

Annual Report 2018



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Cover photo

The 19th of June is the International Day for the Elimination of Sexual Violence in Conflict. To mark the day in Cologne, medica mondiale sent out a clear message in the form of thousands of folded paper doves of peace.

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Foreword



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Dr Monika Hauser,
chairwoman of the executive board

Dear readers,

2018 was an extraordinary year. Together with our partners, we celebrated our 25th anniversary. At the start of 1993, during the war in the Balkans, I started out for the first time to Bosnia. Together with local women experts, I founded the first therapy centre for women who had survived sexualised wartime violence in the city of Zenica.

From the outset, it was clear to us at *medica mondiale* that our working commitment would not end with the signing of a peace agreement. Rape has long-lasting consequences, both at an individual and at a social level, and we knew our working commitment would have to last just as long. Despite the awareness-raising work carried out by our colleagues over many years, the issue repeatedly drops out of public consciousness. Even today, hardly anyone in Bosnia and Herzegovina talks about wartime rape. Nevertheless, there are some indications that give me hope. Amongst these is the organisation “The Forgotten Children of War” founded by the daughter of one of our first clients, in co-operation with other children of wartime rape survivors. Together, they are ensuring that the issue has a place at the heart of Bosnian society.

One other positive sign reached us as at the end of 2018. The award of the Nobel Peace Prize to Denis Mukwege and Nadia Murad is an important acknowledgement of their efforts in combatting sexualised violence in armed conflicts. But it is still important to bear in mind that wartime rape cannot be reduced to just being a problem of the Democratic Republic of Congo or the so-called IS. Bosnia, Kosovo, Iraq and Afghanistan, Rwanda, Uganda, Burundi or Liberia: regardless of the country concerned, sexualised violence in armed conflicts is not the exception, but the rule. In times of war, it is omnipresent, because it is tolerated in times of peace.

It is just as important not to consign the issue to the international stage. We have to take a clear stance against sexualised violence and its taboo status in Germany, too. The violence experienced by women and girls in shelters for refugees should be as much a part of the public debate as the decades-long silence with respect to cases of assault in boarding schools and within the Catholic Church.

That is why our anniversary is a good reason to celebrate and, simultaneously, a demonstration of how important our work still is. With your support, we will continue to fight for the protection and empowerment of women and girls throughout the world: sustainably, without compromise and consistently feminist.

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

Dr Monika Hauser



On the road to Zenica: in 1993, the young doctor Monika Hauser started out for Bosnia and Herzegovina to support survivors of wartime rape.

Report of the executive board

Twenty-five years of *medica mondiale* – a good reason to take stock and celebrate with our partners and supporters. We are delighted about what we have achieved and regard this anniversary as a milestone of feminist commitment. Yet, given the growing number of armed conflicts and the increasing threat to women’s rights throughout the world, we do not have much time for reflection. Through our campaign “My body is no battlefield”, new projects as well as political negotiations and psychosocial training, we have demonstrated our solidarity with women and girls throughout the world. We thank everyone who has accompanied us on this journey.

New focus in our political work

With the help of the hashtag #AidToo, the issue was suddenly the focus of public attention: sexualised violence and the sexualised exploitation of women and children in desperate need of help by staff working for humanitarian organisations. Did this come as a surprise? No – not for anyone with any understanding of the interrelatedness of sexism, gender discrimination, inequality, global injustice and post-colonial dependency. The more extreme the imbalances of power are, the greater the likelihood that this power will be misused: on one side, the aid workers, often white, affluent and from the global North, and on the other, the local women, men and children afflicted by violent conflicts and natural disasters.

After repeated endeavours to raise awareness for this problem, #AidToo brought the momentum required to finally bring about structural change: something we have advocated within the German association of non-governmental development organisations (VENRO), of which we are a member. As a result, VENRO’s code of conduct has been extended to include the area of “Preventing and dealing with sexualised violence”.

However, sexual exploitation is not something that begins in the countries in which aid workers are deployed and in which humanitarian relief is exchanged for “sex”. The real breeding ground for sexualised violence are the patriarchal structures

throughout the world – also in times of ostensible peace. Where everyday sexism dominates, and the “obtainability” of the female body is apparently taken for granted, one’s own position of power is seldom questioned. Through our “My body is no battlefield” campaign, launched during our anniversary year, we are specifically calling attention to these correlations.

The goals we wanted to achieve through our advocacy strategy and the opening of our office in Berlin were realised: we succeeded in raising our profile and increasing our involvement as a player on the political stage. In 2018, this resulted in background discussions, lobby briefings, statements, comments on minor interpellations, speeches and events, including the parliamentary breakfast to discuss the issue “Feminist foreign and asylum policy”.

Promoting local capacities

Our concentration on four priority regions as part of our international strategy has proved a success. For example, in the Great Lakes Region in Africa a pool of women trainers specialising in psychosocial work was established across several countries. These specialists train partner organisations in Burundi and the Democratic Republic of Congo in our stress- and trauma-sensitive approach (STA©). This means that trainers no longer have to fly in from Europe – boosting confidence in local skills and

abilities. Another important example is our joint support for six partner organisations in South Kivu. The programme enhances mutual solidarity and learning as well as the broad-based participation of civil society in the fight against gender-based violence. In West Africa, after our many years of working commitment in Liberia, we are now working together with women's organisations in Sierra Leone and the Ivory Coast.

At the same time, civil society's scope for action is being restricted across the globe. Our colleagues in project countries are subjected to surveillance, excessive bureaucracy and structural exclusion. We must remain vigilant and offer the support required.

Work in Germany

Women forced to flee violence or war are often severely traumatised. Instead of finding protection in Germany, they have the extra burden of not knowing if they can stay and, not uncommonly, are again subjected to violence. Specialist staff working with refugees report that they feel as if they are in "permanent crisis modus". The special needs of women who have experienced violence often overwhelm them. In an effort to address this, we have been active in Germany since 2015. With support from Aktion Mensch, we launched a three-year project in which we work with specialist staff in refugee centres. We have a vital role to play based on our expertise in low-threshold work with traumatised women and our years of working experience in countries riven by war and conflict – while never losing sight of the need of the overworked aid workers to look after themselves. We also intervene in discussions on migration and asylum policy, campaign against AnKER centres¹ and on behalf of improved concepts for protection against violence, and condemn racist tendencies in public reporting.

¹ Literally: anchor centres, admission centers for refugees in Germany



medica mondiale celebrated its 25th anniversary together with long-standing supporters and partners.

Strategy and organisational development

Together with our staff in 2018, we developed feminist leadership guidelines. We also began the development of our trauma work strategy. Given the growing demand for our training courses, we have had to set priorities, allocate resources more strategically, and develop new specialist concepts. In the areas of development co-operation and work with refugees, short-term therapies are becoming increasingly common, something we are critical of on professional grounds. It is imperative to counter these with a socio-political, feminist psychosocial approach.

Outlook

With regard to a feminist foreign policy, politicians in 2019 will have to translate their declarations of intent into actual deeds. With respect to the topic "women, peace and security", set as a priority by the German government as part of Germany's non-permanent membership of the United Nations Security Council, we will continue to raise our concerns on the issue. Our "My body is no battlefield" campaign will continue, as a means of raising awareness for the exploitation of, and injuries inflicted on, the bodies of women and girls.





A worldwide network

medica mondiale works with partner organisations in 14 countries throughout the world. Our partners come together annually to discuss their shared challenges.

Photograph from April 2019 in Bonn.

Towards a Survivor-Centred Approach

Five elements to support women and girls affected by sexualised wartime violence

Rape is a massive assault on a person's dignity. In times of peace, 50 to 65 percent of people affected develop post-traumatic stress reactions with severe, often long-lasting, consequences. These include the loss of social contacts, chronic pain or sleeping difficulties. War and conflict exacerbate the situation: survivors also have to face living in insecurity, the loss of relatives and economic hardship. And, as a repercussion of being raped, they are often subjected to social exclusion.

medica mondiale has developed a holistic approach, which looks at things from the survivors' perspective and focuses on their needs.

1. Developing sustainable structures

Support for women and girls who have experienced sexualised violence requires long-term planning and financing. The services need to be comprehensive and include shelter, food, medical services, psychosocial support, income-generating projects and legal advice. In many contexts, it is still mainly women's organizations providing expert advice and support. International organisations often have no access to unsafe areas. State-run institutions are frequently underfinanced. Systematic support to rebuild and strengthen public institutions in the fields of health, education, social services, jurisdiction and security should be at the core of reconstruction programmes in the aftermath of wars and conflicts.

2. Applying a stress- and trauma-sensitive approach

The consequences of traumatic experiences depend not only on the characteristics of the events, but significantly on the subsequent experiences. A decisive factor is whether survivors of sexualised violence encounter stigmatization or recognition of their community. *medica mondiale* is critical of short-term approaches to therapy, which primarily seek to reduce the symptoms of trauma. Employing stress- and trauma-sensitive methods involves stabilising survivors in their own social context. What is important, here, is the development of safe structures, the empowerment of survivors and the opportunity to network with other survivors. *medica mondiale's* stress- and trauma-sensitive approach (STA) also addresses professionals and activists in the support system and aims at strengthening self-reflection, self-care and staff empowerment.

3. Combatting gender-based violence as a continuum

In public and political discussions, sexualised wartime violence is often reduced to its strategic use. Yet, women and girls experience sexualised violence before, during and after armed conflict: within their communities, in their families, in local institutions. Structural factors, including the economic disadvantaging of women and traditional gender roles, exacerbate the problem. Reducing the discussion to one dimension neither reflects the reality nor does it meet the needs and rights of survivors. Any kind of effective support must be aware of this continuum of violence against women and girls. And it must seek to combat its causes and eliminate patriarchal gender relations.



Health specialists in Afghanistan are trained in stress- and trauma-sensitive approaches.



Young women in Uganda are empowered by mentoring programmes.

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4. Addressing injustice at social and political level

Violence against women and girls manifests itself at different levels. Any sustainable approach, therefore, includes not only services for survivors, but also awareness-raising work in communities, family counselling and training courses for the police and health service personnel, as well as strengthening social movements that promote women's rights. It is vital for survivors to receive social and political recognition. In Kosovo and Bosnia and Herzegovina, survivors of sexualised wartime violence are now able to apply to be recognised as civilian victims of war, entitling them to a monthly pension. Although there are problems with implementation, these laws are an important recognition of past injustices and can act as a role model for other post-war countries.

5. Giving survivors a voice

Programmes that support survivors of sexualised violence must be developed using participatory approaches. They must combine the perspective of survivors with the experience of international and local women's organisations. These organisations have often worked for many years with survivors and targeted methods and approaches to their needs.



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Women's rights organisations in Bosnia and Herzegovina provide psychosocial counselling and legal aid for survivors of sexualised violence.

Our vision:

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



"Break Free" is the title of an exhibition presented by the organisation "The Forgotten Children of War" in Sarajevo. It highlights the situation of mothers and their children born out of wartime rape.

© Alpha Jusić

BOSNIA AND HERZEGOVINA: against forgetting

The war in Bosnia and Herzegovina ended 24 years ago, yet the traumatic consequences are a long way from being overcome. The wounds will only heal when society has come to terms with its past and broken the silence surrounding sexualised wartime violence. Up to 50,000 women and girls were raped or forced into prostitution during the war and post-war period. The psychological, health and social consequences are also affecting the next generation. The children born to mothers who were raped are also bearing the consequences.

24-year-old Ajna Jusić is one of the few women to find the courage to speak about what it means to be a child resulting from rape. Ridiculed at school, it took her some time to accept the truth, and develop a measure

of self-confidence. She set up the organisation "The Forgotten Children of War" in 2015, together with other children of wartime rape survivors. Now adults, they are taking a stand against forgetting and stigmatisation. And, together, they are campaigning for improvements in the lives and situation of the "children of war".

Many children of rape survivors have been emotionally neglected, often because their severely traumatised mothers were incapable of giving them the care and attention they needed. They are confronted with other everyday problems: it is difficult to register as students, for example, when important documents are missing. The organisation "The Forgotten Children of War" wants to dismantle obstacles like these, just as much as the barriers in their fellow citizens' heads. "Our main ob-

13 projects

10 local partner organisations

Bosnia and Herzegovina: Medica Zenica, Vive Žene, Forgotten Children of War, SEKA Gorazde, Budućnost, Maja Kravica
Croatia: ROSA
Kosovo: Medica Gjakova, KRCT
Serbia: Roma Novi Becej

10 project regions

Bosnia and Herzegovina: Cantons of Zenica Doboje, Central Bosnia, Una Sana, Bosnian Podrinje, Tuzla, Brcko District, Republika Srpska
Kosovo: entire country
Croatia: Dalmatia
Serbia: Vojvodina

Project priorities

- provide psychosocial counselling, gynaecological care, legal advice and income-generating activities for survivors of sexualised wartime violence
- improve access to stress- and trauma-sensitive health services
- advocate for survivors' rights
- foster knowledge exchange and networking of women's organisations

Financing

- German Federal Ministry for Economic Co-operation and Development
- German Federal Foreign Office
- Gesellschaft für Internationale Zusammenarbeit
- Anne-Marie Schindler Foundation
- Louis Leitz Foundation
- Foundation of War Trauma Therapy
- Donations



jective is to create social awareness for the mothers and children who were born as a consequence of the war in Bosnia and Herzegovina”, says Ajna Jusić. The organisation, supported by *medica mondiale*, currently has 18 members – 14 women and four men. In the past year, the organisation has increased its contacts with other human rights and aid organisations, to work together to raise awareness for the concerns of the children of war.

Raising awareness was also one of the aims of an international conference in May 2018 in Sarajevo, at which around one hundred experts from the fields of science, politics and civil society discussed the consequences of sexualised wartime violence for different genera-

KOSOVO: sign of justice

Since February 2018, women raped during the war in Kosovo in 1998/99 can apply for a pension as civilian victims of war – a milestone on the road to justice and reparations. For many years, *Medica Gjakova* and other women’s organisations have battled for the survivors of sexualised violence to be officially recognised. Finally, in March 2014, parliament passed the required legislative amendment. It took another four years for the implementation to be prepared. And now, twenty years after the end of the war, the survivors are finally legally entitled to a monthly pension of 230 euros.

During the war in Kosovo, an estimated 20,000 women and girls were raped. Many of them have been so badly physically and psychologically impaired by the violence they experienced that they are unable to work. The pension allows them some degree of social security. “The recognition of survivors of sexualised wartime violence is also an important political signal and makes a contribution to healing the divide within society”, explains Mirlinda Sada, director of *Medica Gjakova*.



Since 2018, the survivors of sexualised wartime violence can apply for a war pension in Kosovo. The “Be my voice” campaign accompanied the introduction of the pension.

tions. The social scientist Amra Delic presented a study which argues that, compared with their peers, children of rape survivors are more likely to suffer psychological problems including depression, angst and low esteem. “The situation, whereby sexualised violence continues to be taboo, can mean that the trauma is passed on to the next generation”, said Monika Hauser, founder of *medica mondiale*. Long-term healing will only be possible when this taboo has been overcome.

The survivors have to apply for compensation by 2023. Affected women, now living abroad, are also eligible. The commission responsible received more than 900 applications in the first year. Around 300 were approved, but almost 150 rejected. The reasons for this, according to Mirlinda Sada, are often procedural errors, particularly if the women had no help with their applications. *Medica Gjakova* is one of four non-governmental organisations that help the women not only with their application but throughout the entire procedure. The advisors point out that commission members often demonstrate insufficient sensitivity when dealing with survivors. Long waiting times and, thus, long periods of uncertainty place additional burdens on applicants.

The introduction of the pension is being accompanied by a nationwide campaign, through which the initiators want to inform about the right to compensation and bring about social change. “Our aim is to enable women to find their way back into the heart of society and give them back their dignity”, declares Mirlinda Sada.

Results of our work



190 applications for a war pension for survivors of sexualised wartime violence have already been passed on to the relevant committee by *Medica Gjakova*. 54 of them were approved. (As of March 2019).



Around **100** health care specialists were trained in 2018 by *Medica Zenica* in our stress- and trauma-sensitive approach.



In June, around **1,000** participants demonstrated on the streets of Pristina, the capital of Kosovo. Our partner organisations KRCT and *Medica Gjakova* are two of the initiators of the campaign that is fighting for reparations for survivors of sexualised wartime violence.



The Team from EMMA in Northern Iraq provides direct support for survivors, organises education courses and fights for women's rights.

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IRAQ: injustice as a motor for change

Already as a young girl, Bahar Ali was aware of patriarchal injustice. “When I was 12 years old, I was no longer allowed to play outside. But my brother could. I thought that was unfair.” Today, Bahar Ali resolutely highlights the discrimination and patriarchal violence in Northern Iraq. Wanting to do something about the situation, she decided in 2013 to set up the women’s organisation EMMA (“We”), in collaboration with the physician Dr Bayan Kader Rasul. The organisation now has 32 members of staff. Together, they pursue the goal of eliminating gender-based violence and empowering women.

medica mondiale has been working with EMMA since September 2018. The need for support in Northern Iraq is enormous: Around 2.6 million Iraqis and over 200,000 Syrians are displaced within the country. Near-

ly a third of the refugees are in the Kurdish Autonomous Region. Many of the displaced women have survived extreme violence. In everyday life, too, women are subjected to discrimination and sexualised violence.

EMMA pursues a multifaceted strategy to combat violence and oppression. On the one hand, the organisation runs community centres in Erbil and Dohuk – points of contact for women affected or threatened by violence. In the women’s centres, women and girls learn to read and write, attend classes in sewing, English or Arabic – acquiring skills to help them lead a self-determined life. Special support is provided for survivors of sexualised violence. Through a range of therapeutic measures, the counsellors help them come to terms with their experience and regain strength.

10 projects

4 local partner organisations

Iraq: Haukari/Khanzad, PDO, EMMA
Afghanistan: *Medica Afghanistan*

6 project regions

Iraq: Kurdish Autonomous Regions (Dohuk, Sulaymaniyah) and Central Iraq
Afghanistan: Kabul, Herat, Mazar-i-Sharif

Project priorities

- raise awareness for gender-specific violence
- provide psychosocial counselling and legal advice for survivors of sexualized violence
- offer qualification of health professionals, police officers and judges
- raise awareness about, and advocate against, forced gynaecological examinations
- support staff care

Financing

German Federal Ministry for Economic Co-operation and Development
Gesellschaft für Internationale Zusammenarbeit
German Federal Foreign Office
DEZA
Anne-Marie Schindler Foundation
Donations



Alongside the work with women and girls, EMMA provides training for staff working in public institutions, to sensitise them for the situation of women affected by violence. Last but not least, the committed feminists working at EMMA directly address political decision-makers. They work to ensure that protection against gender-specific violence is incorporated into legislation and that women have the opportunity to participate in decision-making processes. “This is the only way to fulfil our vision”, says Dr Bayan Kader Rasul: “of enabling women to live as citizens with equal rights and in safety – in a peaceful, developed society.”

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The counselling services provided by Medica Afghanistan always focus on the needs of the women.

AFGHANISTAN: focus on women

In Afghan society, the family is held in high esteem. However, power and roles within the family are not fairly distributed. Women are frequently not even involved in selecting their future husband. According to a health ministry study, more than 60 percent of women in Afghanistan are forced into arranged marriages. Psychological, physical and sexualised violence turn many marriages into a form of torture. If women are courageous enough to report their experiences to the authorities, they are often rejected by their families, separated from their children or, despite unambiguous legal position, lose their case in court. In the effort to regain social acceptance, many women see no alternative but to seek reconciliation with their family.

Against this background, *Medica Afghanistan* has developed a system of family counselling. In the autumn of 2018, its psychosocial team visited India to receive training in feminist family counselling from the women’s organisation “International Foundation for Crime Prevention and Victim Care”. Their method focuses on the interests, the protection and the empowerment of women affected by violence. In individual and group sessions, participants explore gender roles and the destructive consequences of violence. The training closes

with an agreement on achievable goals to prevent future violence.

At a political level, *Medica Afghanistan* is campaigning for so-called virginity tests to be stopped. Although this practice has been legally prohibited since 2017, the police and judiciary continue to order forced gynaecological examinations to be carried out, especially when women are accused of committing “crimes of immorality” – which include running away from home or extra-marital sex. For the women concerned, the procedure is both painful and humiliating and can have a traumatising impact.

In the attempt to induce political leaders to abolish the practice, which violates human rights, *Medica Afghanistan* invited experts from the judiciary, health sector, government and civil society to a conference held in Kabul in 2018. The women’s rights organisation welcomed the plans of the Afghan government to make carrying out virginity tests a legal offence. At the same time, *Medica Afghanistan* called for the women concerned to be compensated. This is the only means of ensuring that the suffering they have endured is recognised and that justice can be achieved.

Results of our work



300-400 women participate every month in the different courses organised by EMMA. The most popular class is a weekly literacy course in the community center of Erbil.



In 2018, **40** women who had been subjected to a forced gynaecological examination were represented by *Medica Afghanistan* in court.



69.5% of the legal cases brought to court by *Medica Afghanistan* had a positive result for the women. *Medica Afghanistan* represents women clients who have run away from home to escape violence.



In role-plays, participants in the psychosocial specialist training courses practice how to address the situation of women affected by violence.

DR CONGO and BURUNDI: strengthen expertise in the region

Blandine Mugoli Mugoto, a woman from the Democratic Republic of Congo, always knew what she wanted. “I set my heart on studying psychology. In my extended family, I experienced violence myself – and wanted to understand how such dynamics come about. What makes an individual violate the rights of another?” After completing her studies, Mugoto has started working as a psychologist with the “Women’s Network for Rights and Peace” (RFDP). She offers counselling to survivors of sexualised and gender-based violence – work that she finds both rewarding and challenging: “So many women come to me needing support. When I first started, I often felt I wasn’t doing enough.”

There is, indeed, a great need for psychosocial support in Eastern Congo. For over 20 years, the South Kivu

Province has been ravaged by armed conflict. Measures for women affected by violence are often only sporadically effective, and only a minority of counsellors have received sufficient trauma-sensitive training.

To increase the range and quality of psychosocial support and care in a sustainable manner, *medica mondiale*, together with its local partner organisations, has developed a capacity-building concept for specialist staff. Blandine Mugoto was invited to take part in the first round of training in 2016. Since she was keen to broaden her expertise, she accepted the invitation.

Diane Mpinganzima is another of the first participants. She comes from Burundi, which borders the South Kivu Province. After her studies, she worked with refugees

17 projects

15 local partner organisations

Burundi: Maison Marthe Robin, SFBLSP, MUKE-NYEZI MENYA, Association NTURENGAHO
 DR Congo: ADDF, PAIF; South Kivu programme: AFPDE, EPF, HAM, La Floraison, RAPI, RFDP
 Rwanda: SEVOTA
 Uganda: FOWAC, MEMPROW

12 project regions

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

Project priorities

- provide medical, psychosocial and socio-economic support for survivors of sexualised violence and their children
- prevent sexualised violence in communities and schools
- engage in community work to combat domestic violence
- offer training and organisational development courses for women’s organisations

Financing

German Federal Ministry for Economic Co-operation and Development zivik
 Fondation Smartpeace
 Medicor Foundation
 Fürsorge und Bildungsstiftung
 Anne-Marie Schindler Foundation
 Sigrid Rausing Trust
 Donations

Uganda
 DR Congo
 Rwanda
 Burundi

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© Inga Neu/medica mondiale



Blandine Mugoli Mugoto (left) und Diane Mpinganzima (right) train psychosocial counsellors in the stress- and trauma-sensitive approach.

and people who were HIV positive, with a focus on women and children. She, too, was delighted to have been invited to take part in the course. “It was a wonderful opportunity for me to benefit from further professional training, which also allowed me to continue working.”

The training course runs parallel to the participants’ work, with a focus on practical experience. “In role plays, we find out how to deal with specific problems”, explains Blandine Mugoto. “And what we learn, we can immediately put into practice.” Diane Mpinganzima adds, “It helps that we all speak the same language. We work with similar target groups and are, therefore, able to learn a lot from one another.”

An important part of the course is the concept of self-care. Both women praise this part for being particularly

helpful. “I use the techniques when I’m feeling tense or overstressed”, says Diane Mpinganzima. Summing up, Blandine Mugoto says, “I used to think I’d have to help every single woman that came to me. It’s difficult to say how much my support actually helped. I now concentrate more on quality than on quantity. I try to support my clients until they are stable again.”

After completing the course and gaining their qualifications, the participants join the regional pool of psychosocial experts. This means they can train other psychosocial specialist staff in the stress and trauma-sensitive approach. The aim is to develop the pool of experts into a professional network for the whole region. Instead of limited, sporadic improvements, the intention is to create the sustainable structures required to support women and girls affected by violence.

Great Lakes Region: savings associations, awareness raising and workshops for local institutions

medica mondiale supports various women’s organisations in Burundi, Rwanda, Uganda and the Democratic Republic of Congo. Although the projects set different priorities, they share a common aspiration to provide holistic support for women and girls who have experienced, or been threatened with, sexualised violence.

For example, our partner organisations have set up savings and loan associations for women affected by violence, run campaigns to raise communities’ awareness of sexualised violence and its consequences, or organised workshops for the judiciary, in which the staff learn how to deal with violent crimes against women.

Results of our work



So far, **30** counsellors working with six partner organisations of *medica mondiale* have been trained by the psychosocial experts in South Kivu.



Almost **850** awareness-raising sessions against sexualised violence were conducted by our Congolese partner organisation AFPDE in 2018. More than 25,000 men, women and children participated.



Caroline Bowah, director of our partner organisation *medica Liberia*, addresses thousands of supporters at the 16-day protest campaign against sexualised violence in Liberia.

LIBERIA: we are unprotected!

It all started with an investigative report. In October 2018, the US American Time Magazine, together with the news agency ProPublica, published an article titled “Unprotected”. The report describes how, in a school run by the US American charitable organisation More Than Me, around 30 young girls were subjected to sexualised assaults. As well as covering the assaults, the report also claimed that despite numerous allegations, those in charge failed to take appropriate action, and that government representatives did nothing to help survivors.

When the report was published, Caroline Bowah, director of our partner organisation *medica Liberia*, knew immediately that she had to do something. Within a few weeks, together with members of the Liberian Feminist

Forum and other women’s organisations, she organized a publicity campaign, using the motto #weareunprotected. Through its networks and in the communities in which *medica Liberia* has been active for many years, the campaign went viral: only one week later, on 18th October 2018, people came together for one of the biggest protest marches in the history of the country. This was followed one month later by the second wave of protests. Within a 16-day period, the Liberian Feminist Forum organised mass sit-ins and a broad-based awareness-raising campaign.

“What happened in the school was nothing new,” Caroline Bowah says. “It stands for all the violence experienced by women and girls in Liberia, for their lack of protection and for the impunity of the perpetrators.”

7 projects

3 local partner organisation

Liberia: *medica Liberia*

Ivory Coast: CEF-CI, WANEP-CI

6 project regions

Liberia: Grand Gedeh County, Sinoe County, Montserrado and Margibi Counties

Ivory Coast: Abobo and Niakara

Project priorities

- offer trauma-sensitive and gender-specific counselling, health care and legal advice for survivors of sexualised violence
- train state service providers on stress- and trauma-sensitive support
- strengthen community-based structures in the areas of prevention and protection
- raise awareness for, and advocate against, gender-specific violence

Financing

German Federal Ministry for Economic Co-operation and Development
Kreditanstalt für Wiederaufbau/
Welthungerhilfe
Pro Victimis Foundation
Medicor Foundation
Gesellschaft für Internationale Zusammenarbeit
Anne-Marie Schindler Foundation
Donations

Liberia
Ivory Coast

Women and girls are affected by violence in all areas of their lives: in the workplace, at school, at home and in their community. Moreover, in the months prior to the release of the documentary, there was an increase in the cases of violence against women. The influence of traditional forces is growing. Progress achieved in the past years, for example the legislation against rape and domestic violence, is in danger of being watered down.

These developments in the country have triggered the various protests. The demonstrators are calling on the government to be consistent in their punishment of perpetrators and provide protection and counselling to survivors of sexualised violence. *medica Liberia*, one

New partners in the region

Sexualised wartime and post-war violence does not stop at countries' borders. "Thus, with respect to working for women's rights, it is recommended to take the entire region into consideration", says Daniela Gierschmann, *medica mondiale's* regional officer for West Africa. The countries in the Mano River Region, which include Sierra Leone and the Ivory Coast as well as Liberia, are part of the regional conflict system. Decades of violence, revolts and political instability have dominated the region. All these conflicts have been marked by high levels of sexualised violence. Gender-based violence remains widespread. While perpetrators are rarely punished, survivors have little access to support and protection and are also often stigmatised.

Numerous women's organisations in the Mano River Region are campaigning for the rights and protection of women and girls. To support their work, *medica mondiale* decided to extend its partner network. In 2018, co-operation was already initiated with two or

of the leading and well-known women's organisations in Liberia, works on behalf of women and girls in the southeast of the country and in the region around the capital. Alongside its advocacy work, the organisation also provides direct support: its staff, for example, organise "Girls' Clubs", in which girls can speak freely to one another. Information on sexuality, contraception and women's rights are at the heart of these meetings.



© IWANEP-CI

The "West African Network for Peace in the Ivory Coast" trains counsellors for their work in so-called peace huts.

organisations in the Ivory Coast: together with the "West African Network for Peace", *medica mondiale* is running a project to build "peace huts". In these huts, qualified members of staff provide counselling for survivors of sexualised violence. Another project, implemented in co-operation with the "Women's Centre for Democracy and Human Rights", focuses on combatting female genital mutilation and the forced marriage of underage girls. Since March 2019, *medica mondiale* has also been working with four new partner organisations in Sierra Leone.

"We support a wide range of projects and organisations in the Mano River Region", says Daniela Gierschmann. The aim is to find strong partners in the region and, where required, support and encourage them to network with one another. "Strong alliances are important", Gierschmann insists. "Through alliances women can increase their political influence and bring about sustainable change in their societies."

Results of our work



540 girls participated in the "Girls Clubs" initiated by *medica Liberia*. The participants passed on their know-how to 1,346 other girls in a peer-to-peer programme.



300.000 people attended the sit-ins against sexualised violence organized by the Liberian Feminist Forum in the autumn of 2018.

Overview of our projects in 2018

SOUTH EASTERN EUROPE				
Country	Partner organisation*	Financing**	Project	Costs in €
Kosovo	Medica Gjakova	Foundation for War Trauma Therapy	Trauma-sensitive treatment of women	13,251.31
		BMZ, own resources	Empowerment to action: support for women affected by sexualised and gender-based violence	207,262.78
		GIZ, own resources	Income-generating activities for female and adolescent returnees and host communities in the Dukajini Region	254,784.82
Bosnia and Herzegovina	Medica Zenica	Louis Leitz Foundation, Anne-Marie Schindler Foundation, own resources	Income-generating and therapeutic measures in women's safe-houses and village communities to secure livelihoods and improve quality of life	31,753.25
		THTP, own resources	Transnational Health Training Programme (THTP I)	45,980.52
	Vive Žene	AA, own resources	Rehabilitation for survivors of war, torture and violence	19,555.06
	The Forgotten Children of War	Own resources (project funds)	Organisational development and public relations work	90,927.16
	Budućnost	Own resources (project funds)	Occupational centre for the economic empowerment of women	
	SEKA	Own resources (project funds)	Implementing the Istanbul Convention with respect to the right of a self-determined life free from violence in Gorazde	
Croatia	ROSA	Own resources (project funds)	Female survivors of war working together for justice	90,927.16
Serbia	Roma Novi Becej	Own resources (project funds)	Support for Roma women and girls affected by forced marriage and/or sexualised violence	
Entire region		Anne-Marie Schindler Foundation, own resources	Strengthening the resilience and sustainability of <i>medica mondiale's</i> partner organisations	10,414.71
Total for region				673,929.61

AFGHANISTAN/IRAQ				
Country	Partner organisation*	Financing**	Project	Costs in €
Afghanistan	Medica Afghanistan	AA, own resources	Creating safe spaces – empowering women and girls through stress- and trauma-sensitive psychosocial services	249,630.42
		BMZ, own resources	Legal and social protection and empowerment of women and girls in Kabul and Mazar-i-Sharif	75,384.34
		AA, own resources	Empowering women and girls through legal, social and psychosocial measures	400,206.62
		Own resources, DEZA through Medica Afghanistan	Transnational Health Training Programme (THTP-I)	78,359.41
Iraq	Directorate of Health	Own resources	Training for psychotherapists in the areas of psychological health and psychosocial support	136,147.21
	Haukari/ Khanzad/PDO	BMZ	Empowering and capacity building of local structures and professional staff to support women and girls affected by gender-based violence	369,034.78
	Haukari/ Khanzad/PDO and EMMA	BMZ	Boosting capacities to take action against gender-specific violence in refugee accommodation and in host communities	208,303.45
	EMMA	GIZ	Development of a contextualised staff care concept for local partner organisations	12,720.59
Entire region		Anne-Marie Schindler Foundation, own resources	Strengthening the resilience and sustainability of <i>medica mondiale's</i> partner organisations	42,453.34
Total for region				1,572,240.16

WEST AFRICA				
Country	Partner organisation*	Financing**	Project	Costs in €
Liberia	Medica Liberia	Anne-Marie Schindler Foundation, own resources	Strengthening the resilience and sustainability of <i>medica mondiale's</i> partner organisations	130,618.26
		BMZ, own resources	Reducing violence against women and girls and improving the quality of state-run and civil society services for survivors of violence	412,511.87
		GIZ, own resources	Occupational support for women in the health sector	205,693.90
		KfW through WHH, own resources	Reintegration and reconstruction in Southeast Liberia (RRP IV)	294,218.57
		Fondation Pro Victimis, Medicor Foundation, own resources	Extending local solidarity and protection networks to reduce violence against women and girls	415,610.52
	Liberian Feminist Forum	Own resources (project funds)	#weareunprotected – protest campaign as part of the "16 days of activism"	20,566.61
Ivory Coast	WANEP-CI	Own resources (project funds)	Reconstruction of a "Peace hut" to support survivors of sexualised and gender-based violence in Abobo	
	CEFCI	Own resources (project funds)	Development of a community-based protection network to prevent and combat gender-specific violence in the community of Niakara	
Total for region				1,479,219.73

AFRICAN GREAT LAKES REGION

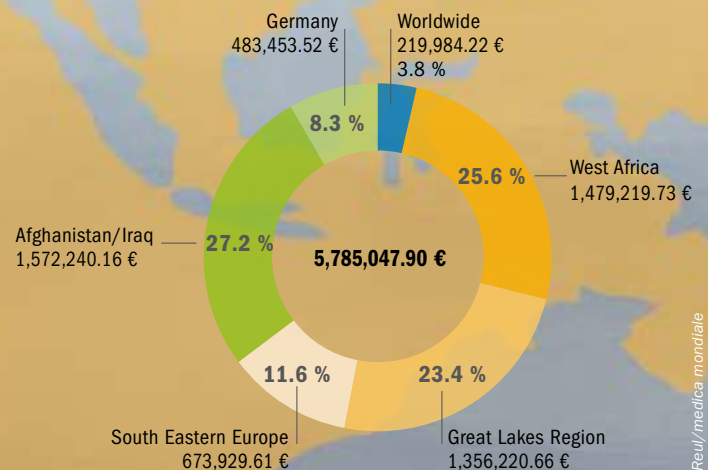
Country	Partner organisation*	Financing**	Project	Costs in €
DR Congo	ADDF	BMZ, Anne-Marie Schindler Foundation, own resources	Protection against violence and prevention in schools as well as support for survivors of gender-based violence in the territories of Lubero and Beni, North Kivu Province	81,823.78
Burundi	Marthe Robin		Support and socio-economic reintegration of pregnant and outcast girls and women	
	SFBLSP		Joint action against sexualised and gender-based violence perpetrated against women and girls in Burundi	
	MUKENYEZI MENYA		Psychosocial and economic support for survivors of sexualised violence	
Uganda	Mempro	Securing livelihoods for young women, combatting patriarchal structures	252,080.09	
	FOWAC	Creating safe spaces and a supportive environment for survivors of sexualised violence in Northern Uganda		
Rwanda	Sevota	BMZ, Fondation Smartpeace, Anne-Marie Schindler Foundation, own resources	Improved social integration of women and their children born as a result of sexualised violence during the genocide in Rwanda	169,534.99
DR Congo	PAIF	BMZ, Anne-Marie Schindler Foundation, Fürsorge- und Bildungsstiftung, own resources	Prevention and protection of women and girls against sexualised and gender-based violence, as well as enabling girls and women affected by violence to access school education and medical care in Eastern Congo	322,799.09
Entire region	South Kivu Programme (DR Congo and Burundi)	Medicor Foundation, Sigrd Rausing Trust, Anne-Marie Schindler Foundation, own resources	Capacity and resilience building of women's organisations and promotion of their holistic programmes for survivors in South Kivu	475,500.11
		Fondation Smartpeace	Developing local psychosocial expertise as a contribution to promoting peace in the Great Lakes Region	54,482.60
Total for region				1,356,220.66

WORLDWIDE/TRANSREGIONAL

Country	Partner organisation*	Financing**	Project	Costs in €
Colombia	Corporation Educativa Combos	Own resources (project funds)	Violeta takes care of herself	46,001.75
Bosnia and Herzegovina, Kosovo, Afghanistan, Iraq	Medica Zenica, Medica Gjakova, Medica Afghanistan	BMZ, own resources	Transnational Health Training Programme (THTP-II) – strengthening the health sector to deal with gender-specific violence	173,982.47
Total for region				219,984.22

GERMANY

Country	Partner organisation*	Financing**	Project	Costs in €
Germany	medica mondiale	GIZ, own resources	Developing a concept to anchor stress- and trauma-sensitivity in post-conflict regions and piloting <i>medica mondiale's</i> STA - stress- und trauma-sensitivite approach©	321,763.30
		Aktion Mensch, own resources	Empowerment first! Supporting protection against violence, inclusion and trauma sensitivity	161,690.22
Total for region				483,453.52



BMZ = Federal Ministry for Economic Co-operation and Development
 AA = Federal Foreign Office
 KfW = Kreditanstalt für Wiederaufbau
 GIZ = Deutsche Gesellschaft für Internationale Zusammenarbeit
 WHH = Welthungerhilfe
 DEZA = Swiss Agency for Development and Co-operation
 THTP = Transnational Health Training Programme

* Due to lack of space the names of partner organisations and project titles have been shortened.
 ** Own resources comprise e.g. donations, legacies, course fees.

Doing the right thing and doing it the right way

medica mondiale sets high standards for its work with women and girls affected by violence. Nearly all projects are evaluated by independent experts and their results published. This enables us to continuously improve the effectiveness and quality of our work and ensure transparency. The following project summaries present the results of evaluations carried out in 2018 in Afghanistan, Northern Iraq and Liberia.



© Fatimah Hossaini/medica mondiale

Medica Afghanistan represents women who had to flee domestic violence and were detained.



© Rendel Freude/medica mondiale

Around 1,000 refugees took part in the training courses on women's rights and sexualised violence in camps in Northern Iraq.

Project: legal protection in Afghanistan

Violence against women and girls is widespread in Afghanistan. Women are disadvantaged – also by the judiciary, to which they have virtually no access. Our partner organisation, *Medica Afghanistan*, has launched a legal aid project in the regions of Kabul and Mazar-i-Sharif.

Extracts from the evaluation

- ⊕ The project addresses a concrete need and, through its holistic approach, has proved successful.
- ⊕ The staff use women's concrete experiences in campaigning for legislation to provide protection against violence.
- ⊖ The insecure political climate and day-to-day work with women affected by violence mean that staff often experience high levels of stress. They must be given more support and protection to enable them to carry out their work more effectively.

The evaluators recommend that the political work of *Medica Afghanistan* should definitely continue. In government circles, they are both well-known and respected.

Relevance: very good ¹	
Effectiveness: satisfactory	
Efficiency: satisfactory	
Impact: very good	
Sustainability: good	

Project: refugees and IDPs in Northern Iraq

In two provinces in the Kurdish Autonomous Region in Iraq, *medica mondiale*, together with its partner organisations HAUKARI, Khanzad, PDO and EMMA, has implemented a project in camps for internally displaced persons (IDPs). The goals are to raise awareness as well as to protect and provide counselling for women affected by violence.

Extracts from the evaluation

- ⊕ The organisations are good at recognising problems in gender relations and have developed creative and direct approaches to counter these.
- ⊖ International partner organisations have high expectations of the availability and performance of local staff, which also increases their workload.

The project includes training courses for counselling and health care specialists. The trained specialists subsequently provide counselling for many women affected by violence. The evaluators recommend that these specialists should receive external support for self-care and reflection.

Relevance: very good	
Effectiveness: good	
Efficiency: satisfactory	
Impact: very good	
Sustainability: good	

¹ These criteria were drawn up by the Organisation for Economic Co-operation and Development (OECD). The scale ranges from "very good" to "useless".



Solidarity groups in Liberia stand up to violence.

Project: networks in Liberia

There is an enormous need for support for women in Liberia. Gender-based and domestic violence are widespread. In twelve communities around the capital Monrovia, our partner organisation *medica Liberia* is working to establish competent counselling centres, trains specialist staff and sensitises the general public.

Extracts from the evaluation

- + *medica Liberia* promotes protection networks where survivors need them: in their communities.
- + *medica Liberia* is recognised by the government and other NGOs as a leading feminist organisation. Their broad-based awareness-raising campaigns have created a new consciousness of sexualised violence.
- *medica Liberia* must pass on more responsibility to state-run agencies and do what it can to ensure that these receive long-term financing. This is the only way to guarantee the sustainability of the support services.

The evaluators recommend that local solidarity networks receive support, e.g. in the form of inducements including saving and credit groups, to secure their long-term active commitment.

Relevance: very good	<div style="width: 100%; height: 10px; background-color: #FFD700;"></div>
Effectiveness: satisfactory	<div style="width: 75%; height: 10px; background-color: #FFD700;"></div>
Efficiency: good	<div style="width: 80%; height: 10px; background-color: #FFD700;"></div>
Impact: cannot yet be evaluated	<div style="width: 0%; height: 10px; background-color: #FFD700;"></div>
Sustainability: satisfactory	<div style="width: 70%; height: 10px; background-color: #FFD700;"></div>

Interview



Charlemagne Gomez,
evaluator in Afghanistan
© Charlemagne Gomez

“The social context is changing, but slowly”

You evaluated the legal aid project for women in Afghanistan. Were any of the results a particular surprise?

During the evaluation, we noticed that *Medica Afghanistan* was the only organisation providing specific services for women, for example psychosocial counselling. For the evaluation, this was unfortunate, since it

meant that we could not compare these services for survivors with those of other organisations. At the same time, it is a sign of how important their work is.

Which were the projects' major challenges?

Most of the women clients we interviewed believed the support they'd received had been very good and many had won their cases under civil law. But *Medica Afghanistan* cannot influence everything. In some cases, women retracted their allegations, while, in others, perpetrators were found guilty but received no punishment. The social context is changing, but only slowly. However, this is exactly where the project and *Medica Afghanistan* play a vital role.

Does it make any difference to the evaluation if a project is implemented in Afghanistan or in Spain?

Fundamentally, the methods used are standardised. But, of course, we do adapt the procedures to each specific project. In the case of sexualised violence, we have to be extremely sensitive. We couldn't simply contact *Medica Afghanistan's* clients ourselves. We had to do so through intermediaries. Such precautionary measures require time and money. And the security situation in Afghanistan is, of course, a problem. During our evaluation, there were three terrorist attacks. Circumstances like these reflect the working conditions of *Medica Afghanistan*.

All evaluation reports available at:

www.medicamondiale.org/en/what-we-do/project-evaluation



© Ulla Burghardt/medica mondiale

How can health specialists be supported to deal with traumatisation? Participants at the symposium on the transnational health training programme in September 2018 in Bonn.

Pioneers for health

The first door on which survivors of violence knock is very often that of a health facility. How they are treated behind the door, has a decisive impact on how they deal with their experiences in the future. However, conflict and post-conflict countries, in particular, often have no trauma-sensitive facilities. Together with its partner organisations in Afghanistan, Bosnia and Herzegovina, Kosovo and Northern Iraq, *medica mondiale* is doing something to improve the situation – and not just on an ad hoc basis.

Sexualised violence is a massive assault on an individual's right to self-determination. More than half of those affected develop post-traumatic stress reactions. However, the decisive aspect here is not only what survivors have had to endure, but also their subsequent experiences. If in Germany and other western nations trauma-sensitive support is the exception rather than the rule, it is not surprising that survivors of sexualised violence in conflict and post-conflict countries often have nowhere to turn to, where they can find appropriate counselling and support. Health care specialists receive either insufficient training in sexualised violence or none at all.

“This also causes problems for health personnel”, explains Sabiha Husić, director of the Bosnian women's rights organisation *Medica Zenica*. Doctors and nursing staff want to support the survivors, but they often do not know how. In post-conflict countries, it is not unusual for health care staff to be affected by experiences, which they, themselves, have not yet dealt with.

The lack of trauma-sensitive structures in the health systems in conflict and post-conflict countries was what motivated *medica mondiale* to launch a programme encompassing several countries. In collaboration with partner organisations in Afghanistan and Bosnia and Herzegovina, training courses were developed for health care specialists. Altogether, 220 doctors and nursing staff have so far received training in how to deal with survivors of sexualised violence. The questions, explored in detail by training participants, included: What forms of gender-based violence exist? How can traumatisation be recognised? What forms of treatment are available for traumatised individuals? One other priority was “self-care” – a vital component according to Sabiha Husić. Through self-reflection, the health care specialists often experienced an immediate change in attitude and, on a physical level, could feel the impact of the stress- and trauma-sensitive approach on their wellbeing.

How is the know-how passed on?

Training health specialists is not enough in itself, says Saifora Paktiss, co-ordinator of the programme in Afghanistan. To ensure that this know-how is not the prerogative of a few individuals, health specialists are trained to become trainers, to anchor and, through coaching, supervision and workshops, pass on their know-how in their own and other health facilities.

Furthermore, from the outset, political considerations were borne in mind, Saifora Paktiss explains. Both in Afghanistan and in Bosnia and Herzegovina, the programme gained support from the health ministries. In Afghanistan, stress- and trauma-sensitive approaches have been incorporated into the training of doctors and nursing staff.

Afghanistan, Bosnia and Herzegovina – and now?

“What we have achieved in our countries has been pioneering”, says Sabiha Husić. Adjustments and corrections to the course have been part of the journey. Discussions with fellow professionals were also important: at a symposium in Bonn in September 2018, project staff met representatives of German and international non-governmental organisations. Together, they discussed how stress- and trauma-sensitive approaches can be incorporated into health systems and what obstacles have to be considered.

The learning effects of the first programme phase are now being put to effect in the second three-year phase. Alongside Afghanistan and Bosnia and Herzegovina, training is now being carried out in health facilities in Kosovo and in the Kurdish Autonomous Region of Iraq. The priority here is on incorporating stress- and trauma-sensitivity into national health systems. The results from the four countries will be evaluated and shared at an international level.

Interview



Sabiha Husić and Saifora Paktiss, co-ordinators of the transnational health training programme in Bosnia and Herzegovina and Afghanistan.

© Simon Rupieper/medica mondiale

“The survivors can sense it immediately”

Why is the transnational health programme so important?

Paktiss: Afghanistan and Bosnia and Herzegovina had almost no trauma-sensitive facilities to which survivors of sexualised violence could turn. The conditions in our countries are, of course, very different, yet the transnational dialogue has shown us that the problems faced by survivors are similar.

Is the project accepted by health specialists?

Husić: Initially, there were some irritations. Doctors in both countries are held in high esteem. What could we possibly teach them? But they quickly discovered that our expertise was helpful. During training, they not only learned how to deal better with survivors, but also to reflect on their own experiences. Many participants had never thought about self-care before the training. How could they possibly get through to others?

What have been your successes?

Paktiss: We are now receiving more enquiries than we can deal with. We've also noticed that health specialists are much more aware of gender-based violence and exchanging information and views with each other.

Husić: Last, but not least, women clients are telling us that they are now treated differently. Some time ago, we referred a 16-year-old girl to a doctor who had taken part in our training. She was so relieved afterwards. “For the first time ever, a doctor – a man! – asked how I was and if I'd like something to drink.” Such an approach makes a huge difference. And that is something survivors can sense immediately.



At the parliamentary breakfast in June 2018, around 30 politicians came together in the German Parliament to discuss feminist foreign and asylum policy.

© Stefanie Loos/medica mondiale

Rethinking foreign policy in domestic politics

The Swedish government started it all in 2014, when it announced its “feminist foreign policy”. Canada adopted the concept in 2017. And, in Germany, the term cropped up again and again. But, what does thinking about foreign policy in feminist terms actually mean? And what does it have to do with German domestic politics?

Heiko Maas would certainly not want to be called a feminist. Yet, he is the first German Foreign Minister to commit himself repeatedly at international level to combating sexualised wartime violence. Maas is calling not only for women and girls to be protected against violence, but for them to play a more prominent role in peace processes.

A new commitment to women’s rights

“This new stance on women’s rights is, of course, more than welcome”, says Jeannette Böhme, *medica mondiale*’s advocacy and human rights officer. In the past years, the German government has struggled to maintain a clear foreign policy position on the issue. In 2000, the United Nations Security Council had already passed a resolution on “Women, peace and security”. The first national action plan to implement the resolution in Germany took twelve years to initiate – and another five, until concrete measures were formulated in a second action plan. It has still not been given its own budget.

However, for some time now, the German government has taken a strong stance at international level in the fight against sexualised wartime violence. *medica mondiale* had called on the German government to make the issue a priority during its non-permanent membership of the UN Security Council. Indeed, Foreign Minister Heiko Maas introduced a corresponding resolution to the UN Security Council in April 2019. “Even if the resolution was only a minimal compromise”, adds Jeanette Böhme, “such a clear commitment to women’s rights is important.”

However, Jeanette Böhme believes that foreign policy can only be called feminist when gender justice is a key component of all policy issues. In September 2018, *medica mondiale*, together with other organisations, drew up a policy briefing highlighting the need for further feminist foreign policy measures. These include support for women’s rights defenders throughout the world, imposing sanctions against misogynist governments and a ban on weapon exports to crisis regions.

Feminist foreign policy is not possible without feminist domestic politics

Last but not least, feminist foreign policy must also be followed up in German domestic policy. As part of the effort to create such a correlation, *medica mondiale*, at the invitation of the German Member of Parliament, Bärbel Kofler, organised a parliamentary breakfast in June 2018.

At the event, Jessica Mosbahi, *medica mondiale*'s officer for advocacy and human rights, was critical of the fact that refugees' rights are being increasingly curtailed. Up to 2016, attempts were still being made to protect women and children, in particular, against violence through introduction of minimum standards in refugee accommodation. However, increasingly restrictive legislation has meant that these efforts are no longer taken seriously. The so-called AnKER centres,



© Petra Keller/*medica mondiale*

medica mondiale has introduced a new project for full-time and volunteer supporters of women refugees. Pictured is the trainer, Helene Batemona-Abeke (left), in discussion with training course participants.

established as part of the German government's coalition agreement, in which up to 1,000 asylum seekers are held while their applications are assessed, are breeding grounds for violence against women. At the same time, positive initiatives, including the deployment of anti-violence co-ordinators in 100 refugee centres nationwide, were abruptly discontinued. According to Mosbahi, this development is a clear indication of the shift from a culture of welcome to a culture of deportation.

A new project to protect women and children against violence in Germany

Since 2018, *medica mondiale* has been implementing a project in two German refugee centres. Mosbahi believes that the project demonstrates how important protection against violence is for women and children refugees. In many centres, for example, rooms cannot be locked, and women said they were afraid to go to the toilet at night. *medica mondiale* trains staff and volunteers to improve protection for women and children in refugee centres. The project will also provide group activities for women refugees.

At a political level, *medica mondiale* will be campaigning for the implementation of the Istanbul Convention, which commits states to comprehensively combat violence against women. Mosbahi sums up: "Feminist foreign policy can only be credible, when the German government simultaneously ensures that all women are protected against violence within its own borders."

Istanbul Convention

On the 1st February 2018, the Istanbul Convention came into effect in Germany. This is an internationally binding document enacted by the European Council. The aim of the convention is to combat every form of violence against women: physical, psychological and sexualised violence as well as stalking, female genital mutilation and forced marriage. The convention is binding for all state agencies in Germany, including the legislature, courts and public prosecution offices. It calls on the state parties to initiate measures for the protection and support of the women affected, and for the prosecution of perpetrators. According to the German Institute for Human Rights, 33 nation states have already ratified the convention.



To mark our 25th anniversary, the Mayor of Cologne, Henriette Reker (3rd from right), received *medica mondiale* in the Hansasaal in Cologne's Historic Town Hall.

The silence of men

By condemning war rape as a violation of human rights, we are making injustice public, and putting the spotlight on the situation of the women affected. By reporting on how *medica mondiale* supports women and girls, we are being accountable for our working commitment. We are calling for an end to the silence and looking the other way. 25 years after our foundation, we are still calling loudly for justice for the survivors of sexualised violence.

2018 was a year of film. After numerous television reports on the work of *medica mondiale*, “Monika Hauser” was released, a documentary film about our founder. The Military Historical Museum of the German Army in Dresden and the International Women’s Film Festival in Cologne gave a screening of the 90-minute film, before its general cinema release in May. In Berlin, Düsseldorf, Freiburg, Zurich and in other cities – eleven times in total, Monika Hauser and *medica mondiale* staff presented themselves and their work to the cinema public.

“Why do men do that?”, “Where do you get the strength for your work?” or “What can we do?” were questions that were posed frequently in the post-film discussions.

Why do men rape women? Our experience shows that patriarchal structures and power imbalances encourage violence. And not all men are perpetrators. At *medica mondiale* events, men account for about ten percent of the audience. Their change of thinking would be a good start. Men can no longer remain silent or look away when women are subjected to unjust treat-

ment. There can never be enough people prepared to make a stand for gender equality.

We gain strength from our exchanges with colleagues throughout the world and from our joint commitment on behalf of women’s rights. It is encouragement for us when women and girls who have been raped are able to pick up their lives again.

Breaking the silence together

What can each of us do? We can demonstrate our solidarity with the survivors of sexualised (wartime) violence. Together with our like-minded allies, our combined strength can move mountains – to enable women and girls to live in dignity and justice. The ways to achieve a world without violence are as diverse as the strategies of our partners. On our website, through social media, in press releases and in lectures we report on the family counselling provided by *Medica Afghanistan* or the youth forums in Rwanda, on training courses in Northern Iraq and lobby work in Liberia.

New in 2018: our campaign “My body is no battlefield. Women living free of violence”, launched to mark the 25th anniversary of our foundation. Through billboards, postcards, stickers and other advertising material, we presented our demands to society. At a total of 36 events in Germany and Switzerland, *medica mondiale* staff raised awareness for the causes and consequences of sexualised wartime violence. Through our public relations work, we are helping to reinforce existing ties and make new feminist contacts. One of these is with Henriette Reker, Mayoress of Cologne. On 4th June 2018, she invited staff from *medica mondiale* to a reception in Cologne’s Town Hall.

My body is no battlefield

Our anniversary year began and ended with a film. On 25th November 2018, the International Day for the Elimination of Violence against Women, we remembered the fact that wars are still being fought on the bodies of women and girls. To choral accompaniment, facts and figures relating to sexualised violence in conflict were projected onto the façade of the Ludwig Museum in Cologne.

We will be continuing the “My body is no battlefield” campaign in 2019 and presenting it as part of our activities at the Protestant Kirchentag in Dortmund. At a symposium discussion entitled “Inherited (hi)stories” in Cologne, we will be highlighting wartime rapes and transgenerational traumatisation. At the same event, we will present our new brochure, incorporating background information on our work. It can be ordered from info@medicamondiale.org.

Public relations work in figures 2018

At **36** public events, we presented the work and concerns of *medica mondiale*.
The media, including the *Süddeutsche Zeitung*, reported **708 times** on our work.
We issued **11** press releases and responded to 67 press requests.
2,880 subscribers received our newsletters.
5,333 people “liked” our Facebook page – more than twice as many as in the previous year.

Interview



Mechthild Buchholz,
press spokeswoman,
medica mondiale
© Anna Verena Müller/
medica mondiale

“We can’t let up now”

In 2018, *medica mondiale* celebrated its 25th anniversary. Does the issue of sexualised wartime violence receive more public attention than it did in 1993?

The award of the Nobel Peace Prize to Denis Mukwege and Nadia Murad has certainly helped put the spotlight on the issue again. However, sexualised wartime violence is still regarded as a one-off phenomenon. The

fact that in times of war, rape is not an exception but the rule, is not yet widely appreciated.

What are the challenges for public relations work?

We are caught up in the same battle to capture public attention as all the others. But it is a problem when scandal and cross boundaries have to be used in the struggle to be heard at all. Of course, we, too, have to be loud in the right places. But what we cannot do is “exhibit” the women concerned or instrumentalise them for our purposes. The goal, here, is to maintain a balance: to be sensitive in our reporting, while, at the same time, be loud in standing up for women’s rights.

Do feminist debates such as #MeToo help?

Sexualised violence is a highly taboo issue. Here in Germany, too. Speaking about it is associated with shame and this, in turn, inhibits public discussion. That is why debates such as #MeToo are indeed very important: they help increase public awareness of sexualised violence. Many people have recognised how widespread the phenomenon is – and that it is not about sex, but about violence and power.

What developments give you hope?

Even though today, we hear many political voices that are hostile towards women, we have also noticed that these voices are being challenged by many others. There is a critical public and there are journalists – women and men – who are reporting on sexualised violence. It is, therefore, important not to become discouraged. I see this as our mission: to highlight the issue again and again and not let up, even when others look the other way.

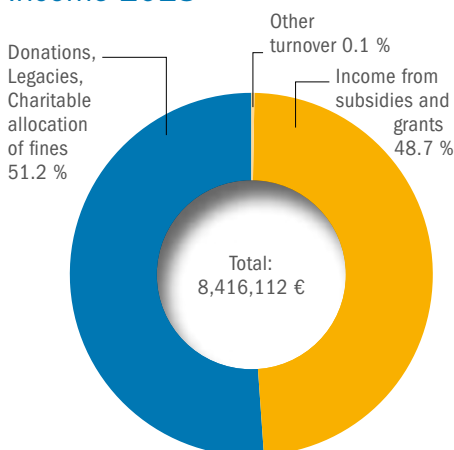
Income

In 2018, income rose markedly compared to the previous year, by about 19.5 percent in total. Income from donations rose by about 13 percent, income from the charitable allocation of fines fell by 0.6 percent. In 2018, grants and subsidies reached a record level of 4.095 million euros, an increase of 30.6 percent compared to the previous year. This is primarily the result of the increase in the quantity and scope of projects.

Both donations and grants/subsidies showed a significantly positive development in 2018. The continual increase in income – by about 5 percent annually since 2013 – was even more marked in 2018 with a rise of 19.5 percent.

The primary public and private donors of earmarked allocations and grants for projects were the German Federal Ministry for Economic Co-operation and Development (BMZ), the German Federal Foreign Office (AA), the Gesellschaft für Internationale Zusammenarbeit (GIZ), the Medicor Foundation in Liechtenstein, the Kreditanstalt für Wiederaufbau through the German Welthungerhilfe (KfW/WHH), the Anne-Marie Schindler Foundation, Fondation Pro Victimis, Fondation Smartpeace and Foundation for War Trauma Therapy (all in Switzerland), the Sigrid Rausing Trust in the UK, Aktion Mensch e. V., the Louis Leitz Foundation and other donors.

Income 2018

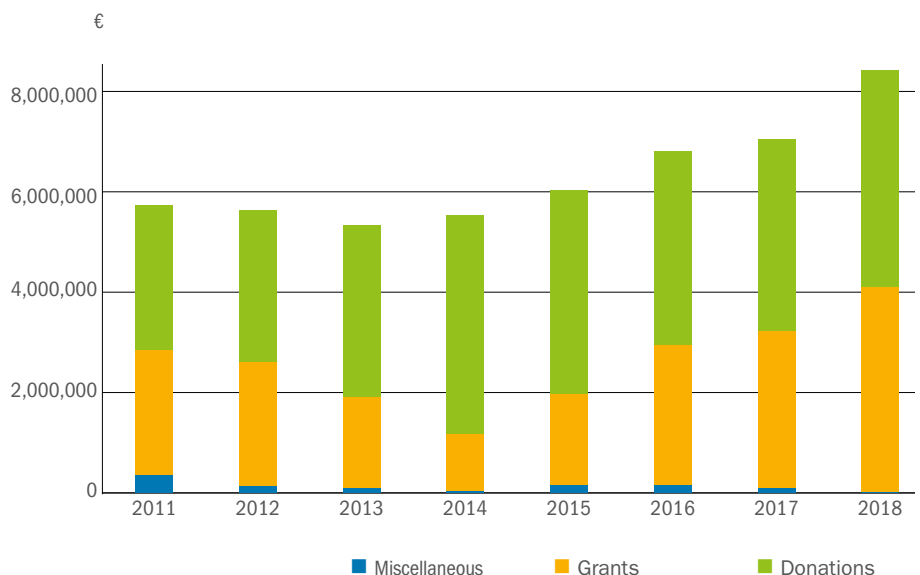


Income and expenditure statement

for the period 1st January - 31st December 2018

1. Other turnover
2. Income from subsidies and grants
3. Donations and similar income
4. Other operating income
5. Personnel costs
a) Wages and salaries
b) Social insurance/pension contributions
6. Amortisation and depreciation of intangible and tangible assets
7. Other operating costs
a) Rent and occupancy
b) Fees and charges, contributions
c) Grants/Subsidies to third parties
d) Vehicles
e) Advertising and travel
f) Other operational expenditure
g) Other expenditure
Interim result
8. Interest and similar income
9. Interest and similar expenditure
10. Net operating income/loss for the year

Development of income from 2011 to 2018



2018		2017	
EUR	EUR	EUR	EUR
10,202.04		41,096.95	
4,095,691.01		3,136,135.91	
4,308,561.83		3,812,645.43	
<u>1,657.31</u>	8,416,112.19	<u>50,920.17</u>	7,040,798.46
2,099,566.49		1,948,234.99	
<u>399,603.46</u>	2,499,169.95	<u>418,324.90</u>	2,366,559.89
	54,398.19		46,492.71
234,998.09		206,943.64	
15,892.72		15,384.48	
3,340,887.33		2,913,117.44	
5,595.72		6,099.43	
187,841.59		142,415.72	
248,184.82		245,359.97	
<u>1,378,790.23</u>	<u>5,412,190.50</u>	<u>1,012,645.20</u>	<u>4,514,965.88</u>
	+450,353.55		85,779.98
	5.58		6.32
	<u>0.00</u>		<u>39.25</u>
	<u>+450,359.13</u>		<u>+85,747.05</u>

Expenditure

Total expenditure increased by around 14.5 percent compared to the previous year. Around 76.9 percent of total expenditure was allocated to international and domestic projects, and the remaining 23.1 percent to administration, public relations, advertising and donor services.

International projects amounted to 86.3 percent of total projects. A further 9.0 percent of project expenditure went towards projects in Germany – human rights and trauma work – and, in compliance with our statutes, approximately 4.7 percent towards awareness-raising activities, information and human rights work. Project expenditure includes both direct project costs as well as support, including project management through the Cologne office.

Advertising and public relations accounted for 48.9 percent of overall expenditure on publicity and administration, and administration for the remaining 51.1 percent.

Income in 2018 exceeded expenditure by 450,359.13 euros. The result will be transferred to the reserves.

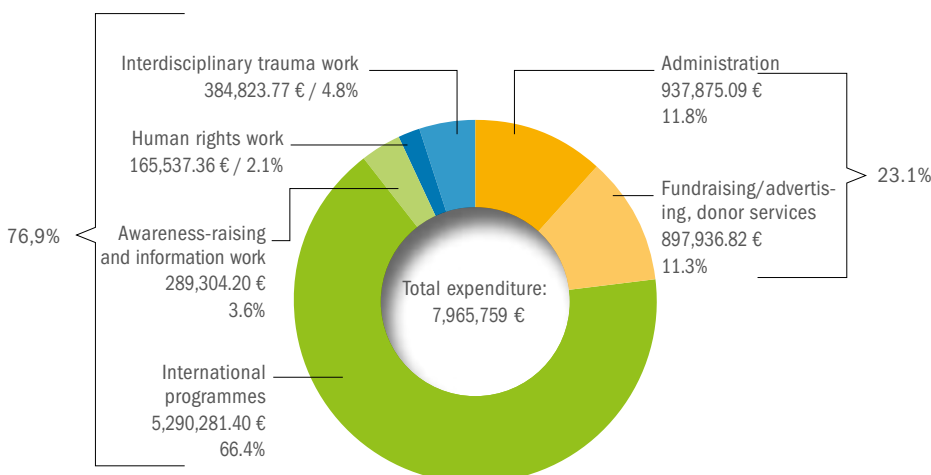
Depreciation in Cologne increased again in the course of the development of the IT system.

Rent and occupancy costs in Cologne increased, too, as a result of a change of landlord in 2017, which, for the first time, had an impact on a full 12-month period.

As a consequence of various presentations and events to mark our 25th anniversary, advertising costs rose significantly. It was again possible to increase visits to project countries, and this is reflected in the renewed increase in travel costs.

Compared to the previous year, personnel costs rose again, as a consequence of an increase in the number of posts in certain areas.

Expenditure according to field of activity



Balance sheet as of 31st December 2018, *medica mondiale* e. V., Cologne

Assets	2018		2017		Liabilities	2018		2017	
	EUR	EUR	EUR	EUR		EUR	EUR	EUR	EUR
A. Fixed assets					A. Equity				
I. Intangible assets					I. As of 1.1.	3,542,757.80		3,457,010.75	
Concessions, industrial property and rights and similar rights and assets as well as licenses for such rights and assets	26,674.21		23,173.22		II. Annual surplus	<u>+450,359.13</u>	3,993,116.93	<u>85,747.05</u>	3,542,757.80
II. Tangible assets					B. Accruals				
Other assets, operational and business equipment	<u>74,853.82</u>	101,528.03	<u>91,358.64</u>	114,531.86	Other accruals		381,228.18		110,990.40
B. Current assets					C. Liabilities				
I. Receivables and other assets					1. Trade payables with residual maturity of up to one year	221,462.63		69,894.18	
Receivables and other assets	591,404.38		167,685.68		2. Other liabilities	<u>675,562.22</u>	897,024.85	<u>736,153.69</u>	806,047.87
II. Cash, bank balances					D. Deferred income		<u>1,244,182.72</u>		<u>782,510.45</u>
Cash, bank balances	5,609,728.41		4,791,190.87						
C. Prepaid expenses and deferred charges									
Prepaid expenses and deferred charges	212,891.86	6,414,024.65	168,898.11						
		<u>6,515,552.68</u>		<u>5,242,306.52</u>			<u>6,515,552.68</u>		<u>5,242,306.52</u>

ASSETS

1. Fixed assets

Between 2017 and 2018, the balance sheet total of *medica mondiale* e. V. increased by 1,273,000 euros, or 24.3 percent, to a total of 6,515,552.68 euros. Intangible and tangible assets were depreciated in Cologne using the straight-line method. Tangible assets in the regional offices in Dohuk and Bujumbura will be recorded in an inventory and are, therefore, not included under fixed assets.

2. Current assets

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

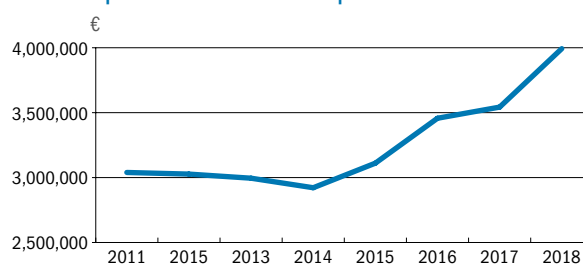
Measured against the usual operational financial requirements of 659,000 euros per month (576,000 euros in 2017), liquidity reserves correspond to financial requirements for 6.0 months.

LIABILITIES

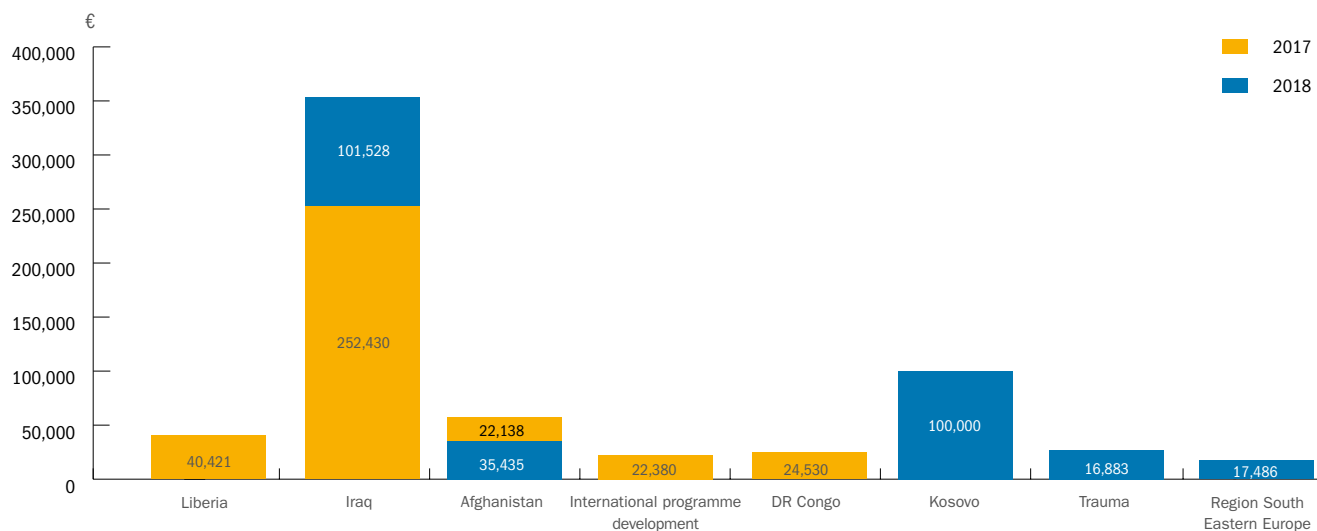
Capital

On the capital side, equity increased by the amount equivalent to the annual surplus. Reserves for potential repayments from donor projects were dissolved, due to their completion. Accruals and deferred income comprise grants for international and domestic projects in 2019.

Development of own capital 2011-2018



Liabilities from earmarked donations as of 31.12.2018



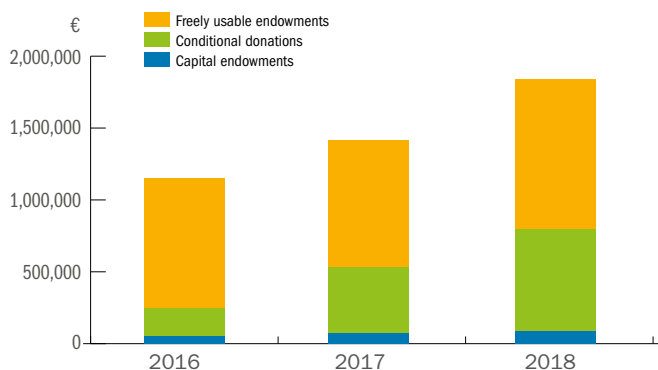
In 2018, *medica mondiale* e. V. was able to reserve a total of 625,744.34 € in earmarked donations for international programmes and, thereby, to guarantee the start of the projects

and their long-term planning. A great success – for us and all donors who made this possible.

Endowment fund *medica mondiale*

Since 2014, *medica mondiale* has had its own endowment fund within the scope of the GLS Treuhand e. V. umbrella foundation. This fund provides flexibility in crisis situations and facilitates the launch and pre-financing of projects. Through endowments, donations and income from interest rates, the endowment fund closed in 2018 at a level of 2,154,104.00 euros. This sum is invested in accordance with sustainable criteria, and the umbrella foundation generated an average interest rate of 3.35 percent in 2018.

Endowment fund as of 1.1.2018	1,846,183.39 €
Interest minus charges:	49,920.61 €
New donations and subsidies:	348,000.00 €
Allocated subsidies:	- 90,000.00 €
Endowment fund as of 31.12.2018	2,154,104.00 €
Including earmarked donations amounting to	1,054,000,00 €



Excerpt from the report on the audit of the Annual Financial Statements as of 31st December 2018, 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 2018. 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, 14th June 2019

Association, governing bodies and responsibilities

medica mondiale e. V. is a registered non-profit association, with its head office in Cologne, Germany. Our governing bodies are the general assembly, the supervisory board and the executive board. The general assembly is the highest supervisory body in our organisation. It elects the

supervisory board from among its ranks. The supervisory board, in turn, appoints the executive board. The general assembly receives and approves the annual report from the supervisory board and executive board. The accuracy of the annual financial statements is examined by an

independent financial auditor. The executive 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 is supervised by the supervisory board.

Supervisory board (since 2018)

Heidi Baumann
Heike Baur-Wagner
Beate Ziegler

Executive board (since 2018)

Monika Hauser
Sybille Fezer
Elke Ebert

Head office in Cologne

3 executive directors
45 permanent employees*
including 24 on a full-time and 21 on a part-time basis
2 employees on limited hour contracts
9 student trainees
4 volunteers

* average number of employees throughout the year

Salaries as of 31.12.2018

Executive directors: 5,400 euros**
Heads of department: 4,600 euros**
Officers: 3,700 euros**
Assistants: 2,900 euros**

** 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.

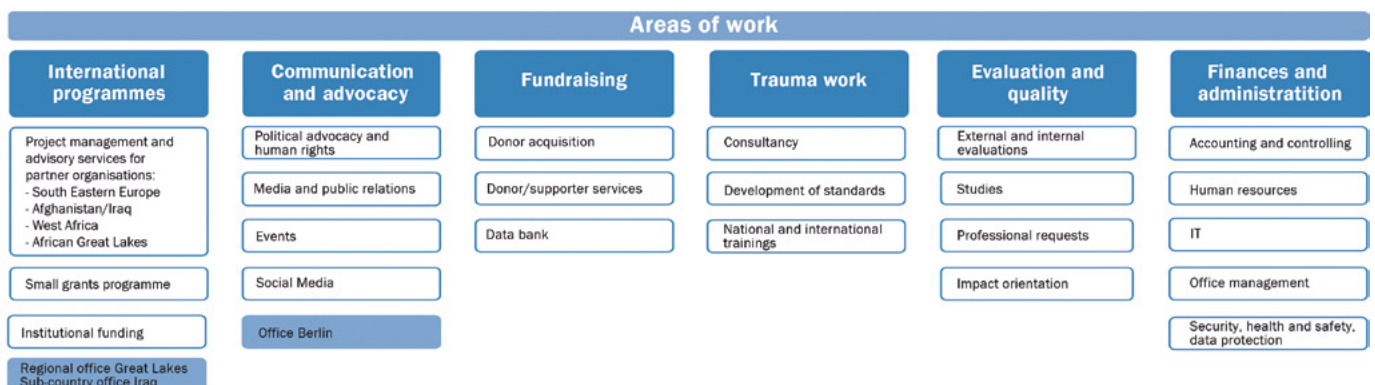
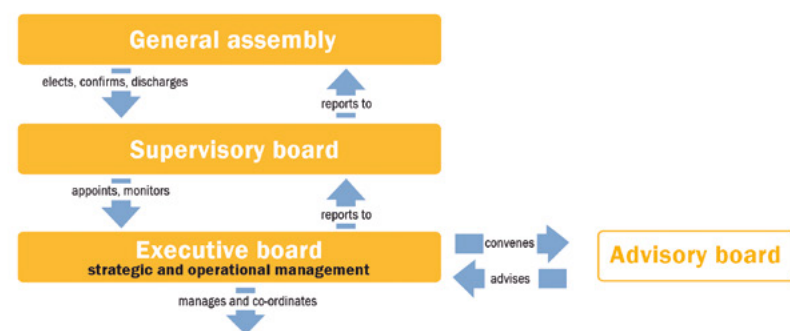
Networks and memberships

medica mondiale is a member of the German association of non-governmental development organisations (VENRO). We are, thereby, committed to complying with the standards of the VENRO code of conduct. In 2018, we were also involved in extending this code of conduct for all members through the inclusion of the issue "Preventing and addressing sexualised violence".

We are also members of the Forum Menschenrechte, which is committed to improving human rights protection, and of the Arbeitskreis Frauengesundheit, an alliance of independent women's health organisations. Our specialist staff also make regular contributions to relevant working groups, including the German Government's consultation group on UN resolution 1325.

At international level, medica mondiale is a member of the Association of Women in Development (AWID), the world's biggest feminist-development network, and the Global Peacebuilding Network.

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 impact orientation, we provide information on the objectives and impacts of our work, the source of our funds and how they are used, as well how decisions are made within our organisation.



Our work worldwide

Since 1993 *medica mondiale* has been committed to working on behalf of women and girls in war and crisis regions. Together with our local partner organisations, we support the survivors of sexualised violence and work for political change, social transformation and gender justice.

We are partners

medica mondiale works together with activists and organisations in war and post-war regions. Many of these local women's organisations grew out of *medica mondiale*'s self-help initiatives or projects. We support them financially and with organisational development. Other key elements of these partnerships include joint political advocacy and the sharing of professional know-how.

Through a project fund, *medica mondiale* also supports smaller scale projects, limited both in terms of duration and funding. These include projects providing medical and psychosocial care, education, legal assistance and income-generating measures, as well as awareness-raising and political advocacy for women's and human rights. Long-term partnerships can evolve from successful small-scale projects and, thus, facilitate the implementation of larger-scale projects.

We strengthen local capacities

The development of local expertise is a vital component of our international programmes. In many countries in which we operate, there is a lack of expertise in trauma and psychosocial counselling. *medica mondiale* provides training in stress- and trauma-sensitive approaches not only for partner organisations, but also for public institutions and non-governmental organisations.

Another priority of our capacity building is organisational development. For example, we train our partners in finance and human resource management, thereby supporting them in their project planning and implementation.

We set regional priorities

Armed conflicts often affect entire regions. Achieving effective, sustainable change requires an overview of the whole conflict area and regional context as well as knowledge of the key actors in the region. That is why we base our international programmes on regional concepts. Co-operation with several organisations in a region enables us to create synergies and bundle limited resources effectively.

We are concentrating our support on the following key regions:

- › South Eastern Europe: Bosnia and Herzegovina, Kosovo, Serbia, Croatia
- › Afghanistan, Iraq
- › West Africa: Liberia, Sierra Leone, Ivory Coast
- › African Great Lakes Region: Burundi, Democratic Republic Congo, Rwanda, Uganda

We operate within networks

Networking plays a vital role in overcoming the isolation of women in the context of sexualised wartime violence, enhancing solidarity and exerting combined pressure on policy-makers and public opinion. That is why we choose to work in regional and expertise-based networks and promote co-operation with partner organisations. Networks provide the opportunity to learn from others and to share and develop our expertise in, and knowledge about, sexualised violence.

🏠 www.medicamondiale.org/en/what-we-do/strategy-for-international-programme-work

THANK YOU – YOUR DONATIONS HELP BRING ABOUT CHANGE!

Sexualised violence is a social problem and we can overcome it. We can all do something for the dignity of women and girls – for our own dignity. More and more people are standing up, becoming involved and empowering each other. They are countering violence and injustice with a positive demonstration of hope. Empowered by your thousands of gestures of trust and support, we will continue to work to ensure that women and girls can live in a world free of violence and in dignity and justice!



© Rendel Freude/medica mondiale

13,567 women and men supported us with a donation in 2018.

4,718 donors demonstrated their trust through long-term direct debits and, thereby, made a valuable contribution to the planning security and continuity of our work.

108 women and men organised parties and asked guests to donate money to *medica mondiale* instead of bringing gifts.

In **157** support activities, dedicated women and men raised donations or church collections, ran, swam or cycled, auctioned prized possessions, sold Christmas trees, organised exhibitions or film evenings – all for the benefit of our causes.

80 judges, state prosecutors and solicitors passed on the money they received from 206 paid fines last year to *medica mondiale* for our charitable work.

8 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 AGAINST SEXUALISED WARTIME VIOLENCE

You are all making it possible for us each year to accompany, support and sustainably empower thousands of women and girls in war and crisis regions to deal with their traumatic experiences.



You are all enabling women who have survived sexualised wartime violence to gain access to stress- and trauma-sensitive medical care as well as psychosocial and legal counselling, and to develop new future prospects.

You are all helping to secure livelihoods, build networks, enhance political participation and, thus, create sustainable social structures for women and girls for generations to come.



Thank you so much for your solidarity!

Imprint:

Published by:

medica mondiale e. V.
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Press deadline: 10th July 2019

Layout: seitz-atlama design

Translator: John McLaughlin

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Donations, gifts, legacies make a difference for the future!

Together, we can make
a difference.

Choose from the following possibilities

- » Contribute with a “money back guarantee”: donations, subject to revocation
- » Make a joint, sustainable impact: provide an endowment to the foundation fund
- » Do good, long into the future: leave a legacy in your will



I look forward to hearing from you.

Hanna Hilger
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Our vision:

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



Donations account

Sparkasse KölnBonn

IBAN DE92 3705 0198 0045 0001 63