Strategy for International Programme Work
medica mondiale 2012 – 2020
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The international strategy of medica mondiale came into force in July 2012 and was revised in March 2016. Since the duration of the strategy has been extended until 2020, goals and indicators were adapted at the end of 2014. A further update is scheduled for 2017. Goals and indicators are detailed in the separate annex.
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Where do we stand and what do we represent today?

*medica mondiale* since 1993

**How did we get started?**

*medica mondiale* was founded in 1993 after gynaecologist Monika Hauser – appalled by the mass rape taking place in central Bosnia and even more by the media coverage – visited the central Bosnian war zone in the winter of 1992/1993. Although war rapes were being perceived as scandalous back then, neither development organisations nor governments were willing to provide medical or psychological help for the affected women.

In April 1993, Monika Hauser and female professionals from Bosnia co-founded the Medica Zenica women’s therapy centre. In June of that same year, the association *medica mondiale* was founded in Germany to provide political and financial support for the work in Bosnia. Hundreds of women affected by wartime violence received support, while activists in Zenica and Cologne spoke out against the severe human rights violations and war crimes against women and girls: *medica mondiale* and Medica Zenica are women’s organisations with the aim of raising public awareness on the topic of sexualised wartime violence and the dramatic consequences to women and society.

**What have we achieved so far?**

In 2001, the International Criminal Court ruled that sexualised wartime violence is a crime against humanity. This marked one of the greatest successes and a landmark achievement of the international women’s movement until today. Thanks to UN Resolutions 1325 and 1820, sexualised wartime violence is now also on the agenda of the UN Security Council. An increasing number of development organisations are also becoming aware of the fact that sexualised and other forms of violence against women are a problem and integrate these aspects into their work.

The award of the 2008 Right Livelihood Award (“Alternative Nobel Prize”) to founder Monika Hauser was a success for the entire organisation. Moreover, it was a valuable reassurance for all those women co-operating with *medica mondiale* for the rights of women affected by gender-based violence in war and conflict zones.

**Where do we stand today?**

Today, *medica mondiale* is an internationally renowned women’s rights and aid organisation with a firm, uncompromising, and active commitment to the rights of women in war and conflict zones. On site in the partner countries, *medica mondiale* is recognized as a professional organisation for providing stress- and trauma-sensitive support to women and girls affected by sexualised and other forms of gender-based violence.

**How has the organisation developed since then?**

Follow-up programmes were developed in subsequent years: As a consequence of the Kosovo war, projects were started in Albania and in Kosovo in 1999. Out of these projects evolved local women’s organisations a few years later. In 2001, *medica mondiale* for the first time committed itself to a project in a non-European country (Afghanistan). Next was the project in Liberia in 2006. *medica mondiale* has also started using its Grants Program to sponsor already existing women’s organisations in war and conflict zones that provide support to women affected by sexualised violence.

The work in non-European countries and the cooperation with partner organisations has led to changes in the working conditions and professionalization of the project management. The existing approach was further developed and updated.
Why do we need a strategy?

The strategy process

Several factors require strategic reorientation: The external framework conditions for medica mondiale have changed and internal growth and change processes have taken place. International programme work was considered a priority in this reorientation process, as this is the area in which both contents- and programme-related issues were most pressing.

The strategy process followed an organisation-based model. Following the decision of the Board of medica mondiale the Management Team assigned the tasks of mapping the current situation and coming up with strategic options to an interdisciplinary Project Team. An external consultant accompanied the strategy process. Key principles of the process related to the aspects of „participation“ and „transparency“. The mandate of the Project Team was to compile and process relevant knowledge of employees and external parties and to present intermediate results to the Management Team. Those results were to serve as guidelines to keep the entire team of the head office updated. The Board of medica mondiale deliberated on the intermediate results of the process during board meetings and adopted the current strategy in February 2012. Since the duration of the strategy was extended to 2020, the goals and indicators were adjusted at the end of 2014. A new update is scheduled for 2017.

What are the key conditions framing our international programme work?

The current context of our international programme work

Despite UN resolutions and despite the fact that the topic is attracting growing international attention, sexualised violence against women in war and crisis zones is still part and parcel of all wars and armed conflicts and one of the most widespread human rights violations worldwide. Gender-specific and sexualised violence also pose substantial threats to women and girls during post-war periods. The extent of this violence is not likely to diminish. The reasons for this are manifold: the increase in the number of wars and conflicts worldwide, the accompanying massive and often long-lasting refugee flows, as well as the tedious post-settlement and reconstruction phases in post-war countries. Furthermore, in some regions setbacks in the establishment of women’s rights are being observed due to reactionary forces gaining power and the spread of religious fundamentalisms. An aggravating factor is the behaviour of personnel deployed in military interventions, which frequently contributes to the escalation of conflicts.

Sexualised violence during and after a conflict or war thus continues to remain a priority in our international programme work, not only in terms of direct, long-term support for the affected women but also in terms of political commitment in favour of women.

An increasing number of aid organisations have added sexualised (wartime and post-war) violence and traumatisation to their agenda. Many of them are actively engaged in the field of humanitarian emergency aid to hot-spots and reconstruction work, but their activities are often of a short-term nature.

medica mondiale is one of the few organisations that offer support to survivors of sexualised violence through an interdisciplinary, trauma-sensitive approach that promotes gender equality in society and contributes to the development of peace in a sustainable manner.

In order to enhance our profile and provide competent support to even more women, we intend to standardise our services further, to position ourselves more clearly as a specialised organisation, and underline the sustainability of our approach. A key strategic focus of our international programme work will be the strengthening of the organisational capacities of our partners and the specialist training for professionals and activists.

Both in Germany and internationally, bilateral development co-operation increasingly tends to be viewed as an economic investment into the future. Formally, women’s rights work is part of the complementary area of good governance. In practice, however, this interconnectedness is too often being ignored. Furthermore, international development co-operation no longer aims at supporting individuals but focuses on higher levels instead. The general focus is on promoting interactions between government and non-government stakeholders at national and regional level. Hence, what is overlooked is the fact that the most basic conditions to ensure women’s access to adequate support services are often lacking in post-war situations.

Provided there is no adequate local support for women affected by violence, medica mondiale deems it necessary, from a developmental standpoint, to offer its own services for women in war and crisis zones. Financial
independence is essential for doing so. Hence we strive for diversification of donors, and make an effort to reserve a high percentage of private donations in the overall budget for international programmes. We proactively and systematically seek sponsors who share the values and goals of our organisation. Transparent reporting as well as sound documentation of the success and impact of our work are essential, not only for the further development of our approach, but also to achieve credibility and trust among private and institutional donors and in the public perception.

What guides our international programme work?

Underlying principles

We work directly with women survivors: the holistic approach of medica mondiale

The consequences of gender-based and most notably sexualised wartime violence for women and girls are diverse and mutually influential. medica mondiale has developed a holistic, interdisciplinary approach for supporting affected women. We intend to maintain and further develop this approach within the scope of this strategy. Our approach encompasses access to specialized medical care, access to either individual or group psychosocial counselling, access to stress- and trauma-sensitive legal aid and access to livelihood support. In the coming years, we will shift our focus towards a more community-based approach, the creation of solidarity structures, and on preventive measures for the protection against renewed violence.

We want to change societal structures

Although the subject of sexualised violence has been attracting growing attention from the Western media, it is still largely considered a social taboo. As a consequence, those affected are frequently socially isolated or even threatened with death. They are frequently forced to keep their experiences a secret for life. Hence educating society about sexualised violence and breaking the taboos associated with it as well as protection from renewed violence are fundamental conditions for enabling women to cope with their experiences and take an active part in social and political life. We therefore look at the social and political framework conditions that encourage sexualised and gender-specific violence or that stand in the way of raising public awareness. We inform the public about violence against women and we champion women’s rights at the political level. We also fight against structural violence. Through our programme staff and in co-operation with our partner organisations abroad, we document and research the underlying causes of sexualised wartime violence and call for public debate.

Individual services for affected women on the one hand and social education and action for political changes on the other constitute a “double strategy”, not only at regional and national levels but also at the international level.

We implement our own projects and programmes

medica mondiale evolved from direct feminist solidarity work with women and girls affected by violence. Since we wish to maintain this identity and further develop our specialized professional approach, we will continue implementing our own programmes, although to a limited extent. Since we value and support existing locally developed structures and approaches, however, this will only happen in areas where there are no suitable partner organisations that are already active in our field, or where there is a specific concrete need.

We strengthen our partners

For several years, medica mondiale has been collaborating with women and organisations in war and conflict zones striving for similar goals in their societies and sharing similar values. Support to partner organisations will play an increasingly greater role in the coming years.

Many of the small women’s organisations medica mondiale forms partnerships with evolved from self-help initiatives; these organisations need help in areas such as financing, organisational set-up, and professional qualification. We provide them with support in the form of funding and expertise. We especially support measures for invigorating the resilience of both activists and the organisations themselves.

We are not everywhere, but wherever we are we are well versed

In the coming years, we will focus on two or three transnational priority regions in which we plan to invest a large portion of our resources and support. Regional expertise and routine onsite presence are indispensable for effective collaboration with projects and partners. By co-operating with several organisations in a region, we hope to create synergies, promote exchange and mutual
learning, and pool our limited resources in order to achieve broader social impacts. Furthermore, this focus on regions corresponds to the fact that armed conflicts generally do not respect national borders.

**We network and support networking of our partner organisations**

In order to counteract isolation of women in the context of sexualised wartime violence, we want to enhance mutual solidarity and jointly put greater pressure on politics and the general public. We will increase our engagement in networking more actively and directly as we want to learn from networking by networking. We will make use of these networks efficiently by contributing our competence as a professional organisation with regard to sexualized violence.

**More capacity development**

*medica mondiale* has focused on developing local expertise since the beginning of its work, as local expert knowledge in the areas of psychosocial counselling and trauma work used to be practically non-existent in the *medica mondiale* host countries. More international and local organisations have since started working in the areas of wartime trauma and sexualised violence. Thanks to our exclusive focus on these topics and over 20 years of specialist work, however, we have a great deal of experience and expertise to offer to our staff, partner organisations, government institutions, and other non-governmental organisations (NGOs). In the coming years, we plan to standardize and upgrade our training modules, and use new channels for disseminating them, e.g., by offering expert services directly to local training institutions. In order to ensure that our partner organisations possess the necessary skills for carrying out effective projects, we also offer support measures for organisational development along with trauma-specific professional training. Project cycle management and financing strategies are just as important as coherent and logical human resource schemes and networking.

**Our commitment is long-term**

Dealing with violent experiences on the individual level and bringing about changes on the societal level take a great deal of time. The consequences of sexualised wartime violence, in the form of trans-generational traumatisation, exert long-lasting impacts on future generations. We therefore provide long-term, dependable support to both the affected women and girls and our partners, and to this end we strive for longer-term collaborations. Unrelenting long-term commitment is also necessary in order to prevent the subject of war rape from being dropped from socio-political agendas. We strongly advocate the establishment of government structures to protect and support women and girls, and we contribute know-how and capacity development to this end.

*medica mondiale* does not view itself as an emergency humanitarian organisation. It only gets involved in emergency situations to a limited extent, for example through our own small-scale projects in the scope of already existing programmes affected by an acute emergency situation. Additional possibilities include providing professional qualification services to other organisations involved in emergency aid and providing financial support to partner organisations from the emergency facility of the Small Grants Programme.
Strategic choices

Target groups and stakeholders

All women and girls in war and conflict zones are (potentially) threatened with violence. Many of them witnessed acts of violence (possible traumatisation) or live in daily fear thereof. In order to cope with these stressful experiences and counteract additional victimization and stigmatization, as a rule our services are aimed at all women and girls living in war and crisis zones. Because domestic violence increases significantly before and after violent conflicts, our work is also aimed at women and girls affected by this frequently occurring form of post-war violence.

Beneficiaries of our work are women and girls living in war and conflict zones, particularly those who have experienced or are threatened with gender-specific, sexualised violence.

To ensure a holistic approach, working with diverse key social actors at local, regional, and national levels is essential. It is frequently necessary to exert influence on values, norms, and behaviour patterns so that these actors, within the scope of their influence, are able to bring about improvements in the living conditions of women and girls. The only way that women and girls can come to terms with their violent experiences and contribute effectively to the reconstruction of post-war society is, if these different actors show a respectful and stress- and trauma-sensitive attitude, and if the various institutions, organisations, and groups co-operate to provide adequate support.

Key actors include among others:
- **on the local level**: husbands, partners, family members, the (male) village population, village elders, religious leaders, teachers, women’s groups.
- **on the regional level**: police, courts, healthcare professionals, local NGOs.
- **on the national level**: ministry of women’s affairs, ministry of health, ministry of internal affairs, ministry of justice
- **on the international level**: UN and its local agencies, EU, international criminal courts

An increasingly greater part of our work is being conducted by partner organisations in war and conflict zones. medica mondiale supports the work of these organisations through funding, capacity development or joint advocacy. In the scope of its own programmes, medica mondiale continues working directly with the beneficiaries and key actors mentioned above.

**Partner organisations** are women’s organisations in war and conflict zones that receive medica mondiale’s support for project implementation in the form of funding, capacity development, or joint advocacy work.

Experience has shown that women, owing to their assigned gender roles, usually have considerable interest in building a functional society after a war. They strive for social infrastructure, education, and peaceful coexistence in families and communities. After a war or conflict, there is often a brief “window of opportunity”, in other words a momentum, in which fundamental legal and social changes for women first become possible. Hence the inclusion of women in peace negotiations and reconstruction is highly relevant and indeed a basic prerequisite for sustainable social peace, not only for the women as individuals but for the society as a whole.

Emancipative, stress- and trauma-sensitive psychosocial work is commonly the first step for enabling women to take an active part in the reconstruction of society. The efforts of medica mondiale and its partners thus contribute significantly to peace building processes. Therefore, family members, village communities, and post-war society as a whole are considered indirect beneficiaries of the work of medica mondiale.

**Indirect beneficiaries** of our international programme work are individuals and groups in the social environment of the beneficiaries who subsequently also benefit when the situation for women and girls improves. Examples include family members (especially children, husbands, partners), village communities, regions and society overall.
Fields of work

In the context of our double strategy, which combines direct support of women and girls in war and conflict zones with activities to improve the political framework conditions and support structures for women and girls, we are working in the following fields:

- Stress- and trauma-sensitive psychosocial work
- Stress- and trauma-sensitive healthcare
- Stress- and trauma-sensitive legal aid
- Advocacy work for women’s rights
- Organisational development

In addition to our five main fields of work, we also support programmes to secure livelihoods for our target groups.

A key priority during the period covered by this strategy will be the systematization and standardization of professional counselling and capacity development services for our partner organisations.

A trauma-sensitive approach takes into account certain basic principles in dealing with people who have experienced violence. It involves avoiding additional stress to the affected persons, preventing reactivation of trauma symptoms, and thus strengthening and stabilizing the women and girls. Such an approach can be implemented in all of medica mondiale’s fields of work.

Stress- and trauma-sensitive psychosocial work

Psychosocial work consists of direct counselling and support for women and girls. Furthermore, through education and awareness-raising, it also strengthens the capacities of the entire social fabric for dealing with the consequences of wartime violence and traumatisation.

medica mondiale promotes solidary support in communities for women and girls affected by violence. Such support prevents marginalization and renewed violence and provides women with access to aid services. Trauma-sensitive psychosocial counselling and monitoring by trained counsellors contributes substantially to the successful treatment of psychological damage. Mediation on the family and community levels helps in dealing with conflicts in a constructive manner. Advanced training and professional counselling services for key stakeholders ensure that women in post-war and conflict zones receive competent aid over the long term.

Stress- and trauma-sensitive psychosocial work will remain a priority in our work. Therein measures for the sustainable prevention of violence will gain in importance.

Examples

- Community volunteers are providing initial qualified and solidary support to women and girls affected by or threatened with violence in nearly 50 communities in southeastern Liberia.
- Medica Afghanistan is offering low-threshold psychosocial individual or group counselling to women and girls in women’s safe houses, women’s prisons, hospitals, etc. in Kabul, Mazar-I-Sharif, and Herat.

Strategic goal

Standardise and upgrade measures and instruments for ensuring professionalism in stress- and trauma-sensitive psychosocial work

Stress- and trauma-sensitive healthcare

Sexualised and other forms of violence against women often lead to life-threatening injuries and serious diseases. A low-threshold and safe access to medical counselling and treatment is essential for the survival of women and girls affected by violence. The attitude and conduct of doctors, nurses, and midwives is therefore decisive as to whether women receive competent care and access to additional services and are protected from re-traumatisation during treatment. The only way to ensure this is with an empathic attitude and stress- and trauma-sensitive treatment.

We aim to ensure that women and girls receive counselling and proper medical treatment. To this end, we offer community-based healthcare counselling, we educate health professionals from government and non-government sectors and strengthen the competencies of doctors, nurses and midwives to improve their skills in dealing with women affected by violence and trauma.

1 An overview of the strategic goals and indicators can be found in the separate ANNEX.
What does access mean?

In war and crisis zones, it is often extremely difficult for women affected by sexualised violence to get help. Partly this is also due to the fact that women frequently encounter stigmatizing and demeaning attitudes on the part of hospital staff. Furthermore, the medical care situation in the country is usually so bad that women simply cannot get to health stations or hospitals on their own or pay the required fees.

Examples

- **medica mondiale** is training a team of more than ten healthcare professionals in Liberia. Through training measures and expert counselling, this team will then enable every County Health Team in southeastern Liberia to treat women and girls affected by violence in a trauma-sensitive and competent manner.
- In the Democratic Republic of Congo (DR Congo), our partner organisation PAIF is monitoring women survivors of rape in health centers and hospitals in order to ensure that they receive prompt and high-quality medical care. In addition, they provide these women with long-term support in the form of home visits and where appropriate, discussions with family members, medical counselling and treatment.

**Strategic goal**

Support governmental and non-governmental health care services’ integration of stress- and trauma-sensitive as well as empowerment approaches

**Stress- and trauma-sensitive legal assistance**

Wartime rape is a severe human rights violation. In spite of improvement in the possibilities for international prosecution and the ratification of UN Security Council Resolutions 1325 and 1820, impunity for the perpetrators is still widespread.

Gender-specific and domestic violence against women is also widespread in post-war periods, and in most cases these deeds go unpunished. Even though progressive laws were passed in the post-war period, they are often not enforced. Furthermore, women and girls in some countries such as Afghanistan are prosecuted as criminals, if they get raped or flee from violence and forced marriages. They are frequently subjected to more violence by the police, in court, and in prison.

Our mission is to ensure that women and girls affected by violence understand their rights and receive legal counselling and representation on national and international levels. Women wishing to change oppressive living conditions via legal procedures (e.g. women requesting a divorce because of domestic violence) should receive support.

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medica mondiale provides direct legal counselling and representation as well as training to police, lawyers, and court personnel on trauma- and gender-sensitive treatment of women who have been affected by violence. medica mondiale also provides limited funding for the implementation of locally adapted, extrajudicial approaches (e.g. symbolic tribunals, compensation funds, women’s courts) in order that women may obtain justice.

**Alternative approaches to justice**

Examples include the holding of a symbolic tribunal in a post-war zone for women and girls who were raped during the war. There women can publically testify, in a protected environment, to what was done to them. An elected panel of judges passes sentence on the perpetrators – thus putting pressure on the government to initiate official criminal proceedings.

One of our medium-term goals is to assist partner organisations in documenting human rights violations committed against women in order to put an end to the taboos and impunity.

**Example**

- **Medica Afghanistan** provides aid to women and girls prisoners in Kabul, Herat, and Mazar-I-Sharif in the form of legal counsel in prison, criminal defence in court, etc., in order that they may regain their rightful freedom.

**strategic goal**

Standardise and further develop measures and instruments for STA legal assistance following the multi-level approach
Advocacy work for women’s rights

Political advocacy for women’s rights in war and crisis zones is essential for bringing about sustainable positive changes in social structures that discriminate against women. Support for the implementation of UN Security Council Resolutions regarding women, peace, and security is absolutely essential. Another key element is topic-related lobbying work, e.g., lobbying work that focuses on better healthcare for women and girls affected by violence in the country.

More support will be provided to partner organisations in order that the latter may build and improve their capacities and skills in advocacy work for women’s rights and implement a rights-based approach. Over the long term we will jointly define regional advocacy goals with our partners and take steps to ensure the implementation of appropriate advocacy measures.

Examples

- In two cantons in Bosnia and Herzegovina, Medica Zenica is creating networks with relevant NGOs, social welfare agencies, and ministries in order to provide better support to survivors of sexualised wartime violence and help them obtain their rights.
- Medica Afghanistan is helping in getting the law on „Elimination of Violence Against Women“ ratified and implemented as is, i.e., with no changes made to it.
- medica mondiale is supporting projects in rural regions in eastern DR Congo in their efforts, through advocacy work, to raise awareness among communities, schools, and local authorities of the problem of sexualised violence and motivate them to take action.

Strategic goal

Support of partner organisations (PO) in their advocacy work

Organisational Development

medica mondiale wants to ensure that women affected by or threatened with violence in conflict and post-war zones will receive solidary support adapted to the local context over the long term. Hence one of the key fields of international programme work for medica mondiale is the sponsorship and strengthening of partner organisations. In regions where there are no adequate support structures, we are also conducting our own programmes which often transform into independent local women’s organisations.

We offer our partner organisations organisational counselling and development, based on feminist and emancipative principles. Qualification in topics such as leadership, management, finance, fundraising, advocacy, and trauma-specific professional work strengthen the skills of partner organisations. In addition, we offer selected partner organisations institutional funding and assistance with regional, national, and international networking.

Example

- medica mondiale is helping Medica Liberia to develop into an independent local women’s organisation in the coming years.

Strategic goal

Give advice and support to partner organisations in their development processes and transfer own programmes into independent women’s organisations

Additional field of work: Measures for securing livelihood

The health-related, social, and economic consequences of wars and conflicts coupled with structural handicaps usually put women in economically extremely precarious living conditions. Some women are neglected or isolated by their families as a consequence of having experienced sexualised violence, whereas others are compelled to secure the livelihood of their families on their own. As a result of dire economic straits, women often end up in dependent and violent relationships in which sexual exploitation and forced prostitution are not uncommon.

For women to stabilize themselves or even gain access to psychosocial services for dealing with violent experiences in the first place, basic material security is often a prerequisite. Participation in basic and advanced vocational training and measures for securing a livelihood as well as active referral to competent cooperation partners/partner organisations provide women with access to other aid services and enable them to become self-sufficient.

Carrying out large-scale economic programmes is not a work priority of medica mondiale. Nevertheless, we do provide minimal services for securing subsistence to our target group. We also plan to cooperate more closely with specific professional organisations specializing in securing subsistence.
**Examples**

- Our partner organisation PAIF in the DR Congo distributes seeds and goats to women affected by violence and in some cases to women who were rejected by their families. PAIF thus provides the women with startup aid for entering or reentering agriculture and help in raising small livestock.
- Through the cooperation with German Weltunger-hilfe in Liberia, the beneficiaries of Medica Liberia participate in agricultural training sessions and obtain seeds and farm equipment.

**Strategic goal**
Implement regionally specific measures to secure livelihoods, including therapeutic components, through project co-operation with expert organisations

**Implementation strategies**

In the future, medica mondiale will focus on four implementation strategies in its international programme work: we will continue with our own programmes to a limited extent while placing more emphasis on sponsoring local women’s organisations. We will step up the work in and with networks in a result-oriented manner. Measures for professional qualification will be standardized and upgraded to sustainably strengthen capacities at the local level and to disseminate our approaches.

**Direct intervention**

Implementing our own programmes defines the internal and external identity of medica mondiale in a unique way. Working directly with the beneficiaries and employing local activists offers unique opportunities for upgrading stress- and trauma-sensitive, emancipative, and feminist approaches in all fields of work; close collaboration gives rise to innovative approaches for working with women and girls affected by violence in the region. Direct intervention also grants medica mondiale access to first-hand information for political as well as public relations work and for soliciting donations.

In spite of the comparatively high expense, we will continue implementing our own programmes to a limited extent. A prerequisite for setting up one of our own programmes is the lack of women-oriented support structures for survivors of sexualised violence in the target region, or when it becomes obvious that there is a specific need within the already existing structures.

**Support to partner organisations**

A future priority of our international programme work will be the financial and technical support of local women’s organisations. This co-operation will include project funding, technical exchange, and collaborative political work with independent partner organisations.

Many medica mondiale partner organisations evolved from self-help initiatives and need both financial support and technical capacity development in areas ranging from psychosocial counselling to financial management. We therefore assist and strengthen our partners with suitable financing and professional know-how. We strive for long-term co-operation with like-minded organisations and we value the opportunity to learn from one another.

**Networks**

We link up with relevant stakeholders in both regional and professional networks in order to increase our political influence, contribute and build our expertise in the scope of professional exchange, and identify potential cooperation partners. We also promote networking among our partner organisations.

**Qualification of specialist staff**

Our expertise in the fields of trauma work, psychosocial work, and trauma-sensitive healthcare is nationally and internationally respected. In the future we will provide more qualification services in these areas to specialist staff and to our partner organisations as well as to other national and international stakeholders, and thus establish ourselves over the long term as providers of qualification measures.

**Strategic goals**

1. Set up a new self-implemented programme
2. Develop and implement a variety of different project co-operations
3. Relevant networks facilitate achievement of medica mondiale goals in international programmes.
4. Create and implement the necessary framework for the qualification of specialised staff by medica mondiale
Regional focus

Work on sexualised wartime and post-war violence can only be conducted if the specific context of the country and region is being taken into account. Since most conflicts do not respect national borders, it is important to pursue a regional approach to bring about changes. Regional expertise, a good regional network, and knowledge of the key local stakeholders are important prerequisites for effective and sustainable development and solidarity work.

*medica mondiale* is using the expertise acquired in the DR Congo, Rwanda, Uganda, and Liberia for future regional priority activities in the Great Lakes region and West Africa. We are also investigating whether we can make Central Asia another priority region by extending and complementing our work in Afghanistan. Establishing priority regions generates synergies and potentially saves resources. *medica mondiale* is thus able to react more quickly to political developments and bring about long-term changes more effectively.

The exact nature of the regional activities may vary from region to region, depending on the current state of sexualised violence and its local impact, the political influence and the conceptual framework of *medica mondiale* in the region, etc.

South-eastern Europe will remain a key region in which we will consolidate our activities, based on *medica mondiale*’s history, the potential for professional exchange and the political cooperation with partners in Albania, Bosnia and Herzegovina, and in Kosovo.

**Strategic goal**

Develop and implement regionally specific goals and respective processes for the focus regions

Impact orientation and quality assurance

*medica mondiale* already uses a number of mechanisms to assure the quality of its international programme work, such as technical advice to partners, interdisciplinary case supervision, multi-phase approval procedures for the Small Grants Programme, internal and external evaluations, and routine project visits. However, in the future we plan to further upgrade and systemise our quality assurance.

*medica mondiale* has developed the following quality characteristics: partiality, participation, sustainability, transparency, resource orientation, introspection, holistic approach, empowerment, partnership, justice for women and diversity perspectives. These value-based quality characteristics form the basis for the quality standards of *medica mondiale*’s international programme work.

*medica mondiale* uses the DeGEval – Gesellschaft für Evaluation e. V. standards as a guideline for the evaluation of its international programme work.

**Impact orientation:** Expected effects are already depicted at a planning stage; positive, negative, planned and unintended effects are observed, documented, and evaluated during implementation. The results are utilized to steer running projects and programmes.

We strive for impact-orientation in planning, implementing, and managing international programmes. Benefits, feasibility, and costs of impact-oriented procedures must be appropriately balanced. We recognize and support the initiatives of our partners with regard to impact monitoring.

As a member of the umbrella organisation of development non-governmental organisations (NGOs) in Germany (VENRO), we are committed to an impact-oriented working method.

We view knowledge (our own and that of our partners) as a valuable resource and from now on, we intend to evaluate and use this knowledge in a more systematic manner for the ongoing improvement of our international programmes.

**Strategic goal**

A framework for quality assurance and impact orientation supports project monitoring and evaluation (PME) and the steering of projects in international programmes.

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2 The German Society for Evaluation is a recognized professional body.