

Building Gendered Human Security Inside and Out

A Case Study in Post-Conflict Kosovo

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Dëshirat tuaja për shkollë, malli për liri dhe vullneti për jetë
u shkruan me gjak në eshtrat shkrumb e hi.

A vriten pëllumbat, bre?

(Ali Podrimja)

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I. Introduction to the setting

A brief history

The Republic of Kosovo declared independence in 2008, after nearly nine years of rule by the United Nations Mission in Kosovo¹. Located in the southwest Balkans, this landlocked country about the size of the state of

Delaware is home to just under two million Kosovoans². The territory of Kosovo has been a part of both empires (Roman, Byzantine, Serbian, Ottoman) and modern states (pre-WWII Serbia, The Socialist Federal Republic of Yugoslavia). Kosovo was a province within the Yugoslav Federation with autonomous status almost on par with



Source: <http://www.turkey-visit.com/kosovo-map.asp>

other republics (i.e. Serbia).³ Both Albanians and Serbians claim the territory of Kosovo as their own, the former identify as the descendants of the indigenous population of Illyrians,

¹ After 2002, the United Nations Mission in Kosovo (UNMIK) created the Provisional Institutions for Self-Government for Kosovo's administration.

² Kosovoan is a neutral term that functions as a noun or adjective to describe the inhabitants of Kosovo. The CIA World Factbook estimates (2008) that in demographic terms 92% are ethnic Albanians, with the remaining 8% being comprised of Serb, Bosniak, Gorani, Roma, Turk, Ashkali, Egyptian.

³ While Kosovo held an autonomous status as part of Yugoslavia, the country stagnated while other states, like Croatia and Serbia boomed. The republic's money was not spent on Kosovo's infrastructure, and the province's natural resources were stripped. In 1978, the median income in Kosovo was 29% of the Yugoslav average, and 80% of all deaths by infectious disease in Yugoslavia were among Kosovo-Albanians (Llamazares & Levy 2003 and Clark 2000).

while the latter claim that with the numerous religious sites and historic monuments, that Kosovo is the ‘cradle’ of Serbian civilization.⁴

During the 1980s, Kosovars⁵ made increasing calls for independence after Josip Broz “Tito”, the leader of Yugoslavia, died. Student demonstrators were at the heart of the protests, and nearly half of all participants were women (Farnsworth 2008: 8). Demonstrations during the 1980s signaled both the death of Yugoslavia and the birth of a women's movement in

Kosovo (Farnsworth 2008: 8). Filling Yugoslavia's power vacuum, politicians struggled to rise to power: one of whom was Slobodan Milošević, who exploited the symbolic importance of Kosovo in the creation of the Serbian national myth.⁶ In 1989, Milošević's government in Belgrade revoked Kosovo's

“In 1989, women marched alongside men for many miles, some wearing high heels, from their factories to the capital city of Prishtina, protesting the loss of Kosovo's autonomy within the former Yugoslavia” (Farnsworth 2008: 8).

autonomous status, dissolved Kosovo's independent political institutions, removed almost of half of all ethnic Albanians from employment in the public sector⁷, and began a campaign of human rights violations and intimidation that would culminate in the forced removal

⁴ ‘Who was there first’, or ‘who the rightful inhabitants are’ have been widely argued questions that have appeared in scholarship as well as nationalist rhetoric that helped build policies of ethnic cleansing. The most widely accepted piece of scholarship on the history of Kosovo remains Noel Malcolm's “Kosovo: A Short History”.

⁵ Kosovar is a noun or an adjective used to describe citizens of Kosovo who are ethnically Albanian.

⁶ See Clark 2000, Mazower 2002, and Ramet 2006 for detailed accounts of the rise and fall of Yugoslavia and the period of passive resistance and Parallel Structures in Kosovo.

⁷ Thousands of workers were forced to resign including ethnically Albanian doctors and nurses. Schools were denied funding (where 21,000 teachers worked) and access to secondary schools and universities for the majority of students was denied. “All vestiges of Albanian culture and language were removed from the education system” (Sterland 2006: 12).

and ethnic cleansing of Kosovo's ethnic Albanian citizens in 1998-1999 by Yugoslav (Serbian) military forces.⁸ In response, Kosovo Albanians formed a parallel administration to provide public services and under the leadership of Ibrahim Rugova adopted a policy of passive resistance, hoping that foreign states would take up their cause. The so-called 'Parallel Structures' were not non-governmental organizations (NGOs), but a set of parallel institutions and organizations within Kosovar civil society that developed during a period of extreme ethnic tension.

The political climate of the time gave rise to other civil society organizations⁹ whose overarching principles were "[s]olidarity with the population and civil resistance against the Serbian regime" (United Nations Development Program 2008: 37). Volunteerism and "the empowerment of marginalized and disenfranchised groups" were products of the environment (Ibid). In 1990, one of the first NGOs was established in Kosovo. Founded by two Kosovar women, the organization, *Motrat Qiriazi*, soon gained volunteers and popular support for their battle cry that "democracy and self-governance required an educated populous of both men and women" (Farnsworth 2008: 28). The literacy program they began soon stretched across more than 60 field offices in Kosovo with the mission to educate illiterate and semi-literate women and men. With a core volunteer staff of former teachers the NGO soon formed sub-branches, so that where one office existed several

⁸ Llamazares & Levy 2003: 3.

⁹ "Civil society organizations (CSOs) include organizations with a philanthropic or services orientation, community associations, associations reflecting special interests such as business, advocacy groups to defend the collective benefit and professional groups such as syndicates. They are autonomous, voluntary, not-for-profit associations that have a structured governance and organizational framework. They operate within boundaries defined by legislation and defend the public interest outside of the political realm" (United Nations Development Program 2008: 20).

beneath it began to operate. The sub-branches even created their own women's associations. To gain buy-in from their beneficiaries the volunteers and staff described their mission "not only as humanitarian, but also important for national interests and an independent Kosovo" (Farnsworth 2008: 38). More NGOs were formed towards the end of the 90s, with more than 10 comprised of, and led by, women by 1998 (Farnsworth 2008: 8).

The conflict

In 1998 human rights violations increased as Serbian military, police and paramilitary forces under Milošević's command escalated their campaign of intimidation and terror to massacres and the mass expulsion of ethnic Albanians. "If the late 1980s saw the birth of a women's movement in Kosovo, then the 1990s were the movement's adolescence and coming of age. By the end of the decade, women were coordinating efforts throughout Kosovo and internationally on a daily basis: organizing demonstrations for peace, documenting human rights abuses, lobbying foreign governments to intervene, sheltering internally displaced people, providing healthcare and education, and supporting the distribution of aid and food supplies to areas under siege" (Farnsworth 2008: 10). Almost half of the population became refugees outside of Kosovo while an estimated 500,000 were internally displaced peoples.¹⁰ The conflict drew NATO into a three-month military operation against Serbia after attempts to mediate the conflict failed. Serbian forces withdrew and ethnic Albanians returned to Kosovo to rebuild their lives. The extensive

¹⁰ Villellas Ariño & Redondo de la Morena 2008: 8.

human rights violations that occurred during the period of March 24 through June 10, 1999 were grouped into categories by the Independent International Commission on Kosovo: forced displacement; killings; rape/sexual assault¹¹; arbitrary detention and violation of the right to fair trial; destruction, looting, and the pillaging of civilian property; human shields and placing civilians at risk of harm; violations of medical neutrality; torture, cruel and inhuman treatment; confiscation of documents (Independent International Commission on Kosovo 2000: 304).

During the war in Kosovo, rape was tool of ethnic cleansing not only as a threat to force Kosovars to leave, but as a punishment for those who did not.¹² In an interview with a Kosovar from Gjakova he explained that one of the primary reasons for becoming a refugee with his family as a child was to protect his mother from rape: “We heard stories of what they had done to women, even pregnant women. They told us, ‘we will do to your women what we did to the Bosniaks’. Sometimes soldiers would stop you and demand money or they would rape the women—my father had to keep money saved if this should happen. We went to Albania because we were afraid for our lives, but we were more afraid for my mother. No woman was safe!”¹³ Mothers, children and pregnant women were physically and sexually assaulted by Serbian police, paramilitary troops and soldiers, in some cases

¹¹ “The Rome Statue of the International Criminal Court provides that rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence are war crimes when committed in the context of armed conflict” (Independent International Commission on Kosovo 2000: 91).

¹² For a discussion on the relationship between rape and nationalism see Gal & Kligman 2000. For a definitions of gender-based violence and the growing prevalence of rape as a tool of ethnic cleansing see Integrated Regional Information Networks 2004.

¹³ Interviewee #31, 2011.

“depriving them of sanitary supplies and medical attention, which affected pregnant women in particular” (Kosova Women’s Network 2008: 14).

In addition to the mentally and physically traumatic experiences of sexual violence, women in post-conflict situations, like in Kosovo, are disproportionately negatively impacted by conflict and the resulting post-conflict socio-economic turmoil. “Conflict situations inevitably lead to a loss of social support networks, material goods and income, and of family and spouses. As a corollary, women experience an increased burden of work in both their reproductive tasks (that is, responsibility for household, elderly, children and disabled) and their productive labor” (Surtees 200: 27).

Post-conflict

“Although women do find themselves on both sides of conflicts, it is an almost universal feature of wars that they are fought mainly by men, while women take over the burden of family care in sometimes extremely harsh conditions. In all wars most of the refugees and displaced people are women and children, war economies are almost wholly dependent on female labor, and after the conflict is over the burden of coping with post-war trauma and poverty lies again most often on the shoulders of women who often remain the sole breadwinners for their families” (Licht 2006: 202-3). The end of the hostilities brought on a situation of chaos as 130,000 houses were uninhabitable and essential infrastructure was destroyed; the country’s economy was in ruins, and the withdrawal of Serbian authority left Kosovoans without administrative structures and facing an influx of refugees numbering over 800,000 returning from abroad (Sterland 2006: 17). The United Nations

Mission in Kosovo was authorized through Security Council resolution 1244, in June 1999, to “establish an international civil presence in Kosovo in order to provide an interim administration for Kosovo” (Villellas Ariño & Redondo de la Morena 2008: 9). The mission was organized into four pillars: Humanitarian Assistance, Civil Administration, Institution Building, and Economic Reconstruction (ibid). These pillars would establish an effective civil administration and assist in the return of refugees while meeting the broader goal of “building a democratic peace and a liberal economic system across post-conflict Kosovo” (Ohanyan 2008: 146). As Kosovo was an international protectorate under the auspices of the international community, key concepts in international development discourse¹⁴ like ‘gender equality’ and ‘women’s empowerment’ were introduced. Kosovo was seen as a “special opportunity”, as a “*gender laboratory*” (Villellas Ariño & Redondo de la Morena 2008: 11).

Various international and local NGOs were created to focus on ‘women’s issues’. The *Kosovo Women’s Initiative* was created and funded by the US Department of State and UNHCR to disseminate \$10 million, over the course of a single year, to women-focused projects in Kosovo (Baker & Haug 2002). The local NGO *Norma*, that would frequently provide free legal services and advice to women (especially concerning divorce, inheritance and property rights), became involved in the drafting of new legislation. In 2006, *Norma* consulted for the Office for Gender Equality and assisted in drafting the National Action Plan for the Achievement of Gender by ensuring the laws contained a gender perspective (Farnsworth 2008: 214). As legal experts on human rights and gender equality, *Norma* and

¹⁴ For more on gender and development see Truong et al 2006.

other women's NGOs "participated in the working group that drafted the law on Protection against Domestic Violence, promulgated by the SRSG on May 9, 2003. Prior to this law, no specific legal provisions existed in relation to domestic violence, and the related criminal and civil codes were seen as 'scattered and fragmented'" (Ibid).

A gendered human rights framework to protect women from violence and ensure gender equality principles was created, under which policies to protect women's rights were drawn up under UNMIK. Under the Provisional Self-Government of Kosovo, Regulation No. 2001/9 granted gender equality and therefore acted as the appropriate legal infrastructure for promoting equality; this was based on CEDAW (the Convention on the Elimination of all forms of Discrimination Against Women). In 2004, Kosovo's Assembly approved the Law on Gender Equality, No. 2004/2. These institutional mechanisms for gender equality were built upon after Kosovo's declaration of independence in 2008.¹⁵ Shortly after independence the newly formed government drafted and approved the *Kosovo Program for Gender Equality 2008 – 2013*, to be implemented under the Agency of Gender Equality under the Prime Ministerial level (Qosaj-Mustafa 2010); this initiative was put in place to help Kosovo 'catch-up' to the Millennium Development Goals (Krasniqi 2008).

Despite advances in policy and women's issues being put into focus by the international community, local and international NGOs, and the post-independence government, women's rights "remain one of the key challenges for the development of Kosovo's society" (Kosovar for Gender Studies Center 2011: 15). Strong traditions and the social constructs

¹⁵ Notably, spousal abuse and spousal rape became illegal.

of gender prohibit equality being fulfilled as is ensured by the law; inheriting property and paid public-sector employment are evidence of this barrier that prevents women from achieving their legal rights. Women's human rights have been successfully secured in law by the Republic of Kosovo's constitution and as part of the institutional framework, however, women in Kosovo are unequal in many spheres of life.

In interviews¹⁶ with members of the general public, students, academics and civil society experts, both male and female, the majority expressed some satisfaction with the post-conflict progress concerning the status of women in society, but had reservations surrounding how deep that change had been felt, especially in the more remote parts of the country. The younger Kosovoan women (aged 18-25) were more positive about the status of women and optimistic about their own futures, while Kosovoan women in the general public (aged 25-45) overwhelmingly agreed that women were not equal to men. Interestingly almost all male interview subjects (aged 45+) responded that women had made substantial progress in terms of equality since the conflict, citing the country having a female President and women driving as all the proof needed to illustrate gender equality.

¹⁶ See Annex 1.

With the exception of a few women at the top, the status of the women in Kosovo needs improvement: still second rate citizens.—Interviewee #6, 2011

As in the whole world women still have not the same rights and possibilities as men, even if the laws in Kosova would allow equality but the implementation has still to go a very long way and tradition makes it difficult.—Interviewee #8, 2011

I still think that there are certain people who judge women unfairly. These kinds of people still believe that women are supposed to stay home and give birth to children, take care of the children, cook and clean.—Interviewee #25, 2011

*I am not happy with the women's' status. I am a woman myself and I have a huge problem with equality, since the institutional life is transferred from the institutions to local cafés and bars, major decisions are usually taken by men and not inside the institutional buildings but in the cafés and restaurants after working hour.
—Interviewee #7, 2011*

*If she really wants to do something, she has the freedom, however she has great challenges. It depends on her conditions, economic, social, cultural, financial.
—Interviewee #23, 2011*

II. Thesis

“While the collective economic and social good is the goal of all development, the ultimate aim is that of human security of each individual” (Truong 2006: 277).

Kosovo’s transitional period was not just post-war, but post-communist; it lacked not only basic infrastructure, but a functioning political system. The international community, development theorists and academics focused Kosovo’s post-war reconstruction and development efforts towards the creation of a strong civil society, as a necessary and “stabilizing factor, and an instrument to bring about social cohesion” (Nietsch 2006: 6).

Civil society is lauded as representative of the interests of citizen groups, including the marginalized and disadvantaged, as capable of monitoring human rights, being a ballast to the government, and capable of building bridges between communities. Civil society is a fundamental part of a healthy, secure, democratic society. It is comprised of Civil Society Organizations (CSOs) which I divide into three categories: (1) International Non-Governmental Organizations (INGOs), (2) Local Non-Governmental Organizations (LNGOs), and (3) Community Based Organizations (CBOs). Many development-focused CSOs aim to promote democracy, peace, stability, or human security through their interventions, especially in post-crisis situations. Transcending human rights, human security is a more holistic way of looking at security for nations and individuals, because to focus on the “real security needs of living people” is to focus on the needs of a nation (Licht 2006: 201). A

major pillar of human security is the respect for women's human rights, an area which this thesis explores.

Principal argument

It is my contention that gendered human security can be created through projects/interventions by CSOs (namely LNGOs/INGOs) **and** through the organization's internal operations; the organization can build human security for the project beneficiaries **and** the staff/organization members.

LNGOs/INGOs carry out appropriate human security focused interventions/projects that recognize the multifaceted and gendered nature of human security needs and respond in customized ways, especially in post-crisis/post-conflict contexts in which women face a unique set of challenges. For these organizations to have both scalable and sustainable interventions, they must also build gendered human security into their organizational design as it is critical to creating a longer-term positive impact and more effective development.

Research approach and methodology

My thesis provides a case study of an organization that serves as a base of analysis for my argument, and relies on empirical research, in tandem with bodies of literature on NGOs, civil society and human security, and non-profit management. Having already set the scene for the case study, I begin with an overview of Kosovo's post-conflict NGO climate,

addressing INGO involvement and LNGO creation. I proceed to discuss the critiques and capacity building of Kosovo's post-conflict CSOs before exploring the relationship between gendered human security and CSOs. I then move on to my case study of *Medica Gjakova*¹⁷, analyzing the organization's origins and asking: How did they build gendered human security within their organization? I proceed to analyze their activities, chronologically, asking: How did they build gendered human security into their interventions? Based on lessons learned from this case study, I provide recommendations and a tool for INGOs/LNGOs in future post-crisis settings seeking to 'do development' and advance gendered human security both through their interventions and within their organizations.

Empirical research data was collected in semi-structured in-person interviews varying between 20 and 120 minutes in length in 2011 and 2012, relying upon a questionnaire matrix designed by the author and employed across four municipalities in Kosovo. As the main focus of this study was the experiences and opinions of individuals from the organizations under focus, academics, civil society experts, institutional actors and the general public, interviewees were selected because of their expertise as key informants with experience or knowledge of international or local NGOs.¹⁸ Responses to the questionnaires were taken as notes by the author and in each case filled out in their entirety; considerable latitude was given to the interviewee's thoughts and divergences. On

¹⁷ When the organization was an INGO it was "Medica Mondiale—Kosova". When it became an LNGO in 2002, it registered as "Medica Kosova". In 2011, the organization was renamed "Medica Gjakova" after the city in which the organization has its headquarters. The name of the organization will reflect the time period under consideration and will be generally referred to as Medica Gjakova in the occurrences.

¹⁸ See Annex 1.

multiple occasions follow-up interviews were necessary to continue discussions because of time constraints on the side of the interviewee.

III. A decade of NGOs

‘Disneyland’ for NGOs ¹⁹

As UNMIK focused on its pillar of civil administration, the pillar of humanitarian assistance was coordinated by UNMIK as “the largest contingent of INGOs in the shortest time ever seen in a post-war setting” flooded the small nation of Kosovo (Sterland 2006: 18).

Focusing on localized projects, donor funding made large amounts of money available for short periods of time leading to a sharp rise in the number of LNGOs.

“The arrival of NGOs on the scene was described by some as a ‘feeding frenzy’ of crisis junkies. Some NGOs arrived to offer help without demonstrating experience or competence to serve the people they intended to help. Instead of defining their own missions and building on prior field experience, some providers sought to promise whatever donors were willing to underwrite. Several hundred non-governmental organizations became involved. The difficulty arose not so much in the need to screen the groups but in failures to coordinate them.”²⁰

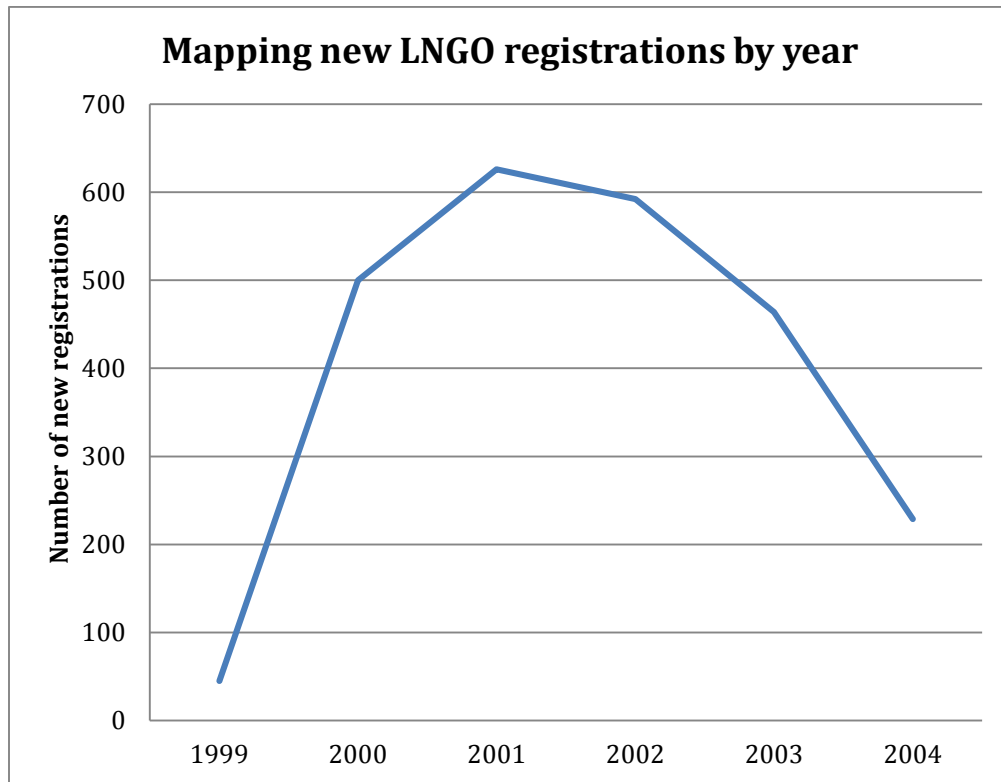
Nietsch argues that the flurry of support for and by international civil-society building programs led to artificial and inflated numbers of NGOs. Llamazares and Reynolds Levy propose that the “funding frenzy that characterized the immediate aftermath of the war meant that many LNGOs emerged due to the demand of INGOs rather than careful assessment of the real needs of their own communities” (Llamazares & Reynolds Levy 2003: 21). Based on Nietsch’s data, gathered from the NGO Liaison and Registration Unit in 2004, the graph below illustrates the ‘boom’ in LNGO creation, followed by a sharp

¹⁹ In an interview, Ed Greenwood, CEO of FINCA Kosovo, called Kosovo a ‘Disneyland’ for NGOs (Ohanyan 2008).

²⁰ Humanitarian aid worker (Independent International Commission on Kosovo 2000: 202-3).

tapering, which she argues is not uncommon in post-crisis settings, citing Albania, Bosnia-Herzegovina and Macedonia as examples (Nietsch 2006: 12).

Table 1



In 2003, there were a total of 2,079 registered LNGOs in Kosovo (Llamazares & Reynolds Levy 2003: 18). According to the 2008 *Human Development Report: Civil Society and Development*, the most recent statistics provided by the Department for Registration and Liaison with NGOs report that there are 447 INGOs in Kosovo and 4,917 registered LNGOs (United Nations Development Program 2008: 22).

Much of the academic literature concerning the post-conflict NGO boom in Kosovo addresses the high volume of money, staff and volunteers that poured in with either short

time frames or small projects. Due to lack of coordination there was a great deal of duplication of efforts and even instances of competition between LNGOs that were already established and recently arrived INGOs.²¹ Donor dependency, some argue, has undercut civil society's bottom-up approach²², and has produced a 'Darwinian approach' to NGO development, where only a fraction of LNGOs created are active a year after creation²³. After three years of INGO involvement, the donors and funds began to dry up as other crises demanded attention. Because many LNGOs were directly dependent upon international support many suspended operations indefinitely.

Capacity building

Some INGOs, whether seeking to set up their own branch or support the creation of an LNGO, not only encouraged "the formation of new NGOs, but also in funding projects, providing training, passing down skill-sets, and at times taking a direct role in the founding of LNGOs" (KIPRED 2005: 7). The NGOs in Kosovo can be categorized by their activities and work on transparency, civil rights, community development, disability, economic development, education, good governance, health, judicial reform, ethnic reconciliation, humanitarian aid, social welfare, youth, and women (Advocacy Training and Resource Center 2009: 15). According to 350 NGOs operating in Kosovo that were surveyed by the Kosovo Civil Society Foundation (KCSF) in 2005, many of them have participated in various

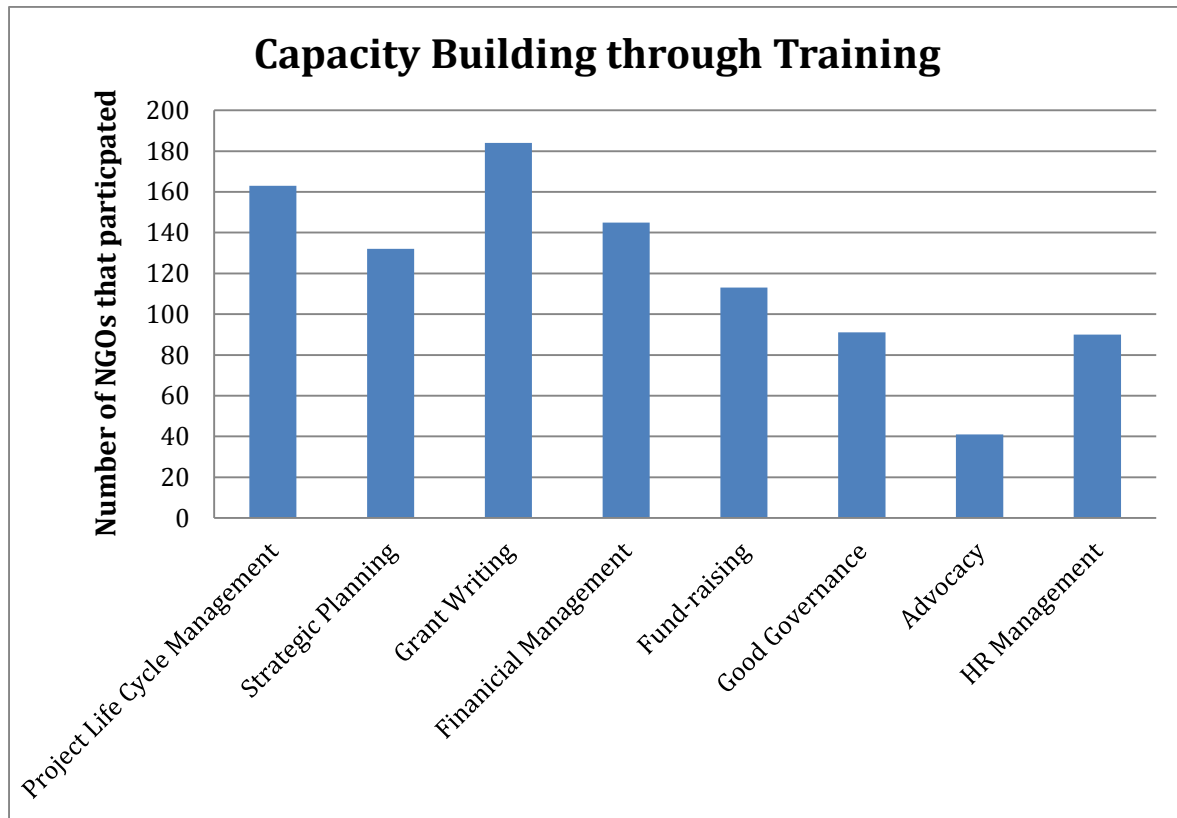
²¹ The LNGO Motrat Qiriazhi set up a center for traumatized women and children in Prishtina in September 1999. Two months later, without warning, an Italian NGO set up an almost identical center, seeking to assist the same pool of beneficiaries. On the same street a Danish organization changed its activities so that by the end of that year, there were three NGOs in the same area, competing for the same beneficiaries. See Sterland 2006: 19 for further details.

²² See United Nations Development Program 2008: 40.

²³ See Kosovar Institute for Policy Research and Development 2005: 7.

types of training. The following graph was generated based on the information provided in KCSF's report "Mapping and Analysis of Kosovo Civil Society", page 43.

Table 2



The critique

While it appears that a good portion of those organizations surveyed received more than one type of formal and practical training, according to their interviews with these organizations, KCSF reports that the kinds of training offered by the international community did not match the needs of the organizations: "When asked about training needs, participants in this study often cited training in areas of NGO management as being greatly needed, including financial management, fundraising, project management, and human resource management. The field of human rights was another area in which a

surprisingly large number of NGO representatives expressed a need for professional development and training. In addition, a large number of NGOs mentioned that there is a need for legal training in relation to NGOs, as well as a need for advocacy and lobbying training” (Kosovo Civil Society Foundation 2005: 43).

Most LNGOs today, according to ATRC²⁴ lack relationships to their constituencies, focus on short-term projects, and have an agenda driven by donor priorities. The majority of these organizations lack a board or assembly, clearly defined stakeholders, and long-term strategy. Few have successfully engaged with their communities, who see them as elite and view them with suspicion. They lack volunteers or donations from within the country and have little success raising awareness or interacting with the media. “The public in Kosovo perceive [L]NGOS as part of the ‘international community’, rather than as a tool to serve citizens” (ATRC 2009: 30). In interviews with the author in 2011, interviewees responded ‘yes’²⁵ to the question of whether INGOs or LNGOs play an important role in the development of Kosovo today. However, some qualified their approval with comments such as those below.

²⁴ *Third Sector Development in Kosovo: Challenges and Opportunities*, 2009.

²⁵ n=32, where 30 of the respondents replied affirmatively that INGOs/LNGOs play a role in Kosovo’s development today. 7 of these respondents did not qualify their response.

Yes, but too many focus on political. LNGOs need to have long term planning, and stick to meeting basic needs. Only 5% of what they do is worth anything.—Interviewee # 16, 2011.

Because most have short term projects; they start something and then they stop. It needs long term focus.—Interviewee # 3, 2011

Yes, but in a basic way. The number of organizations has decreased dramatically. The strategies of how CSOs operate need to change.—Interviewee # 5, 2011

*Corruption and culture are easy ways to explain this [LNGO/Civil Society failure] away, but these are incorrect solutions and answers. It is a lack of community buy-in, a lack of trust, not asking and meeting their local needs, as it is top-down and donor driven; it is foreign. Since 2005 there have been a lot fewer INGOs, and LNGOs are donor driven.
—Interviewee #27, 2011*

In focus groups conducted by KCSF, donors are partially blamed for the situation of non-sustainable LNGOs in Kosovo, as they have “seldom encouraged or required local NGOs to develop long-term sustainability and self-financing plans” (KCSF 2005: 39). Their interviews revealed that INGOs/the international community was more concerned with having local partners/organizations as “dependent vehicles for the delivery of external support”, and were not viewed as long-term partners or potential beneficiaries of human security. According to Sterland, the LNGOs that were created during the post-conflict period had the characteristics of single donors with the parent INGOs maintaining administrative control through management positions staffed by foreign workers (Sterland 2006: 18).²⁶

²⁶ Sterland does acknowledge that this type of “artificial insemination of civil society can produce viable progeny” as the majority of the very few remaining active LNGOs trace their roots to “direct INGO intervention” (Sterland 2006: 18). The case study explored in this thesis is one example of such a success story.

There are five core areas in which post-conflict INGOs and LGNOs in Kosovo have been significantly challenged or perceived as failed:

(1): *Capacity building*: there was a lack of training for the partners or staff of INGOs and a lack or miss-match of training given to LNGOs by parent organizations or donors.

(2): *Community buy-in*: INGOs/LNGOs were often seen as corrupt and self-serving and out of touch with the current needs.

(3): *Ownership (Top-down vs. Bottom-up)*: INGOs and LNGOs often have donor-driven agendas, especially in the case of LNGOs whose mission statements and projects are variable due to intermittent funding.

(4): *Transparency*: A lack of boards/assemblies and clearly defined stakeholders contribute to general suspicions of corruption for many organizations.

(5): *Sustainability*: INGOs can gain community reliance but because of their short-term aims lack a mechanism to transfer support onto either another CSO or a government program. LNGOs, which are created in the post-crisis boom, lack a long-term financial sustainability plan.

Facilitating gendered human security within and through CSOs

Transcending human rights and the security of national borders, human security encompasses “protection from ethnic violence, and the ability to control one’s own future by having a secure home, adequate health, education, environment and civil administration” (Sampson 2003: 138) . The United Nations Commission on Human Security

(CHS), in the UN Secretariat, within the Office for the Coordination of Humanitarian Affairs (OCHA), states that the purpose of human security is to “protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment” (Kaldor & Glasius 2006: 6). Building human security into CSOs by including it inside organizations, so that it is not just a part of interventions but a part of long-term development plans, would avoid many of the critiques of both INGOs and LNGOs. If INGOs view local partners, or the LNGO they support, as being in equal need of their human security being met as that of their beneficiaries, and if newly created LNGOs applied the same internal human security focus, many of the root causes of the current critiques would be eliminated. Appropriate training, for example, is just one area in which the post-crisis local individuals engaging with CSOs can experience a form of human security in the shape of empowerment through knowledge, confidence building, and acquiring a skill-set. This is of particular importance when considering the impact that a more nuanced form of human security, that is gendered human security, could have on women, especially in a post-crisis setting.

“A gender perspective is a necessary part of security, not only in preventing conflict, but also in reconstruction and reconciliation post-conflict. Gender must be incorporated as a critical element in the future of human security, and security in general, as women’s human rights are a major pillar of human security” (Licht 2006: 201).

Post-conflict is a critical period in which to address human security, not only because of the significant need, but because of the unique opportunity that presents itself through INGO involvement and LNGO creation, thereby establishing organizations within civil society that

are capable of building gendered human security through their interventions and especially within their organizations. Human security is about freedom. It is about the ability to feel secure and to live in dignity. While poverty and violence are significant issues that human security may address, it is not limited to those areas. Power and access to resources are based on gender and human security must not just acknowledge this, but engage with it, because “the possibilities for female freedoms to develop their potential and capacities are generally more limited than those of the male” (Truong 2006: 277). Civil society, through INGOs and LNGOs, can directly facilitate gendered human security, specifically, in transition or post-crisis societies.

IV. *Medica Gjakova: A case study*

Medica Mondiale

Medica Mondiale (MM) is an INGO based in Cologne, Germany and was founded in 1994 by Dr. Monika Hauser, a German humanitarian worker. The catalyst for her work came after her involvement in the Bosnian crisis (1992) where in her capacity as a gynecologist, alongside a team of Bosnians, she worked to help war-traumatized women and children. Since its inception, the organization has worked/funded projects in Mexico, Turkey, Iran, Iraq, India, Nepal, Sudan, Sierra Leone, South Africa, Cambodia, Indonesia and East Timor. The organization currently has projects/supports organizations in D.R. Congo and *Medica Mondiale* centers in Liberia and Afghanistan. In Albania, Bosnia Herzegovina and Kosovo independent *Medica* centers now operate as LNGOs. The organization's mission is to "support women and girls having experienced sexualized violence, regardless of political, ethnic or religious affiliation. Together with women from around the world, *Medica Mondiale* is committed to helping women to lead a dignified and self-determined life".²⁷

Medica Mondiale—Kosova

In 1999, Dr. Hauser established a branch of *Medica Mondiale* in Kosovo (MMK)²⁸. Based out of the city of Gjakova in the southwest of Kosovo, the beneficiaries of the organization are female survivors of trauma or wartime sexual violence or gender based violence. "Most were dealing with the loss of a family member, and some had witnessed the death or

²⁷ medicamondiale.org

²⁸ Here on out referred to as MMK.

execution of that family member. Many other clients experienced trauma because they did not know where their family members were years after the end of the war. Other clients were raped during the war, experienced domestic violence, lived with ex-political prisoners also suffering from trauma, were trafficked, or a combination of these” (Farnsworth 2008: 303). The counselors at *MMK* provided psychosocial support and legal/resource assistance, established a secure and safe environment, and even, on occasion, spoke with the client’s family members or the abuser to assist in the healing process of the client.²⁹ We “actively encourage and motivate; we empower. We provide assistance for them to achieve their rights and even accompany them to institutions, for example, the Hague Tribunals” (Interviewee #2, 2001). What made *MMK*’s team of counselors uniquely equipped to engage with their clients in Kosovo was the use of the ‘psychosomatic approach’, which is used to “identify symptoms of trauma, considering the client’s past medical and psychological experiences” (Farnsworth 2008: 303). *MMK* is renowned as the first health team in Kosovo to apply this method, which is characterized by long appointments in which in-depth levels of care are provided. “Women from throughout Kosova, including sheltered women, visited the clinic because it ensured complete confidentiality and respect” (Kosova Women’s Network 2008: 64).

The need

Before delving into the specifics of the case, an overview of contextual need is necessary. Rape is a weapon of war as well as an extreme act of violence. It is not an expression of

²⁹ Kosova Women’s Network 2008: 64.

sexuality, “but a sexual expression of aggression” (Mertus 2000: 8). In *War’s Offensive on Women: Humanitarian Challenge in Bosnia, Kosovo, and Afghanistan*³⁰, Siefert is quoted explaining that rape is a “manifestation of anger, violence and domination”, the purpose of which is to “degrade, humiliate and subjugate” (Mertus 200: 8). During 1998-1999, thousands of Kosovar women were systematically raped as part of the brutal campaign of ethnic cleansing. Even during the early 1990s, rapes of Kosovar women by Yugoslav state agents were common, especially among those detained or illegally imprisoned for demonstrations or ‘crimes against the republic’ (Wareham 2000: 15). Determining how many women were subjected to these horrific crimes is difficult to statistically quantify due to underreporting, however, the US Center for Disease Control’s observations in August and September of 1999 were able to provide some reliable data. Based on a population survey of 1,358 Kosovars who had been refugees or internally displaced persons, women were asked about their experience with sexual violence:

We found that the prevalence of rape among women was 4.3% (n=60) (95% confidence interval [CI] 2.7–5.9), and 6.1% (95% CI 4.1–8.2) of women were either raped or witnessed rape. Earlier anecdotal reports from the refugee camps in Macedonia and Albania revealed stories about mass gang rapes of Albanian women. Extrapolating these survey findings to an estimated 800,000 Kosovar Albanian women over 15 years of age, we estimated that the number of women raped between August 1998 and August 1999 is between 23,200 and 45,600 Kosovar Albanian women [...] Even though the questionnaires were anonymous and only female interviewers administered the survey to female participants, it is likely that rapes were underreported. We found that in the Kosovar Albanian society, the subject of rape is largely taboo, and women who admit to having been raped are at risk of ostracism from their community (Hynes & Lopes Cardozo 2000: 821).

³⁰ Mertus 2000.

Building gendered human security within the organization

Dr. Hauser and a colleague, together with a beat-up car and a laptop, began to operate *MMK* after first recruiting staff for all the organization's positions. The idea of investing in the local staff was as much a part of assisting women as it was in their planned interventions. Through advertisements on the local radio calling for intelligent and strong women who wanted to be a part of *MMK*'s work, many women

applied and interviewed with the organization.

One candidate, who had language skills but no background in the administrative position to which she applied, was told that as she had aptitude and that what she did not know she could learn—they would train her. Close to 75% of the

We bring women together. We go out to the rural areas; we don't just stay in the cities. We work in the Deçan, Gjakovë and Maleshevë municipalities. We remove both the physical and emotional isolation female survivors [of violence] face.
—Medica Gjakova staff member, Interviewee #5, 2011

original staff from 1999 continue to work at the now entirely local organization *Medica Gjakova (MGj)*. A team of 35 (33 women and two men) were hired to fill the positions of psychosocial counselors, doctors (gynecological specialists), lawyers, and administrators for departments such as projects and finance. While a medical background was critical for those practicing medicine, those filling other positions were given significant on-the-job training. The counselors attended training on treating trauma on a regular basis from psychologists from Germany and Bosnia. Staff members became certified psychosocial counselors for trauma and several pursued degrees from the University of Prishtina. The two men were hired as drivers and laborers and have often acted as facilitators for dialogue between the organization and more remote villages: "When wanting to go into a village to work with the women, it was important to have a male colleague. Going into a

village requires consent by the village head. Before helping, the male members of staff would sit [with the village men] and talk and explain what we/our organization are doing, and what we want to do. This social/cultural divide is important to see” (Interviewee #4, 2011). Even though *MMK* was not a local NGO, it did not feel foreign, as many of the INGOs in Kosovo did. The unique approach of being staffed by local women meant that this field office looked and felt local; critically, the representatives of the organization were “perceived as personally committed to the same cause as the recipients” (Bagić 2006: 148).

In October 2003, *Medica Mondiale—Kosova* ceased to operate in Kosovo; instead, the organization *Medica Kosova (MK)*, to be renamed and registered as *Medica Gjakova (MGj)* in 2011, became a registered LNGO in Kosovo and received their license for practice from the District of Health. *Medica Mondiale* was no longer the parent organization, but a potential partner and future donor. The staff at the newly created LNGO had been prepared for the hand-off; they had been empowered, given the necessary skills to succeed without the direct intervention/control of the parent organization. The nature of the relationship between the two organizations has transformed from mentor/donor and implementing body/LNGO to equal partners. Dr. Hauser visits the organization once a year and *MM* continues to be supportive professionally and morally. According to one interviewee: “We are well supported by regular contact via email, phone and personal visits and on-site supervision. They are kept informed of our work by written reporting on a regular basis. We have visits once a year for staff supervision and once a year for a seminar or workshop. We have daily email and/or phone consultations depending on our/their needs” (Interviewee #2, 2011). Pleased and proud of the relationship between the two

organizations, one staff member remarked “We are in contact with *MM* all the time. It was a parent-child relationship, but now it is a partnership” (Interviewee #4, 2011). Frequent phone calls or emails between at least one *MGj* and *MM* staff members are a daily occurrence. *MM* staff used to visit, observe, consult and assist where and when it was needed for months at a time, but in the past couple years the visits are much fewer and project dependent. As *MM* is dedicated to finding new strategies to reach their target group of survivors of wartime sexual violence, they have used *MK/MGj* for their research³¹.

Additionally, *MGj* continues to receive succor from *MM* in the form of funding, through their donor/awardee partnership³². In 2010, under their category for “expenses on international projects,” *MK* was reported to have received 469,568 Euros; this was 12% of *MM*’s international projects budget. The majority of *MM*’s funds went to their branch *MM—Afghanistan* (42%) and *MM—Liberia* (23%). In sharp contrast, the two other LNGOs supported by *MM*, *Medica Tirana* and *Medica Zenica* received only 1.3% and 1.2% of *MM*’s international projects budget respectively. In 2009, the proportions were similar with 8.7% of international project expenses going to *MK*, while *MM* offices in Afghanistan and Liberia were 67% of the budget. The other LNGOs listed as being supported that year, *Medica Tirana* and *Medica Zenica*, received 2.5% and 1.3%. In 2008, 9% of the budget was awarded to *MK*; it was the only LNGO receiving funds that year (with the exception of the other ‘project funds’ or ‘diverse projects’ category for small individual project awards). *MM—*

³¹ Results of research and recommendations have been published by *MM*; see “Violence against women in war Handbook for professionals working with traumatised women” from 2005.

³² The following financial information was taken from the website medicamondiale.org, in their annual reports archive (years available 2008-2010).

Afghanistan and *MM—Liberia* took a total of 68% of the budget that year. Based on this information, *MK/MGj* in recent years has been consistently and uniquely positioned in *MM*'s budget, significantly exceeding the funding granted to other organizations.

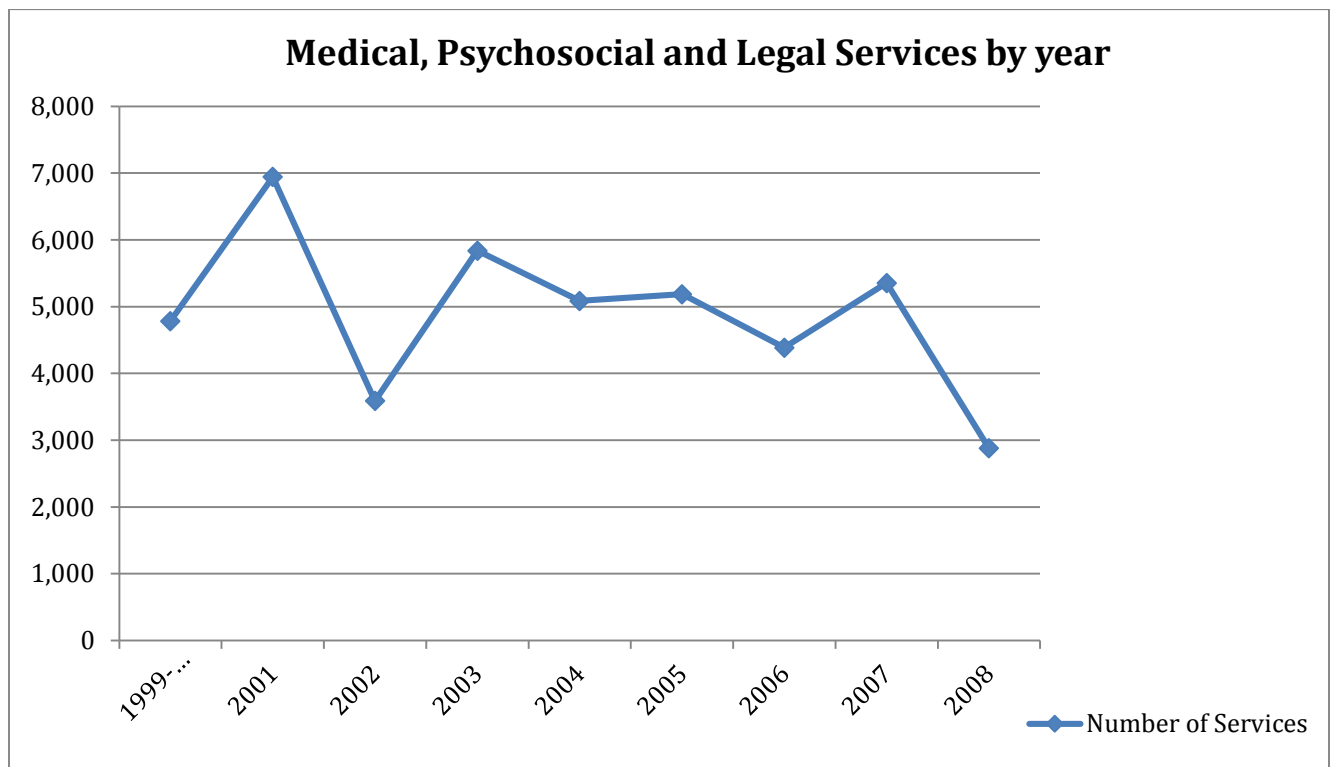
We support, empower, motivate and integrate women equally into society.
—*Medica Gjakova* staff member, Interviewee #2, 2011

Building gendered human security through interventions

MK/MGj has built a strong and impressive reputation because of the consistently high level of quality work and care that they provide. Many organizations and government bodies refer cases to the organization, from the police, to mental health centers, to centers for social work and hospitals, and even, other NGOs. “Many women considered *Medica [Kosova to be]* the highest quality institution for women's healthcare in Kosovo. The organization held principles of complete confidentiality, respect, prevention of re-traumatization, empowerment, and justice” (Farnsworth 2008: 302). The goal of the organization is to improve the health situation and living conditions of Kosovoan women and girls traumatized by war with special support for women who experienced S/GBV, regardless of ethnicity, religion or sexual orientation. By reducing the symptoms of trauma the organization seeks to build women's human security by enabling them and empowering them to integrate fully into society. While the core focus is psychosocial and gynecological, the staff of *MGj* see building human security as being at the core of the organization's activities. Human security is promoted through income generating projects and economic independence, giving clients a feeling of safety, assisting them in understanding and being

in control of their mental and physical health, and even giving legal services to assist in divorce or the enforcement of alimony and inheritance. Based on the information provided in their report from 2009, the organization has provided 44,048 services from 1999-2009.³³ These include medical, psychosocial and legal services such as a gynecological exam, counseling about contraceptives and STIs/STDs, or legal advice about inheritance and land rights, for example. The following graph was adapted from the table provided in the 2009 report by the organization, illustrating the number of services provided during the aforementioned decade.

Table 3



³³ Please see Annex 2 for detailed summaries of their projects including budget, number of activities/staff/donors and core focus of the interventions.

The organization was eager to recognize and meet the varying needs of their clients and in 2005 began to offer mammograms free at their clinic; the only other machine in the country was at a hospital in the capital. Exams were available at the office headquarters and through the mobile clinic where women could schedule appointments in advance; running out of bookings far in advance indicates the sharp demand but very limited supply. “As of May 2006, more than four hundred women had received breast exams, and ten out of every fifty patients had signs of breast cancer. Patients were referred to a secondary hospital, a tertiary mammography clinic, or Albania for operations, depending on the case” (Farnsworth 2008: 310).

MK/MGj’s psychosocial counseling program included a group therapy component that was used to create solidarity and break the silence among trauma survivors. Coming in contact with those who had a shared experience encouraged the women to support each other. One activity involving sitting in a circle and choosing colored stones to represent their feelings/a period in their life or a resource, the women could speak to the stone and say “I am happy/sad,” or “My family is a resource” (Farnsworth 2008: 305). The “path of life” exercise where women could draw the trajectory of their life, from childhood through to their future, was a means of identifying who supported each woman during the different times in her life and how she overcame past challenges. This technique identified ‘supporters’ to help survivors through their trauma.³⁴

³⁴ Ibid.

For the past few years, *MK/MGj* has dramatically increased their budgets for projects concerning income generating projects, having actively sought out funding for these initiatives. While the early years of the organization were focused on physical and mental health, the later years have been marked by a sharp trend toward interventions that focus on giving women in poverty (especially those who were survivors of trauma/wartime sexual violence) a way out of poverty by building their capacity through knowledge and training and providing the necessary resources and support for that change to be effected. Activities around income generation first began in 2002 with a small scale project for 13 beneficiaries, run by two local volunteers, where widows from the Gjakova municipality were given training, materials and tools, and a space in which to operate their business of making and selling wool garments. The project was a success and by project close-out the women were self-sufficient. This project is dwarfed by the intervention in 2009 with a budget of more almost three-quarter million euros, 400 beneficiaries and activities that included the support and establishment of a dairy factory and honey collection site for women farmers, while growing their business development aptitude and marketing skills.

Today, one decade after the brutal campaign of ethnic cleansing, Kosovoans are the poorest Europeans, with only \$3,059 GDP per capita in 2010.³⁵ Approximately 45% of the population is under the poverty line and one in five households receive remittances, which amount to 11% of GDP; almost half of these funds are used for the consumption of goods and services.³⁶ Unemployment is over 45% with 'long-term unemployment' (more than 12

³⁵ <http://www.tradingeconomics.com/kosovo/gdp-per-capita-us-dollar-wb-data.html>.

³⁶ 2009 figure from UNDP.org, "Kosovo".

months) at over 80% for those unemployed; 39% of men are unemployed, compared to 55% of women (Ibid). “[Women] represent a disproportionate number of the potentially vulnerable due to their limited access to resources, employment opportunities and legal autonomy. Their entry into paid employment has not reduced the unpaid work they continue to perform in the household and care-giving sector” (Surtees 2000: xiii). When asked to identify the greatest challenge to human security, to women, in Kosovo today, the *MGj* staff responded that socioeconomic development issues, i.e., economic challenges, were not only the most common, but also the most difficult to address.

[Women] don't have an education, a diploma, so they can't pursue economic independence. They don't have self-esteem, so they don't try to access education, so they don't have a diploma so they can't pursue economic independence. They don't have self-esteem because they don't have economic independence.—Interviewee #3, 2011

The few opportunities for paid employment outside the home and lack of independent sources of income are barriers to independence and self-worth and exactly the reason why *MGj* has developed the income generating component of their organization's mission. With a continued focus on the communities of women/survivors in the more rural areas, these economic-focused projects were created in response to the articulated need by the organization's beneficiaries. *MGj* seeks to build human security by providing beneficiaries with skills, knowledge, and the means to produce a good or service that is sustainable beyond the life of the project.³⁷

³⁷ Upon further investigation at the time of writing, the author has discovered that due to severe internal strife among the staff of the organization, Medica Gjakova has halted, almost completely, all projects outside of basic medical care and counseling. It is unclear when and how the staffing conflict will be resolved and with what result.

V. Recommendations and concluding thoughts for NGOs

Avoiding the pitfalls

Medica Mondiale's actions in Kosovo as an INGO, and later as the LNGO *Medica Kosova* and most recently as *Medica Gjakova*, serve as illustrations and lessons of avoiding the hazards to which so many INGOs and LNGOs leave themselves vulnerable. This is not to say that the organization is a paragon. It is, like all organizations, complete with mistakes and errs of judgment. However, based on their published material and in-depth interviews and surveys with the author, one can glean that there have been specific actions taken that were instrumental in their success in meeting challenges and avoiding areas of common failure. Below, the five common areas of failure for INGOs and LNGOs operating in post-conflict Kosovo are revisited to establish the ways in which *Medica Mondiale* successfully met challenges and avoided failure.

(1): *Capacity building*

As an INGO, *Medica Mondiale's* office in Kosovo relied on local staff. Through intensive on the job training, and supplemental training and certification in other critical areas of work, the staff was empowered to not only perform at the highest level, but to take active leadership and decision-making roles concerning the future of the organization. From writing project plans to applying for grants, the staff was made ready to take on the opportunity of becoming a LNGO in 2002. Significantly, unlike other organizations at the time, this organization did not suspend operations because of donor withdrawal, but were prepared to launch their own LNGO.

(2): Community buy-in

The local community holds the organization in high regard. The almost exclusively local staff (and entirely local staff after 2002) has helped gain the trust of local stakeholders. As the work of the organization is highly visible and touches a great number of cities and villages, their presence and assistance for costly medical attention and advice is valued. In recent years, the willingness to adapt to the changing needs of their targeted beneficiaries (with such efforts as giving free breast exams) has brought more women into contact with the organization. The additional shift to an economic focus to further meet the needs of those whom they seek to assist has strengthened their relationships with the various communities.

(3): Ownership (Top-down vs. Bottom-up)

As an INGO the organization had a 'donor-driven' agenda as it was the mission, vision and project goals that the local staff were recruited to realize. However, training and capacity building and placing the local staff at all levels of management and decision-making, put the local staff in the driver's seat. Once the organization was an LNGO their mission and projects were reflections of the needs of those they sought to serve, and not reflective of fleeting donor interests and intermittent funding. It is of interest to note that the INGO brought with it a short-term mission (to assist traumatized women and girls) but a long-term vision (a strong commitment to empower the local staff).

(4): Transparency

The work of the organization was approved of by the community and so was able to escape being tainted with the brush of corruption—something that is almost impossible to escape from the public's perception. As a German INGO there was a great deal of respect and trust for their work. However, the lack of an advisory board is something that would help protect them from gossip and to maintain transparency.

(5): Sustainability

As an LNGO they have operated with a long term financial sustainability plan because in their time as an INGO they were trained, empowered and taught to seek funding. For a period of time they were the implementing body for grants awarded to *Medica Mondiale* but have successfully sought funding from diverse sources. A clear mission, vision, high level of capacity, and documented history of their work contributed to their legitimacy to best create an organization that could survive the silence of donor fatigue in the post-NGO boom environment.

In these core areas *Medica Gjakova* avoided failures that are seen as the most common. What stands out as unique in the organization's ability to succeed was in the INGO's decision to view staffing a major part of project design—taking on an entirely local staff. Their roles were highly participatory as the INGO was empowerment focused, planning from the outset to leave a skilled, effective and strong workforce who were prepared to move forward as an LNGO. The INGO was long-term-impact aware, meaning they planned

for the handoff to local stakeholders as a part of their plan for their initial intervention. Training local staff and giving them the capacity to succeed after the INGO leaves demonstrates a strong awareness of post-intervention consequences on the side of the INGO.

Building human security inside and out

As the INGO *Medica Mondiale*, and later as the LNGO *Medica Kosova/Medica Gjakova*, the organization has built human security into their organizational design through staffing and capacity building and through their projects for beneficiaries. Both the internal staff and the external beneficiaries have benefited by having their gendered human security addressed. This organization is an example of how human security does not just have to be thought of in terms of the projects/interventions they pursue, but how human security can be made a critical part of the project life cycle. As this case study illustrates, it can be built through staffing, empowerment and a long-term vision for handoff to stronger local partners. In post-crisis settings, it has become the norm for there to be a spike in LNGO registration/creation. It is in this critical period that INGOs who are either funding these newly created LNGOs, or else creating their own branches (as in the case of *Medica Mondiale*), must consider whether gendered human security is being accomplished both internally and externally. For those organizations or foundations giving funds/grants to the often newly created LNGOs that have emerged as a response to the abundance of funding there must be a way to audit/evaluate the organization/their projects to examine whether human security is both being internally and externally addressed.

Self-auditing

“The Charter for Human Rights states that the primary question of every human security activity should not be: ‘What can we do?’
It should be: ‘How does this activity build on the efforts and capabilities of those directly affected?’” (Glasius & Kaldor 2006:13).

For INGOs and LNGOs (or those funding them) that seek to address gendered human security, a tool for self-auditing is included in Annex 3. This tool is a gendered human security empowerment tool that may be applied on two levels (internal—through staffing/capacity building/successful handoff and external—through projects/interventions). It is flexible and may be applied in multiple ways: (1) to a newly established LNGO as a form of self-check; (2) by a parent organization/INGO to as a form of self-check; (3) by donors to assess the work of the grantee. The tool can be informal and part of an internal guide for a local organization, or can be more formally applied and included as part of reporting back on the side of the grantee (e.g., in a semi-annual report/progress report). The set of questions in the self-audit that check that gendered human security is addressed (both externally and internally) follows the timeline of the project life cycle (from project design to implementation to close-out) and focuses on the five core challenge areas previously identified (capacity building; community buy-in; ownership; transparency; sustainability). Addressing the questions as individuals and as a team and later revisiting them during the project lifecycle and examining the responses will help organizations and donors alike to strategically engage with the five core challenges.

Annex 1: Interviews, 2011 and 2012

Interviews in 2011 were conducted in person during site visits in Prishtina and Gjakova, Kosovo from June-July and were supported by the author's Boba Fellowship from the University of Washington.

Interviews in 2012 were conducted in person in the municipalities of Prishtina, Gjakova, Prizren and Gjilan and were supported by the author's Title VIII Combined Research and Language Training Fellowship from the US Department of State.

No interviews were recorded and interviewees were granted anonymity per HSD study #40748. Interviews were semi-structured, varied from 20-120 minutes in length, and were guided by my questionnaire matrix (found in English in Appendix 4 and Albanian in Appendix 5). On occasion, a set of questions were sent via email to the interviewee in advance because of scheduling challenges.

Interviewee #1, 2011: Policy Officer (Prishtina)
Interviewee #2, 2011: Medica Gjakova staff member
Interviewee #3, 2011: Medica Gjakova staff member
Interviewee #4, 2011 & 2012: Medica Gjakova staff member
Interviewee #5, 2011: Medica Gjakova staff member
Interviewee #6, 2011: NGO expert
Interviewee #7, 2011: NGO expert
Interviewee #8, 2011: Journalist and academic
Interviewee #9, 2011 & 2012: NGO expert
Interviewee #10, 2011: General public
Interviewee #11, 2011: General public
Interviewee #12, 2011: University student
Interviewee #13, 2011: General public
Interviewee #14, 2011: General public
Interviewee #15, 2011: University student
Interviewee #16, 2011: General public
Interviewee #17, 2011 & 2012: NGO expert
Interviewee #18, 2011 & 2012: LNGO volunteer
Interviewee #19, 2011: University student
Interviewee #20, 2011: General public
Interviewee #21, 2011 & 2012: LNGO volunteer
Interviewee #22, 2011: University student
Interviewee #23, 2011: University student
Interviewee #24, 2011 2012: Journalist
Interviewee #25, 2011: University student
Interviewee #26, 2011: University student
Interviewee #27, 2011 & 2012: Civil society expert
Interviewee #28, 2011: Civil society expert
Interviewee #29, 2011: NGO/Civil society expert

Interviewee #30, 2011: Gender studies expert and academic
Interviewee #31, 2011 & 2012: LNGO volunteer
Interviewee #32, 2011: General public
Interviewee #33, 2011: General public
Interviewee #34, 2011: General public
Interviewee #35, 2012: LNGO volunteer & political activist
Interviewee #36, 2012: LNGO staff member
Interviewee #37, 2012: General public
Interviewee #38, 2012: Gjakova Municipality government employee
Interviewee #39, 2012: LNGO staff member
Interviewee #40, 2012: Civil society expert
Interviewee #41, 2012: LNGO staff member
Interviewee #42, 2012: Academic
Interviewee #43, 2012: Civil society expert
Interviewee #44, 2012: Local member of government (Gjilan municipality)
Interviewee #45, 2012: General public/LNGO beneficiary
Interviewee #46, 2012: General public/LNGO beneficiary
Interviewee #47, 2012: General public/LNGO beneficiary
Interviewee #48, 2012: General public/LNGO beneficiary
Interviewee #49, 2012: General public/LNGO beneficiary
Interviewee #50, 2012: Academic
Interviewee #51, 2012: Academic
Interviewee #52, 2012: University student
Interviewee #53, 2012: University student
Interviewee #54, 2012: General public
Interviewee #55, 2012: LNGO staff member
Interviewee #56, 2012: INGO staff member
Interviewee #57, 2012: INGO staff member
Interviewee #58, 2012: LNGO staff member
Interviewee #59, 2012: LNGO staff member
Interviewee #60, 2012: General public
Interviewee #61, 2012: INGO staff member
Interviewee #62, 2012: Gjakova Municipality employee
Interviewee #63, 2012: University student
Interviewee #64, 2012: University student
Interviewee #65, 2012: NGO expert

Annex 2: Projects by Medica Mondiale/Medica Mondiale—Kosova/Medica Gjakova

Project Name and Description	Scope of the Project (A)=number of activities (P)=personnel (T)=time line (B)= number of beneficiaries	Budget & # of Donors	Areas of Focus (1) Mental Health (2) Physical health (3) Phys & Mental health (4) Legal services (5) Income generating (6) Advocacy/Empowerment
<p><i>Psychosocial support for war traumatized women and girls</i></p> <p>“Improve the health situation of war traumatized women and girls by reducing the symptoms of trauma and helping them overcome their traumatic event.”</p> <ol style="list-style-type: none"> 1. Individual psychosocial sessions in villages and the center 2. Group psychosocial counselling sessions 3. Gynecological services and breast cancer screenings at visits to the center and through the mobile clinic 4. Legal counseling for individuals and groups 5. Legal representation in court for clients 6. Staff training in psycho-traumatology and certification as Professional Psychosocial Counselors legalized by the University of Prishtina 7. Staff training on the psychosomatic approach for medical examinations 8. Staff training in project planning, fundraising and conflict management 	<p>(A)=8</p> <p>(P)= 35 local staff/9 external trainers</p> <p>(T) August 1999-December 2005</p> <p>(B)=4,172</p>	<p>4,967,928€</p> <p>3 donors</p>	<p>Areas of focus:</p> <p>(3) Phys & Mental health</p> <p>(4) Legal services</p>

<p><i>Developing income-generating activities with women</i></p> <p>“The economic empowerment of widows from the Gjakova municipality through kitting and selling wool clothing.”</p> <ol style="list-style-type: none"> 1. Supply women with the necessary machinery 2. Provide training 3. Rent and open a space for working and selling the products 	<p>(A)=3</p> <p>(P)=2 local volunteers</p> <p>(T)= 2002-2004</p> <p>(B)=13</p>	<p>20,000€</p> <p>1 donor</p>	<p>Area of focus:</p> <p>(5) Income generating</p>
<p><i>Supporting women with missing family members to improve their lives</i></p> <p>“Improving the psychological and physical situation for women and girls with family members missing from the war and motivating them to develop prospects for life.”</p> <ol style="list-style-type: none"> 1. Legal counseling and assistance in preparing government social assistance documents 2. Gynecological services through the center and the mobile clinic 3. Individual psychosocial counseling 4. Group psychosocial counseling and coping with grieving and the repatriation procedures when bodies are returned from Serbia 	<p>(A)=4</p> <p>(P)=3 local staff, 6 local volunteers</p> <p>(T)= 2005-2010</p> <p>(B)=492</p>	<p>145,779€</p> <p>1 donor</p>	<p>Areas of focus:</p> <p>(3) Phys & Mental health</p> <p>(4) Legal services</p>
<p><i>Supporting healthcare for minority women in Prizren</i></p> <p>“Improving the health situation of minority women in the Prizren municipality.”</p>	<p>(A)=2</p> <p>(P)=10 local staff</p>	<p>4,705€</p> <p>2 donors</p>	<p>Areas of focus:</p> <p>(3) Phys & Mental health</p>

<ol style="list-style-type: none"> 1. Gynecological services through the mobile clinic including cancer screenings, family planning advice, and free medication and contraceptives 2. Individual psychosocial counseling and trauma support 	<p>(T)= 2005</p> <p>(B)=330</p>		
<p><i>Supporting the Mental and Physical Health of women and children</i></p> <p>“Improving psychosocial and healthcare for women and children of the Roma community.”</p> <ol style="list-style-type: none"> 1. Group and individual psychosocial counseling 2. Gynecological services through the mobile clinic including cancer screenings, family planning advice, and free medication and contraceptives 3. Legal counseling and education on rights and available services 	<p>(A)=3</p> <p>(P)=5 local staff</p> <p>(T)=2005-2007</p> <p>(B)=348</p>	<p>53,560€</p> <p>1 donor</p>	<p>Areas of focus:</p> <p>(3) Phys & Mental health</p> <p>(4) Legal services</p>
<p><i>Supporting war traumatized women farmers in generating income</i></p> <p>“Improvement of the living conditions of war traumatized women and girls and their families in the Gjakova and Deqan municipalities.”</p> <ol style="list-style-type: none"> 1. Distribution of equipment and livestock 2. Distribution of agricultural supplies 3. Training in agricultural work and animal husbandry 4. Milk collection site established and relationship with local dairies 	<p>(A)=8</p> <p>(P)=20 local staff</p> <p>(T)=2005-2008</p> <p>(B)= 2,731</p>	<p>745,381€</p> <p>3 donors</p>	<p>Areas of focus:</p> <p>(3) Phys & Mental health</p> <p>(5) Income generating</p>

<ol style="list-style-type: none"> 5. Training beneficiaries in marketing and market research 6. Group psychosocial counseling 7. Social support of those in extreme poverty with basic needs 8. Gynecological services through the mobile clinic including cancer screenings, family planning advice, and free medication and contraceptives 			
<p><i>Supporting war widowed women farmers from Gjakova</i></p> <p>“Rehabilitation and wellbeing of war widowed women farmers from Gjakova municipality.”</p> <ol style="list-style-type: none"> 1. Distribution of equipment and livestock 2. Training in animal husbandry 3. Site visits and experience exchange between beneficiaries across the region 4. Reconstruction of livestock’s shelter 	<p>(A)=4</p> <p>(P)=6 volunteers</p> <p>(T)=2007-2011</p> <p>(B)=71</p>	<p>50,685€</p> <p>1 donor</p>	<p>Area of focus:</p> <p>(5) Income generating</p>
<p><i>Supporting marketing form women involved in the production of honey and milk</i></p> <p>“Increase the income of women involved in the production of honey and milk by selling these products to private companies.”</p> <ol style="list-style-type: none"> 1. Training sessions on marketing 2. Market research activities with beneficiaries 3. Support participation in local food fairs 	<p>(A)=3</p> <p>(P)=6 volunteers</p> <p>(T)= 2006-2008</p> <p>(B)=57</p>	<p>18,338€</p> <p>1 donor</p>	<p>Area of focus:</p> <p>(5) Income generating</p>

<p><i>Technical assistance and support for women involved in the production of milk and honey</i></p> <p>“Rehabilitation and support of women farmers to improve their production conditions and product quality.”</p> <ol style="list-style-type: none"> 1. Donate livestock to women farmers in the village of Rracaj 2. Co-finance the construction of two milk collection sites 3. Supply women farmers with food for livestock for winter months 4. Donate more bees and beehives to women already successfully involved in the production of honey 5. Organize a field trip for women farmers to Southern Italy and participate in the international conference for promoting milk products 	<p>(A)= 5</p> <p>(P)=6 local volunteers</p> <p>(T)= Jan. 2006- Nov. 2008</p> <p>(B)=25</p>	<p>18,338€</p> <p>1 donor</p>	<p>Area of focus:</p> <p>(5) Income generating</p>
<p><i>Advocating for institutional support for survivors of war time sexual violence</i></p> <p>“Campaign for the legal status of survivors of rape during the war.”</p> <ol style="list-style-type: none"> 1. Screen the film “Anatema” and hold a public debate on the subject of wartime sexual violence and the situation of survivors of rape 2. Establish a working group to prepare amendments to the existing law on Civilian Victims of War 3. Petitioned for the amendments 4. Organized a roundtable on the issue with representatives of institutions, political parties, members of parliament etc. in Prishtina 	<p>(A)=4</p> <p>(P)= 5</p> <p>(T) Sept. 2006-Feb. 2007</p> <p>(B)=110</p>	<p>\$ 13,970</p> <p>1 donor</p>	<p>Area of focus:</p> <p>(6) Advocacy/Empowerment</p>

<p><i>Supporting the empowerment of young girls from rural areas</i></p> <p>“Improving the status of girls in rural areas.”</p> <ol style="list-style-type: none"> 1. Hold workshops on the topics: the importance of higher education; human rights; constructive communication; recognition of personal resources; violence against women 2. Hold a picnic for the participants of the workshops 	<p>(A)=2</p> <p>(P)= 2 local staff</p> <p>(T)= July-Sept. 2007</p> <p>(B)=26</p>	<p>2,025€</p> <p>1 donor</p>	<p>Areas of focus:</p> <p>(1) Mental Health</p> <p>(6) Advocacy/Empowerment</p>
<p><i>Providing quality healthcare to women and girls</i></p> <p>“Improving healthcare for women and girls from Dukagjini Region.”</p> <ol style="list-style-type: none"> 1. Gynecological services through the mobile clinic including cancer screenings, family planning advice, and free medication and contraceptives 2. Awareness raising and educational session to increase women’s understanding of the importance of their health 3. Individual and group psychosocial counseling sessions 	<p>(A)=3</p> <p>(P)= 7</p> <p>(T)= April-Sept. 2008</p> <p>(B)=189</p>	<p>10,000€</p> <p>2 donors</p>	<p>Areas of focus:</p> <p>(3) Phys. & Mental Health</p> <p>(6) Advocacy/Empowerment</p>
<p><i>Providing quality healthcare for women</i></p> <p>“Improving healthcare for women in the Dukagjini Region.”</p> <ol style="list-style-type: none"> 1. Gynecological services through the mobile clinic including cancer screenings, family planning advice, and free medication and contraceptives 2. Providing free, regular ultrasounds in Gjakova’s “Institute of Labor Medicine” 	<p>(A)=3</p> <p>(P)=7</p> <p>(T)= Oct. 2008- Sept. 2009</p> <p>(B)=230</p>	<p>20,000€</p> <p>2 donors</p>	<p>Areas of focus:</p> <p>(3) Phys. & Mental Health</p>

3. Individual and group psychosocial counseling sessions for women with severe symptoms of trauma or who are suffering from domestic violence			
<p><i>Empowering the economic development of war traumatized women farmers</i></p> <ol style="list-style-type: none"> 1. Support the establishment of a dairy factory for processing the milk of women farmers and producing milk products compliant with EU standards 2. Support the establishment of a honey collection site for producing various bee-products and promote them in local and international markets 3. Support business development and marketing skills among women farmers 4. Individual and group counseling sessions for mental wellbeing and legal counseling 	<p>(A)=4</p> <p>(P)=16 local staff; 11 beneficiaries</p> <p>(T)= March 2009-April 2012</p> <p>(B)=400</p>	<p>685,415€</p> <p>2 donors</p>	<p>Areas of focus</p> <p>(1) Mental Health</p> <p>(4) Legal services</p> <p>(5) Income generating</p> <p>(6) Advocacy/Empowerment</p>
<p><i>Strengthening the role of women farmers in social and political life in Kosova</i></p> <p>“Supporting the establishment of the ‘Women Farmers’ Organization’ at the national level for promoting women’s equal participation in economic and political development in the country and their integration into networking activities.”</p> <ol style="list-style-type: none"> 1. Establish the “Women Farmers’ Organization” at the national level 2. WFO to join the Kosova Women’s Network as a regular member 3. Establish five new women’s agricultural groups that will join the WFO 	<p>(A)=5</p> <p>(P)= 9 local staff</p> <p>(T)= Jan. 2009-Jan. 2011</p> <p>(B)=190</p>	<p>156,605€</p> <p>3 donors</p>	<p>Areas of focus:</p> <p>(1) Mental Health</p> <p>(5) Income generating</p> <p>(6) Advocacy/Empowerment</p>

4. Mental health support through group and individual counseling to address war trauma, social and cultural barriers			
5. WFO to influence agricultural policies of rural development in their region through political and networking activities			

Annex 3: Human Security Tool

Area of Focus	Design Phase Questions
Capacity building	<ul style="list-style-type: none"> • Have I included my partner(s) in planning and design? • How much do I understand the culture in which I seek to work? • Do all parties understand the project proposal and work plan in the same way? • Will this partnership positively affect my beneficiary/partner's long-term sustainability? • Have I established contact and developed a rapport with the donors/beneficiaries/partners? • Has the donor/partner included me in decision-making from the beginning? • Have we assessed, together, the project plan? • Are there clear plans to assess the capacity and potential of the staff/beneficiaries? • Are there clear plans to support professional development for the staff through training/certification(s)/conferences?
Community buy-in	<ul style="list-style-type: none"> • Have I established contact and developed a rapport with my stakeholders/those in the community I seek to serve? • How much do I understand of my beneficiary's culture? • Are there plans in place to create a board of stakeholders? • Are there plans in place to require regular stakeholder meetings?
Ownership (Top-down vs. Bottom-up)	<ul style="list-style-type: none"> • Have I selected the right partners for me and for my project goals? • Do we all work well together and what can be done to improve the relationship? • Have we determined what type(s) of communication will be used and how often? • Have I worked with my partners to establish a way to track the budget?
Transparency	<ul style="list-style-type: none"> • Have the stakeholders of both the organization and the projects been clearly identified and engaged with? • Have I worked with my partners to establish a way to track the budget? • Has a monitoring and evaluation framework been built? • Will regular stakeholder meetings be documented and reported on? • Do all parties and stakeholders understand what is being expected?
Sustainability	<ul style="list-style-type: none"> • Have we agreed upon a theory of change and clearly stated the vision and mission of the collaboration? • Have I established contact and developed a rapport with the donors/partners? • Do we work well together and what can be done to improve the relationship? • Are/should there be controls on funding? • Is there a long term financial sustainability plan in place?

Area of Focus	Implementation Phase Questions
Capacity building	<ul style="list-style-type: none"> • Are our interactions effective? • Do we have a strong team? • Do we have a plan to engage with internal project challenges like staffing and collaboration? • Are our interactions creating power imbalances? • Does our communication system include all equally in important discussions and decisions? • Are we maximizing support funding for professional development/human resources through such activities as conference participation, and training and certification in fields critical to the work performed in the organization and the individual's growth?
Community buy-in	<ul style="list-style-type: none"> • Have we established a way to respond to concerns or changes within the organization and in the interventions? • Are the needs we perceive to be meeting in the community those which are identified as 'needs' by those in the community? And if they are different are we finding a way to respond to those challenges?
Ownership (Top-down vs. Bottom-up)	<ul style="list-style-type: none"> • Have we established how to communicate regarding work plans? • Is there flexibility in reporting progress; are expectations clear? • Does our communication system include all equally in important discussions and decisions? • Are expectations being met?
Transparency	<ul style="list-style-type: none"> • Has funding gone where it was expected/we agreed? • Are monitoring and evaluation plans being managed effectively? • Are findings being disseminated during the project? • Am I receiving the information I want/need to see?
Sustainability	<ul style="list-style-type: none"> • Have we established a way to respond to concerns or changes within the organization and in the interventions? • Are we (the local staff) prepared to take control of the project when our partner/donor leaves? Have we prepared the local staff to take control of the project when we leave? • Are we frequently revisiting our plan for the organization's long-term sustainability? • Is the well-defined mission statement reflective of the organization's work and vision?

Area of Focus	Close-out Phase Questions
Capacity building	<ul style="list-style-type: none">• Are my partners prepared to take control of the project once my organization leaves?• Are my partners empowered/trained to continue the work?
Community buy-in	<ul style="list-style-type: none">• How well did I manage cross-cultural relations? In what areas did I make mistakes?• Did face-to-face visits improve communication/trust?• Does the community in which we operate trust/respect the organization?• Does the community in which we operate trust/respect the work of the organization?
Ownership (Top-down vs. Bottom-up)	<ul style="list-style-type: none">• Were my partners active participants and engaged in decision-making?• Were the local partners/local staff in the driving seat?
Transparency	<ul style="list-style-type: none">• How will final findings and reports be communicated?• How will I evaluate the project?• Are we accountable, at the end of each project, to a body external from the staff, such as a board, assembly or donor?
Sustainability	<ul style="list-style-type: none">• Will the organization continue now the handoff has occurred/the project has ended?• How has this partnership affect my partner's long-term sustainability?

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