Supporting survivors of sexualized and gender based violence women’s self-help groups accessing their rights to health, justice and the social system in Kosovo

The direct target group consists of 1,600 women and girls in rural areas and urban centres affected by rape or other forms of sexualized/gender-based violence before or during the war. Ethnic minorities from the Roma, Ashkali and Balkan Egyptian communities form an integral part of the target group. Further beneficiaries include an estimated 20,000 women in Kosovo who were raped during the war and are still with no assured right to any compensation. As soon as the amended law on war victims comes into force and includes women affected by war-related sexualized violence an estimated 20,000 women have the fundamental right to a compensation that has not been defined yet.

» Project duration: November 1st, 2013 up to October 31st, 2016
» Funded by: Federal Ministry for Economic Cooperation and Development (BMZ) and medica mondiale, project budget: 497,314 €
» Type of Evaluation: Mid-Term Evaluation
» Evaluation period on site: 9th – 19th September, 2015
» Consultant Team: Petra Scheuermann and Erinda Bllaca
» Executive Summary: Petra Scheuermann
Project Measures

» Direct support for affected women: trauma-sensitive and gender-specific psycho-social counseling, gynecological care, legal advice and economic measures to help women support themselves.

» One important aspect is to organize the target group into groups and support them in establishing self-help structures;

» Political human rights and awareness raising work at national and local levels on the issue of sexualized violence in order to improve the general conditions faced by survivors.

Project Partners

» Medica Gjakova is ensuring the psycho-social support, medical/gynaecological care and legal aid (from 3rd year) as well as overall project coordination.

» Kosova Rehabilitation Center for Torture Victims (KRCT) realizes advocacy and access to justice activities.

» Initiative for Kosova Community (IKC) realizes training and regular advise on income generating activities and economic measures

Context

The war in Kosovo ended in 1999 after 16 months of fighting. It is estimated that as many as 20,000 Kosovar women were the victims of systematic rape during the conflict and thereafter. All sides of military antagonists are accused of having committed sexual and gender based violence against the women of their enemies in order to target the men fighting, to destroy their families. In a very traditional culture in which to touch a woman is to dishonour her family, many women were abandoned by their families and ostracized from their communities as a result of what they suffered during the war. Kosovar women still have very often to bear violence. Incidences of sexual assault, domestic violence, and sex trafficking are exceptionally high in Kosovo. Many women fear speaking out against perpetrators of sexual violence due to the severe stigmatization they would likely face.

Kosovo remains a patriarchal society where women struggle for economic and social equality. Even before the war, girls were often excluded from education, which has resulted in low literacy rates among women, especially in rural areas. This exclusion further constrains women’s participation in government and other aspects of public life.

Kosovo’s population still suffers from the post-traumatic long-term consequences of the war. There are also new psychological burdens due to economic insecurity.

The delayed effects of sexualized violence can be expressed as a variety of symptoms such as depression, medication addiction or alcohol abuse. Besides the significant need for medical treatment and psycho-social support, it also takes a great deal of courage and self-confidence for the affected women to be able to speak about their traumatic experiences. Only few are aware of their rights, for example the right to health, and therefore cannot express themselves towards their families or medical staff.
Evaluation Methodology

A mid-term evaluation is a unique opportunity to reflect planning, implementation as well as monitoring of an operation while coming to a certain standstill for having a look into the achievements so far and the measures still planned ahead. It provides the chance for materializing a learning process, which is likely to be already inherent within the ongoing project.

A mid-term review is not intended as a control tool, but rather to provide opportunity for adjustment wherever planning could not meet reality context. As the actual mid-term evaluation mission is limited in time, only snapshot insights can be gained by the evaluators themselves through observations, interviewing beneficiaries and other relevant stakeholders. This needs to be enriched by longer-term reflections from the operational side. Combined with relevant documents studied and information collection through meetings with connected agencies and institutions, a triangulation of information can proceed for achieving evaluation findings and conclusions.

Data Collection Process

The applied methodology for this mid-term evaluation has used a multi-mixed design of foremost qualitative methods. In particular techniques of semi-structured interviews and focus group discussions with beneficiaries as well as relevant staff members and external stakeholders have been utilized.

Samples of storytelling have been collected of 2 women survivors of SGBV during intensive sessions of about 2 hours each, accompanied by psycho-social counselors. During these sessions the women talked about what has been happening to them during the Kosova war without really touching the event of violation in detail. Much more they have explained how trauma and stigmatization have influenced their lives, as well as about the taboo of sexual and gender based violence. The two SGBV survivors managed also to illustrate, how much the psycho-social assistance provided by Medica Gjakova is helping them re-entering a social life.

The evaluation has commenced with document analysis of provided project documentation, which has been pursued throughout the evaluation process through further gathered documents.

Evaluation Team

The mid-term evaluation has been performed by a team of 2 female consultants (one with a regional background), both experts in the fields of evaluation, development cooperation as well as human rights, the fight against SGBV and assistance to its survivors. The team composition enabled an immediate reflection of gathered information, cross-checking of facts as well as handling of receiving intensive trauma-related information by SGBV survivors, and was overall perceived as an advantage and added value to the evaluation process.

The regional expert was also able to secure a quality translation of discussions and interviews held.

Executive Summary

» An additional and as such unplanned activity for Medica Gjakova and KRCT is the participation in the National Council convened by the president of Kosovo, Mrs Atifete Jahjaga, following suggestions from KRCT and MG in March 2014 for the preparation of the amendment to the Law of Civil War Victims. It is highly acknowledged from all participants of the National Council on the Survivors of Sexual Violence during the War, who have been interviewed such as the political advisor of the president, the legal advisor of the British embassy, Kosovo Women Network and UNWomen, that through Medica Gjakova and KRCT the situation and hence needs for women survivors of SGBV have been carefully and sensitively considered and found adequate advocating.

» The response to the needs of Women SGBV Survivors for rehabilitation and empowerment is highly relevant especially in a context where women are stigmatized for what has happened to them.
Psycho-social support and medical care is essential to enable a take-off into a well-being for affected women. For all reached beneficiaries the offer of Medica Gjakova is the first and only assistance they are receiving since the war and since what has committed to them.

The psycho-social support in view of individual counseling and psycho-social groups established is very effective in providing assistance for women being SGBV survivors in receiving psycho-social treatment to overcome their trauma as well as being enabled for and accompanied in a healing process.

Beneficiaries of psycho-social support are increasingly able to step out of their isolation while participating in the psycho-social groups thus re-entering a social life very often for the first time after their suffered war trauma some more than 16 years ago, which means an effective assistance in their re-gaining access to the outside life.

The empowerment through overcoming of trauma and the subsequent healing process of the women having suffered from SGBV is limited, as the persisting stigmatization through the social environment is not tackled directly within an additional set of activities. The “wall of silence” created out of the taboo to subject rape as well as sexual and gender based violence is a heavy burden for all family and community members involved.

The advocacy on women’s rights, the state of SGBV survivors and women empowerment is so far mainly focused on the national level. An urgent need has been identified to concert direct communication with communities and in particular the male population to enable de-stigmatization and overcoming of the taboo of being victimized by sexual and gender based violence.

There is already a very positive impact to be noticed for and an on the targeted women survivors of SGBV: individual healing and overcoming of trauma is improving their overall mental health and the access to gynecological care is contributing to their physical medical care. Some beneficiaries even stated that they are more and more able to reduce their use of medicaments, such as of antidepressants and sedatives, sometimes prescribed by medical doctors, sometimes bought by own decision in the very open pharmaceutical market.

The self-confidence and empowering of women having suffered from sexual and gender based violence is evident and is opening them up for re-entering a social life through reestablishing links with reality and the outside world, due to their support receiving in the psycho-social and self-help groups catered for by Medica Gjakova.

The activities with psycho-social, medical and socio-economical support is enabling SGBV survivors to discover again a perspective in life.

The impact for the target group of SGBV survivors through the income generating intervention of IKC remains so far limited as it has been planned for a too short period, not envisaging a necessary follow-up and maybe not too thorough in the quality approach looking at encountered difficulties reported by beneficiaries. The handling of beneficiaries being SGBV survivors as reported by MG staff and by women themselves have not always been seen as sensitive and aware enough of the trauma, which may block concentration and understanding.

The improvement of the legal status of women being SGBV survivors through the amendment of the Law for Civil War Victims is most certainly a significant impact, which has also been achieved through the vivid participation of Medica Gjakova and KRCT and their expertise brought in.

The empowering of women being SGBV survivors is sustainable and not anymore reversible.

However, it has also to be pointed out, that psycho-social support cannot and ought not to be interrupted or stopped once started. This responsibility for the benefiting client has to be guaranteed by implementing organization and funding party, as the principle of do-no harm requires strict respect in this regard.

Effects of longer-term psycho-social support and assistance can be observed with the “older” clients being SGBV survivors: they are not only capable of managing their self-supportive structure and create solidarity mechanisms among themselves, but more and more are they support to MG staff in identifying SGBV survivors in need for assistance in their communities and are advocating MG services and support facilities for the affected women. They have overcome their trauma that much, that it is not only possible to share their stories with others (mainly in the group), but are empowered in a way to recognize other women struggling with their trauma.
A change in mind-set of the population in view of SGBV has not yet been achieved, but would be crucial for the healing of the individual SGBV survivor as well as for her social environment. If a greater openness to break the taboo on rape and to de-stigmatize the victim cannot be reached, it might form further obstacles for the SGBV survivors and might hamper a strengthening of affected women in their role in public and private life.

Recommendations for further proceeding

» While discussing psycho-social support provided with MG staff and beneficiaries, it became obvious that it may not be sufficient to work with the individual affected woman only, but also to enable at least sensitization of the scope and effects of trauma caused by SGBV for the entire family.

» Furthermore backstopping or training with medica mondiale experts (or external ones) should be undertaken on the topics of “How to overcome risks of trans-generational trauma?” and “How to ensure healing for family?”

» The state of the Cooperative is in a dire need for support, if it should function as an institutional support for the economically active women out of the Self-Help Groups.

» There is a requirement for a sustainable functioning of the Cooperative to develop a self-reliance concept based on a cost-benefit-ratio. This should be based on the information deriving out of the market analysis to determine the break-even-point for all products of the assortment, in order to understand from which level onwards profit gaining is possible.

» Following discussions, there is only an interest of the community to buy products of the Cooperative, if the quality is convincible. This competitiveness with other products needs to be ensured by an improved and sustained quality of products offered.

» It would be advisable to further develop a marketing concept for the products produced and offered by the Cooperative. In a longer run, the creation of an own label might be useful to become more professional, distinguish products from others and to create a certain visible identity among producing and selling Cooperative members.

» As soon as possible, even within the current project course, additional expertise in view of economic empowerment should be incorporated in Medica Gjakova in order to follow up on income generating activities and to provide a close assistance to the Cooperative.

» For increasing access to health for SGBV survivors in the Dukagjini Region, it appears highly necessary to undertake intensified efforts to ensure the provision of an ambulance. It would be important to check possibilities on all levels involved (Medica Gjakova, KRCT, medica mondiale and BMZ) for a donation of a “discharged”, however functional ambulance to enable outreach activities for the gynecological team of MG. In any case have the running costs also to be covered by funding, as the ambulance service should remain free of charge such as the overall health care provided by Medica Gjakova. Therefore, it is strongly advisable to conduct a needs assessment including financial feasibility prior to any concrete action acquiring an ambulance.

» Furthermore a direct communication with communities needs to be strengthened to increase community awareness on local, regional and national level for the rights and needs of SGBV survivors. Direct interventions on communal level would enable a offer-response scheme, which could identify and address further obstacles to overcome the stigma and taboo of rape.

» In advocacy actions in particular the male part of the population should be involved in order to enable a change in mind-set in view of understanding the effects of sexual and gender based violence on the victims and their family.

» Furthermore, it is on the agenda of KRCT and MG to support the implementation of the law amendment in favor of SGBV survivors as civil war victims on communal, regional and national level through adequate measures ensuring effectiveness of transmitted messages. A only “spray and pray” method should be avoided, where communication is geared into a one-way channel such as TV spots only, not enabling communication with the receivers of the messages.
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Titelbild:
Shop of women’s cooperative Duart e Dardanes in Gjakova;
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