo

olence and economic privation. The survey interviewed 280 women, who had experienced domestic violence, and representatives from social services. Nearly 80 percent of women said they had been subjected to psychological violence, while more than 65 percent reported physical violence. More than two-thirds had no work or income of their own, and, consequently, virtually no opportunity to participate in social life. Economic development in the region is stagnant. All the agricultural concerns have gone out of business. The unemployment rate is high. Living in such precarious circumstances often gives rise to domestic violence. The women affected are not only left with physical scars but are often robbed of their self-esteem and the confidence to take control of their own lives.

Budućnost encourages survivors to learn new skills to help pave their way to economic independence. Since 2016, the organisation has run its own support centre with two classrooms. Alongside vocational training, occupational therapy – e.g. in fruit growing or food processing – offers the women a gradual introduction to employment. Last year, 90 women who had experienced violence, took up the offer. The women psychologists involved in the programme noted significant changes in the women: their mood improved, they became more stable, could relax better and overcome negative thinking.

### Working together to break the cycle of poverty and violence

A similar holistic approach is pursued by the women's co-operative, *Duart e Dardenes* in Kosovo, which, in 2012, grew out of a project run jointly by *Medica Gjakova* and *medica mondiale*. The members run a small shop in the heart of the town of Gjakova, selling their own produce including cheese, yoghurt, honey, jam, eggs and pickled vegetables. The Dukajini region is one of the poorest in Kosovo. Many of the women have become their family's sole breadwinner since



The preservation of vegetables is part of the training, which the women's co-operative in Kosovo hopes will open up new income-generating opportunities.

their husbands were killed during the war. And so the project offers training to help them find ways to make a living from milk production, beekeeping, food processing, marketing and bookkeeping, and thereby promote their social and economic reintegration.

Since it was founded in 2012, the co-operative has grown to around 75 members. The women are also clients of *Medica Gjakova*. Many were raped during the Kosovo war or have experienced other forms of gender-based violence. Alongside economic support, women also receive psychosocial and legal counselling and medical care.

The co-operative's turnover is still low. "Running a women's co-operative successfully in Kosovo is a challenge partly because of the difficult economic situation but also partly because of the patriarchal society", explains *medica mondiale* Regional Programme Manager Vera Haag Arbenz. Professional advice aims now to fill the gaps in their production and marketing expertise and, thereby, ensure the co-operative's future independence.

## Results of our work



The Budućnost's women's shelter in Bosnia-Herzegovina improved the well-being of women and prepared them for gainful employment.

90



In **2016**, the *Duart e Dardenes* co-operative in Kosovo received advice on financial planning, sales analysis, customer satisfaction, pricing and marketing to promote know-how and sales.



Women refugees in Northern Iraq living in precarious conditions. To improve social services, *medica mondiale* is training professional stress and trauma-sensitive counsellors.

## Iraq/Syria: extending sustainable local support

Greater protection and improved access to trauma-sensitive counselling for women affected by violence were the focus of our projects in Northern Iraq in 2016. In the Kurdish provinces of Dohuk and Sulaymaniyah alone, thousands of women have sought refuge after fleeing the conflicts in Syria and Iraq. Many have experienced extreme violence, been raped by IS terrorists or other militia, and are in urgent need of psychological support. As a result of the long-standing humanitarian crisis and prevailing patriarchal attitudes, local women are also subjected to diverse forms of violence and social exclusion.

Since 2015, *medica mondiale* has been training staff from state and other local institutions in stress and trauma-sensitive approaches to dealing with survivors

of gender-based violence, to help them cope with the enormous demand for care. In 2016, we advanced this approach with the continuation of existing programmes and launching new qualification programmes. A small office in Dohuk has been co-ordinating local activities since 2016.

“It is important to us that local women are given long-term stability and support,” says Sybille Fezer, Executive Director Programmes and Strategic Development at *medica mondiale*. “We do this by reinforcing existing structures and, together with experienced partners, taking action in situations, which, despite the acute need, receive little international attention.” The new training project, run jointly since July 2016 by *medica mondiale*, the development association, Hau-

13 projects

8 partner organisations

Haukari/Khanzad  
*Medica Afghanistan*  
 NWE - Organisation for Environmental Protection and Defence of Women's' Rights  
 Rasan Organisation for Women's Rights  
 Sewan Organisation for Women's Empowerment  
 The Association of Legal Aid  
 Women Now for Development

10 project regions

Northern Iraq (KRI): Dohuk, Sulaymaniyah, Halabja  
 Turkey: Gaziantep  
 Afghanistan: Kabul, Herat, Mazar-e-Sharif  
 Syria: Saraqep, Hazeh, Kafr Batna

### Project priorities

#### Northern Iraq:

- qualification of health professionals

#### Afghanistan:

- advocacy
- psychosocial support and legal advice
- qualification of health professionals
- awareness-raising and educational work focusing on gender-based violence

### Financing

Federal Ministry for Economic Co-operation and Development (BMZ)  
 Federal Foreign Office (AA)  
 Swiss Agency for Development and Co-operation (SDC)  
 Gesellschaft für internationale Zusammenarbeit (GIZ)  
 Berlin Center for Torture Victims (bzfo)  
 Donations/own resources



kari, and the women's centre, Khanzad, targets women in refugee camps and communities, counselling centres and state-run shelters as well as local police departments in Dohuk and the Sulaymaniyah region. The two-year project, funded by the German Federal Ministry for Economic Co-operation and Development, combines training for specialists and managers with improvements in training provision and public awareness raising.



*Medica Afghanistan works tirelessly for the rights of women in Afghanistan as well as for the development and implementation of legislation providing protection against violence.*

## Afghanistan: strong and courageous for women's rights

Afghanistan is still a long way from becoming a stable state, where women can enjoy equal rights and live in safety. There were more civilians killed or injured in fighting on the ground or by terrorist attacks in 2016 than ever before: 11,500. Simultaneously, international support is declining, which, in turn, further exacerbates the country's economic problems. Corruption, weak governance and a lack of prospects are the result.

Given the already dangerous situation women and girls are facing, this is a lethal development. The loss of political control has contributed to the revitalisation of fundamentalist forces and is jeopardising the achievements made in the field of women's rights. "We are currently witnessing a significant increase in violence against women," says Humaira Rasuli, head of *Medica Afghanistan*. There are recurrent instances of lynchings or stonings, particularly in families and village communities. Women are poisoned, tortured, oppressed. Laws to prevent these kinds of incidents, such as the Elimination of Violence against Women (EVAW) law do exist. But, in practice, the dominance of traditional justice systems often prevents their consistent application. The judiciary is also often biased and very few women receive legal aid.

To address this, *Medica Afghanistan*, in 2016, focused increasingly on raising awareness and political human rights work, as well as providing psychosocial and legal advice for more than 3,000 women. About 300 male and female state prosecutors, judges, police officers and religious leaders attended workshops providing training in women's rights, the consequences of violence as well as stress and trauma-sensitivity. *Medica Afghanistan's* lawyers successfully enforced the EVAW law in 112 court cases, thereby improving the women's situation. Furthermore, despite opposition from the authorities and parliament, the organisation fought for the implementation and defence of the EVAW law. "Our goal, in co-operation with *medica mondiale* and other Afghan women's rights initiatives," Rasuli says, "is to fully anchor the EVAW in the legal representation and counselling of women," In 2016, *Medica Afghanistan* also participated in the reform process and further development of the Afghan Criminal Code.

In April 2016, Humaira Rasuli travelled to Germany and challenged political decision-makers in Berlin to work unwaveringly for peace and development in Afghanistan. She concludes, "Peace is only possible if all Afghan women can live a life free of violence and participate in the reconstruction of the country".

### Results of our work



**12** employees from the Ministries of Health, Employment and Social Affairs in Dohuk received one-day training in trauma-sensitive counselling and self-care.



**130** police officers in Sulaymaniyah were trained in the causes and consequences of gender-specific violence, to enable them to deal more sensitively with the survivors of honour crimes and sexualised violence.



**1,614** women and girls in Afghanistan received support in the form of legal advice, representation in court and mediation; 1,413 received psychosocial counselling.



The youth forum run by SEVOTA in Rwanda gives the children of women raped during the genocide the chance to share their experiences with others and be part of an empowering environment.

## Uganda: empowering girls

It starts already with food. “At home, it is only my brothers that get meat,” 17-year-old Vicky says. The discrimination of girls in Northern Uganda extends throughout all areas of life. Because they have to help out so much at home, many girls have little time left for schoolwork. Sexualised violence and unwanted pregnancies are major problems. Girls receive very little protection against assaults – not even at school. The majority know very little about sexuality or reproductive health and most leave school when they become pregnant. The shame and stigma are too much to bear. Vicky, who has a four-year-old son, explains: “The others in the class make a fool of us young mothers.” For many, this is the start of the cycle of sexualised violence, teenage motherhood and a lack of education. Our partner organisation, Mento-

ring and Empowerment Programme for Young Women (MEMPROW), seeks to challenge this. Its objective is to empower girls and, through education, open up opportunities for them not only to lead an independent life, but also to bring about change in the social environment and to dismantle patriarchal structures.

Last year, at the Erussi secondary school, the Ugandan women’s organisation supported a total of 64 students aged between 14 and 25, who had experienced, or were threatened by, sexual violence. In special courses, MEMPROW trained them in entrepreneurial skills to help them become economically independent. They also focused on such issues as access to land and other resources as well as individualised career and future planning. In addition, 30 goats were

### 17 projects\*

\* 5 of which are small-scale projects within the scope of the South-Kivu programme

### 14 Partnerorganisationen

Burundi: Maison Marthe Robin pour la vie, SFBLSP; DR Kongo: ADDF, PAIF  
South Kivu programme: AFPDE, EPF, HAM, La Floraison, RAPI, RFPD; Rwanda: SEVOTA; Uganda: ACFODE, FOWAC, MEMPROW

### 4 project regions

Burundi: Bujumbura, provinces of Cibitoke and Bubanza; DR Congo: provinces of North and South Kivu; Rwanda: Muhanga (South Province), Kirehe (East Province), Kigali; Uganda: districts of Apac, Nebbi, Kitgum, Lamwo

### Project priorities

- provide holistic support for survivors of sexualised violence and their children
- prevent sexualised violence in communities and schools
- engage in advocacy work with relevant civil society and state representatives to achieve better support and protection for survivors
- offer training and organisational development courses for women’s organisations that provide direct support to women and girls affected by sexualised violence
- support the implementation of the existing national legislation on domestic violence at community level in Uganda

### Financing

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

Uganda  
DR Congo  
Rwanda  
Burundi

acquired and two hectares of land provided for the young people to grow maize and beans.

To curb sexualised violence in the long term, the programme involves the entire school and whole community. At a range of events, MEMPROW seeks to sensitise teachers, parents and local authorities to the issue of sexualised violence and the specific needs of young mothers. It has also set up an office within the school, providing psychosocial counselling and documenting all cases of violence to ensure that assaults can be more effectively followed-up.

With MEMPROW's support, Vicky has managed to return to school. This entailed a considerable amount of persuasion – both within her family and at school. She also succeeded in acquiring a piece of land, on which



The Ugandan partner organisation, MEMPROW, empowers girls with unwanted pregnancies. MEMPROW provides income-generating training courses and psychosocial counselling in schools.

she now cultivates coffee. In a culture that traditionally does not allow women to possess land, this is a huge achievement. And it has given her self-confidence. She has words of advice for girls in a similar situation: “Don't allow them to bully you. Go to school.”

## Rwanda: breaking the silence

The youth forum initiated by the partner organisation, SEVOTA, in Rwanda also targets young people. Participants have one important thing in common: they are all children of the genocide of the mid-1990s, when more than 250,000 women were raped, wounded or mutilated. Many survivors gave birth to the children of their rapists. While these children are often excluded as “enemy offspring” in their communities, the mothers, themselves, often vacillate between affection and rejection, still caught up in their own traumatic experiences. Even, now, twenty years later, the trauma is having its impact on the next generation.

For the first two youth forums, invitations were sent out to children of women who had already had contact with SEVOTA. Over the course of a week, they shared their stories, cried together, and laughed, too. After the

long years of silence, participants found these group exchanges liberating. “The forum allowed us to speak openly for the very first time, with no sense of shame,” says 21-year-old Olivia. SEVOTA also introduced them to methods to help them when they are feeling sad, angry, ashamed or are experiencing other troubling emotions. Many of them knew very little about the circumstances surrounding their birth. “I understand my mother better now, because I know what she had to go through,” Olivia says. Understanding helps both the mothers and the children to develop a better relationship with each other.

To enable the young people to continue their mutual support, SEVOTA has set up youth clubs in their home regions. Their function is not only to help them deal with problems, but also to provide positive community experiences.

## Results of our work



**184** kilos of beans and maize were harvested in the first year by the girls from the Erussi school in Northern Uganda. Their sale paid for the school fees of girls from low-income families.



**140** teachers, parents, boys and girls, and local leaders discussed sexualised violence, women's rights and girls' education at a community meeting in Nebbi.



Around **100** young adults, all children of the genocide in Rwanda, meet regularly for joint empowering activities in SEVOTA-initiated youth clubs in their homes.



*Medica Liberia informs members of self-organised watch groups around the capital, Monrovia, about women's rights and the causes and consequences of sexualised violence.*

## Protection networks prevent violence against women

First, there were 14 years of civil war, and then in 2014, the Ebola epidemic – Liberia is still struggling to return to normality. One legacy of the war – and a problem for society as a whole – is the high level of sexualised violence against women and girls. However, women rarely report having been raped, because they are ashamed and/or afraid of social exclusion. When they do, the perpetrators usually escape punishment. The judiciary is inefficient and corruption widespread. And, on top of all this, there are the misogynist traditions. Most people have no knowledge of existing legislation and there is little acknowledgment that assaults on women amount to serious violations of human rights.

This is exactly where *medica mondiale* and *Medica Liberia* focus their activities in the country. *medica mondiale* has been active in Liberia, mainly in the South-east, since 2006, providing counselling as well as training and protection programmes for women. Since becoming an independent women's rights organisation in 2015, *Medica Liberia*, has pursued its activities autonomously alongside working in partnership with *medica mondiale*. In August 2016, *Medica Liberia* launched a new project aiming to build a "protection network" around the capital, Monrovia, which, over the next three years, seeks to sensitise the population to sexualised violence and provide better protection for women and girls. The involvement of men in the project is intentional. They

**6** projects

**1** partner organisation  
*Medica Liberia*

**4** project regions  
Grand Gedeh County  
River Gee County  
Sinoe County  
Montserrado and Marghibi Counties (Monrovia)

### Project priorities

- trauma-sensitive and gender-specific approaches in psychosocial work, health care and legal counselling for survivors of sexualised and gender-based violence
- education and training of state service providers
- lobbying/educational work

### Financing

- Federal Ministry for Economic Co-operation and Development (BMZ)
- Kreditanstalt für Wiederaufbau (KfW) / Welthungerhilfe
- Fondation Pro Victimis
- medicor foundation
- Swiss Agency for Development and Co-operation (SDC)
- Stiftung Anne-Marie Schindler
- Donations/own resources

Liberia

have set up “watch groups” to provide security in neighbourhoods where there is often no police presence. Lena Reul, *medica mondiale*’s project officer for Liberia, says: “It’s important to involve men in the protection of women and girls, so that instead of becoming perpetrators, they end up as allies in the fight against violence.”

### Successful approach now also applied in the capital

During the Ebola crisis, *Medica Liberia* successfully helped stem the epidemic in twelve target communities, and, consequently, now enjoys positive recognition and acceptance among the population. Existing structures and contacts are now being used to apply the “protection network” model, successfully established in the South, to the outskirts of Monrovia. About 90,000 people live in the project area, in conditions of squalor and deprivation. Many of them have come into the city from rural areas and, through casual labour, are struggling to survive. Poverty, crime and violence against women and children are commonplace.

That is why women’s solidarity groups are a further vital component of the protection networks. They are the first point of contact for survivors of sexualised violence, providing them with quick and uncomplicated support. Sixty women from existing women’s groups are, therefore, being trained in stress and trauma-sensitive counselling and crisis intervention. They learn to recognise when a woman should be transferred to hospital, to the police or to *Medica Liberia*’s experts, and how to raise the awareness of the people around them for the rights of girls and women.

Girls’ clubs in schools and sports associations are also involved in the protection network. It is important for teenage girls to be able to meet in a protected environment where they can discuss problems and experiences associated with growing up, sexuality and contraception.



*Protecting girls and women is the responsibility of all. The protection network in communities in and around Monrovia seeks to prevent violence and support those, who have been affected.*

*Medica Liberia* trains five girls in each club, who then pass on information on health issues and women’s rights to other club members. “We are proud to be part of this,” Oretha Lah-Barangurah says happily. Her girls’ club is participating in the project. “We are all pursuing the same goals – empowering women to become productive citizens in society.”

The protection programme is supplemented by training courses for staff working for the police and in courts, hospitals and health centres. They are sensitised to such issues as violence against women, abuse of power and gender roles, learn about current legislation and trained to deal with survivors in a stress and trauma-sensitive way and prevent assaults. About 300 people are participating in the three-day training course. Florida Clarke, who has been working for many years with *Medica Liberia* as a psychosocial trainer, can see that clear progress has been achieved: “Women are now able to say what they want with their heads held high. With the support of *Medica Liberia*, women have become aware of themselves and their rights. That makes me both happy and proud.”

### Results of our work



In 2016, *Medica Liberia* documented more than **460** cases of violence against women and girls in the project areas.



In **142** legal, psychosocial and medical consultations between August and December 2016, women and girls were supported in the new project area in Monrovia.



**278** people working for the police, in courts, hospitals and clinics as well as community members received several days of training on the issue of sexualised violence against women, current legislation in Liberia and a trauma-sensitive approach to dealing with those affected by violence.

# Overview of our projects in 2016

Region	Country	Partner organisation*	Funding <sup>1</sup>	Project**	Costs in €		
South-Eastern Europe	Kosovo	Hareja	Project funds (own resources)	Together we are stronger	67,449.12		
	Bosnia-Herzegovina	Žena BiH		Support to women, victims of violence during and after the war			
		Budućnost		Resource Center for the Economic Empowerment of Women			
		Viva Žene		Rehabilitation of women victims of war, torture and violence			
	South-Eastern Europe	<i>medica mondiale</i>	Own resources	Regional development			
	Kosovo	<i>Medica Gjakova</i>	Stiftung Anne-Marie Schindler, own resources	Core funding	39,024.13		
		<i>Medica Gjakova</i>	BMZ	Empower to act – holistic support to women affected by SGBV in Kosovo	130,902.69		
	Bosnia and Herzegovina	<i>Medica Zenica</i>	Louis Leitz Stiftung, own funding	Core funding, training centre in Zenica	62,316.87		
<i>Medica Zenica</i>		Association Soltiera Viva, own funding	Transnational Health Training Programme (THTP)	98,912.29			
Afghanistan/Iraq/Syria	Afghanistan	<i>Medica Afghanistan</i>	Federal Foreign Office	Improved trauma-sensitive support for Afghan women in Kabul and Mazar-e-Sharif	341,383.12		
		<i>Medica Afghanistan</i>	BMZ	5 pillars to build women's rights: Awareness. Access. Advice. Advocacy. Assertion.	179,180.64		
		<i>Medica Afghanistan</i>	Own resources	Core funding	77,800.10		
		<i>Medica Afghanistan</i>	bzfo	Combating Torture and Inhuman Treatment in Iraq and Afghanistan	14,017.60		
		<i>Medica Afghanistan</i>	<i>Medica Afghanistan</i> /SDC	Transnational Health Training Programme (THTP)	49,961.85		
	Turkey	The Association of Legal Aid Against Sexual Violence	Project funds (own resources)	Legal and Medical Aid for War Weary Syrian Women in Turkey	80,076.37		
	Iraq/Syria	NWE		Supporting Women in Halabja: A Comprehensive Approach			
		Rasan		We care about you: Providing protection and assistance for women and girl refugees and host communities in Sulaimanyah			
		Sewan		Providing psychosocial support to survivors of GBV cases women			
	Syria	Women Now	Support for women centers inside Syria				
	Afghanistan/Iraq/Syria	<i>medica mondiale</i>	Own resources	Regional development			
	Iraq/Syria	<i>medica mondiale</i>	Own resources	Regional office in Dohuk and training for experts in psychosocial health	91,365.79		
		<i>medica mondiale</i>	GIZ	Qualification of psychosocial counsellors in Dohuk	55,197.89		
		Haukar/Khanzad	BMZ	Strengthening local protection and counselling for women and girls affected by gender-based violence in IDP shelters and host communities	330,575.99		
Great Lakes Region	Burundi	SFBLSP	Project funds (own resources)	Prevention and support of SGBV-survivors in in Cibitoke, Bubanza and Bujumbura	80,310.67		
		Maison Marthe Robin		Support und socio-economic reintegration of excluded pregnant girls and women			
	DR Congo	ADDF		Prevention of sexualised violence in schools and psychosocial support for survivors of sexualised wartime violence in North Kivu			
		ADFF		Evaluation of project on SGBV prevention and strengthening of pre-school and school-aged children in North Kivu			
	Uganda	MEMPROW		Securing Girl's livelihoods: Challenging Patriarchy			
	Great Lakes Region	<i>medica mondiale</i>		Stiftung Anne-Marie Schindler, own resources		Regional development through supporting local organisations	
	Uganda	FOWAC		BMZ		Empowering women survivors of sexualised and gender-based violence in Northern Uganda	152,129.91
		FOWAC		Stiftung Anne-Marie Schindler, own resources		Organisational development and training in finance management	4,463.10
	Rwanda	Sevota		BMZ		Improved social integration of women and their children born during the genocide as a result of SGBV	99,419.36
		Sevota		Fondation Smartpeace, Stiftung Anne-Marie Schindler		Setting-up local psychosocial competences as a contribution to fostering peace in the region; organisational development	34,351.42
	DR Congo	PAIF		BMZ		Improving prevention and protection of women and girls against SGBV in Eastern Congo	241,721.37
		PAIF		Stiftung Anne-Marie Schindler, Fürsorge- und Bildungsstiftung, own resources		Access to education and medical care for girls and women affected by violence in Eastern Congo; team coaching und training in self-help and finance management	22,984.14
	DR Congo/Burundi	South Kivu Programme <sup>2</sup> incl. regional office		medicor foundation, Fondation Smartpeace, Sigrid Rausing Trust, Stiftung Anne-Marie Schindler		Local women's organisations campaign for women's rights and on ending sexualised violence in South Kivu; setting-up local psychosocial competences as a contribution to fostering peace in the region; strengthening survivors, activists and organisations on combating SGBV against women in war and (post-)conflict zones	515,929.54
		<i>medica mondiale</i>		Institut für Auslandsbeziehungen (ifa)		Addressing roots of violence by strengthening women's organisations working on SGBV in South Kivu	59,769.20
West Africa	Liberia	<i>Medica Liberia</i>	Stiftung Anne-Marie Schindler, own resources	Core funding	241,287.05		
		<i>Medica Liberia</i>	Own contribution to SDC funding for <i>Medica Liberia</i>	Improving Services for Women and Girls affected by SGBV in Rural Communities within River Gee	27,725.84		
		<i>Medica Liberia</i>	BMZ	Reduction of violence against women and girls, and enhanced quality of public services for survivors of violence	153,641.89		
		<i>Medica Liberia</i>	Fondation Pro Victimis, medicor foundation, own resources	"No" to post-war violence against women: Setting up solidarity and protection networks	210,914.94		
		<i>Medica Liberia</i>	Deutsche Welthungerhilfe (KfW)	Reintegration & Recovery Programme In South East Liberia	518,019.67		
		<i>Medica Liberia</i>	Fondation Pro Victimis, medicor foundation, own resources	Strengthening and extending local solidarity and protection networks to reduce violence against women and girls	140,676.11		
Europe	Germany	<i>medica mondiale</i>	MGEPA	Stress and trauma-sensitive approach to increasing the resilience of refugees and volunteer helpers in NRW (STAR)	238,796.17		
		<i>medica mondiale</i>	Stiftung Umwelt und Entwicklung Nordrhein-Westfalen	Introduction of Achtsame Organisationskultur® (mindful organisational culture) in the Cologne office	16,920.47		
		<i>medica mondiale</i>	BMZ	Further training programme for DC and humanitarian aid workers	70,498.71		
Worldwide	Albania	Medica ALB	Project funds (own resources)	Reinforcing the framework of a multi-sector, collaborative approach as a tool to combat SGBV and bring about change, as well as for the empowerment of women and girls and rehabilitation of survivors	48,801.22		
	Germany	Paula e.V.		Manual on trauma-sensitive support for older women			

BMZ = Federal Ministry for Economic Cooperation and Development

GIZ = Gesellschaft für internationale Zusammenarbeit

KfW = Kreditanstalt für Wiederaufbau

SDC: Swiss Agency for Development and Cooperation

MGEPA = Ministry of Health, Equalities, Care and Ageing in North Rhine-Westphalia

bzfo = Berlin Center for Torture Victims

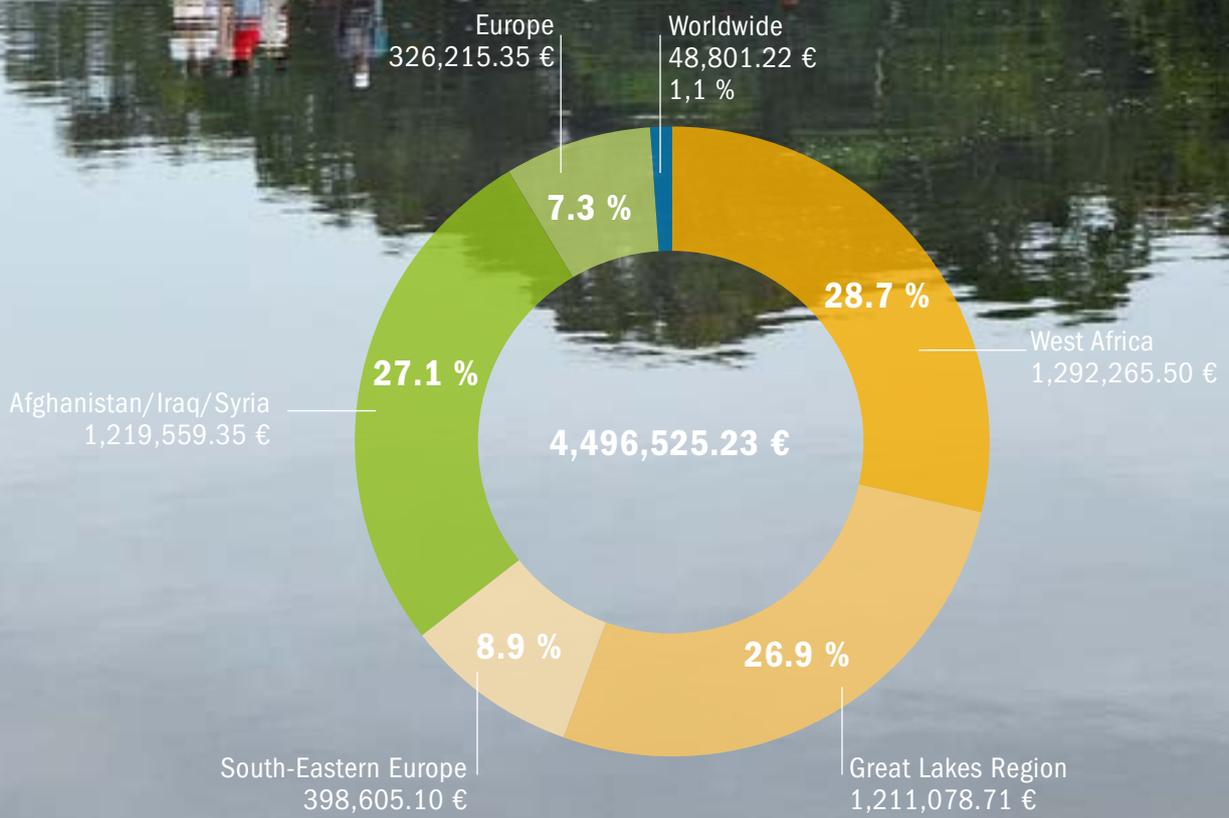
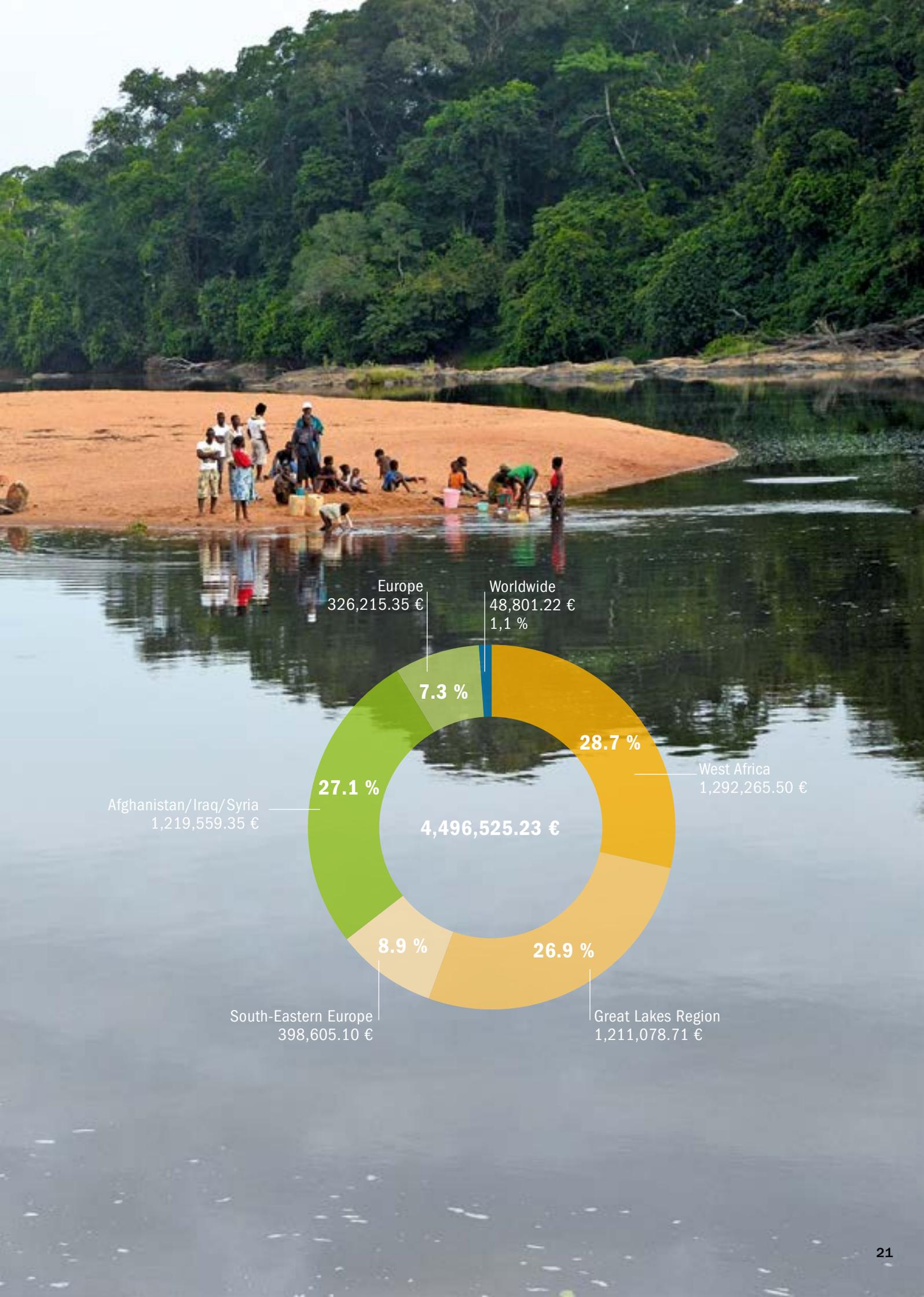
SGBV = Sexualised gender-based violence

\* Own implementation by *medica mondiale*

\*\* Due to lack of space the names of partner organisations and project titles have been shortened

<sup>1</sup> Own funds comprise i.a. donations, legacies, participation fees

<sup>2</sup> Five micro-projects within the scope of the South Kivu programme s. p. 16





Working to help others: in training provided by *medica mondiale*, women refugees learn to use their experiences to support others in a similar situation. The picture above shows participant Vivian Ojo Obasuyi

Many people, who have been forced to flee war and violence, have had traumatic experiences. To deal with these experiences, they need good social connections, a safe environment and supporters, who act with caution. In 2016, *medica mondiale* trained around 200 specialists and volunteers working with the refugee community in its stress and trauma-sensitive approach. Alongside providing information on trauma and self-care methods, the focus was on promoting self-help skills.

## Strong and self-confident

### Stress and trauma-sensitive support for women refugees in Germany

Symptoms of trauma and stress are often difficult to recognise immediately. What, at first sight, appears to be defensive or aggressive behaviour, can actually be caused by trauma. If helpers are unable to interpret these signs, the consequences of trauma can become chronic and lead all involved to feel powerless and overstretched.

With financing from the Ministry of Health, Equalities, Care and Ageing in North-Rhine Westphalia, *medica mondiale* responded to the growing number of people seeking refuge in Germany by launching the STAR<sup>1</sup> training programme that focuses on a stress and trauma-sensitive approach to dealing with refugees. The series of courses seeks to empower and stabilise refugees. The programme aims on the one hand to give new arrivals competent support and, on the other, to contribute to the development of a sustainable support network. Employees should be able to recognise not

only the symptoms of stress and trauma, but also the limits of their own resilience.

To be able to continue and expand the training courses after 2016, 16 women trauma experts were recruited as additional trainers and, over the course of several days, trained to jointly lead seminars. *medica mondiale* ran more than ten courses throughout the year, training a range of target groups including health workers, security personnel and volunteers in a stress and trauma-sensitive approach to dealing directly with refugees. A further 13 external training courses and lectures were held for different education providers and associations.

"We want to use this approach to empower asylum-seekers in Germany and, in the long term, facilitate their integration into society," says Alena Mehlau, programme advisor on trauma work. After almost 25 years of working with survivors of violence in war and crisis regions, *medica mondiale* knows that talking to, and sharing ex-

1 Stress- and Trauma-sensitive Approach to strengthen the Resilience of refugees and helpers in North Rhine-Westphalia

periences with, other people, who have been similarly affected, can, in itself, have a stabilising impact. Promoting self-help structures through group confidence-building programmes, was therefore a key programme component. Since the autumn of 2016, *medica mondiale* has been training women – themselves refugees some years ago – to use their experience to support other refugees. "All these women have their own particular journey of stabilisation behind them," Mehlau explains. "They demonstrate that, despite all the difficulties, it is still possible to gain a foothold in an alien environment and continue to make progress." What these peer-to-peer approaches can offer in a context, in which people are displaced and traumatised, and how they can be supported even more

effectively, is something *medica mondiale* will discuss with experts and volunteers from NRW at a symposium in April 2017.

🏠 [More under: www.medicamondiale.org/en/service/media-centre](http://www.medicamondiale.org/en/service/media-centre)

## The training programme at a glance

### ▶ Training of trainers:

2 training courses of 2 days,  
3 one-day supervision meetings,  
1 co-training, 1 evaluation meeting  
a total of 16 trainers

### ▶ 5 training courses for individuals in influential positions:

2 seminars, 1 seminar on accommodation,  
1 seminar on self-help structures, each  
lasting 2-3 days  
83 individuals in influential positions

### ▶ 5 in-house training courses:

Diakonie Aprath Wuppertal, Münster, accommodation DRK Bonn, Azade/Gülistan; RE/init e. V. - each for 1-2 days  
a total of 81 participants

### ▶ 1 day of practical experience:

mindful organisational culture and self-care  
9 people who have already participated in a training course for individuals in influential positions or an in-house training course

### ▶ Training in self-help skills:

1 3-day advanced training,  
1 two-day advanced training, 1 lobby meeting, film project  
a total of 14 participants

### ▶ Symposium: a symposium on counselling and self-help groups by women refugees for women refugees is scheduled for April 2017.



*Head of trauma work department Karin Griese (l.) and project co-ordinator for qualification programmes Petra Keller (r.).*

## Interview with trauma experts Karin Griese and Petra Keller

### What are peer-to-peer approaches in trauma work?

After a traumatic experience, the person affected can gain a lot from the solidarity with others who have experienced something similar. The important thing here is to share experiences and helpful information and provide mutual support. This can take place in regular group or individual counselling sessions.

### Why is the peer-to-peer approach particularly suitable for working with refugees?

Even after the most difficult experiences, people still have so much to offer. Women, who themselves were refugees and have been living in Germany for some time, not only have their own burdens to bear but have also developed their own particular coping strategies. They can act as a role model for new arrivals simply by demonstrating how they have learned to cope and restore confidence in their own strengths. In psychosocial terms, peer-to-peer encounters can be enormously stabilising and can significantly strengthen the affected person's resilience. That is why it is so important not to allow structural problems to jeopardise the success of this form of support. Even successful self-help is insufficient, when people are forced to flee yet again from war and persecution and left to cope alone with their problems in the new host country.

### How does peer-to-peer support work in practice?

Women refugees, with similar issues and problems, meet in a protected environment, where rules of confidentiality and mutual respect apply. To address the stress and trauma dynamics within the group, we recommend that sessions are led by a team of at least two women – a trauma expert and one, who herself was a refugee and is sufficiently stable to share her own experiences.

### Which framework conditions are required for this?

The group meetings should always follow the same structure. This enables participants to feel secure throughout the session and in their interaction with each other. All the women, with their strengths and abilities, are to be actively included in the discussions. But other external factors, including rooms, translation, child-care and long-term financing, are also important for the success of the meetings.



*The evaluation in Afghanistan shows that self-help groups are especially effective in helping survivors come to terms with their difficulties and experiences of violence and rediscover their strength.*

**“Women and girls live in dignity and justice” – making this vision reality is what *medica mondiale* has been striving to achieve for nearly 25 years. This also involves addressing the effectiveness of what we do. That is why we bring in external experts to regularly evaluate projects and programmes and, thereby, systematically monitor and document impacts at an individual and social level. One aspect of particular importance to us is the perspective of women and girls, who, like our partner organisations, are actively involved in the evaluation process. For us, impact monitoring means: learning together to help us develop our work and its quality.**

## Example of Afghanistan: self-help groups work!

*Medica Afghanistan*, which emerged from *medica mondiale* projects in 2010 to become an autonomous entity, is one of the few organisations in Afghanistan led by women. Its holistic approach combines direct services for survivors of sexualised violence with political advocacy work. Between 2012 and 2015, a total of 1,357 women in three projects in the regions Herat, Kabul and Mazir-e-Sharif received stress and trauma-sensitive psychosocial counselling, provided on an individual and group basis. They had all experienced violence, many of them within their own families.

In 2016, two external experts were commissioned to evaluate all three projects. The evaluation team spoke

to nearly 300 people and conducted a further 14 in-depth interviews. As well as clients and their families, interviewees included representatives from the relevant ministries and civil society, and the *Medica Afghanistan* team.

The changes in knowledge and behaviour were noticeable after the programme: 83 percent of the women were convinced they could change their situation, while 78 percent considered themselves to be self-confident. They had nearly all learned more about their rights and about institutions, to which they could

turn should they be confronted by violence. Many reported that the support of *Medica Afghanistan* had been a turning point in their lives.

*As well as the projects in Afghanistan, projects in Liberia, Uganda, and Kosovo were evaluated in 2016. In 2017, evaluations are planned for Afghanistan, Germany, Rwanda and South Kivu.*

*The results of all evaluations are available at:*

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

The self-help groups, set up and supported by *Medica Afghanistan*, performed particularly well. The groups offer former clients a protective environment, where they can share their experiences and empower one another. Such positive feedback confirms how interacting with others in a similar situation can help the women deal with stress and trauma. The evaluation suggests that the support, itself, is sustained by the self-help groups and anchored in the communities.

Nevertheless, 98 percent of clients interviewed showed symptoms of post-traumatic stress disorder. Although this initially seems to contradict the progress noted above, it is actually consistent with the findings of a study into the long-term consequences of sexualised wartime violence in Bosnia-Herzegovina. Experience shows that symptoms of post-traumatic stress disorder are more likely to persist when those affected feel their social environment is unsafe, stigmatising and unsupportive.

### Working under difficult circumstances

In 2015 alone, more than 11,000 people were killed or injured in armed conflict and terrorist attacks in Afghanistan. Many people are living in desperate poverty. Women's rights are being disregarded and women's rights activists repeatedly threatened. Working in such a context is a constant challenge and real source of concern for the *Medica Afghanistan* team. However, the fact that few of them admit to being exhausted leads the evaluation team to deduce that they regard their work as both fulfilling and important. Furthermore, the mindful organisational culture and training programmes also seemed to have had a positive influence.

Alongside the positive impacts, the evaluation also revealed a number of weaknesses. For example, the report recommends that confidentiality should be a standardised component of the consultation and clients given more opportunity to provide feedback.

The survey also shows that the work of *Medica Afghanistan* is highly regarded within civil society and government agencies. The overall conclusion of the evaluation is that the organisation is making a decisive contribution to the creation of stability and peace in Afghan society. This is just one of the reasons why the experts recommend that its operations should be extended to other areas of Afghanistan.



Head of evaluation and quality department  
Kirsten Wienberg.

## Interview with Kirsten Wienberg, Head of Evaluation and Quality Department

### What are participatory evaluation processes?

Participatory means that partner organisations are intensively involved in designing the evaluation processes – from planning, through execution, to the reporting and evaluation of results.

When planning an evaluation, I ask the project managers in Cologne and the partner organisation to specify their evaluation questions and epistemological interests. We proceed in the same way when selecting the evaluation team. Before the evaluation, itself, we discuss how it should be conducted and who should be interviewed.

### How do the evaluation teams proceed?

We work a lot with group interviews or with “storytelling” and individual discussions. Another method is to create something together, for example, by getting the group to draw a picture depicting a survivor’s personal journey.

We are also guided by the quality standards and principles of the Development Assistance Committee and the German Evaluation Society (Deutsche Gesellschaft für Evaluation e. V.) that provide guidance on criteria and procedures. For us at *medica mondiale*, trauma-sensitivity is a vital component of the evaluation process.

### Sounds like a lot of work?

A well-designed evaluation always requires resources and participation. Where a lot of group discussions, observations and joint assessments are involved, for example, the evaluators need several days to complete their work. The partner organisation and women involved also have to spend a lot of time on it.

In a particularly fragile context and in the case of traumatisation, it is important that participants are given the opportunity to help determine and contribute to the process. In Liberia, for example, we used the “storytelling” approach, inviting the women to tell us how the project had changed their lives. Partly because of this active involvement, the women thought the project and their own contribution were effective.

### What happens after the evaluation?

We discuss the results of the evaluation with the partner organisation and project managers. Together, we decide which recommendations are to be implemented, and how, before planning the next steps. We do all this in a way that is transparent to all those involved, with the aim of improving our projects and learning from them.



*Social change requires dialogue. Jeannette Böhme, medica mondiale's advocacy and human rights officer, Humaira Rasuli, head of Medica Afghanistan and Sabiha Husić, Director of Medica Zenica engaged in political discussions in Berlin (l. to r.).*

**medica mondiale pursues a holistic approach in the fight against sexualised wartime violence. That is why, alongside direct support for survivors, political advocacy for women's rights is one of our key concerns. The underlying causes of sexualised and gender-based violence can only be overcome when key political stakeholders are sensitised to the issue and are persuaded to act with consistency.**

## Women, peace and security

In January 2017, the German Cabinet adopted the second National Action Plan (NAP) to implement UN Resolution 1325 "Women, Peace and Security". The action plan commits the German Government to a range of measures intended to involve women in peace processes and ensure their protection in armed conflicts. *medica mondiale* contributed its professional expertise to the development of NAP 1325 and will critically monitor its implementation.

In co-operation with other civil society stakeholders, we issued a joint statement, outlining criteria for the action plan: the German government must formulate concrete objectives, set out a procedure for transparent accountability, and allow full civil society participation in the implementation of the NAP. A key priority for us was that a holistic approach to combating sexualised wartime violence, which combines direct services for survivors with the realisation of their rights, should be anchored in the action plan. It also means that society as a whole has to acknowledge the injustice that

has been perpetrated. This is the only way to overcome the consequences of violence in the long term. At a political level, the German Government should work resolutely to ensure this is done and provide financial support for the appropriate measures.

At the end of September, Jeannette Böhme, *medica mondiale's* advocacy and human rights officer, invited Sabiha Husić, Director of *Medica Zenica*, and Humaira Rasuli, Director of *Medica Afghanistan*, to political discussions in Berlin. Together, they discussed measures to effectively combat sexualised wartime violence with representatives of the German Government and German Parliament. The talks were very successful: the women's rights defenders' demand for a holistic approach has, indeed, found its way into the action plan.

However, whether this ultimately goes down in history as a milestone for women's rights or as nothing more than a paper tiger, will depend on the government providing sufficient financial and human resources for its

implementation. Government and civil society representatives will meet regularly over the next four years to review progress and exchange expert views on specific issues.

## Protection against violence for women refugees

As with many people in Germany, *medica mondiale* also committed much time and effort to what was referred to as the “refugee crisis” in 2016. While media attention focused primarily on dealing with the financial and logistical consequences, *medica mondiale* had to acknowledge that the original theme of our work, sexualised wartime violence, had come to Germany.

On the basis of almost 25 years of working experience, we were aware that the women, who accounted for about 30 percent of the refugees in Germany, had left their homes not only to escape the bombs or destruction or political persecution, but also because they or their daughters had been subjected to extensive sexualised violence. Even while they are fleeing, passing through ostensibly safe third countries, women are often subjected to multiple forms of gender-based violence. This is also confirmed by the number of assaults on women and girls in refugee homes in Germany.

Thus, together with the Cologne Refugee Council, *medica mondiale* published a position paper in June to highlight this continuum of gender-based violence and make recommendations for the protection and empowerment of women refugees in refugee shelters. The Ministry of the Interior in North Rhine-Westphalia was simultaneously developing a concept to provide protection against violence in the shelters under its jurisdiction. Jessica Mosbahi, *medica mondiale*'s human rights and politics advisor, was given the opportunity to comment on the draft and spotlight the particular vulnerability and specific needs of women and girl refugees.

In March 2017, the Ministry presented the above-mentioned concept. *medica mondiale* will closely monitor its implementation and, if required, demand any amendments.



Advisor human rights and politics, Jessica Mosbahi.

## Interview with Jessica Mosbahi, advisor human rights and politics

### Why is political dialogue so important for *medica mondiale*?

As a women's rights organisation, we do not only want to provide direct support for survivors of sexualised wartime violence, but to simultaneously demolish the discriminatory structures that make such violence possible in the first place. An important strategic partner in this is the world of politics, which, through legislation and a strategic policy decisions, could contribute to the creation of more justice and protection for women and girls.

### How does this dialogue function in practice?

There are a range of instruments. Policy papers, including concrete demands, can be a good starting point for discussions. For example, one can request an interview to discuss the contents of such a paper in person. The best-case scenario is where politicians approach us because they consider our concerns important.

However, even though this personal contact with politicians is important, in the absence of any written positions or demands that can be published and used to exert some pressure, even the most successful conversations can come to nothing.

### Is this not sometimes quite tiresome?

Yes, political work can certainly sometimes be tiresome. Partly because in the case of such a taboo issue as sexualised wartime violence, progress tends to be made in small steps rather than huge bounds. But also, unfortunately, partly because too many politicians still underestimate or simply ignore the relevance of the issue and its negative impact on social communities.

### How do you know when political advocacy has been successful?

We can speak of success when concrete demands are taken on board and integrated into political strategies or guidelines. Or when politicians call us to discuss issues or invite us to present an expert position to one of the committees. I find it particularly rewarding when I see that a person has changed her or his position on our issue as a consequence of our influence.



Moved by the stories of the Afghan women – hundreds of visitors attended the exhibition and discussion involving Monika Hauser and the Afghan photojournalist Lela Ahmadzai in Cologne.

**Communicating knowledge, informing and touching people, exerting political pressure, being transparently accountable – the objectives and tasks of *medica mondiale*'s public relations work are as ambitious as they are diverse. Through our media work, specialist articles and interviews, lectures and discussions, our website, social media and other channels, we seek to raise public awareness of the causes and consequences of sexualised wartime violence, in particular, and our work, in general. With the aim of motivating more people to join our efforts to combat violence and support our work for, and with, women and girls in war and crisis regions.**

## Communication means dialogue – opinion and participation

In May, we sent out questionnaires to around 10,000 randomly selected supporters of *medica mondiale*, asking them to assess our work, issues and communications and tell us about their own commitment and living status. We wanted to know: How can we keep you better informed? In what areas should we increase our activities? The response was very encouraging. Even though the survey was not anonymous, we still received feedback from more than 1,000 people.

We were delighted by the many positive assessments of our work, which encourage our working commitment. The common thread running through most responses was the importance of our direct psychosocial, medical, legal and economic services for women in war and crisis regions. Almost 60 percent of respondents would also “very likely” recommend *medica mondiale* to any friends and acquaintances, who might want to support a non-profit organisation.

We were also grateful for critical comments, since they help us develop and improve our work and communications. Many offered concrete suggestions, for example, concerning the design of our magazine *memo* or our info-mailings. The responses confirmed that supporters want to know to what use their money is being put and how projects are progressing – even when difficulties arise.

Communication also needs to develop new channels and instruments in an age of social media. Since October, *medica mondiale* has been using facebook to provide information about its commitment to women and girls. Social media enables us to respond and disseminate information more quickly, stimulate discussion and reach further target groups. More than 1,400 friends now follow and support *medica mondiale*'s work on facebook: [www.facebook.com/medicamondiale/](http://www.facebook.com/medicamondiale/)

## Undaunted - photo exhibition and discussion

There is still enormous interest in first-hand information. Well over 300 people came to the opening of the exhibition “Undaunted – Four Women in Kabul” at the Horbach Foundation in Cologne. In her pictures and films, the Afghan photojournalist, Lela Ahmadzai, provides an insight into the everyday life of four Afghan women. She has accompanied the women in Kabul for several years. Their stories are encouraging. For example, Reza, whose husband is an opium addict, has found work as a baker to feed her seven children. Or Pari, a singer, who despite receiving death threats from conservatives, who believe pop music is sinful, is greeted enthusiastically at her live performances. Regardless of how different the four women, their backgrounds and situations are – they have all managed to lead independent lives in a patriarchal society.

Lela Ahmadzai came to Germany as a teenager. But she closely follows the situation in her homeland. The photojournalist travels frequently to Afghanistan to document how the country and the lives of the people are changing. She spoke with *medica mondiale* founder, Monika Hauser, about the difficult situation in Afghanistan and the struggles women have to face every day. Ahmadzai is greatly concerned about recent developments following the withdrawal of international troops. “The next few years will be a battle for women. As always.”

Monika Hauser reported on the work of *Medica Afghanistan*, which, for several years now, has been supporting women affected by violence, and working

## Public relations in figures 2016

At **38** events, we presented the work of *medica mondiale*.

**14** press releases were sent out to the media by our press office and 46 interview and written requests answered. External media reported 487 times on our work.

**4** electronic newsletters were sent to around 2,200 subscribers.

In **8** info-mailings we informed donors about our projects and thanked them for their support.

Around **103,000** people visited our website [www.medicamondiale.org/en](http://www.medicamondiale.org/en).

**189** support campaigns were organised nationwide for the benefit of *medica mondiale*.

tirelessly for their rights. The two women also discussed how this is now linked to the current situation in Germany. Hauser emphasised how vital it is to stand by the women and girls, who have arrived here as refugees, help them come to terms with their experiences of displacement and violence, and presented *medica mondiale*'s new project focusing on a stress and trauma-sensitive approach to dealing with refugees. “Germany as a project country,” commented one of the visitors. “I think that’s a good thing”.



Head of communications,  
Martina Grantz.

## Interview with Martina Grantz, head of communications

### Why does *medica mondiale* need advertising and public relations?

*medica mondiale* relies on donations to finance its support for women and girls in war and crisis regions. Even where projects receive public funding, we have to co-finance

these from donations received. Expenditure on communication is not only valuable, it is indispensable if we want to attract and retain supporters. They expect transparency and want to know to what use their money is being put. Furthermore, sexualised wartime violence is still something of a niche issue – especially in regions receiving little public consideration. Where media attention is low, we have to invest more money to attract donations.

### What proportion of the total expenditure does this entail and how is the money used?

In 2016, *medica mondiale* spent 11.3 percent on advertising and general public relations. Twice per year, our magazine *memo* provides information and reports on our work, and every quarter, we send out our electronic newsletter. Expenditure in this area also includes our website and facebook presence. We send out information letters several times per year with appeals for donations. We also developed advertisements, that can be printed free of charge. And we provide a service for donors and supporters that includes sending out letters of thanks and receipts for donations and answering inquiries. We need qualified personnel for these tasks, and that costs money.

### What are the implications of advertising costs?

The impact of our work – the support individuals receive and how it changes their lives in the long term – is the key issue here. The level of expenditure on advertising is, indeed, an assessment criterion, but donor-gathering organisations should not give the impression that they can manage without advertising and public relations work. Since organisations relying on donations operate in different contexts and have different structures, comparability is difficult. In principle, though, we strive to keep costs as low as possible.

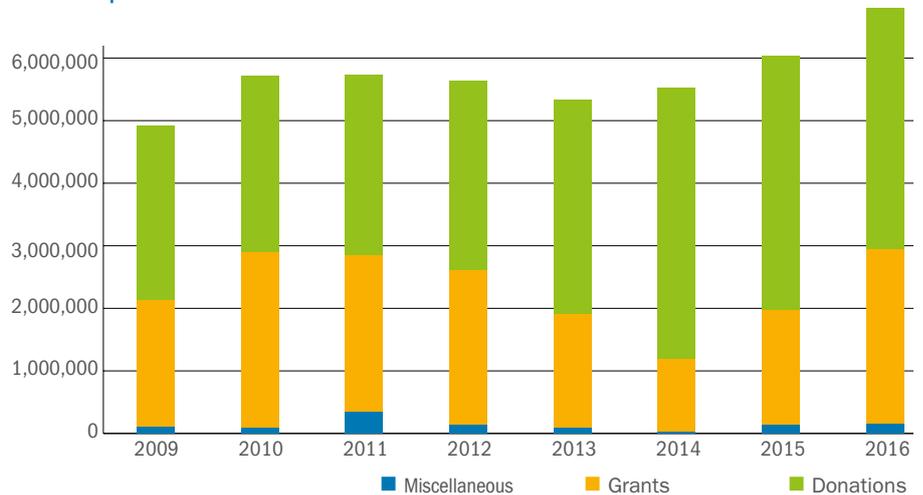
## Income

In 2016, income rose significantly compared to the previous year, rising in total by about 12.8 percent. Income from donations showed a positive development and increased slightly, while income from legacies declined. Consequently, total income from donations and other income in 2016 fell by 4.8 per cent from the previous year. In contrast, there was a gratifying increase in grants of almost 50 per cent.

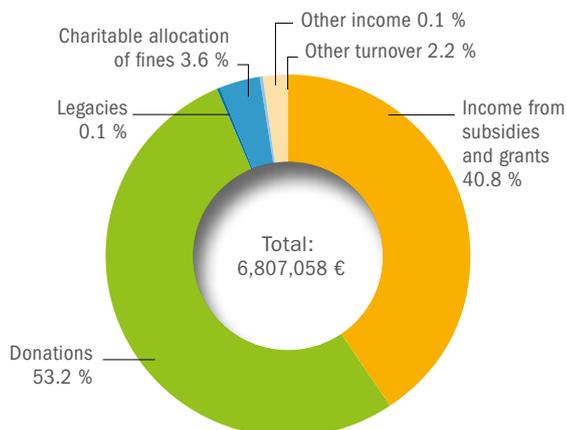
The key public and private donors of earmarked allocations and grants for projects were the Federal Ministry for Economic Co-operation and Development (BMZ), the Kreditanstalt für Wiederaufbau through the German Welthungerhilfe (KfW/WHH), the German Federal Foreign Office, the medicor foundation in Liechtenstein, the Fondation Pro Victimis and Anne-Marie Schindler foundation in Switzerland, the Ministry of Health, Equalities, Care and Ageing (MGEPA) in North Rhine-Westphalia (NRW), the Sigrid Rausing Trust in the UK, the Swiss Fondation Smartpeace, Engagement Global, the Institut für Auslandsbeziehungen (ifa), the Treatment Centre for Victims of Torture (bzfo) in Berlin, the Stiftung Umwelt und Entwicklung (Foundation for the Environment and Development) in NRW, the Louis Leitz Foundation and other donors.

	2016 Euros	Previous year Euros
Other turnover	148,088.99	120,323.00
Income from subsidies and grants	2,779,676.85	1,829,257.22
Donations and similar income	3,870,823.37	4,065,452.15
a) Donations	3,619,714.09	3,588,424.26
b) Legacies	3,749.28	241,348.89
c) Charitable allocation of fines	247,360.00	235,679.00
Other income	8,391.86	19,208.24
Interest	77.07	634.74
<b>Total</b>	<b>6,807,058.14</b>	<b>6,034,875.35</b>

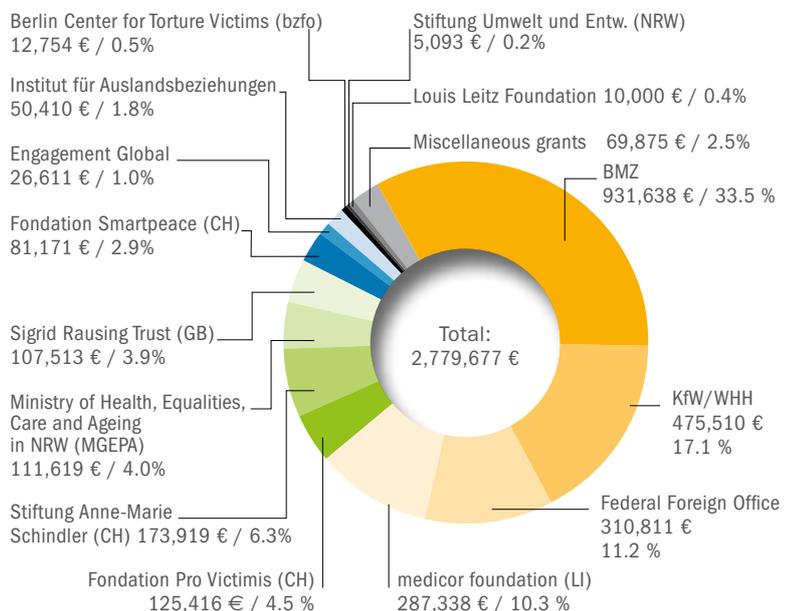
## Development in income from 2009 to 2016



## Income 2016



## Income from donors 2016



## Expenditure

Total expenditure increased by around 10.5 percent in 2016 compared to the previous year. Approximately 81.9 percent of total expenditure was accounted for by international projects and projects in Germany, and the remaining 18.1 percent by administration, public relations, advertising and donor services.

International projects amounted to 84 percent of total projects. 10 percent of project expenditure was spent on projects in Germany – human rights and trauma work – and, in compliance with the statutes, approximately 6 percent on awareness-raising activities, information and human rights work. Project expenditure includes both direct project costs as well as project support, including project management through the Cologne office.

Expenditure on advertising and public relations accounted for 62.5 per cent of overall publicity and administration costs, and on administration for the remaining 37.5 per cent.

Income in 2016 exceeded expenditure by 345,974.75 euros. The result will be transferred to the reserves.

Personnel costs increased markedly in 2016, attributable partly to the introduction of *medica mondiale's* new remuneration scheme in Cologne on 1.7.2016. New staff members were appointed for the regional office in Dohuk. The redistribution of management tasks came into force on 1.11.2016, with a third management position being established by the executive board.

### Head office in Cologne

3 executive directors  
46 full-time employees\*  
including 31 on a full-time and 15 on a part-time basis

4 additional employees on limited hour contracts  
7 student trainees, 2 interns  
4 volunteers

Salaries as of 31.12.2016

Executive directors: 5,300 euros \*\*

Heads of department: 4,450 euros \*\*

Officers: 3,400 euros \*\*

Assistants: 2,800 euros \*\*

\* average number of employees throughout the year.

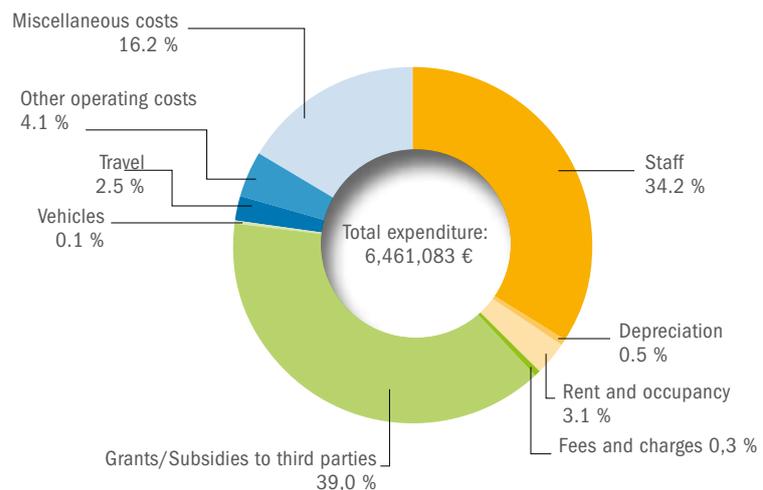
\*\* Average monthly salaries based on full-time employment, excluding the employer's social insurance contributions. 12 monthly salaries are paid. The executive board decides annually on the payment of a Christmas bonus.

Depreciation declined significantly following the decision that, in future, office furniture and equipment acquired for regional offices would be written off immediately on procurement. The costs of premises increased again, due mainly to costs incurred in renting venues for events.

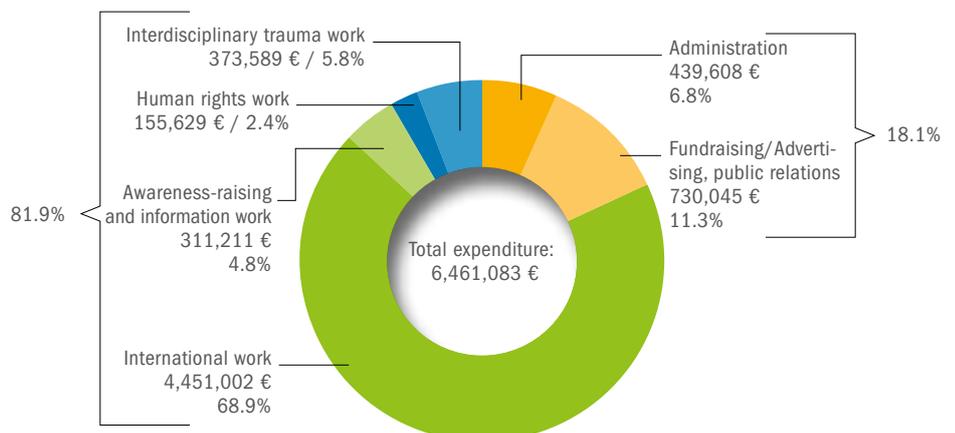
Travel costs decreased compared to 2015 levels, partly because the tense security situation in some project countries made travel inadvisable. Other operating costs increased due to additional office space in Cologne, rented since 2015.

	2016 Euros	Previous year Euros
Staff	2,212,846.88 €	2,071,796.46 €
Depreciation	34,872.30 €	83,720.74 €
Rent and occupancy	200,925.62 €	179,416.44 €
Fees and charges	16,679.45 €	13,499.73 €
Grants/Subsidies to third parties	2,519,946.56 €	2,145,193.70 €
Vehicles	4,344.35 €	5,007.32 €
Travel	161,300.13 €	196,095.40 €
Other operating costs	266,294.61 €	215,320.76 €
Miscellaneous costs	1,043,739.65 €	935,179.67 €
Interest costs	133.80 €	351.84 €
<b>Total</b>	<b>6,461,083.35 €</b>	<b>5,845,582.06 €</b>

## Expenditure according to type in 2016



## Total expenditure in 2016 according to field of activity



## Balance sheet as of 31st December 2016 medica mondiale e. V., Cologne

ASSETS	2016		Previous year	
	Euros	Euros	Thousand Euros	
<b>A. Fixed assets</b>				
I. Intangible assets				
Concessions, industrial property rights and similar rights and assets as well as licenses for such rights and assets	31,774.02		33	
II. Tangible assets				
1. Other assets, operational and business equipment	100,533.76	132,307.78	110	143
<b>B. Current assets</b>				
I. Receivables and other assets				277
1. Receivables from deliveries and services	147,723.19			
2. Other assets	115,407.01	263,130.20		
II. Cash, bank balances	4,274,661.19			3,654
<b>C. Prepaid expenses and deferred charges</b>	223,186.01	4,497,847.20		1
		<b>4,893,285.18</b>		<b>4,075</b>

LIABILITIES	2016		Previous year	
	Euros	Euros	Thousand Euros	
<b>A. Equity</b>				
As of 1.1.	3,111,035.96		2,922	
Annual surplus	+ 345,974.79	3,457,010.75	+ 189	3,111
<b>B. Accruals</b>				
Other accruals		137,826.28		85
<b>C. Liabilities</b>				
1. Liabilities to lending institutions with residual maturity of up to one year	83,767.78			90
2. Other liabilities	616,760.26	700,528.04	460	550
<b>D. Deferred income</b>		597,920.11		329
		<b>4,893,285.18</b>		<b>4,075</b>

## Notes on the balance sheet 2016

### ASSETS

#### 1. Fixed assets

Between 2015 and 2016, the balance sheet total of medica mondiale e. V. increased by 20 percent to 4,893,285.18 euros. Intangible and tangible assets were depreciated in Cologne using the straight-line method. In Dohuk, Iraq, a new office was set up, including operational and business equipment.

#### 2. Current Assets

During the course of a project's implementation, financial resources not directly required are invested as fixed-term or overnight deposits. Interest earned varies in accordance with market rates.

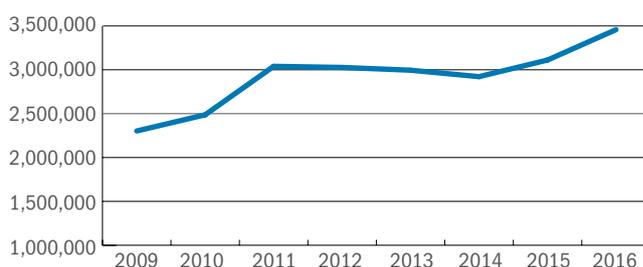
Receivables from previous years were partly recovered. They primarily consist of project grants requested from donors, which *medica mondiale* regularly pays in advance.

### LIABILITIES

#### Capital

On the capital side, equity increased by the amount equivalent to the annual surplus. Reserves were increased to cover additional payments resulting from the change to the remuneration system. Other liabilities include donations that could not be disbursed in 2016. Accruals and deferred income comprise grants for international and domestic projects in 2017.

#### Development of own funds 2009 - 2016



## Income and expenditure statement for the period 1st January - 31st December 2016

	2016 Euros	Previous year Thousand Euros
1. Other turnover	148,088.99	120
2. Income from subsidies and grants	2,779,676.85	1.829
3. Donations and similar income	3,870,823.37	4.065
4. Other operating income	8,391.86	19
5. Personnel costs		
a) Wages and salaries	1,871,024.46	1.767
b) Social insurance/pension contributions	341,822.42	305
6. Amortisation and depreciation of intangible and tangible assets	34,872.30	84
7. Other operating costs	4,213,230.37	3,690
Interim result	+346,031.52	+188
8. Miscellaneous interest and similar income	77.07	1
9. Interest and similar expenses	133.80	0
10. Net operating loss/income for the year	<b>+345,974.79</b>	<b>+189</b>

### Excerpt from the report on the audit of the Annual Financial Statements as of 31st December 2016, 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 2016. 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.

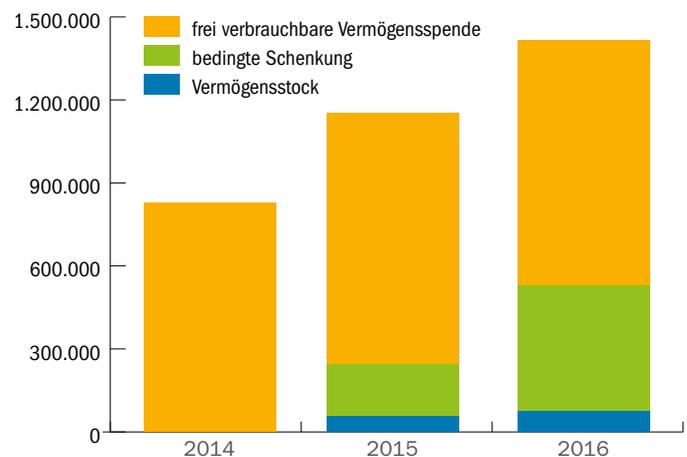
Based on the findings of our audit, we feel confident that the annual financial statement complies with the voluntarily applied German accounting rules and regulations for prudent business persons.

Cologne, 2nd June 2017

### Endowment fund *medica mondiale*

Since 2014, medica mondiale e.V. has had its own endowment fund within the scope of the GLS Treuhand e.V umbrella foundation. This fund provides substantial flexibility in crisis situations and should facilitate the future launch and pre-financing of projects. Through endowments, donations and income from interest rates, the endowment fund closed in 2016 at a level of 1,417,300.78 euros. This sum is invested in accordance with sustainable criteria, and the umbrella foundation generated 42,306.66 euros, equivalent to an average interest rate of 3.2 percent in 2016.

<b>Endowment fund (31.12.2016):</b>	<b>€ 1,417,300.78</b>
Capital endowments:	€ 73,000.00
Non-earmarked donations:	€ 455,000.00
Conditional endowments:	€ 889,300.78



## Association, governing bodies and duties

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

annual report from the board of directors. The accuracy of the annual financial statements is checked by an independent financial auditor. The board has overall responsibility for the work of the association, deciding on its priorities and strategies in accordance with the purpose of the association. It also appoints and supervi-

ses the management. With the exception of one full-time member, all board members perform their duties on a voluntary basis. They receive no remuneration, but are awarded a small, fixed expenses allowance, the amount decided by the general assembly.

### Board of directors 2016

Heidi Baumann  
 Dr Claudia Czerwinski  
 Dr Monika Hauser (executive member of the board)  
 Karin Schüller  
 Heidi Thiemann



*medica mondiale* is a member of VENRO (German association of non-governmental development organisations) and is committed to complying with the standards of the VENRO code of conduct (VENRO-Verhaltenskodexes). We are also a member of the Forum Menschenrechte (Human Rights Forum – a network seeking to improve the protection of human rights), the Arbeitskreis Frauen und Gesundheit (alliance of women's health organisations), the Feministisches Netzwerk (network of feminist campaigns in Germany), and Crisis Action (an international organisation focusing on lobbying and campaigning in conflict hotspots). In 2017, we will seek membership of the Association of Women in Development (AWID), (the world's largest feminist-development network), as well as

of the Arbeitskreis Kölner Frauenvereinigungen (AKF) (working group of women's associations in Cologne).

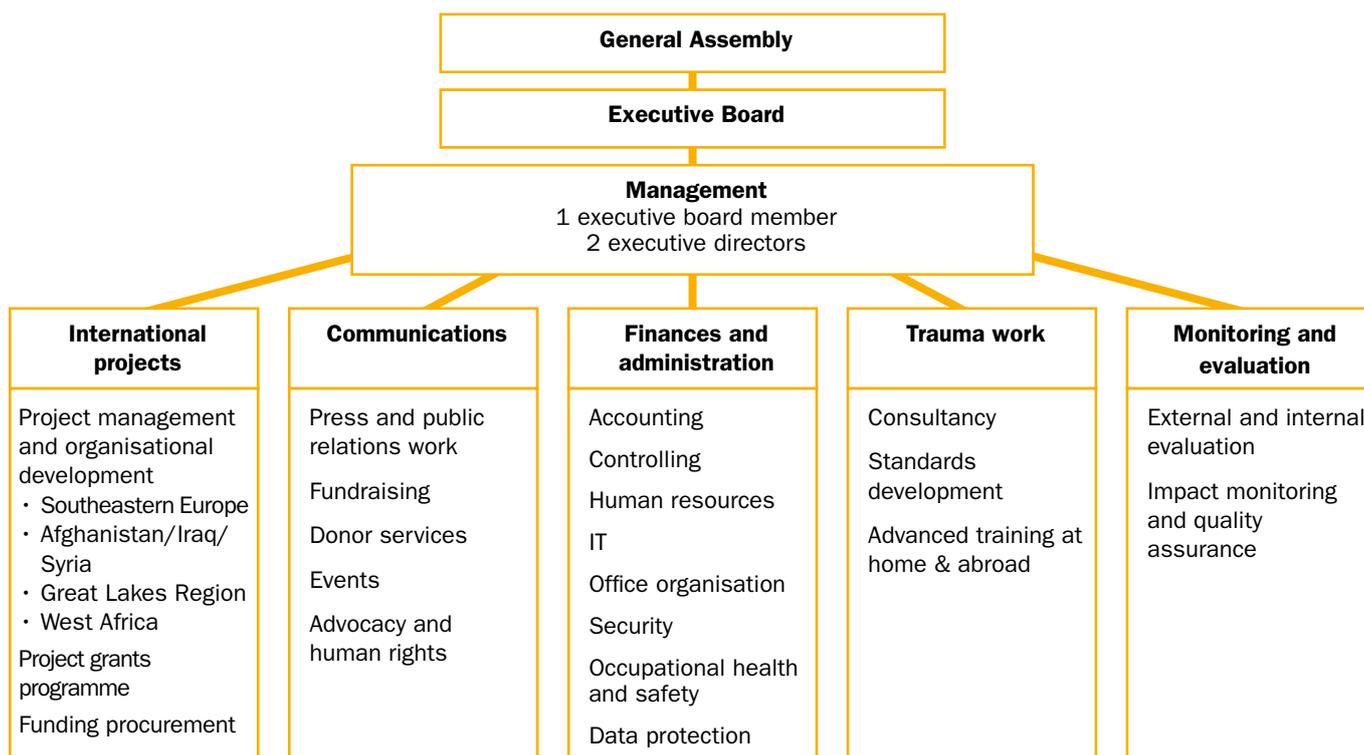
The executive member of the board, Monika Hauser, is also a member of the board of trustees of the Bremen Solidarity Prize and the board of trustees of the Medica Mondiale Foundation in Switzerland.

### Networks and memberships

Networking with other specialist organisations and women's rights initiatives is indispensable, if we want to continue to develop our work, learn from and strengthen each other, and extend the scope of our operations and political influence.



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



## Thank you! Together, we are able to achieve so much more

Sexualised wartime violence is not an everyday issue. That is why the solidarity of all those who identify with our work on behalf of women and girls and, through their support, make this work possible, is all the more valuable. They provide a positive demonstration of support and hope in the face of violence, injustice and trauma. Encouraged by the trust and confidence of thousands of people, our fight will continue to ensure that women and girls can live lives free of violence, in dignity and justice!

A total of **13,417** people supported *medica mondiale* in 2016 with a donation.

And **4,584** of them demonstrated their trust in *medica mondiale* through a long-term direct debit. They, thereby, contribute to the planning security and continuity of our work.

**Together, they ensure that thousands of women and girls in war and crisis regions are supported, sustained and strengthened each year to deal with their traumatic experiences.**



**115** people organised parties and asked guests to donate money to *medica mondiale* instead of bringing gifts.

In **189** campaigning activities, people collected donations or raised money in other ways for our concerns, for example, by running a marathon, auctioning prized possessions, baking pies, organising exhibitions or concerts.

**Together, they ensure that women survivors of sexualised wartime violence have access to stress and trauma-sensitive medical care, as well as psychosocial and legal counselling and new life perspectives.**

Last year, **106** judges, state prosecutors and solicitors passed on money they received from 248 paid fines to *medica mondiale* for its charitable work.

**15** families asked people attending funerals to make a small donation to *medica mondiale*, in accordance with the wishes of the deceased. We would also like to thank all those who remembered *medica mondiale* in their will through an inheritance or legacy.

**Together, they ensure that livelihoods are secured, networks developed, political participation extended and sustainable, cross-generational social structures created for women and girls.**

## Thank you so much!

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Cover: Giving hope to women affected by violence is an important issue for our partner organisation, FOWAC, in Northern Uganda.

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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**

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