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**Malteser
International**
Order of Malta Worldwide Relief

Malteser International Annual Review 2011

About us

Malteser International is the worldwide relief organisation of the Sovereign Order of Malta for humanitarian aid. The organisation has more than 50 years of experience in humanitarian relief and currently conducts around 100 projects in more than 20 countries in Africa, Asia and the Americas. Currently, 23 national associations and priories of the Order of Malta are members of Malteser International.

Malteser International's mission is to:

- 🏠 provide relief to major emergencies in the world and implement reconstruction and rehabilitation measures with a community focus;
- 🏥 establish and promote primary health care services and contribute to better health by providing nutrition related programmes;
- 💧 contribute to better health and dignified living conditions by providing access to drinking water, sanitation and hygiene (WASH);
- 👨‍👩‍👧‍👦 implement livelihood measures and social programmes to ensure access of to income security and reduce their vulnerability and poverty;
- 🚨 establish and promote disaster risk reduction activities, especially on a community level.

Malteser International – For a life in health and dignity.



The Sovereign Order of Malta

The Sovereign Order of St. John of Jerusalem of Rhodes and of Malta – founded in Jerusalem 960 years ago – is a religious lay order of the Catholic church and a sovereign subject of international law. It has bilateral diplomatic relations with 104 states, as well as official representations and permanent observer status at the United Nations and its specialised agencies, the European Union and numerous other international organisations. In more than 100 countries, the diplomatic missions of the Order support its medical and humanitarian programmes. Its 13,500 members, 80,000 volunteers and 25,000 employees are dedicated to its historic mission to help the sick, the needy and the most disadvantaged in society, regardless of race, religion or creed.

The Order of Malta is a major global professional institution in terms of the humanitarian aid, medical care and emergency medicine it provides, in its management of hospitals, specialised homes for dependent elderly people, socio-medical care centres, the collection and transporting of medicines and the training of workers and ambulance staff.

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Our point of view



Johannes Freiherr Heereman von Zuydtwyck

Malteser International president Johannes Freiherr Heereman talks about the themes and challenges which marked the organisation's work in 2011.

What comes to your mind when you look back at 2011?

I think of mothers in the Horn of Africa who, after the devastating drought, struggled day after day simply to keep their children alive. I think of families in Pakistan who, after a difficult winter, were once again threatened by intense monsoon floods. I think of children in Japan, who are still, to this day, trying to come to terms with the fear and horror caused by the great earthquake and tsunami. I also think of other lesser known disasters, such as the earthquakes that hit eastern Turkey, and tropical storm Washi sweeping through the Philippines. Just as 2010, the year 2011 was marked by too many large-scale disasters.

Is there a pattern emerging from these disasters?

The effects of climate change are increasingly more visible. While, in some regions, people can expect more rainfall, other regions will be threatened by stronger droughts. In Asia, floods are destroying harvests. In the African continent, extended dry periods have caused the livestock to perish. Extreme weather events threaten the livelihoods of millions of people, especially in poor countries.

How does that affect Malteser International's work?

Immediately after a disaster, we must first and foremost provide emergency relief and focus on helping as many people as possible to survive. We should not, however, simply react to catastrophes for the short term; we must, at the same time, create mechanisms that protect the population in affected areas in the long run. Experts assume that the

number of natural disasters will continue to rise. As a result, disaster risk management and prevention are gaining importance in humanitarian aid – especially in regions often threatened by extreme natural phenomena. Whether these phenomena turn into disasters depends largely on how vulnerable or prepared the population is. That's why, in our programmes, we take measures both to reduce the risks of disaster and to minimize their impact as much as possible.

Can you give an example?

In Kenya, for instance, we first had to focus on keeping people from starving by distributing food rations. At the same time, we are planning projects which aim to strengthen the population's capacity to respond to future droughts. This can be done, for instance, by sharing information about alternative sources of income, or by teaching the population how to adapt their agricultural techniques to the changing climate.

Or take a look at Pakistan – different disaster, same concept. Time and time again, the country has been plagued by heavy rainfall followed by floods and landslides. The same rule applies: after emergency relief measures have been taken, preventive mechanisms such as first-aid trainings, early warning systems and emergency plans should follow.

Are there other current trends influencing Malteser International's work?

The causes and effects of natural disasters are becoming ever more complex. The same is true for global poverty. For instance, we can assume that, in many regions where agricultural production is already very weak, the harvest yield will drop even further due

to climate change. This will have disastrous consequences for global hunger as well as the livelihood and health status of millions of people. International economic shifts and the global financial crisis aggravate the problem: more and more people are plunging into chronic poverty.

But the economic growth in emerging markets has also had positive effects, right?

Economic growth does bring many people out of poverty, but its distribution continues to be extremely unequal. When we take the effects of the global financial crisis into ac-

lion do not have access to clean drinking water, and 2.6 billion people have no access to sanitary facilities. Those are enormous challenges to the international humanitarian aid sector.

How is Malteser International reacting to these challenges?

It is important to bridge the gap in between emergency relief, intermediary recovery efforts and sustainable development. These global challenges certainly make our work more difficult. More than ever, we must be persistent and employ a holistic approach. We want

Are there structural implications as well?

In order to adapt to the current global trends, our aid must be effective and needs-oriented. For that, coordination and cooperation are crucial. We have to adopt a network-oriented approach, not only in our programming, but also in the structure of our organisation. That's why, in the future, we are going to increase our worldwide reach and, at the same time, work even more closely together with the international network of the Order of Malta. The Order's presence in more than 50 countries and the support of its national associations

“The causes and effects of natural disasters are becoming ever more complex. The same is true for global poverty. To overcome these global challenges, we must be persistent and employ a holistic approach.”

count – soaring food prices, less investments and the sinking number of remittances – we see that the perspective of a better future continues to be denied to a large part of the population. According to the World Bank, more than 2.5 billion people still have to live on less than two dollars a day. Almost a billion people are hungry, almost 900 mil-

lion do not have access to clean drinking water, and 2.6 billion people have no access to sanitary facilities. Those are enormous challenges to the international humanitarian aid sector.

and priorities are invaluable assets, and allow us to act quickly and efficiently – especially in case of disaster. With a strong, reliable basis and, at the same time, a greater proximity to our project locations, we are laying the foundation so that, in the future, we can continue to provide effective relief for people in need.



The global financial crisis has led to soaring food prices, aggravating poverty and hunger



In the African continent, extended dry periods have caused the livestock to perish.



First aid trainings are part of disaster risk management, which is gaining importance in humanitarian aid.



The effects of climate change are starting to appear with increasing force: extreme weather events threaten the livelihoods of millions of people.

“What can I give my child to eat? Most of our animals are dead. The rest are skin and bones. The drought took away our means to survive.”

Tanisha from Laisamis, Kenya



Starting over in times of crisis

The effects of climate change were strongly felt all around the world in 2011. On one end of the spectrum, several countries witnessed intense floods; on the other end, an extreme drought threatened the life of millions in East Africa. As earthquakes, tsunamis and other disasters become more frequent, Malteser International will be there for those who most need help, to help them not only to survive, but to begin a new life.

Kenya: Stopping hunger takes more than just food

Emergency relief in Kenya

69 truckloads containing:

- 242,099 kilograms of maize
- 230,189 kilograms of beans
- 218,228 kilograms of rice
- 74,758 liters of oil
- 6,261 kilograms of salt
- 6,000 mosquito nets

Summer of 2011: More than four million people in Kenya are at risk of starvation. Because of the drought, their fields are barren and their animals have died. Without another source of income, these families quickly run out of reserves with which they can buy food.

External factors such as climate change are not the only ones to blame for this crisis. Most of the semi-nomadic population living in the drought-ridden north of the country have to cope with difficult living conditions. They have no infrastructure in order to store water and grains, no irrigation systems, and schools and health centres are few and far

between. To add to their problems, the price of food skyrocketed over the past years. One kilogram of maize costs more in Kenya than in Europe or the United States – almost 70 percent above the global market price.

Quick relief to avert a major disaster

Starting in August, Malteser International sent staple foods – rice, maize, beans, oil – to thousands of families in Marsabit and Isiolo, two districts in northern Kenya. Those with special needs, such as children, pregnant women, the sick and the elderly, received Unimix, a protein and vitamin-enriched nutritional supplement. 480 mothers and health assistants have also been taught how to avoid malnutrition and diseases – even with very little food.

“Thanks to these measures, the situation slowly improved in the last months of 2011”, reports Ute Kirch, Malteser International emergency relief coordinator in Kenya. “However, the short rainy season in October caused a sharp increase in diarrhoea and malaria cases”.

Malteser International supplied the region’s health care centres with medicines, so they could treat diarrhoea, worm infestations and other infections. Thousands of families received mosquito nets to protect themselves against malaria.

Emergency aid is not enough

“Our help must continue, if we are to stop this tragedy”, says Kirch. “We need to bridge the gap between emergency aid and long-term support, so that the population in these regions is better prepared to cope with droughts, and they do not turn into disasters in the future”.

Together with the local communities, Malteser International will look for sustainable solutions. “We are thinking about ways to diversify these families’ sources of income, creating new ways in which they can make a living”, Kirch says. “Then these families will no longer depend exclusively on their animals. The income could help them buy food in times of plenty and save them for tough periods”.



Pakistan: Recovering from floods, looking ahead

The ordinary farmer or day labourer in Pakistan is not familiar with the term “climate change”. But he remembers exactly the extreme weather events of the last years: The floods in 2007, 2010 and 2011, alternating with heat waves and droughts. This is how the people of Amluk Tall, in northern Pakistan’s Swat Valley, experienced the flood in 2010 and its aftermath:

End of July 2010: The rain has been pouring for days. Water is rushing down the steep slopes, causing some houses in our village to collapse. Some families have begun to mourn their dead. Our river is swelling, too. Our neighbours on the other side cannot reach any doctor or market, as the road leading into our valley is blocked.

August/September 2010: The water receded, but our concrete bridge was simply washed away. A mudslide took down a road on the hillside. We are housing our homeless relatives, so space is tight. But there is also good news: Lasoona, a local NGO, was here. Malteser International had asked them to find the families who were suffering most. Then they came back and gave us household items and a cheque so we could buy food quickly. They will also give us food packages to get through the winter. With most of the harvest destroyed, the little food available is very expensive, and we cannot afford it.

March 2011: Time to rebuild the bridge before the river rises again. Malteser International and Lasoona accepted our suggestion and will help. Even better than a bridge, we will build a flood-resistant causeway. It will be built by 40 of our men, who will get paid



by Malteser International for their work. One of them, Oomar Naem, had lost most of his harvest. With 300 rupees (about €2.5) a day, he can buy food and bring his sick children to the doctor.

August 2011: The causeway is finished and resists without problem up to now. Luckily, this year’s monsoon rains have not been as strong as last year’s. When the Malteser International team came for their monitoring visit, they were impressed by our efforts to rebuild the road – many of us contributed voluntarily.

In the meantime, Oomar Naem planted maize on his field and is ready for the harvest. Some other farmers received seeds and agricultural tools to start over. A Lasoona staff member told them how to increase their crop yield. So, hopefully, we won’t have any more food shortages in the future.

Soon, Malteser International will work with us so we can be better prepared for floods and earthquakes. They will teach us first aid and search and rescue techniques. Hopefully, we will never need this knowledge. But, just in case, we will be ready.

Japan: A triple disaster, and a gesture of solidarity

“Earthquake, Tsunami, Fukushima” – The year 2011 will likely be related to these three words in the memory of most Japanese. Alarmed by what they saw, many people around the world wanted to show their solidarity with Japan. As a relief organisation that is specialised on humanitarian aid in developing countries, Malteser International had to answer two questions: Should we get active in Japan, a highly developed country with advanced disaster relief mechanisms? And, if so, how can we do this and still be loyal to our principles?

Japan has often been hit by earthquakes, tsunamis and cyclones. The state is used to responding to emergency situations. But such a huge disaster as that of 11 March 2011 goes beyond anything Japan has ever experienced in centuries. It was more than the state authorities could handle – especially with the ensuing nuclear crisis, which added a third dimension to the disaster and demanded much attention.

“The earthquake was a terrible experience for the children, a trauma which cannot be forgotten so quickly.”

Sister Caelina

A new home to the children of Fujinosono

From day one, Malteser International supported the earthquake and tsunami relief activities of Caritas Japan with donations. But it was a few days after the disaster that Malteser International came in contact with the Fujinosono children’s home in Ichinoseki. The 55 underprivileged children were sleeping on the bare floor of a gymnasium at the time, without electricity and heating.

The future of the private children’s home – led by a German Franciscan nun, Sister Caelina – was unclear. Fortunately, the building had “only” been hit by the earthquake, but its foundations were irreparably damaged. Malteser International took up the mission to support these children – many of whom had been abused by their families – as a gesture of solidarity. Together with Caritas Austria, we are contributing towards the construction of a new building. Applying the concept of “build back better”,

the earthquake-resistant house has been designed to run mostly on renewable energies, lowering the running costs and avoiding power outages. In case of disaster, solar panels and biomass-fuelled ovens can generate enough heat and electricity to fulfil the home’s basic needs, offering protection not only to the children and staff, but also to the local community – especially the elderly, sick and disabled, pregnant women and babies. This innovative project is meant to be a model for all of Japan.



Cambodia: After monsoon floods, access to safe and sufficient drinking water for five villages



Philippines: Distribution of two tons of food, medicines and other supplies after flash floods



Sri Lanka: Food, clothes and clean drinking water for 1,400 people affected by floods



Turkey: Distribution of blankets and wood-burning stoves after the earthquake in the province of Van

“Tuberculosis is still a serious problem for those who cannot afford treatment.”

Dr. Micah Mubeezi, medical coordinator of Malteser International in South Sudan



Building up sustainable health care systems

Inadequate access to quality health care is one of the main problems in developing countries – a situation which affects the poorest the hardest. Today, new challenges add another layer to the problem: drug resistances lead to increasing treatment costs, and climate change affects the way diseases spread. Responding to this complex situation, Malteser International will continue offering medical support to those in need, while working together with the local authorities to strengthen the public health system.

South Sudan: Countering tuberculosis through education and medical care

Although tuberculosis is easily treated with antibiotics, many people in South Sudan still suffer from its effects – not only because they don't have access to medical care and proper drugs, but also because prejudices connected with the disease deter many from being tested in the first place.

“Malteser International has a radio programme which explains the symptoms of tuberculosis. When people recognize the signs of the disease, they come to the hospital and get tested”, tells Taban Charles Millimon, clinical officer for Malteser International at the TB ward in Maridi Hospital, South Sudan.

It wasn't always like this. As an opportunistic infection to HIV, tuberculosis was and still is heavily stigmatised in South Sudan. Many are afraid to get tested. But the educational campaigns that Malteser In-

ternational has been leading since 1998 to explain that tuberculosis can be cured have been successful.

“There are people coming every day. Last month, I tested 422 patients”, Millimon said in July 2011. “That's what makes me happy – when people come willingly to be tested, receive treatment, listen to medical advice and get cured very fast. This is how a functioning medical infrastructure should work”.

An even wider reach, thanks to mobile teams

There are also many people that Malteser International's health workers reach by going out to remote villages. These mobile health teams drive – sometimes for hours – over overgrown streets to educate the people about the disease, test them for tuberculosis and, whenever necessary, start the treatment.

Continuous treatment with adequate drugs is vital to defeat the disease. For this reason, the health workers register all patients and make sure they continue their treatment.

In the end, education paired with access to health care is the only way to fight tuberculosis and minimise its existence to a controllable level.

Tuberculosis – the deadly cough

Tuberculosis, also known as TB, is an infectious disease caused by *Mycobacterium tuberculosis* bacteria. The disease most often affects a person's lungs. TB is highly contagious and is transmitted through airborne droplets, such as cough. If a patient interrupts treatment prematurely, he risks becoming resistant to the medication. Thus, multi-resistant strains of TB are created which are extremely difficult to treat.



Thailand: Experienced midwives gain new skills

The project by the numbers

Training of:

- 170 community health workers
- 34 traditional birth attendants
- 35 health centre staff
- 34 community leaders

Provision of 130 delivery kits

The pregnant woman started pushing, holding tight to her bulging belly and grunting in between quick-paced breaths. Across from her, an elderly woman wearing traditional clothes tells her to stay calm. She carefully supports the head of the baby as it comes out and places the baby on a canvas on the floor.

The baby, however, doesn't cry. That's because it is made of plastic. Together with the rubber belly and umbilical cord, it makes up a delivery model which Malteser International donated to a health post in the small village of Le Koh, located in north-western Thailand near the border with Myanmar. The birth simulation is part of a training session for so-called Traditional Birth Attendants (TBAs) – midwives who, without formal education, help women in their villages give birth.

“Most TBAs have been delivering babies for a very long time. Some have been doing it for as long as 30 years or more”, says Khun Wanree Saisamuth, Public Health Care advisor for Malteser International, who coordinates the training. The knowledge is passed on from mother to daughter.

“They are very skilful already, but the traditional methods are sometimes not very hygienic”, Wanree says. “They use their bare hands, and sometimes do not wash their hands properly. That can cause health problems to both the mother and the baby”. The

delivery model also allows them to learn how to react in case there are complications during labour.

Quality health care for both refugees and local residents

Not far from Le Koh are two refugee camps for ethnic minorities who cross into Thailand from Myanmar. Malteser International had already been providing health care in those camps for more than 17 years. Over the years, the local Thai population in the surrounding villages – also mainly ethnic minorities and poor people – started to come to the camps for medical care, as the Thai health care system was not able to attend to

the needs of these remote areas. “That's when we realised: The Thai villages need our help, too”, Wanree says.

The TBA trainings are part of a broader effort to improve the health care system in the entire region, both inside and outside the camps. In the trainings, the TBAs learn about the female body during pregnancy, how to perform prenatal and postnatal check-ups, and much more. Malteser International also provides them with delivery kits containing items such as gloves, sterilized blades, and ointment.

“We encourage them to work closely with the health care staff”, Wanree says. “They should not only give birth, but also provide information and guidance to mothers”.



DR Congo: Vaccinations against measles for more than one million children in 25 health zones



Cambodia: Half of the vegetables grown are consumed by the families, the surplus is sold.

DR Congo: Bringing health to a forgotten region



The roads leading to Faradje, on the Congolese border with South Sudan, are falling apart. The drive there is long and physically exhausting, not to mention dangerous: the Lord's Resistance Army, a rebel group which started in Uganda but has been largely inactive in its country of origin since 2006, continues to patrol DR Congo's north-eastern Province Orientale, waging an on-off war that has mercilessly targeted civilians and left a trail of destruction.

In the Democratic Republic of the Congo, a country ravaged by decades of violent conflicts, insecurity continues to be a serious problem. Sexual and gender-based violence is widespread, 1.7 million people remain displaced, and the harvest yield has declined because many farmers can no longer work on their fields in safety.

As the 2011 national elections have shown, bringing back a country which is more than three times the size of France on a positive

track of development after a drawn-out civil war is no easy task. That is especially the case in remote villages, where social improvements never seem to arrive.

Filling the gap in adequate health care

The public health care system is still very poor both in Faradje and the neighbouring Aba regions. The few health facilities in the region receive very little financial support, and so have to ask for payment for every service offered. Finding well-trained medical staff to work there is a challenge. Drugs are also expensive, and the difficult access to the region can often lead to shortages. Without help, most of the population cannot afford these services – and even if they could, the quality of the treatment would still need improvement.

As the only aid organisation in the region, Malteser International is working to fill the gap in adequate health care, especially for displaced populations and other vulnerable

groups. We train medical professionals and offer free treatment to victims of sexual violence. We subsidise medication and medical supplies, making sure the region's health care centres have what they need in stock.

With Malteser International's help, the region's referral hospitals were able to rehabilitate their operating rooms and replace their medical equipment. We are also helping the community get more involved in developing their health facilities. After all, good health is the basis for strong individuals to form strong communities – so they can heal from the deeper wounds of the past.

Better health care – facts and figures

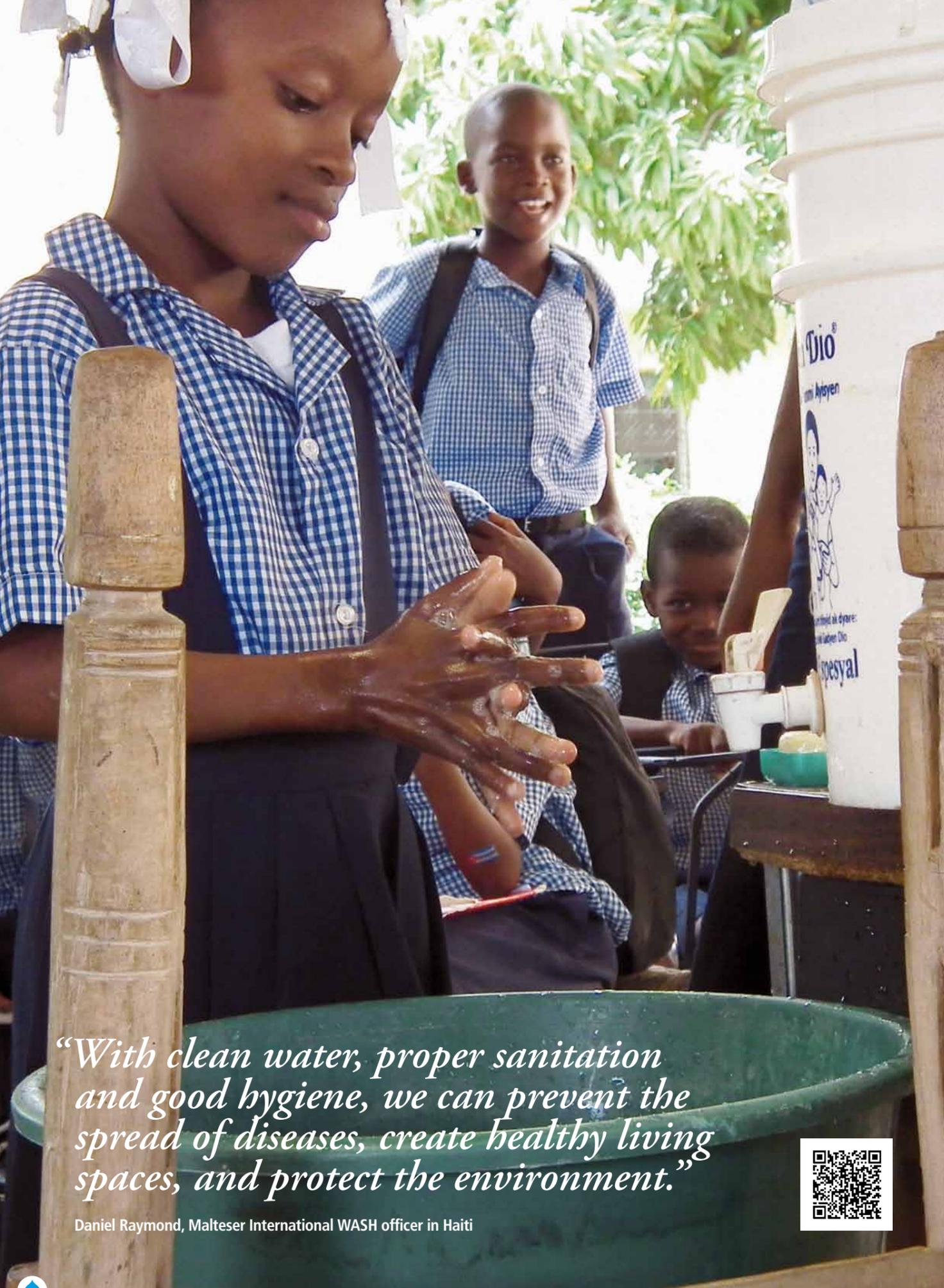
- Free medical treatment to 100,000 people in 2 health zones
- Childbirths in health facilities: 5,000
- Built, renovated or improved health facilities: 21
- Rehabilitated operating rooms: 2



Myanmar: Educating mothers about how to keep themselves and their children healthy



Pakistan: Improving maternal and child health is a main focus of the programme.



“With clean water, proper sanitation and good hygiene, we can prevent the spread of diseases, create healthy living spaces, and protect the environment.”

Daniel Raymond, Malteser International WASH officer in Haiti



Clean water and toilets for all: From “luxury” to reality

The latest numbers are shocking: 882 million people worldwide live without access to clean water, and 2.6 billion people – almost a third of the world population – live without basic sanitation. Malteser International advocates for the right of every human being to clean water and sanitation, and calls on each individual to apply basic hygiene principles. If this vision came true, the lives of 5,000 children could be saved every day.

Haiti: Solving the cholera crisis with education, hygiene and water

“What do you do after using the toilet? And what do you do before every meal?” the teacher Délyne César asks her class at the elementary school “St. Esprit” in Darbonne. “Wash your hands!” the children answer, enthusiastically and in unison.

The prevention and treatment of cholera was one of the highest priorities of Malteser International’s work in Haiti in 2011. One of the world’s worst cholera epidemics of the last decade swept through Haiti several months after the earthquake of 12 January 2010. To stop its spread and fight the roots of the disease, teams of community mobilisers, hygiene promoters and mobile clinic staff have been active in four Haitian regions with a mixture of educational activities and technical assistance.

Prevention is easy

Community mobilisers, trained by Malteser International, tell families how cholera is transmitted, how to recognise its first symptoms and how to prevent the disease. “We show them how they can easily protect themselves with proper hygiene and by using clean water”, says Daniel Raymond, Malteser International WASH officer in Haiti.

The families also receive products which help them in this task: soap, aquatabs to purify the water and buckets where they can store and transport drinking water separately from water for other uses. During house visits, the teams also make sure the families are applying what they have learned correctly.

Concrete, long-term results

But raising awareness is only half the battle. To end cholera, the Haitian people need a functioning water supply system. Malteser International is working to supply thousands of families with clean water. In Darbonne, each family can pick up around 10 litres of drinking water a day for free. A water treatment unit in Petit-Goâve is now operating at more than double its capacity, producing 15,000 litres of drinking water per day to meet higher demands.

Sanitation is also essential: five remote hinterland communities now have hundreds of new household latrines, which they helped build.

To make sure the water supply and sanitation systems continue to function sustainably, local residents have formed water and hygiene committees which help to plan activities and build and maintain structures.

In Belle Anse, one of the poorest districts in south-eastern Haiti, the village residents have already dug the foundations for an 11-kilometre aqueduct which will provide drinking water for 1,080 families.

Two years of WASH in Haiti

Regions: Darbonne, Petit-Goâve, Port-au-Prince and Belle Anse

- 3,740,000 aquatabs
- 738,800 soaps
- 46,641 people reached by cholera awareness campaigns
- 38,370 water containers
- 21,193 house visits for hygiene awareness
- 8,077 families receiving clean drinking water
- 4,735 hygiene kits
- 582 latrines
- 78 trained community workers and hygiene promoters
- 13 hand-washing points
- 9 earthquake-resistant wells and spring water catchments
- 4 water tanks
- 2 water treatment units
- 1 aqueduct (11-kilometre)

Cambodia: Creative solutions for local problems



All men, women and children have gathered on the village square in Kok Sangkeuch. With stones and leaves, they depict their homes and forest grounds, creating a map of the village. Small mounds of earth mark the spots where they relieve themselves every day. Soon, the brown heaps are spread everywhere:

behind the banana plantation, near the bushes by the river. Near those spots are the places where women do their laundry and collect water for cooking and drinking.

The families in Kok Sangkeuch are part of the 63 percent of Cambodians who do not own a toilet. With this mapping exercise, Malteser International and its local partner, CHRRRA, show the residents of 40 villages in north-western Cambodia just how dangerous open defecation is to their health. They explain to the population how they can protect themselves from diseases caused by polluted water and food.

Do-It-Yourself latrines and wells

The village residents then learn how to build and maintain their own latrines. They choose from different models and obtain the materials – such as bamboo, wood or mud bricks – from local sources. Each commune receives a mould for the latrine's cement ring, which

can be used for the residents' own needs or for selling the latrines to the neighbouring villages. This simple form of sanitation marketing helps to make the project more sustainable.

So the residents have clean water available all year, Malteser International also helps them build their own wells and rainwater reservoirs, and instruct them on proper water storage and maintenance.

Tiny crustaceans against dengue

Keeping the water free from anything that carries disease is another important task the villagers have taken up. And the adults can now count on extra help to get the job done: the villages' school children. The children learn in school how to prevent the spread of waterborne diseases such as dengue fever, a disease which is widely spread in Cambodia and which is transmitted by mosquito larvae living in stagnant water.

“Water supply and sanitation are a problem in Cambodia – both in dry and rainy seasons. Most people have neither a toilet nor tap water.”

Roslyn Gabriel, Malteser International programme coordinator in Cambodia

Malteser International uses mesocyclops, a very small type of crustacean which feeds on the dengue-carrying larvae, to control the disease. The children breed the mesocyclops in school and later transfer them to the ponds and water containers at home. This method has already shown positive results in Vietnamese villages: in some places, the mosquito has been eradicated.

Vietnam: Sharing knowledge, sharing health

Vietnam is a country of contrasts. The gap between the quickly developing urban centres and poor rural areas grows wider every day.

“Malteser International taught us much about health and hygiene. Now, we even have our own latrine. We built it ourselves, and we make sure it stays clean.”

Phuong Thy Tam from Blooc, Tay Giang

In Tay Giang, a remote district of Quang Nam province, 15,000 people live at an altitude of up to 1,300 metres. Most belong to the Catu ethnic minority; 75% have less than 1.25 dollars a day to live on. Many women cannot read nor write. Nearly every

second child suffers from malnutrition. There is no clean drinking water and no sanitation, and the majority of the population doesn't know how to prevent common diseases.

At least, that was the situation in 2008, when Malteser International started working with 33 village committees and the Tay Giang women's union to improve these families' health and their income. Today – almost four years later – the women and their families know the importance of latrines and how to keep them clean. Thanks to numerous health and hygiene awareness campaigns, they have learned how to properly store water so they always have clean water for drinking, cooking and washing.

Small steps – big impact

- 685 latrines and lavatories and six water supply systems have been built.
- 649 women have learned to read and write.
- 80 percent of households have clean drinking water.
- 19 paid female health workers are integrated into the public health care system.
- All children under two years of age are weighed regularly.
- The malnutrition rate declines every year by two percent.

Most importantly, the village residents have been putting this new knowledge into practice. They are involved from the start in planning and developing projects and see to it that the work gets done. The residents of 14 villages have participated in trainings and built hundreds of latrines and lavatories; six of those villages even have their own water supply system. Since they now have clean water and more hygienic practices, the spread of diseases has reduced significantly.

From home to home, trained female health workers spread out their knowledge in their villages. Combined with reading and writing lessons, this knowledge allows the women to participate in the decision-making process and contribute actively to the health of the community.

And, to make sure this knowledge reaches the future generations, hygiene education starts early on in school. With educational games such as “Snakes and Ladders”, the children learn basic rules for hygienic behaviour – and so have a solid basis for a healthy life.



Myanmar: Ensuring a year-round drinking water supply in Rakhine State



Sri Lanka: Construction of about 200 household latrines in the Batticaloa district



South Sudan: Rainwater harvesting tanks as part of the new health stations built in Maridi County



Pakistan: 500 wells and 300 latrines for the people living in the Rahim Yar Khan district



DR Congo: Sanitary facilities for 36 health centres and six hospitals in seven health zones



Thailand: Household latrines for the population in two refugee camps on the Burmese border

“Our work helps them cope with ever more frequent droughts. But more than that, it also protects their dignity.”

Binoy Acharaya, director of Unnati



Finding a way out of poverty

The consequences of the global financial crisis continue to threaten the livelihoods of low-income families all over the world, whether through soaring food prices or lack of investment on social services and development. When combined with other factors, such as disease, natural disasters and climate change, a worrying picture emerges: it is becoming harder for people who are already in need to earn a living and sustain their families with dignity. Malteser International looks for creative solutions to these problems, to help low-income families empower themselves and stand on their own feet.

India: Empowering women for a chance to thrive

The project by the numbers

- 500 families
- 50 villages
- 82 women trained as health volunteers
- 152 trained voluntary leaders of women's groups
- Children's vaccination increased from 40% to 73%
- 120 rainwater harvesting tanks
- 60 horticulture and pasture plots

“The broken people” – that is the translation for the Sanskrit word *dalit*. And that is also the name used to describe a group of people belonging to the lowest ranks of India's rigid caste-based society.

Many Dalits live in a semi-arid area bordering the Great Indian Desert in western Rajasthan. Water there has always been scarce; with the threat of climate change, it could get worse. As if that alone were not difficult enough, Dalits have to deal with another issue: because of discrimination, they lack ac-

cess to public amenities such as fountains or wells. “They have to walk for hours to get to the nearest source of water, and they are afraid of going there, because they know they will be humiliated and ostracised”, says Arno Coerver, Malteser International's coordinator for partner projects in India.

This scarcity of natural resources, combined with discrimination and lack of access to public services, creates a vicious cycle of poverty and exclusion for the Dalits. That is especially true for Dalit women, who are responsible for fetching water for their families. This labour-intensive task claims time and effort which they could use to generate income and become self-sufficient. “For the Dalits, water at home means accessibility to the wage market”, says Binoy Acharaya, director of Unnati, a local NGO and Malteser International's partner for the project.

In order to break this vicious cycle, Malteser International and Unnati are tackling the

roots of the problem on three different fronts. First, they give technical support to the communities and help them build their own rainwater reservoirs, so that water is available locally. Next, they give women the know-how to start using that water to plant vegetable gardens, which can be used to increase the family's own nutrition or to generate income by selling the surplus at local markets. Finally, they help the women to empower themselves, giving them the knowledge and the tools they need to gain access to vital social services. “It gives these women the chance to lead a normal life”, Coerver says.

In this way, Malteser International wants to not only help end discrimination against Dalits, but also provide them with practical, sustainable solutions that improve their lives and the environment they live in. “Our work helps them cope with ever more frequent droughts. But more than that, it also protects their dignity”, says Acharaya.



Carmen Wolf

South Sudan: An independent life in spite of leprosy

The fight against leprosy in South Sudan

- Diagnosis of leprosy
- Treatment of patients in health centres and in the villages
- Laboratory services
- Raising awareness in communities to increase early diagnosis and reduce stigmatisation
- Training and equipment of health workers
- Support for patients with disabilities

Achol Mading is 84 years old and has lived her whole life in South Sudan. She experienced the colonial times, survived decades of civil war and finally celebrated the independence of her country in July 2011. She was

three years old when she was infected with leprosy. Twelve years later, the disease had affected her so much that she had to leave her parents and twelve siblings behind to go to a leprosy settlement in the south of Rumbek. “It was a long way from home – 120 kilometres”, Mading remembers. But it was the only way to get the medicine she needed.

Building on the experience gained from its 15-year presence in South Sudan, Malteser International has supported the leprosy settlement since summer 2010, taking care of the medical needs of 50 patients and distributing drugs and fitted shoes. The patients and their families, altogether about 200 people, form a strong and loyal community. “I found

a husband within the settlement and have five healthy children, although I was a bit shy in the beginning because of the leprosy”, Mading says.

Thanks to the medication, Mading’s infection has stopped progressing – if detected in time, leprosy can even be cured completely. Still, she and the others marked by leprosy face many prejudices. During the civil war, the whole settlement was driven off the land they had settled on. “Thanks to Malteser International, we were able to return and build our own tukuls. Now I have a roof over my head and don’t have to sleep outside in the rain anymore”, Mading says. While Malteser International provided the construction material for the traditional huts, or tukuls, it was the residents themselves who actually built the huts – those who were healthy also built the homes of the old and sick members of the community.

“Only if we are able to live on our own, we will be able to help our country become truly independent.”

Achol Mading, resident of a leprosy settlement in South Sudan

Mading planted a small vegetable garden with corn and okra just outside her tukul. That makes her more independent and protects her against the increasing food prices in South Sudan. “Only if we are able to live on our own, we will be able to help our country become truly independent”, she says. Malteser International will further support the leprosy settlement on their way towards a self-sufficient life by helping the residents purchase seeds, farming tools and livestock.



Peru: Starting the day on a full stomach

Malteser International in Peru

The Malteser Peru volunteer corps was founded in 2002.

After the earthquake in August 2007, Malteser International supported Malteser Peru’s relief activities, and since then has been supporting the social programmes implemented at 8 different locations in the country.

The activities include the construction of a dispensary, care for young and old people as well as trainings on disaster preparedness.



of the week”. Vanessa herself also supports the kitchen. “Many of us mothers take turns to help with the cooking”, she tells. This also gives them the opportunity to share information and help each other whenever they have difficulties.

“On our own, we would not be able to cook a warm meal for our three children every day of the week.”

Vanessa, resident of the village of Amauta in Peru

The day Santa Claus came to their valley was a very special day for the children in Amauta, Peru. For each of them, the man with the long white beard had brought a small present. At the end of the day, the eyes of the little ones were shining with joy – just as those of the Malteser Peru volunteers, who had made this visit possible with support from Malteser International.

The village of Amauta is part of Ate Vitarte, the eastern district of Peru’s capital, Lima. Around 6,000 families live here, most of them in extreme poverty. In 2004, Malteser Peru opened a community kitchen in this remote valley, which offers free meals to

approximately 50 families from Monday to Friday. If it weren’t for this place, many of the more than 60 children who come every morning to the small, lovingly furnished dining room to get a healthy and balanced breakfast would have to go to school on an empty stomach. After school, a warm lunch awaits them at the community kitchen.

“My neighbour told me about the Malteser kitchen”, says Vanessa, a young mother who brings her 10-year-old son and her two little girls to the community kitchen every day. “My husband doesn’t earn enough money. On our own, we would not be able to cook a warm meal for our three children every day

Peru has recently made great economic progress. Nevertheless, many of the citizens of this Latin-American country still face social deprivation, hunger and poverty. Since its foundation in 2002, Malteser Peru, which counts on more than 200 volunteers, has helped the most vulnerable population – children, women and the elderly – in the country’s poorest districts. With assistance from Malteser International, the Peruvian volunteers work at eight locations throughout the country to improve the living conditions for those in need.



Thailand: School materials and uniforms for HIV/Aids orphans



Afghanistan: Raising women’s social status through their presence on the educational TV channel



Indonesia: Organic farming helped increase the rice harvest by 50 percent.



Chile: A new market building with space for the offices and workshops of 20 small businesses

“We now know what to do to keep our village safe. When the next cyclone comes, we will be ready.”

U Win Thar, chairman of Kyae Taw’s mangrove committee



Helping communities prepare for the worst

As populations grow, global temperatures rise and the way humans interact with their environment affect the Earth’s patterns, extreme natural events will become ever more frequent, more intense, and more destructive. Before disaster strikes, people living in high-risk regions should be prepared. Malteser International helps them make emergency plans and shows them how to reduce the risks of disaster.

Myanmar: Mangroves offer protection against the effects of climate change

10 years of Malteser International in Myanmar

- 4 programme regions
- 73 projects implemented
- 320 local and international staff members
- Help for 700,000 people annually

In the village of Kyae Taw, on Myanmar’s north-western coast, a bare wetland covers large swaths of the riverside, extending for more than fifty metres into the inland. As he guides a group of visitors to a group of houses, U Win Thar, chairman of the mangrove committee, points to the eroding embankment.

“Some decades ago, there were still houses standing there”, he tells. “They have all been washed away, and we worry that these houses are next”.

And in front and around those houses, where now there’s nothing left, there used to be mangrove forests. These forests used

to protect the soil from erosion and shelter the villages from strong winds, floods, and other extreme weather events. Over the last two decades, excessive deforestation – either to make way for shrimp farms or to obtain wood for domestic purposes – caused the mangroves to disappear in much of Myanmar’s coastal region.

Then came Cyclone Giri in 2010, wreaking havoc along the Bay of Bengal. Without the mangroves to protect them, the villages were completely exposed. Entire neighbourhoods were washed away, and 70,000 people lost their homes.

Even before Cyclone Giri, Malteser International had already started helping the villagers in Kyae Taw to regrow their mangroves, so they can reduce the impact of future storms and floods. This protection is more important now than ever: as a consequence of climate change, extreme weather events are expected to become more frequent and intense.

After a successful two-year pilot project in three villages, Malteser International is extending its mangrove rehabilitation programme to other communities in the region. “We would like to expand the area covered by the mangroves – even if it is a lot of work to take care of the plants in the first couple of years”, Thar says.

The mangroves bring more than just protection from disasters. After planting the new trees, the residents noticed that the fish and shrimp have also become more plentiful along the coast. This is good news for many of the villagers, who traditionally live from fishing and selling seafood in the town of Sit-twe, which is one hour away by boat. More fish also means more food and better nutrition for their families.

“People see that it is working, and their income is improving”, Thar explains. “That’s why they share this knowledge with families in other villages – so that they can also recover their mangroves and reap the same benefits”.



Indonesia: Lessons learned from a tsunami that never arrived



It was around 4 p.m. on 11 March 2011 when Ade Reno Sudiarno first heard the tsunami warning on the news. A 9.0-magnitude earthquake had caused a tsunami which had devastated Japan, and was on its way through the Pacific – it would reach West Papua in four hours.

“Rather than staying here and waiting for the tsunami to come, I kept running – though it was very hard. I didn’t care that my clothes were torn; it was the only way to survive.”

Wasni, village resident from Igor village, District Manokwari

Sudiarno, manager of Malteser International’s disaster preparedness project in West Papua’s Manokwari region, knew there was no time to waste.

Quickly, the disaster preparedness committees in 11 villages, which Malteser International and its local partner organisation, YEU, had formed especially for such an event, sprang into action. The two organisations had trained around 20 volunteers in each of the villages in disaster preparedness and early warning. Now, they could count on those volunteers to bring the village residents along clearly signed evacuation routes to an evacuation centre on higher ground, where they could spend the night in safety. Fortunately, the tsunami lost its strength before it reached the coast of West Papua, causing the local authorities to cancel the tsunami warning for Manokwari. But, by performing this routine, the villagers and committee members learned invaluable lessons. “They realised how crucial it is to have an established chain of information, where the coastal villages warn the villages further inland”, says Sudiarno. In

a place where earthquakes, tsunamis or other natural disasters like landslides or floods are such often occurrences, having an effective plan in case of disaster is crucial to save lives.

To make sure that everyone knows what to do in an emergency, Malteser International and YEU have also conducted simulations with schools and entire villages. These drills included activities such as the evacuation of injured residents, performing first aid, and setting up shelters for the evacuees.

The project in the district of Manokwari has shown such positive results, that Malteser International and YEU decided to extend it to the Wasior region, which is constantly affected by floods and landslides. Since August of 2011, the organisations are working with the communities in Wasior to help them develop emergency plans, including a flood early warning system, and create their own disaster management committees.

Philippines: Need to prepare for disasters evident after Washi



Interview with Dr. Melgabal Capistrano – January 2012

Thousands of people in the region of Cagayan de Oro and Iligan, in the southern Philippines, had to spend last Christmas and New Year’s Eve in evacuation centres. Tropical Storm Washi caused flash floods which left more than 1,200 dead and more than 180 still reported missing as of January 2012.

Dr. Melgabal Capistrano, Malteser International’s Disaster Risk Reduction (DRR) expert, witnessed the path of destruction left by Washi first-hand after the disaster.

You travelled to the disaster region after Tropical Storm Washi. What is the situation on the ground?

The situation continues to be critical. The evacuation centres are overcrowded and have poor hygienic conditions. Lack of clean water and proper sanitation means these families are at risk of another disaster: the outbreak of diseases such as diarrhoea and other infections in epidemic proportions.

Why so much destruction? What could have been done to prevent so many fatalities?

It was a combination of factors: climate change, environmental degradation due to

illegal logging, homes built in disaster-prone areas, and the lack of a local disaster risk reduction and management plan all contributed to the devastation. Last year, state authorities had already warned of the need to relocate families living along the riverbanks.

What can be done in the long run to recover from this disaster?

This is the right time for the national government to implement a nationwide plan for disaster risk reduction and management. It should identify the areas where the population is most at risk of natural disasters, and it should come up with a strategy that addresses these risks. This plan will later serve as guide for local authorities to develop their own course of action before, during and after a disaster.

Should the population in the disaster region already start preparing for future disasters?

Absolutely. We cannot afford to wait until the relief activities are over to start preparing for the next disaster. Recovering from a disaster should go hand-in-hand with prevention. For instance, we are currently building temporary shelters for people who lost their homes in Iligan, and, along with that, we will train them in disaster preparedness and help set up community-based early warning systems.

Are there lessons learned from the disaster that can also help other countries in the region?

The government’s development plan should withstand the impact of worsening disasters due to climate change. DRR and climate change adaptation should therefore become an integral part of development initiatives both at the national and local levels. In particular, early warning systems should be installed in all regions.



Haiti: Construction of new, earthquake-resistant schools for the children of Léogâne



India: A siren is used to warn the villagers of approaching storms and floods.

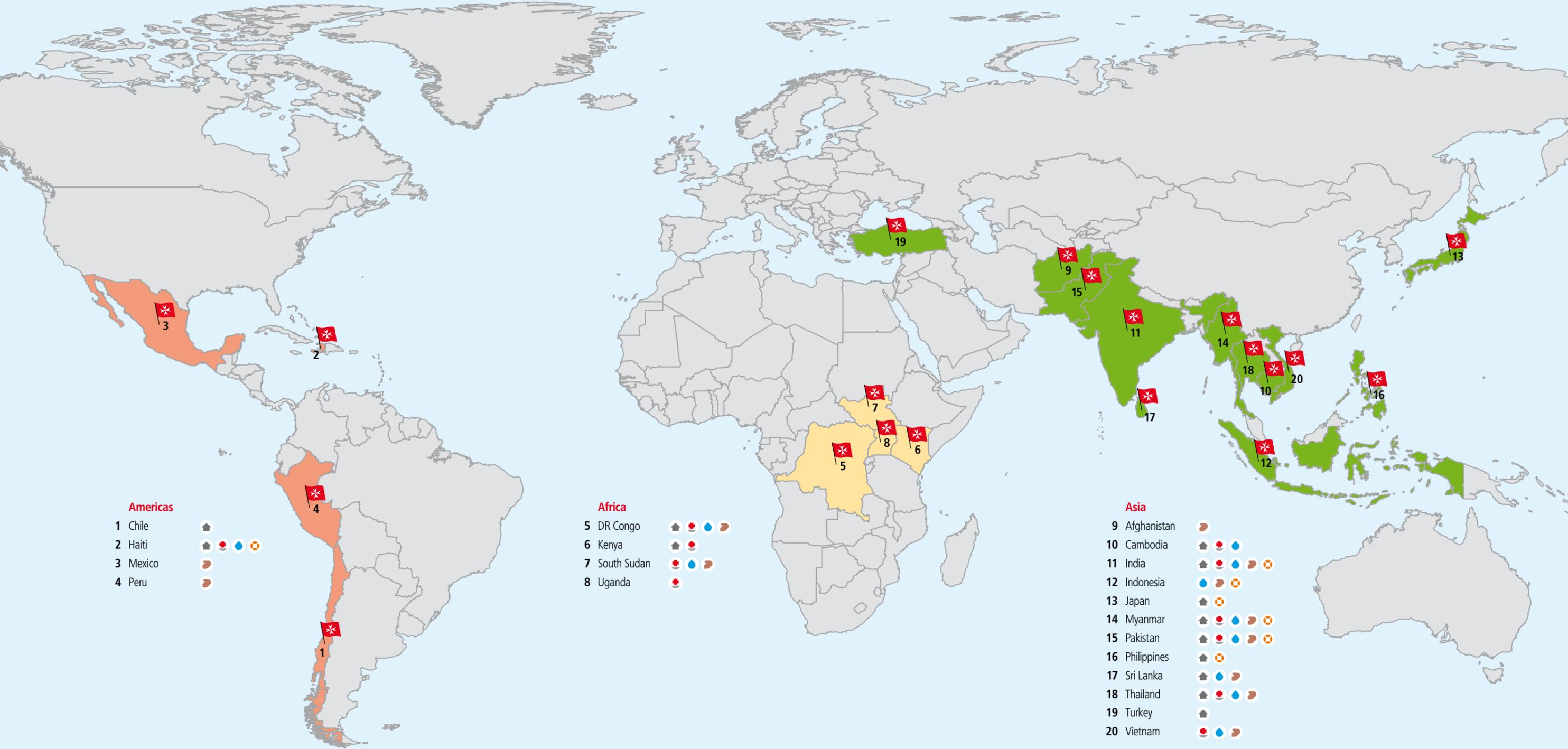


Pakistan: Installation of an earthquake warning system in Phagwan Dopatta



Vietnam: Villagers practice what they have learned about effective emergency response.

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Americas

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Africa

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- 6 Kenya
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Asia

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The **Board of Directors** consists of the President and up to six Vice-Presidents, one of whom holds the position of Financial Supervisor. The President and at least another four members of the Board of Directors have to be members of the Order of Malta. The Board of Directors is in charge of the strategic orientation and bears the overall responsibility for the organisation. It meets at least four times per year and works on a purely voluntary basis.

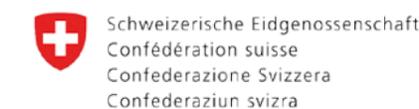
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