



**Malteser
International**
Order of Malta Worldwide Relief



Malteser International Annual Report 2015

About Malteser International For a life in health and dignity

Who we are:

We are the international humanitarian relief agency of the Sovereign Order of Malta. For over 60 years, we have been standing by people affected by poverty, disease, conflict, and disaster – to help them to lead a healthy life with dignity. Our work is founded on Christian values and humanitarian principles. With over 100 projects in 23 countries in Africa, Asia, Europe and the Americas, we help people in need without distinction of race, religion or political persuasion.

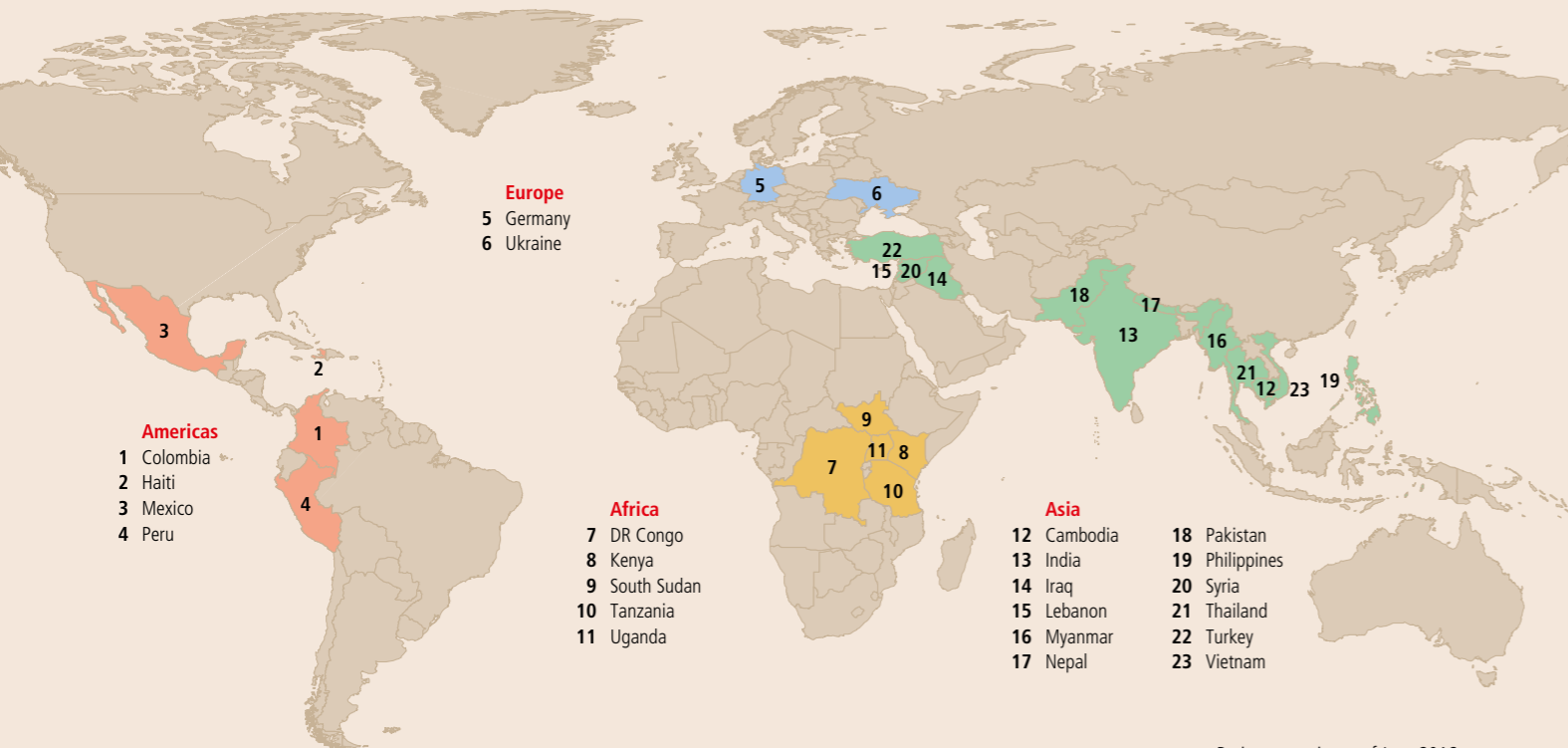
What we do:

We undertake emergency relief in crises such as natural disasters, epidemics, and armed conflicts. Wherever possible, we also provide transitional aid, and development, remaining present long-term at the scene of more protracted crises. The health of the person is at the

heart of our work, and we take an integrated approach to supporting it. In addition to providing functioning medical structures, we work for improvement in the areas which have a direct impact on health, such as the provision of food and water, sanitation, and hygiene (WASH). Disaster risk-reduction measures to boost the resilience of vulnerable populations also play an increasingly significant role in our activities.

How we work:

We emphasize responsibility and transparency in all that we do, following strict international quality standards, and adhering to the essential humanitarian principles of impartiality, independence and neutrality. Our individual projects are always oriented towards local needs on the ground.



Project countries as of June 2016.

Foreword



Dear Friends,

As the role of humanitarian aid in providing relief amidst the crises and conflicts of our world becomes ever more important, the task of bringing that aid to people in need is becoming ever more complicated. Around 125 million people currently depend on humanitarian aid for their mere survival, and around 80 per cent of all aid is being provided in the midst of violent conflict. Although fewer in number than in previous years, major crises are lasting longer and causing more casualties. They condemn millions to a life of lasting hopelessness and poverty and, disastrously, they are becoming accepted as part of the normal state of international affairs.

A large number of our projects in the past year have sought to provide help to people caught up in the mass refugee movements and other population displacements caused by these crises. Providing aid to refugees and displaced people will continue to be a focus of our activity in 2016. On page 12, you can read more about our work with refugees. We are active in Syria, Lebanon, Iraq, Turkey, Myanmar, Uganda and South Sudan, where millions have been forced to flee their homes to live in inhuman conditions, awaiting a political solution that will allow them to return in peace. Tragically, such a solution is more often than not extremely remote.

The Nepalese earthquake of 2015 was a devastatingly violent reminder of the ability of natural disasters to destroy the lives and erase the livelihoods of thousands of people in an instant. Following the disaster, our emergency relief team was immediately on the ground to provide medical relief and essential aid to people in the most vulnerable and severely affected regions of the country. You can read more about both our work in Nepal, and Malteser International's emergency relief strategies on page 20 of this report.

All of those who have given us their support during the last year can take pride in having a part in the achievements presented in this report, and you deserve our most sincere thanks. Your help is the only thing that makes it possible for us to continue our mission to bring health and dignity to the poor and the sick.

Sincerely,

Thierry de Beaumont-Beynac
President

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230,000

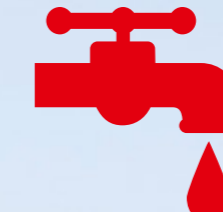
Our relief missions brought food, drinking water, clothing and/or an emergency shelter to around 230,000 people in 2015.

Following the earthquake in Nepal, severe flooding in Myanmar and Pakistan, and a dangerously harsh winter in Nepal, Syria and Iraq, Malteser International teams provided people in need with the help they needed to make it through.



970,000

In 2015, our health posts, field hospitals, mobile clinics, and mother-and-child centers provided medical care for around 970,000 patients. Our teams worked to treat a huge range of conditions – from simple everyday illnesses to serious conditions like malaria and tuberculosis, hereditary diseases such as sickle-cell anemia, and a range of psychosocial disorders – as well as providing physical rehabilitation to people seriously injured in violent conflict.



128,000

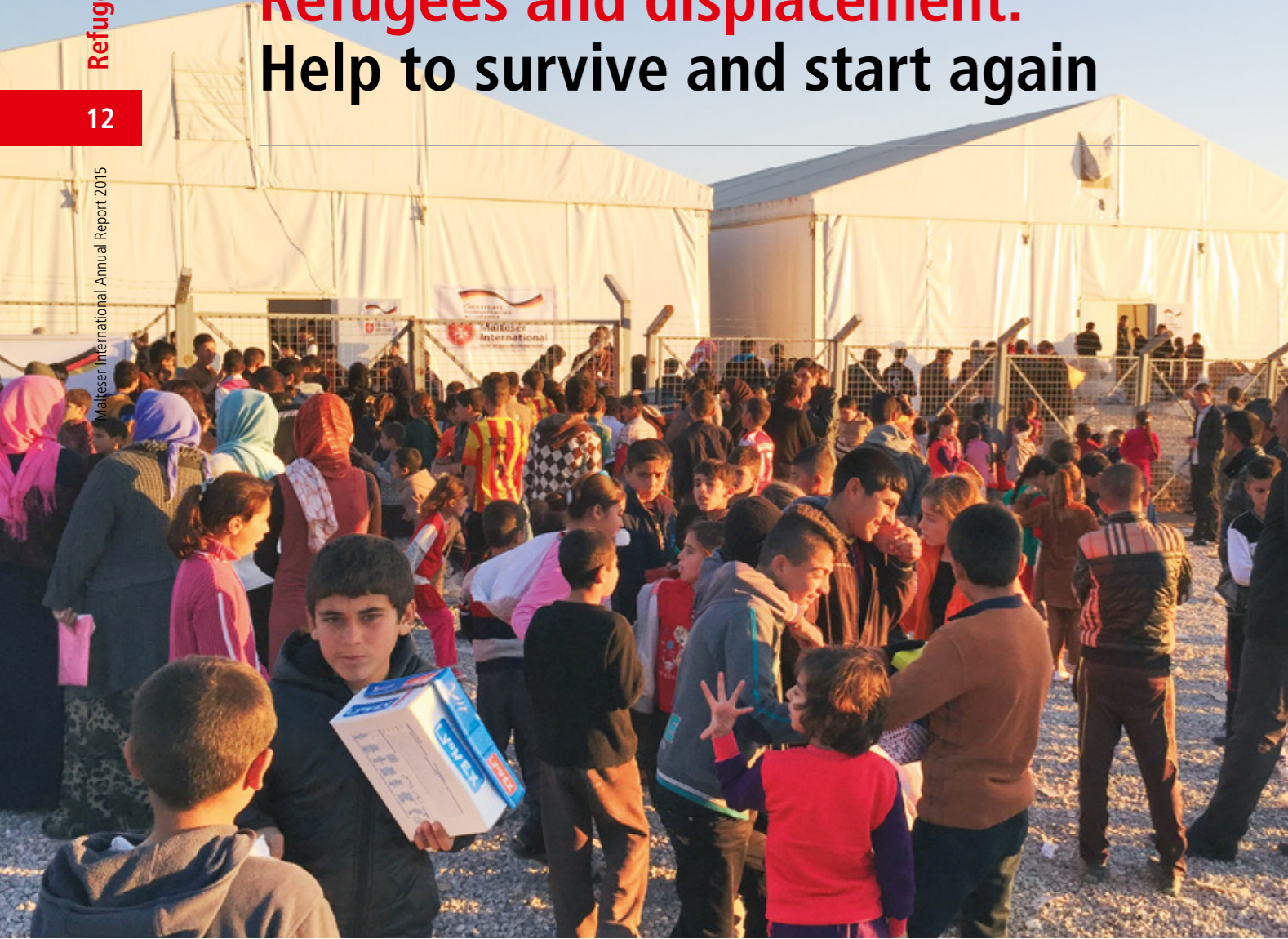
Thanks to our projects in 2015, almost 128,000 people now have regular access to clean drinking water. Depending on local conditions, we provided, built or repaired rainwater collection tanks, water reservoirs, filters, pumps and pipes to help provide people with the most basic and essential resource of all – safe water.



23,000

In 2015, our projects brought a sustainable improvement to the lives of almost 23,000 people by increasing the quality and security of their food supply and/or improving their ability to earn an independent income. By implementing measures such as establishing community gardens, distributing seeds and tools, or training locals in agricultural techniques, our teams helped to increase crop yields and diversity; providing communities with healthy food to eat and a surplus that they are able to sell.

Refugees and displacement: Help to survive and start again



Malteser International distributes winter clothing for displaced people in Iraq.

The worldwide refugee crisis has dominated headlines in Europe and many other Western countries since summer 2015. Providing aid to refugees and displaced people has been a core component of Malteser International's mission since our first relief operations in Vietnam in 1966. In the following report, Secretary General Ingo Radtke explains Malteser International's approach to the refugee crisis, and the pressing questions it raises for humanitarian actors.

The familiar presence of the refugee crisis in the news headlines can perhaps cause us to lose sight of the real scale of the humanitarian disaster that is unfolding. By the end of 2015, the number of refugees and displaced people in the world was a record 65.3 million – a greater number than the population of the United Kingdom. This vast scale makes it difficult to think of the refugee crisis in anything but abstract terms, and in the midst of discussions about integration, security and resources, it is easy to forget that each one of these 65 million people is an



means that we have available to the best possible effect. We are often asked why we provide aid to refugees and displaced people in countries like Syria, Turkey, and Lebanon but not to those arriving in Greece, or Italy, or to those that travelled Europe's 'Balkan route'. This decision is the result of intensive thought and discussion, and reflects our strategy for making the aid that we provide as effective as possible.

First, we coordinate our efforts within the framework of the international network of the Order of Malta. As a rule, we do not intervene in countries

“It is our job as a society to do more to tackle the problems at the root of population displacement ...”

Ingo Radtke, Secretary General of Malteser International

PHOTO: FRANK LÜTKE

individual who has suffered a terrible fate. Our mission is to help people in extreme need – with a particular emphasis on those who are most vulnerable and those who receive little or no help from other sources. Despite the great generosity that the refugee crisis has generated in many parts of the world, the sheer size of the problem has left countless millions of refugees numbered amongst these forgotten people. This means that, at present, assisting them is amongst our top priorities.

When discussing the issue of refugees, migrants and displaced people, it is important to be clear about terminology. These terms reflect important distinctions in international law regarding the status of refugees and displaced people (for more information, see the infobox overleaf). In many countries, we provide aid to both refugees and internally displaced persons, regardless of their nationality or religion. We want to help these people as best we can in their current situation. In the short term, this often means seeking to ensure their mere survival and, in the longer term, supporting them on their return to an independent way of life.

Targeted relief

Given the enormous scale of global population displacement, and the vast need for humanitarian aid, it is clear that our own individual contribution can only be a small one. For this reason, we plan our engagement very carefully to make sure that we can use the limited

where there is a local Order of Malta aid service available to help refugees. This is the case, for example, in Hungary, Austria, Germany, and in Italy. Whether we become active in countries where the Order of Malta does not have an active relief organization is determined by the level of need, the local circumstances, and the resources that we have available. At present, the level of need is so high in the countries in which we are already active that we are concentrating our efforts there in order to provide the best help that we can. A major advantage of keeping our focus on these areas is that we are able to fall back on existing structures and networks, such as partnerships with local organizations and authorities. Not least of all, our aid is closely coordinated with the United Nations cluster system, and other aid organizations, to help make sure that aid efforts are distributed as efficiently as possible, avoiding any overlap.

We are often asked why we do not give priority to providing aid in places where our fellow Christians are in need. The only answer I can give is that while we help Christians in need where we can, as a Catholic aid organization our role model is the Good Samaritan, who helped the robbed and injured traveler on the road from Jerusalem to Jericho without stopping to ask who he was, or where he came from. Our job is to help people in need whoever they might be, without asking them about their religion, nationality, or politics.

Refugees, displaced people and migrants

Article 1 of the Geneva Refugee Convention defines a refugee as a person who:

- is outside the country where he holds citizenship, or had his place of residence,
- who has a well-grounded fear of persecution on the grounds of politics, race, religion, nationality, or membership of a particular social group, and
- is not able to rely on the protection of said country, or
- is not able to return there because of his fear of persecution.

We distinguish between refugees and internally displaced people. The latter are those who have been forced to flee their homes, but who remain within the borders of their own country.

In contrast, a migrant generally tends to leave his home voluntarily in order to seek an improvement in his living conditions, and continues to enjoy the protection of his government.

SOURCE: UNO REFUGEE AID

Dialogue and support

The way in which we set projects up generally follows an established process. As a rule, aid for refugees and displaced people begins with an emergency relief phase where providing water, food, medication, and shelter, as well as household and hygiene articles, is a priority. In almost all cases, refugees and displaced people then continue to need various other types of assistance for a longer period; often for years. We can see from the present situation that modern conflicts have a tendency to last longer and are more difficult to solve politically than those in the past, meaning that the people they affect remain in need of outside aid for an extended period.

We tailor the way in which aid is planned to match the demands of each situation by performing a comprehensive needs analysis. It may be the case, like in Lebanon or Iraq, that we need to operate mobile clinics in order to reach displaced people dispersed over a wide area. In other circumstances, like in Myanmar for example, we work to prepare the villages to which refugees will return – cooperating with local inhabitants to construct and repair drinking water systems such as rainwater collection tanks, wells, and reservoirs, and to establish Water Safety Plans to make sure that sufficient drinking water is available all year round. Our cross-border project in Myanmar and Thailand is a good example of a long-term and comprehensive approach to helping refugees – on the one hand, helping refugees by preparing them to return to their old homes, and making sure that those homes have the appropriate facilities to be able to welcome them back.

No let-up

Looking to the future, it seems unreasonable to expect any abatement in the global refugee crisis. Although it

is probable that the number of refugees being created in the Middle East will lessen somewhat, the number of people forced to flee their homes in other parts of the world is set to rise further. We can already see this happening in parts of sub-Saharan Africa, and it seems likely that people from certain Asian countries like Pakistan and Afghanistan, where many live in fear for their safety, will leave their homes in the hope of finding security elsewhere.

It is our job as a society to do more to tackle the problems at the root of population displacement. Most people flee their homes because of violent conflict or appalling economic prospects. The only way to produce a lasting solution to the refugee crisis is by promoting peace and overcoming economic injustice. All of us can play a part in these processes. At times like the present, this is something that we should remind ourselves of continuously. In the right place, at the right time, even the smallest contribution has the potential to shape the future for the better.



Refugee camp in Syria, near to the Turkish border



Refugees and displacement: Thailand and Myanmar – Supporting return and integration

Yaw Eah Pow, 24, was just five when she fled with her parents from the violence in Myanmar, their home country. For four months, she hid in the woods from her persecutors in a constant state of fear with almost nothing to eat before she managed to flee across the border into Thailand. Now she is married, with four children of her own.

A refugee child from Myanmar in one of the Malteser International supported camps in Thailand.

Like thousands of others, those children have lived their whole lives in the Mae La Oon refugee camp. However, Yaw Eah Pow is happy that they have been able to grow up safe and healthy there. “Thanks to Malteser International, we even have a hospital where my children and I can receive care for free. I had the best treatment there during

my pregnancies,” she said. Yaw Eah Pow’s greatest wish is to be able to take her family back to her home in Myanmar and to live there in peace, with the chance for her and her husband to work, and for her children to get an education.

Yaw Eah Pow and her family are amongst around 100,000 people – mostly members of ethnic minorities –



Left: Kyaw Lain during an exchange visit to Mae La Oon Camp, Thailand.

Top right: Yaw Eah Pow (seated left) regularly takes part in cookery and nutrition courses at the camp.

Bottom right: Hto Lwe Htoo speaks to the members of a mother and child group about birth and pregnancy.

who fled Myanmar because of harassment by the military government and armed violence, and now live in the nine refugee camps along the border between Myanmar and Thailand. Many of them have been refugees, most of them unregistered, for decades, and have lived in the camps for most of their lives. Inhabitants are not allowed to leave the camps, and have almost no opportunities to earn a living. International aid organizations take care of their basic needs, and the Thai government guarantees their security. Malteser International has been providing aid in the camps since 1993, and since 2012 we have also been working in Myanmar's Kayin State to improve conditions for the refugees' possible return.

Aid across the border

Our projects in support of Myanmar refugees in Thailand follow a three-tiered approach. Firstly, we provide medical care, water and sanitation facilities in the camps and train nurses, midwives, and medical assistants from amongst the refugees. This fosters useful skills that help them to achieve a degree of independence and self-reliance. Secondly, we strengthen the Thai healthcare system by providing training opportunities and improving services in villages near to the camp, so that refugees who wish to remain in Thailand can be integrated effectively. Thirdly, we work to improve the water supply, medical and sanitary facilities in border villages in Myanmar, to prepare them for the eventual return of the refugees to their country of origin.



Helping refugees return

The social infrastructure in parts of Myanmar's Kayin State is profoundly underdeveloped. This is partly a consequence of the conflict that has been underway between government troops and the Karen National Union since 1948. The region is one of the poorest in Myanmar. "Malaria, dengue fever, diarrhea, and respiratory diseases like tuberculosis are widespread, and in many cases deadly," said Kyaw Lain, who works for Malteser International as a Community Health Facilitator in Kayin. "There is a lack of medication and qualified medical personnel: nobody can afford a doctor here. Even the water supply and sanitation in the villages and schools are very poor."

Kyaw Lain spent 13 years living in one of the Malteser International supported refugee camps in Thailand, before he returned to Myanmar in January 2015. As soon as the basic necessities are securely in place, he will bring his wife and three children across the border to join him.

We are working to improve living conditions and infrastructure in 114 border villages to prepare them to receive refugees returning from Thailand by making improvements such as constructing health posts and schools, which we also equip with sanitary facilities and a reliable supply of secure drinking water. One of our main concerns is providing a better level of medical care in the region.

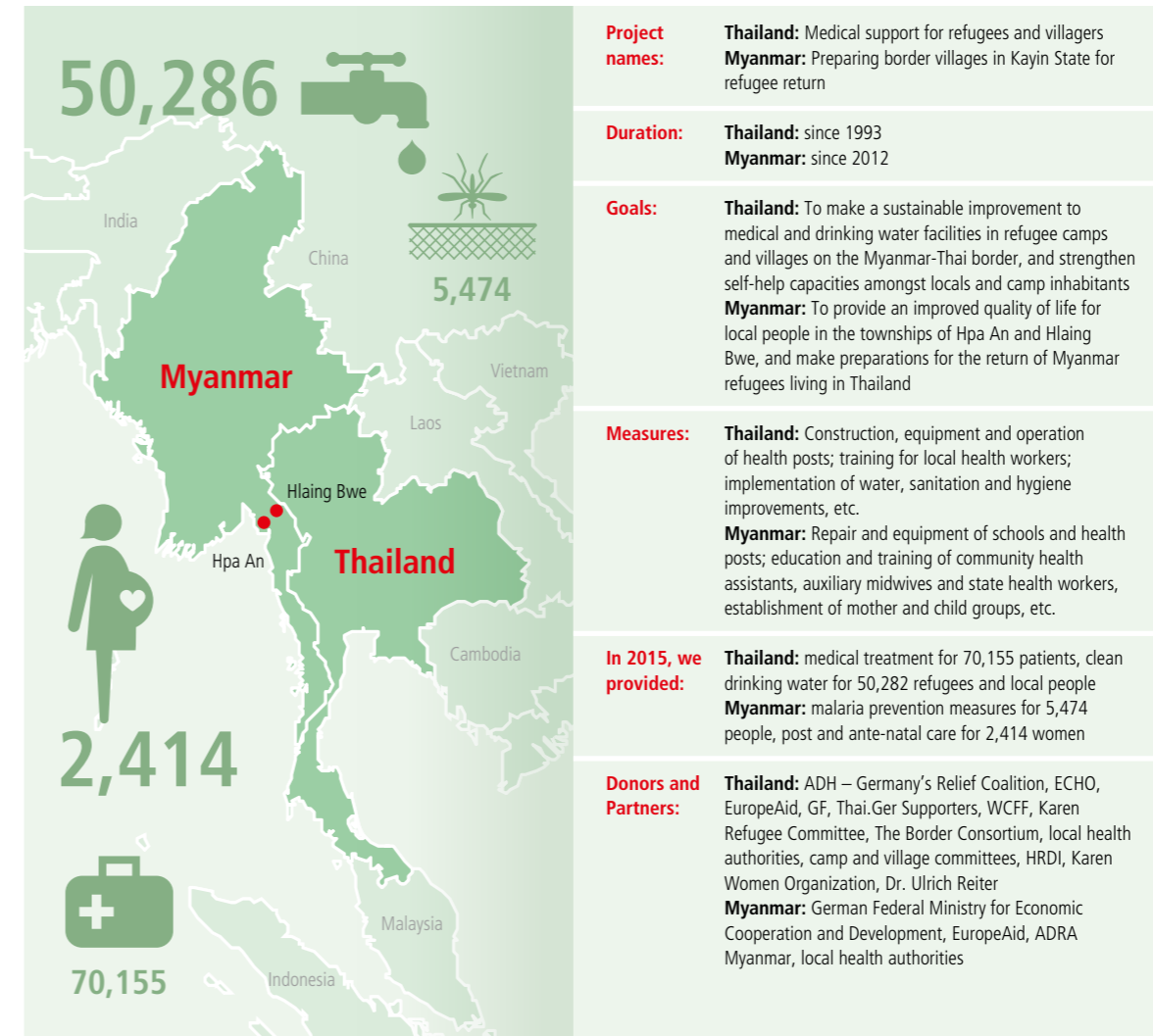
Health for mothers and children

A good example of this effort is our work for mothers and children. Midwives like Hto Lwe Htoo help to lower the region's high rate of mother, infant, and child death. The 26-year old also spent ten years living in a Thai refugee camp. "Malteser International trained me in the camp, and I worked as a midwife there for four years to start with, before I came to Myanmar at the start of 2015" she said. "I work here with four other midwives, and together we care for around fifty mothers and pregnant women every day. Now there

are Mother and Child Groups in 114 villages where women can come for help and advice with problems like high-risk pregnancies, giving birth safely, healthy eating, and vaccination." These groups are regularly attended by between twenty and fifty women each. Hto Lwe Htoo is proud that she can make a contribution to improving medical care for people in her home country. She returns to Thailand twice a year to visit her mother and sisters, who still live in the camps there. She hopes that she will be able to live with them in Myanmar one day.

"There is a lack of medication and qualified medical personnel: nobody can afford a doctor Kayin State ..."

Kyaw Lain, Malteser International Community Health Facilitator in Myanmar



Refugees and displacement: Lebanon – Helping strangers on a dusty road



The mobile clinic run by Malteser International and the Lebanese Association of the Order of Malta is well-used by patients.

Rana has been waiting for a message from her husband, a Syrian taxi driver, for more than two and a half years. According to his wife, he was arrested one day while driving, and he has not been seen since. A reason for his disappearance was never given. Rana, then 39, was pregnant with a daughter, and fled in fear to Lebanon, along with her five other children. Now she is left to care for her two sons and four daughters alone.

Thousands of other Syrians could tell a similar story. By 2015, Lebanon was host to more than a million refugees, who now make up around a third of the country's total population. Most of them are from Syria, although the advance of ISIS has also caused thousands of Iraqis to seek refuge in Lebanon. As the Syrian conflict becomes increasingly protracted, the situation grows worse for the refugees. Their savings were used up a long time ago, and finding work is difficult in the deeply indebted country, where many Lebanese people struggle to earn a living themselves. Providing medical care for the vast number of refugees in Lebanon is a huge problem. The enormous increase in the number of people needing help has overwhelmed medical facilities in the country. Services are limited, and because patients are required to pay the high cost of transport, medication, and treatment themselves, even this limited healthcare provision lies far out of reach for many that need it. Amongst refugees and poor Lebanese people this need is huge. In 2015, just 12 per cent of all households had full access to basic medical care.

In cooperation with the local association of the Order of Malta, we are implementing a strategy to improve the healthcare provision for people in especially isolated regions of Lebanon. Our program is concentrated on the Akkar district in the north of the country – one of Lebanon's poorest and least developed regions, where a great number of Syrian refugees, including a large number of women and children, have sought shelter in empty buildings, building sites and tents.

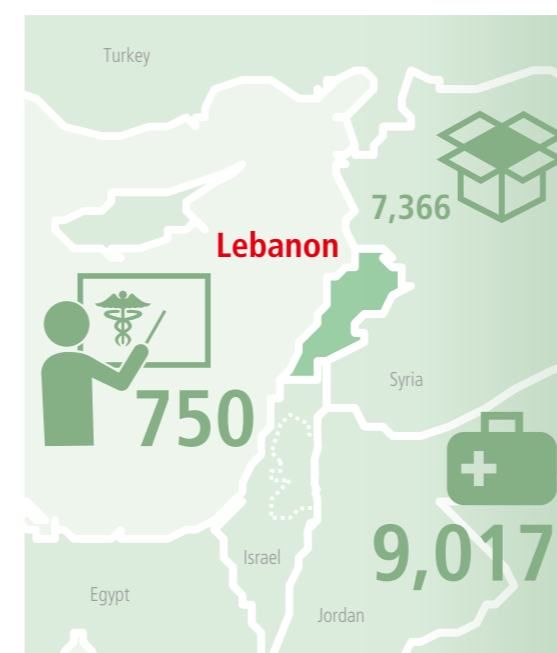
Distance, cost and scarcity mean that many people in Akkar never have the chance to visit a doctor. Our solution is to bring the doctor to them. Our team of five



Rana with her three children next to the mobile clinic.
PHOTO: OUMAYMA FARAH, ORDER OF MALTA LEBANON

physicians, two nurses, a social worker, an administrator, and two drivers travel through the outlying villages of the Akkar region in a mobile clinic bus five days a week. Treatments and medication are free for refugees as well as locals, and severely ill patients are transferred to hospitals. For people like Rana, this is a blessing: "Without this help, I would be completely alone."

In order to improve medical infrastructure sustainably, we organize health and hygiene campaigns designed to prevent the spread of sickness, and provide four static health centers with medication and medical equipment. To improve the quality of life, and protect the health of refugees, we also organize distributions of food, clothing, hygiene articles, blankets, and mattresses for them in collaboration with the Lebanese Association of the Order of Malta.



Project name: Aid for refugees in Lebanon

Duration: Since October 2012, mobile clinic since September 2014

Goal: To improve the living conditions and health of Syrian refugees and impoverished Lebanese people

Measures: Operation of a mobile clinic, supply of four medical centers with medication and equipment; implementation of health and hygiene campaigns; distribution of mattresses and blankets, food parcels, hygiene packages, clothing, and items for children;

We provided: Medical treatment for 9,017 patients, health and hygiene training sessions for 750 families; food, hygiene articles, mattresses and blankets, or clothing, for 7,366 people.

Donors and Partners: ADH – Germany's Relief Coalition, German Federal Foreign Office, Nachbar in Not – Austria's Relief Coalition, Malteser Aid Service Austria, Lebanese Association of the Order of Malta.

Emergency relief: Providing aid in Nepal's hour of need



A woman washes clothes in one of the few remaining water sources in Sipaghat, Kavre District
PHOTO: TOBIAS KANN

On Saturday April 25, 2015, a violent and shallow earthquake of magnitude 7.8 strikes Nepal at 11:56 local time. Within minutes, international aid organizations around the world receive automated alerts, and the government of Nepal calls for international assistance. Staff at Malteser International's HQ contact local and international partners, and begin response procedures. Malteser International experts in Cologne, Haiti and Thailand head to the stricken country.

Day 1

More than half a ton of medical supplies are packed for Malteser International, to be dispatched to Nepal on a flight specially chartered by our partner organization ADH.

Day 2

The Malteser International team arrives in Nepal, and begins providing aid to the heavily traumatized survivors. The airport in Kathmandu is small and damaged, limiting the amount of aid arriving. Some aircraft need to be turned back in flight.

Day 3

Additional Malteser International experts arrive in Kathmandu, and begin providing aid in the outlying regions of Gorkha and Dhulikhel – supporting medical facilities and distributing shelters, hygiene kits, and medical supplies.

Week 2

Malteser International begins distributing five tons of food, blankets, tarpaulins, and hygiene articles in the Khavre district, northeast of Kathmandu.

May 12

A second earthquake strikes, with magnitude 7.3, and its epicenter in Malteser International's area of activity, causing further injuries, deaths, and building collapses.



Week 3

Malteser International establishes a Basic Health Unit at Lamosanghu, near to the Chinese border, in collaboration with Dhulikhel Hospital, and continues to provide food to the local population.

A patient receives treatment at the Malteser International field hospital in Lamosanghu.
PHOTO: ICH.TV

Three months

The emergency phase of Malteser International's work is officially over. The focus of relief efforts shifts to reconstruction. Rubble clearance activities intensify: roads and public spaces are opened again, and areas are cleared for rebuilding. Malteser International constructs model houses with strong foundations for people in the greatest need, and helps locals rebuild by providing expertise and materials.

Six months

Political tensions lead to a blockade at the Indian border with Nepal. Fuel and aid materials are unable to enter the country. Despite difficulties, Malteser International continues its work, as well as carrying out an emergency winter relief program: providing insulation, clothes, and stoves to help vulnerable people living in the mountains to keep warm.

One year

Rebuilding efforts continue. So far, we have constructed houses for 822 highly vulnerable people, using techniques that will make them resistant to future disasters. We have provided nearly 12,000 others with materials and help to do the same for themselves. The Malteser International Basic Health Unit, which treated around 9,000 people in the 12 months following the disaster, continues to operate.

In total, the disaster cost 8,699 people their lives, wounded more than 22,000, and left around 2.8 million without a home.

Aid material being distributed in cooperation with our local partner and volunteers from Kathmandu University.
PHOTO: JANA AŠENBRENEROVA

Emergency relief: Planning for the unthinkable

Emergency relief missions are probably what comes to most people's minds when they hear the words 'humanitarian aid', or 'disaster relief'. Understandably, the dramatic and often dangerous moment when a group of international specialists flies in to a stricken country to provide aid in the wake of a major humanitarian disaster is frequently a major focus for the attention of the public and the world's media. However, emergency missions are actually just one part of a much bigger process.

To be able to do their job during the crucial period following a disaster, aid workers draw on years of training and preparation, as well as the support of teams of people working behind the scenes to make sure that they have the information, the techniques, and the tools that they need at hand. Extensive planning and coordination are essential to ensure that the right aid gets where it needs to be. In this report, **Oliver Hochedez, Malteser International's Emergency Relief Coordinator**, gives an insight into the challenges of providing urgent aid at the scene of a major humanitarian catastrophe.

Our approach: building partnerships and local capacities

At Malteser International, we see emergency relief as part of a cycle that requires long-term engagement in vulnerable countries. Emergency operations work best, and are most sustainable, when they are part of an ongoing commitment to strengthening local infrastructure both before and after disasters. Working with local partners, such as governmental authorities, or local medical and aid organizations, is a key element of this strategy. Locals are always the first responders in disaster situations, and working with them allows us to draw on their much wider range of knowledge, networks, and infrastructure. By strengthening and supporting our partners, we can ensure that local communities are better prepared for disasters in the future, and that they continue to benefit from our work long after our projects have finished.

The value of this approach was illustrated during our relief efforts following the earthquake in Nepal. We

One of Malteser International's tasks in the weeks following the earthquake was to distribute aid to the affected population.

PHOTO: JANA AŠENBRENEROVÁ



first began working to improve disaster preparedness amongst flood-prone communities in the south of the country in September 2012 by cooperating with local partners to set up an early warning system, and to protect water sources from contamination by floodwater. This meant that Malteser International's teams arrived in Kathmandu with contacts, a base, and support system already in place, and that they could make the most of the crucial hours and days following the earthquake.

“Emergency operations work best, and are most sustainable, when they are part of an ongoing commitment to strengthening local infrastructure both before and after disasters ...”

Oliver Hochedez, Emergency Relief Coordinator

Local knowledge, global reach

In addition to our local partners, our international and global alliances are crucial. Working with international coordinating bodies like the UN provides essential help with planning and assessment, and helps us to make sure that our aid arrives where it is needed most during emergencies. Adhering to international benchmarks such as the SPHERE guidelines, and the international Core Humanitarian Standard helps us to make this aid as effective as possible.

As the Order of Malta's international aid agency, we are also able to draw on the Order's unique worldwide network. This provides us with rapid and flexible access to personnel and logistical support in disaster situations.

In Nepal, the Malteser International emergency response team was composed of a highly qualified and very experienced group of doctors and paramedics from this network. Several of them had been part of the Malteser International response to the major earthquake in Haiti in 2010, and had provided aid in the wake of a variety of other humanitarian catastrophes around the world. Less than two days after the earthquake struck, over half a ton of medication was awaiting a flight to Kathmandu – transported by the Order of Malta's German volunteer service, sourced from our partner action medeor, and dispatched on a flight specially chartered by ADH – a coalition of relief organizations.

On the ground: care for mind and body

As an organization of the Order of Malta, we are part of one of the world's strongest and oldest traditions of providing medical care. Health projects are our main area of activity, and our core competence is improving the health of people in need. Our approach to health emphasizes the need to take a holistic approach by protecting health through good nutrition, and the provision of clean, safe water and hygiene; as well as considering the mental health of people affected by disasters. Arriving in Nepal, our team provided medical

A patient receives treatment from a Malteser International doctor at the field hospital in Lamosanghu. PHOTO: JANA AŠENBRENEROVÁ



PHOTO: CARMEN WOLF



The aftermath: building back better

The job of disaster relief organizations is to make themselves obsolete. By raising the standard of disaster preparedness in vulnerable countries, and strengthening the ability of local organizations to respond to future crises, we hope to make it possible for vulnerable nations to take control of their future, and respond to disasters without outside help. In the most severely earthquake affected areas of Nepal, local building styles proved highly vulnerable to tremors. From the very first, Malteser International-supported rebuilding efforts sought to 'build back better'. We erected earthquake resistant model houses for the most vulnerable members of the community, and used these houses to train others in safer building techniques. We then gave them the materials and support that they needed to build new homes for themselves.

Because of Nepal's mountainous terrain, and the damage to roads caused by the earthquake and the rains that followed, communication and transport in the country ground almost to a halt. For sick and injured people in isolated regions needing medical treatment, this was disastrous. By collaborating with existing medical structures at Dhulikhel hospital, we were able to step in to fill the gap faced by local medical staff. In cooperation

with the hospital, we brought medical aid to people in need in outlying areas, who would otherwise have been unable to access it, by establishing a Basic Health Unit at Lamosanghu, to treat patients in remote villages near to the Chinese border. With a three-month supply of medication on hand, this field hospital was able to continue to operate even when landslides blocked the roads. By coordinating with other aid organizations in the area, we have been able to ensure that locals will continue to have access to high quality treatment in the years to come.

The future

The so-called emergency relief phase of Malteser International's work in Nepal only lasted around three months but, together with our partners, we will continue to provide aid in the country for years. The construction of three new permanent health stations in outlying mountain regions will be amongst the first steps towards returning local communities to an acceptable standard of living. Building and repairing water and hygiene systems, as well as helping locals to overcome their trauma and improve their preparedness for future disasters, will continue to be major focuses of our work.

Malteser International rubble clearance work and field hospital in Lamosanghu.

PHOTOS: MALTESER INTERNATIONAL AND JANA AŠENBRENNEŘOVÁ



Project name:	Nepal earthquake relief
Duration:	Since April 2015
Goal:	To provide aid to earthquake-affected people in the Khavre, Nuwakot, and Sinhuwalchok Districts
Measures:	Emergency medical aid, field hospital, rubble clearance; distribution of food, aid goods, and winter relief items; construction of houses and latrines, repair of water systems
We provided (Apr 15 – Apr 16):	Emergency relief for 92,131 people, medical treatment for 8,893, and help with rebuilding for 12,499
Donors and Partners:	Rural Self-Reliance Development Center (RSDC), Dhulikhel Hospital, Kathmandu University, German Foreign Office, ECHO, ADH – Germany's Relief Coalition, Nachbar in Not (Austria's Relief Coalition).

Quality and effectiveness: Measuring, evaluating, and learning



Structured monitoring and evaluation are a basic element of ongoing project management at Malteser International. Detailed analysis of data from previous and current projects helps us to measure their success, and ensure that they provide the greatest possible benefit to the people at whom they are aimed. Dr. Marie T. Benner is Malteser International's Senior Health Adviser – responsible for maintaining the high standards of quality in Malteser International's work. In this interview, she discusses the challenges of measuring the quality and effectiveness of highly complex humanitarian interventions.

A medic records patient information at Camp Debaga, near Erbil in Iraq.

PHOTO: CARMEN WOLF

Why is it important for Malteser International to implement good projects?

Marie Benner: Our mission as an organization is to help people in need, and that is my own personal motivation for the work that I do as well. When we implement good projects, that means our aid is reaching people, that we are helping to improve their situation, and that we are fulfilling our mission. On top of this, we have to make sure that our donors, sponsors and partners can rely on us to carry out good quality work, and be a responsible organization to work with.

What do you mean by “quality” in this context?

Marie Benner: We judge the quality of our work based on a range of indicators. There are a number of questions that are important for us. Is the project relevant? That is, does it really cover the needs of the people that we are trying to help? Are long-term developments and other external factors, for example, the political context, taken into account? Does our help also reach people in outlying regions? Is the project effective, and do the resources used achieve an appropriately successful result?



PHOTO: FRANK LÜTKE

What are the criteria that you apply when you make these assessments?

Marie Benner: We determine whether the results indicate that the project is successful on three levels: output, outcome, and impact. The output refers to the sum total of the results achieved – for example, a number of training sessions for health workers, or a certain amount of medication delivered. At the outcome level, we look at the results of our work in relation to the goal of the project. That means we determine, for example, how many people have been given access to better medical care because of some particular training, or because we delivered a certain medication, or what is the proportional reduction of malaria cases that we can attribute to our work, for example.

Where it is meaningful, we also take into account the impact level – this means the overall effect of our

measures in a wider, superregional context. There are often a range of factors that need attention in order to bring about an improvement. The help of our local partners, health authorities, and civil society is a great support in this. When we treat malaria in our projects, we contribute to the broader fight against the disease. These kinds of overarching effects go beyond the specific project goals, and this is something that we assess in the context of a specific evaluation, and not our regular monitoring.

What is the difference between evaluation and monitoring? How does Malteser International ensure the quality of its projects on a regular basis?

Marie Benner: We need well-sourced information about any given situation, and the services that we have provided, as a the basis for our project planning and risk management, and in order to be able to make informed decisions as an organization. We ensure the quality of our projects by making monitoring and evaluation activities an integral part of our project cycle.

Although monitoring and evaluation are often mentioned in one breath, they each have a very specific

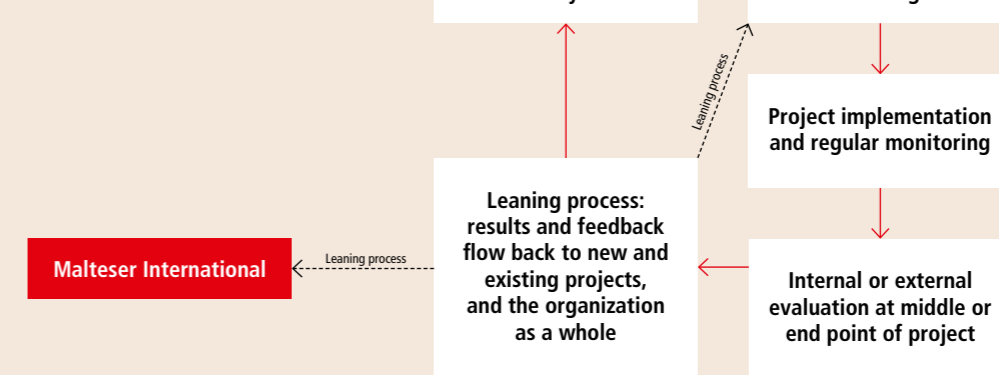
“If we can use the resources placed at our disposal to help people in a significant way then I am satisfied ...”

Dr. Marie T. Benner, Senior Health Advisor

meaning. We have had intensive discussions in order to produce a valid and purposeful definition of what they mean for Malteser International. We understand monitoring as the regular and systematic collection, analysis and interpretation of qualitative and quantitative data in order to measure the progress of a project. Evaluations, on the other hand, are objective and systematic examinations of ongoing or concluded projects that are undertaken according to a predefined set of criteria. While monitoring is a routine and ongoing process, evaluation takes place at certain points – usually at the mid point and at the end of a project’s life cycle.

Monitoring and evaluation are not just about collecting reliable data. They also help us to establish crucial learning processes within our organization, which allow us to assimilate the information that we have gathered and use these insights to improve our future projects.

Monitoring and Evaluation in the project cycle:



The first important step in evaluating a project is defining goals that can be judged against objective criteria. What kind of goals are used?

Marie Benner: You do indeed need measurable and realistic goals to be able to perform a meaningful evaluation. That means that in the first place we have to define clear structural units that we can use for measurement. We do this by establishing goals directly on the project level. For example, when we work to improve the health system in the DR Congo that means we concentrate on the seven health zones supported by Malteser International. Doing this allows us to evaluate whether the 1.3 million people that live there are able to see a sustainable improvement in their access to basic healthcare.

Secondly, the goal has to be defined as concretely as possible. To continue with the example of the Congo, this means that we evaluate improved access to basic healthcare by assessing whether, for example, the existing facilities are being used more often than before, whether medication and medical equipment is reliably available in local health stations, or whether the system for financing medical infrastructure has improved. These are measurable indicators for us.

Q: How do you determine if a project has been successful?

Marie Benner: By referring to these clearly defined goals, it is relatively straightforward to determine whether a project has been a success by asking whether the goals have been reached or not, and whether the processes were effective or not. We then apply our predefined quality criteria to the indicators established by the project goals. To make this process public and

transparent, we aggregate this information into our so-called performance figures, which give an overview of our work, and we publish these on our website and in our annual report.

Learning processes and effective knowledge management are extremely important for our organization. This means that if a project produces information that we can use to improve our work locally, or in other projects, it is a success for us in the sense that it has helped to make us better and more efficient at what we do.

You travel a lot, and perform many evaluations yourself. What makes a project successful for you personally?

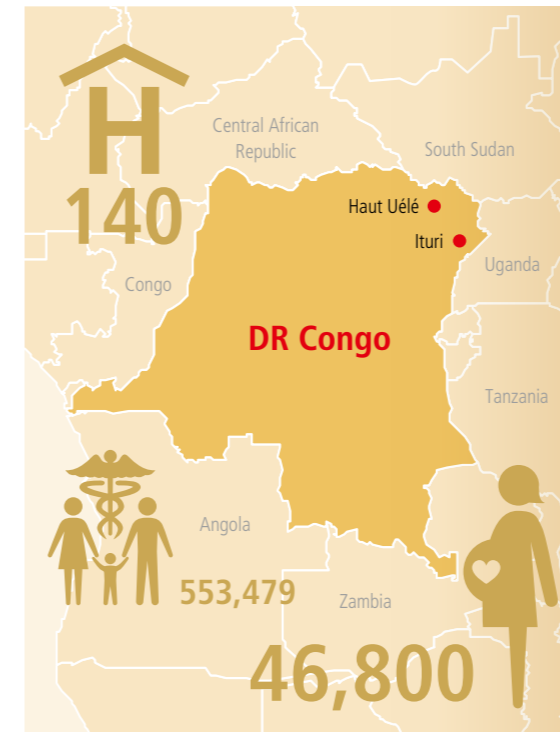
Marie Benner: I have seen quite a number of projects in my 24 years working for Malteser International. For me personally, whether or not a project is successful is not something limited to the objective criteria that I apply for an evaluation. Beyond these, a good contextual analysis, a good integration of local partners and community structures, and above all, of the people who we want to support are all highly important. Listening to these people, making a clear assessment, understanding problems and their causes, and then drawing the right conclusions are the basic ingredients of a successful project. I have very high standards, but of course I understand that we work in a very difficult field, and that not everything can run smoothly. It is our job to find solutions for people in the extremely complex environments of disasters, wars, and epidemics. Most of the time we succeed, but sometimes the situation is simply too complex. If we can use the resources placed at our disposal to help people in a significant way then I am satisfied.

Quality and effectiveness: Improving medical care in the DR Congo

We were able to reduce child mortality at birth in our project region in the DR Congo.

PHOTO: JANA AŠENBRENNEROVÁ

How is it possible to improve basic health care for everybody living in a certain region? This is exactly the question faced by the Malteser International team in the DR Congo in 2006. Following years of protracted conflict, the Congolese health system has been left profoundly weakened, and it struggles to cope with the challenges of providing healthcare across a vast and underdeveloped territory.



Project name: Strengthening the health system in Congo

Duration: Since February 2015 (Successive project)

Goal: To improve access to high-quality health services for the population of five health zones in Ituri Province, and two in Haut Uélé

Measures: Subsidization of medication, medical supplies, and medical equipment for health centers; education, training and supervision of medical personnel; construction and renovation of twelve medical centers with maternity wards; providing financial and technical support for medical structures; supporting local health authorities in improving management, monitoring and evaluation; village insurance funds, and flat rate prices to make medical services affordable for local people

We provided: Technical and financial support for 140 health centers, support for 46,800 births at our medical facilities, as well as treatment for 553,479 patients in medical centers and hospitals.

Donors and Partners: EuropeAid, Caamenihu, EUP FASS (Etablissement d'Utilité Publique du Fonds d'Achat des Services de Santé)

Decades of violence in the Congo destroyed medical facilities, halted the training of medical personnel, and put a stop to investment in medical infrastructure, which remains minimal to this day. Consequently, the life expectancy for inhabitants of the Congo has fallen to just 56 years – one of the lowest in the world, while mother and child mortality is enormously high.

The goal of our project was to improve access to basic medical care for the approximately 1.3 million inhabitants of five health zones in the Province of Ituri and two health zones in the Province of Haut Uélé, and to strengthen local medical structures in a sustainable way. The success of the project was to be determined by an increase in the number of visits to health facilities and the quality of medical care, as well as a reduction in the rate of mother and child mortality.

We developed a range of measures in order to do this. We gave our support to 140 medical centers across the seven health zones; working to ensure a constant supply of quality-controlled medication, supporting the construction and rebuilding of facilities, and financing the purchase of essential medical supplies. Additionally, we emphasized good management, and the further training of medical personnel. This meant ensuring that regular and ongoing monitoring took place. Patients were surveyed on the quality of the treatment that they received, and of the personnel that gave it. Good results were rewarded with a financial bonus, with the result that management personnel took our quality standards on board, and worked towards them ambitiously.

Adapting aid to local needs

However, simply improving the quality of the services provided is not enough to give people better access to basic medical care. Almost 90 percent of the population in Congo lives below the poverty line and simply cannot afford a visit to the doctor. One approach to tackling this problem is the introduction of community health insurance. Those signing up to the insurance are able to secure treatment for common illnesses for a contribution of around nine euros per person per year. However, interest in this program has been hesitant up to now. An alternative strategy – flat rate payment for medical treatment – has proved much more popular. Births in a medical center are charged at a flat rate of around 3.50 euros, while outpatient treatment costs just over one euro for an adult, and around 66 cents for a child. Thanks to our subsidies, these prices do not vary, no matter what treatment the patient needs.

The results of these interventions are measurable. Compared to the previous year, maternal mortality in our region has fallen from 181 to 64 per 100,000 live births – in comparison with a national average of 690 maternal deaths per 100,000 – while mortality for hospital patients has dropped from 2.4 to 1.4 percent. In the years 2014/15, just one third of the people in the health zones supported by Malteser International were able to visit a doctor once a year. Our goal, which we are not far away from achieving, is to raise this average to half. In the long term, the health centers should be financed by the communities themselves, however, making this a reality will require several years of work.

Quality and effectiveness: Helping Colombia's forgotten people



Project name: Strengthening resilience among Colombian communities

Duration: Since July 2015

Goal: To create local capacity in the areas of water, sanitation, hygiene and food security, support sustainable agriculture, and protect natural resources, in order to safeguard livelihoods and food security from climate change; strengthen knowledge of hygiene, health, and nutrition.

Measures: Improved local sustainable agriculture practices, environmental conservation, protection, and climate change adaptation initiatives; distribution of agricultural tools; community mobilization in the areas of environment, health and hygiene; equipment of two community and evacuation centers for use during forest fire, floods, and landslides; construction of a community washing area; improvement of health and hygiene skills amongst women and expecting mothers

In 2015 we provided: A community washing area for around 1,500 people, and agricultural training to 150 community multipliers

Donors and Partners: ABIUDEA (Association of Biologists of the Universidad de Atlántico) and PDPC (Programa de Desarrollo y Paz del César/Development and Peace Program of César), German Ministry for Economic Cooperation and Development

Forgotten crisis, forgotten people – both terms apply to the Malteser International project regions of Guajira and Magdalena in northern Colombia and their inhabitants. Following around 50 years of civil war between rebels, paramilitaries, the government, and drug gangs, large swathes of the population have lost everything. While the regions are now generally peaceful, enormous poverty prevails – especially in outlying rural areas. These areas are mainly home to Afro-Colombians, and indigenous peoples like the Wayu – who have often been displaced from their homes repeatedly.

Local inhabitants are confronted with a range of problems simultaneously. Almost 60 percent of the population in Guajira and Magdalena are suffering from undernutrition. They have been displaced from fertile agricultural regions, and forced to make their living from much less fruitful soil in areas to which their traditional farming methods are no longer suited. In addition, the regions are strongly affected by the El Niño effect. Deforestation, and the soil erosion that it causes, further eat away at the already limited natural resources available.

Alongside the insecure food supply and environmental damage, the lack of medical care is a key problem for locals. Afro-Colombian and indigenous people, for the most part, have no access to state aid, and only limited knowledge of health and hygiene. The inhabitants of Guajira and Magdalena live along the Don Diego and Tapia rivers, which are their main water sources, and a lifeline for growing food, but the rivers are heavily polluted with sewage, detergent, and other rubbish.

Finding a way to people

Our goal is to improve living conditions for more than 4,000 people in the region. At least 60 percent of the population are being acquainted with more sustainable farming methods, balanced nutrition, and the hygienic storage and preparation of foodstuffs. First of all, this means establishing contact with local communities. In Colombia, local partners play an integral role in the success of our projects. Their staff are well acquainted with



the geography of the outlying rural areas; they have contact with the local inhabitants and understand their language, culture, traditions, and spirituality.

We are working with a group of smallholders to establish sustainable and environmentally friendly farming methods. These Malteser International-trained farmers can then act as 'multipliers', passing on new skills and techniques to other farmers in their communities. More than 150 people took part in our sustainable agri-



culture training sessions last year, which will continue until the end of 2017. These multipliers were selected together with the village communities, and their farming plots were mapped, digitized, and analyzed for their soil conditions and agricultural potential. The success of the project will be determined according to how well it performs according to a range of indicators, and how well it fulfils its goal of increasing the resilience of the local population to problems with their food security caused by the changing environment. This means, for example, more than half of the farmers taking up at least two new sustainable farming methods.

In order to reduce child mortality in the region, we are also carrying out preventative health and hygiene measures, as well as healthy nutrition campaigns. The latter are focused on young people, who can then bring their new skills back to their communities and act as advocates of better health. Nine focus groups will concentrate on topics like hygiene and nutrition during pregnancy, childhood, and youth, and their members will also function as community multipliers. It is anticipated that this project will save lives, and reduce child mortality by at least seven percent by the end of 2017.

At a Wayu village in our Colombian project region

Preventative health and hygiene measures, like this washing station, will help to reduce child mortality in the region

Our programs in 2015

Asia and Middle East

Country	No. of projects	Project location and short description	Donors	Local partners
Cambodia ¹	6	Samrong: Improving water, sanitation and hygiene Siem Reap and Bantey Meanchey: Community based health insurance Siem Reap: Increasing resilience to the health-related impact of climate change Siem Reap and Samrong: Supporting water, sanitation and hygiene measures, and encouraging a positive hygiene environment	BMZ, Czech embassy, Elysium Foundation, GIZ, Just a Drop	CHC, CHHRA, SHPA, WFC
India ³	3	North India/Nepal: Disaster risk-reduction, and water, sanitation and hygiene measures for flood prone communities in India and Nepal South India: Improving the life-skills of young people with HIV/AIDS; emergency relief for flood affected communities	ADH, BMZ	CHAI, ProVision, SSK
Indonesia ³	3	Province of Aceh: Health and nutrition advice for women and children in Aceh Utara; emergency assistance to Rohingya refugees West Papua: Disaster risk-reduction measures for vulnerable coastal communities	ADH, BMZ	Hatinurani, YEU
Iraq ¹	3	Iraqi Kurdistan: Medical care for internally displaced people at mobile medical structures; construction and management of health centers; distribution of hygiene kits	AA, ADH, GFFP, OMF, French Senate	Archdiocese of Erbil, Department of Health Dohuk, TCCF
Israel ³	1	Kfar Aza: Psychosocial help for traumatized children	ADH	ZWST
Lebanon ²	2	Bekaa Valley: Primary health care for Syrian refugees and impoverished locals at a mobile medical unit; distribution of relief goods for refugees	AA, ADH, NiN	Lebanese Association of the Order of Malta
Myanmar ¹	19	Northern Rakhine State: Primary health care with a focus on mother and child health, and the prevention and treatment of malaria and tuberculosis; nutrition; implementation of water, sanitation and hygiene measures; emergency relief and rehabilitation following flooding Central Rakhine State: Improving local disaster preparedness; promoting climate change adaptation, and strengthening resilience in communities; emergency relief and rehabilitation following flooding Kayin State: Improving access to primary health care services, with a focus on mother and child health; water, sanitation and hygiene measures; preparing for the return of Karen refugees from Thailand Shan State and Wa Special Region: Treating and preventing the transmission of TB and HIV; construction of health centers; establishment of a community based approach to mother and child health, including nutrition	AA, BMZ, ECHO, EuropeAid, GF, GIZ, SDC, UNFPA, UNHCR, UNOCHA, WFP	CERA, MERN, ADRA Myanmar, Sisters of the Good Shepherd
Nepal ¹	12	Kavre, Nuwakot and Sindhupalchowk Districts: Providing emergency relief and rehabilitation following the 2015 earthquake: medical care, distribution of aid including food and tools; construction of emergency shelters, community centers, and model houses; distribution of winter relief materials including tarpaulins, mattresses, solar lamps, and clothing	AA, ADH, State of Baden Württemberg, ECHO, Mercy Works, MHDA	RSDC, Dhulikhel Hospital, Kathmandu University, Indrawati Community Group
Pakistan ^{1,3}	4	Peshawar/KP Province: Basic health care, with a focus on internally displaced people and refugees SWAT/KP Province: Food security and strengthening community disaster preparedness Thatta/Sindh Province: Strengthening the resilience and livelihoods of vulnerable coastal communities; disaster risk-reduction; emergency relief following flooding	AA, ADH, BMZ, SDC/WFP	UAAR, PFF

Donors:

- AA:** Auswärtiges Amt – German Foreign Office
- ADH:** Aktion Deutschland Hilft – Germany's Relief Coalition
- BMZ:** Bundesministerium für Wirtschaftliche Entwicklung und Zusammenarbeit – German Federal Ministry for Economic Cooperation and Development
- CICF:** County Innovation Challenge Fund
- DFID:** Department for International Development (UK)
- ECHO:** European Commission Humanitarian Aid and Civil Protection department
- EDF:** European Development Fund
- FIND:** Foundation for Innovative New Diagnostics
- GF:** The Global Fund
- GFFP:** Global Fund for Forgotten People
- GIZ:** Gesellschaft für Internationale Zusammenarbeit (Germany)
- MHD:** Malteser Hilfsdienst – German Malteser Aid Service
- MHDA:** Malteser Hospitaldienst Austria – Austrian Malteser Aid Service
- MW:** Malteser Werke
- NiN:** Nachbar in Not – Austria's Relief Coalition
- OMF:** Ordre de Malte France
- SDC:** Swiss Agency for Development and Cooperation
- UNFPA:** United Nations Population Fund
- UNHCR:** United Nations High Commissioner for Refugees
- UNOCHA:** United Nations Office for the Coordination of Humanitarian Affairs
- WCF:** World Child Future Foundation
- WFP:** World Food Program

Country	No. of projects	Project location and short description	Donors	Local partners
Philippines ²	4	Northern Samar Province: Distribution of hygiene kits and relief items following Typhoon Nona Samar Province: Distribution of food aid following Typhoon Ruby Western Samar and Cebu Province: Rebuilding houses, distribution of construction material, and provision of technical support following typhoon Haiyan Benguet Province: Construction of water facilities, latrines, biosand filters, and biogas facilities to improve health, sanitation and hygiene	ADH, BMZ, Caritas International, Dan Murphy Foundation, Deutsche Bank Foundation	Philippine Association of the Order of Malta
Syria ³	3	Northern Syria: Primary and secondary medical care for internally displaced people and local inhabitants at one hospital and four health centers, production of medical oxygen Aleppo: Support for a pediatric hospital	AA, ADH, Bergmann Foundation, BMZ, Ein Herz für Kinder	Syrian partner organization
Thailand ¹	6	Mae Hong Son province: Health, nutrition, water, sanitation and hygiene measures for refugees and locals in the district of Sub Moei; primary and secondary health care for Myanmar refugees; malaria treatment and prevention; dental treatment and hygiene; secondary health care for children	Child's Dream Foundation, Drehscheibe Bangkok, ECHO, EuropeAid, GF, Suvanimit Foundation, Thai.Ger Supporters Bangkok, WCFF, Dr. Ulrich Reiter	PPHO/DPHO, HRDI
Turkey ³	3	Kilis: Medical care for Syrian refugees at a field hospital; psychosocial and social support, vocational training, and peace-building activities for refugees and locals at a purpose built community center Karahmanmaras: Supporting a school for refugee children	AA, BMZ, British Association of the Order of Malta	IBC, Syrian Solidarity Association
Vietnam ¹	5	National program: Supporting the inclusion of disabled people in disaster risk reduction activities Quang Nam Province: Conservation and sustainable usage of forests to secure the livelihood of the local population; support for a medical clinic; distribution of medical supplies, establishment of food gardens; construction of latrines	ADH, BMZ, German Consulate General in Ho-Chi-Minh City, WCFF	DP Ha Noi, PeCo Tay Giang, CRD

Americas

Country	No. of projects	Project location and short description	Donors	Local partners
Colombia ^{2,3}	3	Departments of La Guajira and Magdalena: Helping vulnerable indigenous and Afro-Colombian communities adapt to climate change La Guajira: Building community-based capacity in health, nutrition and hygiene support La Magdalena: Health care for marginalized indigenous people in remote parts of the Sierra Nevada de Santa Marta	BMZ, GFFP	ABIUDEA, PDPC, Fundación pro Sierra, Colombian Association of the Order of Malta
Haiti ^{1,3}	3	Port-au-Prince: Improving food security, water, sanitation, and hygiene quality, and promoting disaster preparedness; encouragement of sustainable development for vulnerable communities Belle Anse: Helping vulnerable communities to adapt to climate change by protecting natural resources, strengthening livelihoods, and improving water, sanitation, and hygiene quality.	BMZ, Europe Aid	COTEDO, LA DIFFERENCE, UJEDCOCIS, local civil protection authority
Mexico ²	2	Mexico City: Prevention of the transmission of HIV/AIDS between newborns and their mothers Veracruz, Tabasco and Guerrero: Disaster risk-reduction measures for vulnerable populations in remote and disaster prone areas	Bild hilft e.V., GFFP	Mexican Association of the Order of Malta
Peru ²	2	District Ate, Querecotillo: Soup kitchen for school children and club for elderly people; helping Malteser Perú to expand its project management and disaster preparedness capacity	GFFP	Malteser Perú

Partners:

- ABIUDEA:** Asociación de Biólogos de la Universidad del Atlántico
- ADRA:** Adventist Development & Relief Agency
- CAAMENIHU:** Central d'Achat d'Approvisionnement Essentielles pour le Nord Ituri et le haut-Uélé
- CERA:** Community Empowerment and Resilience Association
- COTEDO:** Comisión de Trabajo Ecuinámico Dominicano
- CRD:** Center for Rural Development in Central Vietnam
- CHAI:** Catholic Health Association of India
- CHC:** Cambodian Health Committee
- CHHRA:** Cambodian Health and Human Rights Alliance
- DP Ha Noi:** Ha Noi Disabled People Association
- HRDI:** Highland Research and Development Institute
- IAS:** International Aid Service
- IBC:** International Blue Crescent Rehabilitation-conservation Network
- PACIDA:** Pastoralist Community Initiative Development and Assistance
- PDPC:** Programa de Desarrollo y Paz del César
- PeCo Tay Giang:** People's Committee of Tay Giang District
- PFF:** Pakistan Fisherfolk Forum
- PPHO/DPHO:** Province and District Public Health Office
- RAAH:** Rural Action against Hunger
- RSDC:** Rural Self-reliance Development Centre
- SHPA:** Social Health Protection Association
- SSK:** Sabhaghi Shikshan Kendra
- TCCF:** Turkmeneli Cooperation and Cultural Foundation
- UAAR:** Union Aid for Afghan Refugees
- UJEDCOCIS:** Union des Jeunes pour le Développement durable de la commune de Cité Soleil
- WFC:** Water for Cambodia
- YEU:** Yakkum Emergency Unit
- ZWST:** Zentrale Wohlfahrtsstelle der Juden in Deutschland e.V.

Africa

Country	No. of projects	Project location and short description	Donors	Local partners
DR Congo¹	2	Ariwara: Strengthening the health system in the Provinces of Ituri and Haut Uélé, and providing emergency health care for conflict affected populations in two health zones in the Province of Haut Uélé	EuropeAid/EDF, ECHO	CAAMENIHU, Community Based Health Insurance group
Kenya¹	3	Illeret: Multisectoral program for strengthening drought resilience Nairobi: Health project for pregnant women, with mobile-phone based prepayment plans Kajiado: Fight against Tuberculosis	ADH, CICF/DFID	PACIDA, Catholic Mission Illeret
Guinea²	1	Fight against Ebola	ADH	OMF
Liberia³	1	Fight against Ebola	ADH	ADRA
South Sudan^{1,3}	6	Wau: Food and nutrition security Rumbek: Establishment and management of a school for nurses and laboratory technicians Juba: Surveillance and control of sleeping sickness; support for people with leprosy Maridi: Improving the livelihoods and nutrition of the local population; distribution of food and aid to displaced people	AA, BMZ, European Union, FIND, GFFP	Diocese of Wau, South Sudan Ministry of Health, RAAH, Women's Organizations in Maridi, Self-help groups for People living with Leprosy
Uganda^{1,3}	3	Kampala: Reducing mother and child mortality; improving medical screening for newborns, with a focus on sickle cell anemia Arua: Improvement the water supply and promotion of hygiene for South Sudanese refugees Maracha: Treatment for under and malnourished children	AA, ADH, BMZ, Malteser Werke	Uganda Catholic Hospital Lubaga, Catholic Hospital Maracha

Europe

Country	No. of projects	Project location and short description	Donors	Local partners
Bosnia-Herzegovina³	5	Zenica-Doboj: Flood relief; improving access to medical insurance; support for a soup kitchen	ADH, MHD, MHDA, NIN	Caritas Vrhbosanske Nadbiskupije, Merhamet, Association of people with nutritional disorders, Save the Children
Germany²	13	Saxony, Saxony-Anhalt, Bavaria, and Thuringia: Financial support for the reconstruction of houses following flooding; support for psycho-social care projects Bavaria: Reconstruction of two schools	ADH, MHD, RTL Foundation, Deutsche Bank Foundation	German Association of the Order of Malta (MHD)
Ukraine^{2,3}	1	Kiev and eastern Ukraine: Providing care for people injured and traumatized by conflict; establishment of a first aid training program; transport service for people with disabilities	German Government, MHD	Ukrainian Malteser Relief Organization, University of Kiev, Psychological Therapy Organization

(1) Projects implemented by Malteser International and partner organizations
 (2) Projects implemented by national Associations and aid services of the Sovereign Order of Malta with support from Malteser International
 (3) Projects implemented by local partner organizations with support from Malteser International

Financial Report 2015: Facts & Figures

Financial development and annual accounts, our programs, partners, and structures at a glance

Structural development and strategic direction

The events of 2015 confirmed many of the expectations of the previous year. We saw an increase in the number of people in urgent need of humanitarian aid because of crises, conflicts, and natural disasters. The total number of displaced people and refugees in the world is higher than ever before, and the funding shortfall for humanitarian aid has never been so large. Although aid projects are receiving more money than in the past, the enormous increase in the number of people in need of help, and the increasingly long-term nature of the crises that place them in need, mean that the amount of money available for the assistance of each individual has dropped by more than a quarter.

Our task is to continue to provide comprehensive help to those that need it, maintain the highest quality standards, and position ourselves as best we can to face future challenges. In order to do this, we have already undertaken a renewal of our strategy, and adapted it in several points to the demands of the current situation. This strategy is reviewed on a yearly basis, and new developments are taken into account in our short, medium, and long-term planning.

Strengthening emergency relief and international networks

Significantly reinforcing our emergency relief capacity so that we can react faster and more efficiently to sudden crises is a key element of this process of strategic change. In the past year, we have strengthened our emergency relief team in terms of personnel, equipment, and training, to ensure that our colleagues are prepared to meet even the most serious of challenges.

We continue to expand and strengthen our international networks and partnerships in order to provide creative and effective solutions to the complex challenges that we face. A significant development in this effort in the last year was the intensification of our cooperation with the World Health Organization (WHO) through the establishment of new structures for health protection and relief in the face of future major disease outbreaks.

Deepening our cooperation with the national and international structures of the Order of Malta and local partner organizations in our project regions is a core element of our strategy. Together with the affected people themselves, our local partners are usually amongst the first to respond when disaster strikes. This local aid has often been shown to work most efficiently. We develop these partnerships in the long term through ongoing cooperation with our partners and by working to increase their knowledge and capacity.

Decentralization and comprehensive auditing

To meet the needs of the present challenges, it is important to be able to act in physical proximity to crisis regions. To do this, we are continuing the process of structural decentralization. This began with the establishment of regional offices in Cologne and Miami. The next step – opening a regional office in Asia – is set to follow. In order to ensure the quality of our work at all levels, we lead a comprehensive auditing process in all of our fields of work from the General Secretariat in Cologne.

A reliable financial controlling system ensures that budgets are adhered to and funds are applied properly. The focus here is on the management of liquidity and financial coverage. Cost transparency is essential for our stakeholders, and we achieve this through effective and efficient accounting processes, risk management, and internal auditing.

In addition, a comprehensive process in the last year saw the introduction of a new ongoing risk management procedure. This uses a detailed risk matrix to manage individual risk indicators across our various fields of work from the General Secretariat in Cologne. Part of this process was the definition and implementation of clear reporting structures in the General Secretariat and the regional offices.

We monitor the targets and effectiveness of our projects in an ongoing process that takes place throughout the project cycle. More information about this process is available on pages 25–27 of this report. Additionally, our internal auditing processes examine all of our



work, both at home and abroad, to ensure that it meets the requirements of any applicable guidelines, as well as those of our internal financial controlling and risk management systems.

Personnel development

The structural changes implemented in recent years have been reflected in the makeup of our staff. Malteser International's projects around the world engaged a greater proportion of local employees in 2015 compared to the previous year. In contrast, the number of people at the regional offices in Miami and Cologne was slightly lower. In 2015, Malteser International employed 981 staff members from forty different countries of origin. Our project locations employed 846 local (permanently resident), and 82 international (expatriate) members of staff. We take care to employ staff members that are highly qualified in their area of expertise, and who also have the ability to work in disaster situations. We provide regular training sessions and professional development to make sure that they have the skills that they need for their day-to-day work, as well as to take part in emergency relief operations if necessary.

Financial developments

From a financial point of view, 2015 was a year of positive developments for Malteser International. An increase in donations and contributions from institutional donors led to an additional income of more than six million euros in comparison to the previous year. This is partly thanks to the renewed emphasis that our strategy

places on increasing our communications efforts, and the fundraising work of our partner organizations and the Order of Malta.

The following part of the report contains detailed information on Malteser International's financial development. It presents the consolidated accounts of Malteser International e.V., and the two regional bodies – Malteser International Europe and Malteser International Americas – up to the end of December 2015.

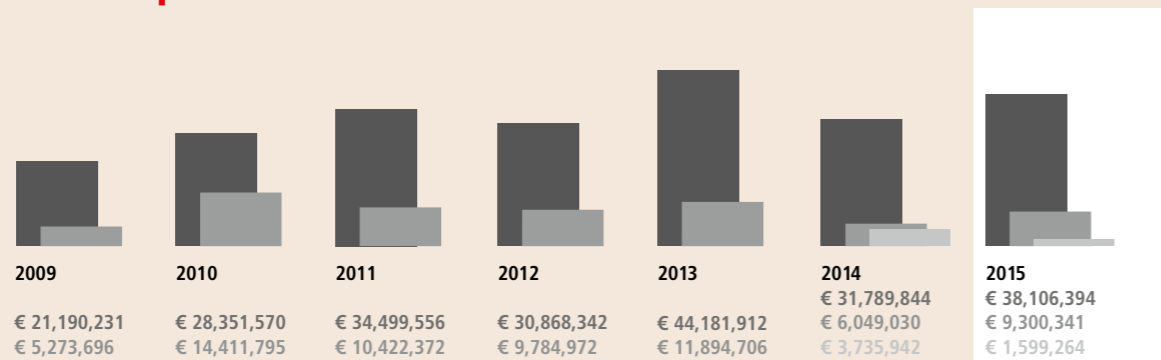
Outlook for the current year

Many of the developments in 2015 have continued to make their effects felt in the present year. The demand for humanitarian aid remains immensely high, and solutions to many of the ongoing conflicts that have caused so much of that need remain elusive. For the first time, a World Humanitarian Summit took place in May 2016 at the behest of the UN Secretary General. Malteser International signed 58 of the around 250 voluntary commitments proposed at the summit. Among other things, our pledges commit us to working towards a stronger role for local partner organizations, improved early warning systems in crises and disasters, and greater inclusivity for people with disabilities. We hope that the improvements to humanitarian aid discussed and agreed at the summit will provide aid work with fresh impetus for the future. For our societies as a whole, as well as humanitarian aid in particular, the challenges of avoiding crises, ensuring a secure financial footing, and working as efficiently as possible will continue to be key issues in the immediate future.

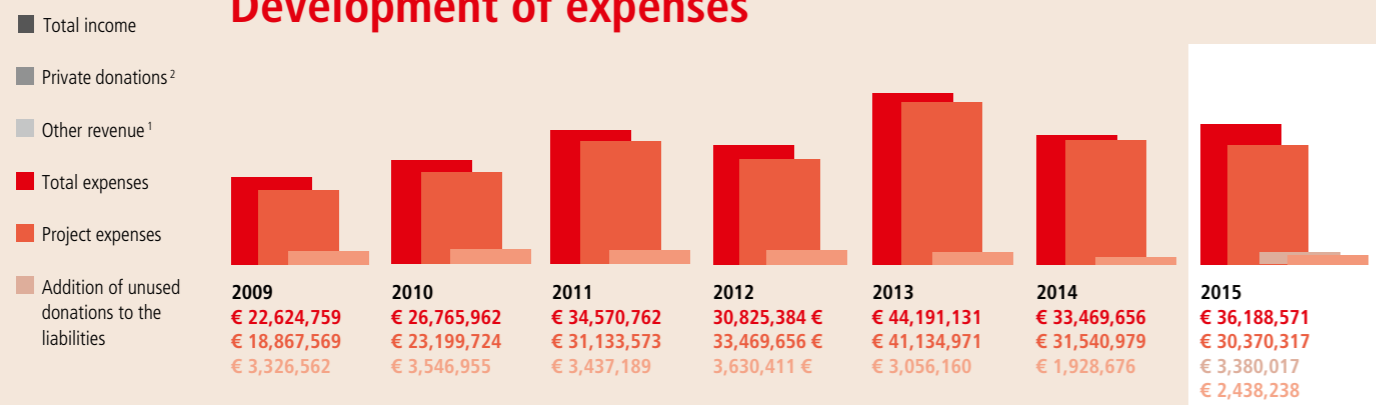
Stronger in crises: Members of our emergency team receive regular training to prepare them for aid missions following disasters – like this one following the earthquake in Nepal. PHOTO: TOBIAS KANN

Financial report 2015

Development of revenue



Development of expenses



¹ Other revenue: unused earmarked donations from the previous year, interest, exchange gains
² Inclusive of 'other revenue' prior to 2014

* Presenting the consolidated annual accounts of Malteser International e.V. and the regional organizations Malteser International Europe, and Malteser International Americas, as of December 31, 2015.

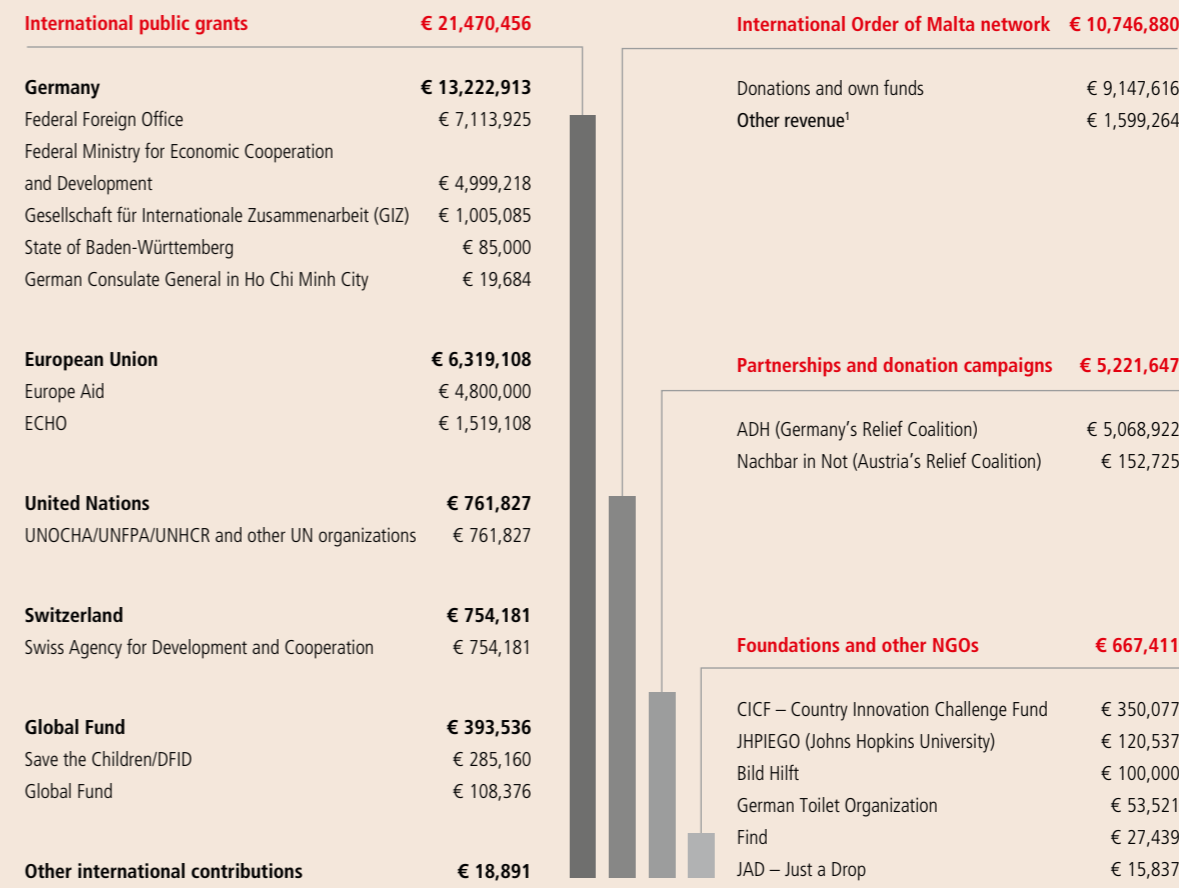
In 2015, Malteser International's overall funding volume rose to 36.2 million euros – up from 33.5 million in the previous year. This was due to an increase in income from donations, as well as an increase in financial contributions from institutional donors – see the chart 'Revenue sources' for more information. Since 2014, this also shows 'Other revenue' from sources such as unused earmarked donations from the previous year, interest, and sales. Before 2014, these were accounted for under the heading 'Donations and own funds'.

The total project expenses in 2015 were 30.4 million euros. An additional 3.4 million euros were

included in the liabilities. These liabilities are funds not applied in 2015, and earmarked for projects in 2016. Additional expenditure was, as a rule, met from the reserves, and donations made in the previous year. Surpluses were transferred to the reserves.

Malteser International uses all of the funds that are entrusted to it economically, efficiently and in a goal-oriented manner to fulfil its tasks, while maintaining its management and administrative costs within an objectively appropriate limit. In 2015, these management and administration costs were 2.4 million euros, or less than 10 percent of the total expenditure, compared to 1.9 million in the year before.

Revenue sources



Malteser International's income developed positively in 2015. This was primarily due to an increase in the volume of private donations, funding from institutional donors, as well as an increase in donations received through our coalition partner ADH.

Public and institutional donors provided Malteser International with 21.5 million euros in 2015, compared to 17.5 million in the previous year. German institutions provided 13.2 million euros of this funding. This included 7.1 million euros from the German Federal Foreign Office – more than the 4.3 million they contributed in 2014 – and around 5 million euros from the German Federal Ministry for Economic Cooperation and Development – compared to 5.4 million in 2014. The European Union provided us with 6.3 million euros worth of funding in 2015, including 4.8 million from EuropeAid, and 1.5 million for the EU's Humanitarian Aid and Civil Protection Department (ECHO) – less than the circa 4 million euros that they contributed in the previous year.

Around 9.1 million euros – more than the 6 million in the previous year – were received from private donors through the international network of the Order of Malta. On top of this came the circa 1.6 million euros

that we received as 'Other revenue'. In 2015 this came mainly from gains through currency exchange and administration fees from donors.

The amount of funds placed at our disposal by foundations in 2015 was less than in the previous year: 667,000 euros in comparison to 1.2 million in 2014. The majority of these funds – around 350,000 euros – came from the U.K. Department for International Development's Country Innovation Challenge Fund.

The majority of the private donations that we received were used for our work with people affected by the conflict in Syria and the Middle East, including those living as refugees in neighboring countries such as Turkey, Lebanon and Iraq. In 2015, we received five million euros in donations via ADH, the German relief coalition of which we are a member – compared to 2.9 million the year before. We also received a further 152,000 euros from our Austrian relief coalition Nachbar in Not – compared to 420,000 in 2014. Relief efforts following the severe earthquake in Nepal in April 2015 were an important part of our work, and ongoing rebuilding projects in the country continue to be among our priorities.

Revenue and expenses

In 2015, Malteser International implemented more than 100 projects in a total of 27 countries in Africa, Asia, Europe and the Americas. The total management costs of our regional offices in Cologne and Miami, as well as the General Secretariat, were 2.4 million euros.

Asia

The majority of Malteser International's projects – with a total volume of 18.5 million euros, compared to 16.5 million in the previous year – took place in Asia. We implemented more than 70 projects in 14 countries in the region, either by ourselves, or with the support of local partners. Amongst our priorities were healthcare, disaster risk reduction, and nutrition security projects in Myanmar and Pakistan, as well as a cross-border project for Myanmar refugees in Thailand. Providing emergency relief and helping with rebuilding following the 2015 earthquake in Nepal was a major focus of our work in Asia.

The Middle East region is also under the management of our Asia department. The majority of our project volume here was accounted for by healthcare projects for people in Syria, as well as refugees, internally displaced people, and locals in Lebanon, Turkey, and Iraq.

Europe

Our European projects had a volume of around two million euros in 2015, compared to five million in the previous year. Most of this expenditure was accounted for by flood relief projects in Germany. We also implemented projects in the Ukraine, including psychosocial help for people traumatized by conflict in the country, and in Bosnia-Herzegovina, which included aid for people affected by severe flooding. In addition to these project expenses, a large part of our project management costs fell in Germany, while around 196,000 euros were invested in supporting and expanding our independent Order of Malta partner organizations in Central and Eastern Europe.

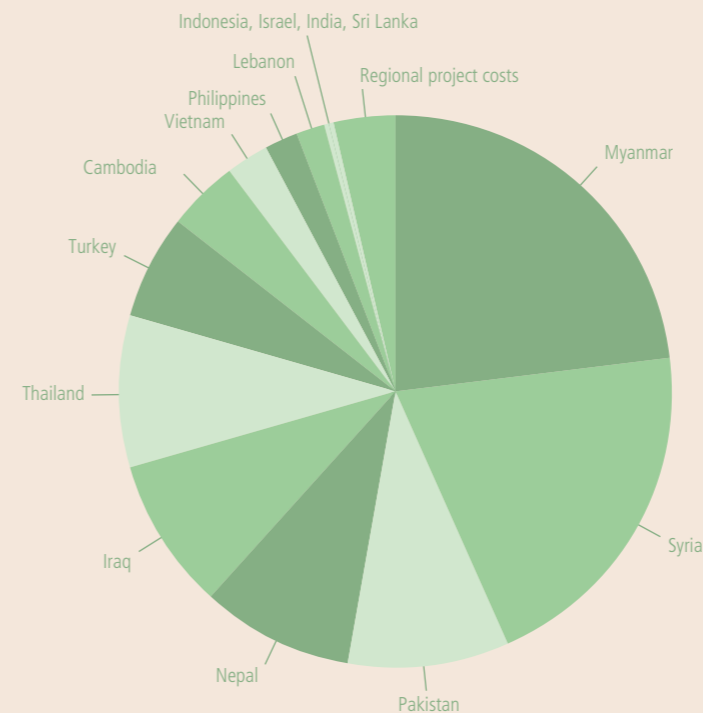
Africa

In comparison to the previous year, the project volume in the five African countries where we work fell slightly – from 8.9 million euros in 2014, to around eight million in 2015. Alongside our projects to improve medical care in the east of the Democratic Republic of the Congo, our primary focuses included projects to increase food security, as well as providing emergency relief and medical care to refugees in South Sudan. In Kenya, our work centered on a multi-sectoral program to improve the resilience of the local population during drought. Our Ebola prevention projects in Liberia and Guinea were also accounted for under the year 2015.

Americas

Our primary focus in this region is Latin America and the Caribbean. In 2015, we implemented projects with a total volume of 1.8 million euros – an increase on the previous year's total of 1.2 million. With a total project volume of 1.2 million euros, compared to around one million in 2014, Haiti continued to be our most significant area of activity in the Americas. Our projects there are especially focused on increasing the resilience of civil society actors at our project locations. Our projects for slum dwellers in Cité Soleil and particularly vulnerable communities in Belle Anse were good examples of this strategy. In Colombia, we are significantly expanding our work for repeatedly displaced indigenous groups and members of the Afro-Colombian population. In countries like Mexico and Peru, we principally support the projects of Order of Malta national Associations.

Management and administration costs: € 2,438,238 (2014: € 1,928,676)



Asia

€ 18,466,630

Previous year € 16,455,345

Myanmar	€ 4,279,210
Syria	€ 3,753,151
Pakistan	€ 1,718,468
Nepal	€ 1,687,625
Iraq	€ 1,659,752
Thailand	€ 1,595,345
Turkey	€ 1,139,400
Cambodia	€ 776,275
Vietnam	€ 458,023
Philippines	€ 358,474
Lebanon	€ 282,452
Indonesia	€ 77,834
Israel	€ 32,316
India	€ 28,534
Sri Lanka ²	€ 595

Regional project costs € 619,175

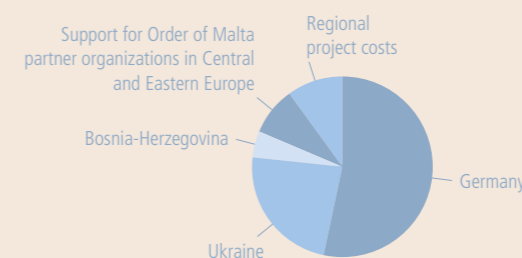
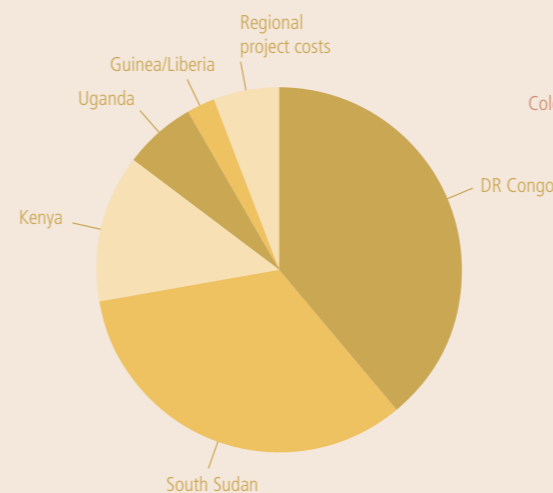
Africa

€ 8,070,304

Previous year € 8,879,218

DR Congo	€ 3,147,697
South Sudan	€ 2,700,078
Kenya	€ 1,045,149
Uganda	€ 507,607
Guinea/Liberia	€ 204,480

Regional project costs € 465,294



Europe

€ 1,988,740

Previous year € 5,040,643

Germany	€ 1,062,846
Ukraine	€ 464,064
Bosnia-Herzegovina	€ 92,228

Support for Order of Malta partner organizations in Central and Eastern Europe € 196,479

Regional project costs € 173,123

¹ Project planning costs

² Trailing costs from projects in previous years

Americas

€ 1,844,643

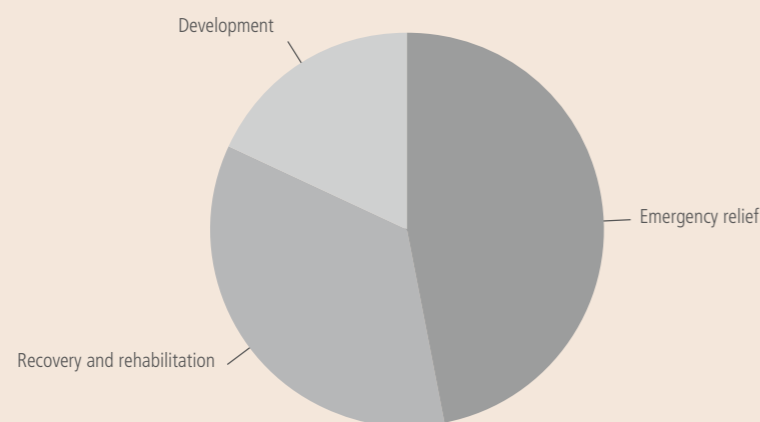
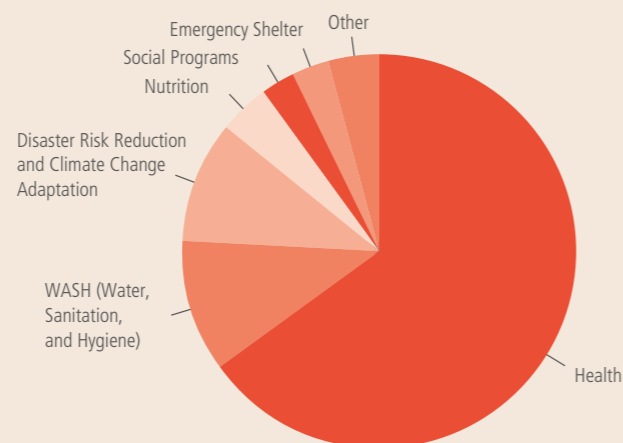
Previous year € 1,165,773

Haiti	€ 1,205,535
Colombia	€ 605,058
Honduras ¹	€ 23,115
Mexico	€ 6,521
Peru	€ 4,414

Expenses by sector and phase of relief

Sectors:

Health	65%
WASH (Water, Sanitation, and Hygiene)	11%
Disaster Risk Reduction and Climate Change Adaptation	10%
Nutrition	4%
Social Programs	3%
Emergency Shelter	3%
Other	4%



Relief phases

Emergency relief	47%
Recovery and rehabilitation	18%
Development	35%

With more than 65 per cent of our total volume, projects in the health sector continue to form the backbone of our work. Our strategy takes a comprehensive approach to health – viewing the health situation of a population as closely dependent on the quality of the available nutrition and the population’s level of access to clean drinking water, as well as hygiene and sanitation. To make sustainable improvements to health, we often incorporate elements from these other fields into our projects. WASH (Water, Sanitation, and Hygiene) projects make up eleven per cent of our total volume, while food security makes up around four per cent.

Recent years have seen a noticeable increase in the number and size of extreme weather events caused by

climate change. We have responded to this development by implementing disaster risk-reduction projects to help increase communities’ resilience to climate change; for example, by helping them to recognize risks in their local areas, and develop emergency response and evacuation plans. These projects now make up around ten per cent of our total project volume.

In 2015, around 47 per cent of all the aid that we delivered took place during the acute emergency relief phase of disasters. The ongoing crisis in the Middle East contributed significantly to this situation. A further eighteen per cent was provided during the following recovery and rehabilitation phase, while 35 per cent comprised long-term investment in the form of development.

Annual accounts 2015

Consolidated Balance Sheet as of 31 December 2015

Assets	31.12.2015 EUR	Previous year EUR
A. Fixed assets		
I. Intangible assets		
Purchased software	4,077.54	0.00
II. Fixed assets		
Other equipment, operating, and office equipment	171,071.77	183,186.10
	175,149.31	183,186.10
B. Current assets		
I. Receivables and other assets		
1. Trade receivables	45,055.56	394,874.23
2. Receivables from related corporate entities	2,731,518.16	3,358,749.23
3. Receivables from Malteser Hilfsdienst e.V. - internal -	8,834,592.80	7,382,942.43
4. Other assets	18,218,298.88	16,348,334.17
	29,829,465.40	27,484,900.06
II. Cash-in-hand, bank balances and checks	10,458,986.15	8,319,415.42
	40,288,451.55	35,804,315.48
C. Repaid expenses	64,929.08	73,294.26
	40,528,529.94	36,060,795.84

Equity and liabilities	31.12.2015 EUR	Previous year EUR
A. Equity		
I. Assets of the association	1,718,755.21	3,365,114.12
II. Equity difference resulting from currency conversion	-2,451.57	-33,352.52
III. Surplus (Loss in 2014)	1,917,822.18	1,679,811.81
	3,634,125.82	1,651,949.79
B. Provisions – Other provisions	378,679.70	649,470.81
C. Liabilities		
1. Trade payables	619,108.96	311,835.03
2. Liabilities to related corporations	4,219.31	12,750.52
3. Liabilities to Malteser Hilfsdienst e.V. -internal-	2,022,227.41	3,057,550.04
4. Liabilities arising from grants awarded for a particular purpose	29,834,056.46	26,449,817.18
5. Other liabilities	4,036,112.28	3,827,422.47
	36,515,724.42	33,659,375.24
D. Prepayments and accrued income	0.00	100,000.00
	40,528,529.94	36,060,795.84

Income Statement from 1 January to 31 December 2015

	2015 EUR	Previous year EUR
1. Revenue	7,085.91	3,053.42
2. Other operating income	38,077,215.88	29,472,642.69
3. Cost of materials		
a) Cost of raw materials, consumables and supplies of purchased merchandise	5,323,339.47	4,326,688.99
b) Cost of purchased services	1,407,677.97	1,941,874.76
4. Personnel expenses		
a) Wages and salaries	9,452,928.80	9,358,348.76
b) Social security, post employment, and other employee benefit costs, of which pension costs kEUR 253,889.47 (Previous year: kEUR 259,158.28)	858,316.72	878,947.67
5. Income from the release of liabilities related to earmarked allocations	26,452,279.66	28,738,982.85
6. Expenses due to addition to liabilities related to earmarked allocations	29,753,829.02	26,449,583.43
7. Amortization and write-downs of intangible assets and depreciations and write downs of property, plant, and equipment	128,880.34	172,375.03
8. Other operating expenses	15,644,187.53	16,710,454.70
9. Other interest and similar income, of which from Malteser Hilfsdienst e.V. -internal-: kEUR 15.701,38 (Previous year: kEUR 52.184,68)	22,091.75	62,396.47
10. Interest and similar expenses	5,390.43	7,381.76
11. Result from ordinary activities	1,984,122.92	-1,568,579.67
12. Other taxes	66,300.74	111,232.14
13. Surplus (Loss in 2014)	1,917,822.18	1,679,811.81

Notes on the Income Statement 2015

The following points explain the figures presented in the consolidated profit and loss statement of Malteser International:

- The activities of Malteser International are as a rule financed by donations or public grants. The service charges referred to here as **Revenue** are of negligible volume.
- Donations and grants are subsumed into the figure for **Other operating income**. For the most part, this refers to earmarked donations, and grants which must be used for specifically designated projects. These funds come from public donors in Germany, the EU and other countries, as well as from private donors (see also the diagram Revenue Sources on p. 39). They are supplemented by unearmarked donations, which can be used freely without reference to a particular designation.
- Donations are expended in the course of our work on **material costs** such as medical and aid supplies, or on payment of building contractors in reconstruction projects.
- We require local and international staff to carry out and coordinate our aid projects. These costs can be seen under the item **Personnel expenses**. This includes a proportion of costs for personnel administration.
- Our aid projects often have a duration of more than one year. Earmarked donations that cannot be used completely during the course of the relevant fiscal year are included as liabilities related to earmarked allocations. When the project is continued in the following year, this liability is resolved. This leads to the **Income from release of liabilities related to earmarked allocations** seen in the statement.
- In the relevant fiscal year, the liability for these unused donations leads to the **Expenses due to addition to liabilities related to earmarked donations**.
- Planned and regular **Amortization and write-downs** of intangible assets, and depreciation and write-downs of property, plant and equipment are shown here.
- A number of items are included under **Other operating expenses**. Among these are, for example, direct project costs, such as support of project partners, vehicle expenses, cost of premises, cost of maintenance and repair; indirect project costs such as communications and coordination, as well as IT infrastructure and finance management. In 2015, the share of administrative expenses was less than 10 per cent of total expenditure.
- Funds that are not needed for aid activities in the short term are deposited. The resulting interest and income from securities can be seen under **Other interest and similar income**.
- Interest and similar expenses** are as a rule the result of project funds not being disbursed in a timely fashion.
- The **Result from ordinary activities** is the result before taxes.
- Other taxes** are most often due to tax legislation in project countries.
- As the income statement shows, Malteser International was able to record a **surplus** for the financial year 2015.

Independent auditors' report

To Malteser International e.V., Cologne/Germany

We have audited the appended set of combined annual financial statements of Malteser International, comprising the balance sheet and the income statement, for the financial year from 1 January to 31 December 2015. This set of combined financial statements is derived from the combination of the respective balance sheets and income statements of the sets of individual financial statements prepared in accordance with German commercial law by Malteser International e.V., by the Malteser International Europe Division of Malteser Hilfsdienst e.V. and by the Order of Malta Worldwide Relief Malteser International Americas Inc. (hereafter, in the aggregate, referred to as "Malteser International "Malteser International"). As part of this combination, mutual assets and liabilities as well as the income and expenses which arose between the legal entities are eliminated. The purpose of combining the balance sheets and income statements is to give a true and fair view of Malteser International's international activities.

Responsibility of the Secretary-General

The Secretary-General of Malteser International e.V., Cologne/Germany, is responsible for the preparation of the set of combined financial statements by largely analogous application of the accounting regulations under German commercial law. The legal representatives are also responsible for the internal controls they deem to be necessary for the preparation of financial statements which are free from material – intended or unintended – misstatements to be enabled.

Responsibility of the auditors of the financial statements

Our responsibility is to express an opinion on this set of financial statements based on our audit. We conducted our audit of the financial statements in accordance with German generally accepted standards for the audit of financial statements promulgated by the Institute of Public Auditors in Germany (IDW). Those standards require that we comply with the professional duties and plan and perform the audit of the financial statements such that misstatements materially affecting the financial statements are detected with reasonable assurance.

The audit of financial statements includes conducting audit procedures in order to obtain audit evidence for the values recognized in the financial statements and the related disclosures. The selection of the audit procedures is at the due discretion of the auditors of the financial statements. This includes assessing the risks of material – intended or unintended – misstatements in the financial statements. In assessing these risks, the auditors of the financial statements take into account the internal control system which is relevant to the preparation of the financial statements. The related goal is to plan and perform audit procedures which, under the given circumstances, are appropriate, rather than to issue an audit opinion on the effectiveness of the entity's internal control system. The audit of financial statements also includes assessing the accounting methods applied, the reasonableness of the estimated values in the books and records determined by the legal representatives as well as evaluating the overall presentation of the financial statements. We believe that our audit evidence obtained provides a sufficient and reasonable basis for our audit opinion.

Audit opinion

In our opinion, based on the findings of our audit, the set of combined financial statements for the financial year from 1 January to 31 December 2015 of Malteser International has, in all respects, been prepared in accordance with the relevant accounting regulations described in the disclosures regarding the financial statements.

Düsseldorf, Germany, 22 April 2016
Deloitte & Touche GmbH
Wirtschaftsprüfungsgesellschaft



Höll
German Public Auditor



Müller
German Public Auditor

The further publication or disclosure of the summarized financial statements with reference to our audit, or the disclosure of our report, and/or audit opinion requires our explicit permission, and renewed opinion, as required by point seven of the General Conditions of the Institute Public Auditors in Germany.

Thank you to our supporters!

Our work would be impossible without the support of our donors and partners. We would like to give our most sincere thanks to all of the institutional and private donors, school classes, local and international partners, as well as to the associations and organizations of the Order of Malta who made a valuable contri-

bution to providing fast, effective, and sustainable relief for people in need by supporting Malteser International in 2015!

Here is an overview of the huge variety of donors and partners that gave us their valuable support in 2015:



What happens to your donation?

We always work to make sure that the money entrusted to us is put to work as effectively as possible. Donations that are made with a specific designation are always

used for that purpose. Here, you can see an overview of what happens when you make a donation to Malteser International:



1 Thank you for donating! Your support helps to make life better for the people in our project areas.



2 We can use your donation to apply to public donors, like the European Union or national governments, for additional funding for our projects – multiplying the effect of the money that you give. On average, this process can turn your 20 euro donation into 100 euros, or 100 euros into 500!



3 We use part of our revenue to pay the operating costs of our organization, such as administration and management, quality control, and communication. In 2015, we had an income of around 38.1 million euros, and management costs of around 2.4 million euros. The rest of this sum was spent on our projects.



4 In 2015, your donations allowed us to help people in need with over 100 projects in 27 countries in Africa, the Americas, Asia, and Europe.

Get involved!

“I get up every day and I feel good – it pains me to think that you could see people in need like they were in Nepal, and not do what you can to help them”

Kerstin Brülle



As an individual

Whether it is collecting donations at a birthday party or wedding, holding a sale, or doing a sponsored run, there are a huge number of ways that you can give us your support. Holger and Kerstin Neumann are a good example.

Inspired by their journeys to Africa, they decided to make a big birthday extra special by inviting around 70 guests to a party at the Leipzig zoo. In addition to celebrating, the couple wanted to do something good for the people that they met on their travels. Instead of birthday presents, the Neumanns asked that their guests contribute to Malteser International's projects in South Sudan.

As a business

We offer businesses the opportunity to take part in our work through donations or partnerships as a way of fulfilling their corporate social responsibility.

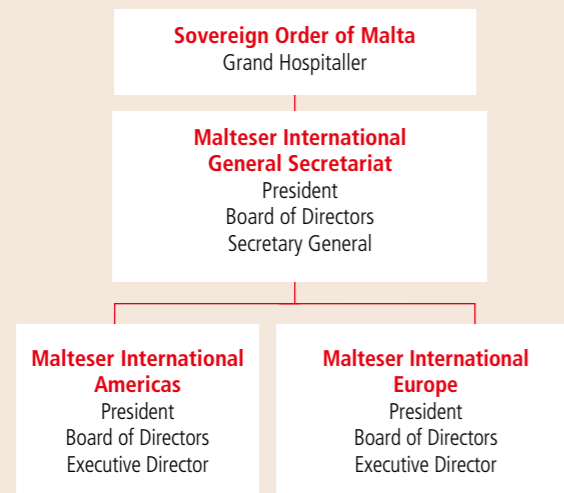
When Kerstin Brülle, manager of the Paderborn Subway branch, saw the images of the destruction created by the 2015 earthquake in Nepal, and the desperate need of the people there, she wanted to help however

she could. Her idea was to donate one week's worth of takings from her business to help the survivors. A friend of hers had four large signs made for the windows of the store: “We are donating our turnover to the earthquake victims of Nepal”. The response from employees and customers was almost overwhelming. “I get up every day and I feel good – it pains me to think that you could see people in need like they were in Nepal, and not do what you can to help them,” said Kerstin Brülle.

At the end of the week, the campaign had raised more than 22,000 euros, which were donated to Malteser International via the Order of Malta Aid Service in Paderborn for rebuilding efforts in Iraq. Thanks to the generosity of Kerstin, and the people of Paderborn, we were able to give people who had lost everything in the disaster a roof over their heads again, operate our field hospital, and provide medical care to sick and injured people in isolated mountain villages.

You can find further information at www.malteser-international.org

Our structures



The current membership of Malteser International consists of 27 National Associations and Pories of the Order of Malta, who actively support the organization within their jurisdictions. Currently, both regional branches in Europe and the Americas serve as associate members. Their representatives, together with the Board of Directors, the Grand Hospitaller of the Order of Malta, the Chaplain, the Secretary General, and the Vice-Secretary General form the General Assembly: the organization's highest decision-making body. The General Assembly is responsible for electing and discharging the Board of Directors, accepting the annual accounts, and ordering financial audits, as well as passing amendments to the by-laws. The President convokes the General Assembly once a year. The Board of Directors, which is elected for a four-year term, consists of the President, the Vice-President, the Treasurer, and up to two additional elected members, as well as representatives from the regional branches in Europe and the Americas, and from the Asia-Pacific region. The Board of Directors works on a purely voluntary basis, and is responsible for approving the financial plans and the annual budget, as well as commissioning the financial auditing of the annual accounts. The Board of Directors bears the overall responsibility for the organization's operative tasks. The salaried Secretary General manages the organization's General Secretariat. He is responsible for the operational management activities in line with the financial plan and the annual budget.

Board of Directors



President

Thierry de Beaumont-Beynac (France)



Vice-President
Richard von Steeb
(Austria)



Treasurer
Charles-Louis de Laguiche
(Switzerland)



Charles de Rohan
(UK)



Mauro Bertero
Gutiérrez
(Bolivia)



President, Malteser International Europe:
Douglas von Saurma-Jeltsch (Germany)



President, Malteser International Americas:
James F. O'Connor (USA)



Delegate, Asia/Pacific region:
Michael Khoo Ah Lip
(Singapore)



Chaplain
Bishop Marc Stenger
(France)

Management



Secretary General
Ingo Radtke
(Germany)



Vice-Secretary General
Sid Johann Peruvemba
(Germany)

Malteser International – a work of the Sovereign Order of Malta

More than nine centuries of service to the poor and the sick



The Order of Malta is one of the oldest institutions of the Western world. The lay religious order has 13,500 members spread throughout the globe, bound to the service of Christian charity. Their motto is “Tuitio Fidei et Obsequium Pauperum” – serve the poor, guard and witness the faith. They are engaged in a vast number of medical, social and charitable works in more than 120 countries, including the Order's own aid organizations.

The Order – whose seat is in Rome – has diplomatic relations with 106 states, as well as observer status at the United Nations, and representative missions to a range of European and international organizations. This network allows the Order and its agencies to react rapidly to provide aid during crises and disasters around the world.

The Embassies of the Order also have the mission of supporting the activities of the national associations of the Order, and of Malteser International. The Order is neutral, impartial, and apolitical.

Malteser International Member Associations and Pories (as of June 2016)

Australia

www.orderofmalta.org.au

Austria

www.malteserorden.at
www.malteser.at

Belgium

www.ordredemaltebelgique.org

Bohemia

www.maltezskyrad.cz

Canada

www.orderofmaltaacanada.org

Colombia

www.orderofmaltaacolombia.org

Cuba

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Publishing information:

Published by:

Malteser International e.V.
Kalker Hauptstr. 22–24 51103 Cologne, Germany
E-Mail: info@malteser-international.org
Internet: www.malteser-international.org

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With thanks to:

Samantha Park

Photos:

p. 4: Iraq, Carmen Wolf
p. 6: Nepal, Jana Aßenbrennerová
p. 8: India, Carmen Wolf
p. 10: Mexico, Chico Sanchez

Additional photography:

Frank Lütke, Oumayma Farah, Tobias Kann, Jana Aßenbrennerová, ich.tv, Carmen Wolf

Cover Photo:

Uganda (African Visuals Media)

Back cover photo:

Kenya (African Visuals Media)

Icons:

OCHA, SEGD

Layout/Setting:

www.mwk-koeln.de

Print:

VD Vereinte Druckwerke GmbH

Date of Publication:

June 2016



**Klimaneutral
gedrukt**

mit First Climate | ID 2016122181





Malteser International is a member of the following networks and campaigns:



Malteser International Donation Account:

Account number: 2020270

IBAN: DE74 3706 0193 0002 0202 70

BIC: GENODE33HAN

Pax Bank Cologne

We thank all of the donors, supporters and partners who helped us to bring health and dignity to people in need all over the world in 2015.

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