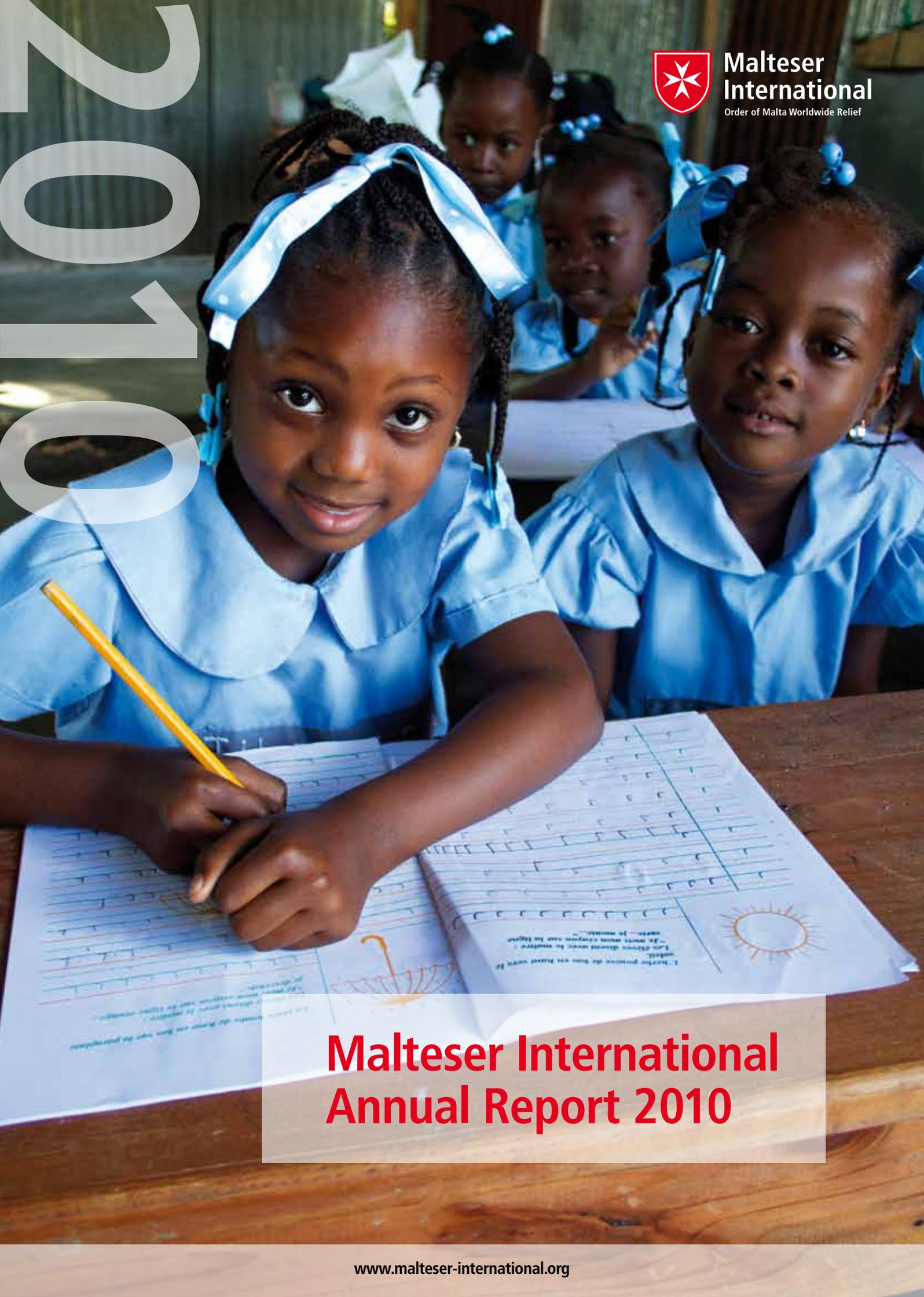


2010



**Malteser
International**
Order of Malta Worldwide Relief



Malteser International Annual Report 2010

Malteser International

Malteser International is the worldwide relief agency of the Sovereign Order of Malta for humanitarian aid with the status of a non-governmental organisation. The relief service has more than 50 years of experience in humanitarian relief and actually covers around 100 projects in about 20 countries in Africa, Asia and the Americas. Currently, 23 national associations and priories of the Order of Malta are members of Malteser International.

Evolved from Malteser Germany, thus set up in accordance with German law, and internationalised in 2005, the organisation actually has two branches: “Malteser International” (www.malteser-international.org) in Europe (Cologne/Germany) and “Order of Malta Worldwide Relief – Malteser International Americas” (www.maltarelieff.org) in the USA (Washington DC). It provides aid in all parts of the world without distinction of religion, race or political persuasion. Christian values and the humanitarian principles of impartiality and independence are the foundation of its work. Its mission is not only to provide emergency relief, but also to implement rehabilitation measures and to facilitate the link between emergency relief and sustainable development. Malteser International establishes and promotes primary health care services and seeks to reduce vulnerability and poverty. It is committed to ensure high quality standards. Accountability and transparency are priorities on its agenda.

Malteser International's mission is to:

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

Our mission is to support the vulnerable and marginalised to live a healthy life with dignity.

Malteser International, through Malteser Germany (Malteser Hilfsdienst e.V.), is a member of the following networks and associations, among others:

- Action against AIDS Germany (Aktionsbündnis gegen AIDS, www.aids-kampagne.de)
- Catholic Working Group of the German Bishops' Conference on Emergency and Disaster Relief (KANK – Katholischer Arbeitskreis Not- und Katastrophenhilfe)
- Coordinating Committee for Humanitarian Relief of the Federal Foreign Office of Germany (KAHH – Koordinierungsausschuss Humanitäre Hilfe)
- Germany's Relief Coalition (Aktion Deutschland Hilft, www.aktion-deutschland-hilft.de)
- International Network to Promote Household Water Treatment and Safe Storage (WHO/Switzerland, www.who.int)
- National Association of German Non-Governmental Organisations for Development Policy (VENRO – Verband Entwicklungspolitik Deutscher Nichtregierungsorganisationen e.V., www.venro.org)
- People in Aid (www.peopleinaid.org)
- Voluntary Organisations in Cooperation in Emergencies (VOICE, www.ngovoice.org)
- Working Group on Medical Development Aid (AKME – Arbeitskreis Medizinische Entwicklungshilfe)

Malteser International, through Malteser Germany (Malteser Hilfsdienst e.V.), has committed itself to observe, inter alia, the following national and international codes and standards:

- Code of Conduct to protect children and young people from abuse and sexual exploitation (Caritas Internationalis, www.caritas.org)
- Principles for the international work of the German Caritas Association (www.caritas.de)
- The Code of Conduct: Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes (www.ifrc.org)
- The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response (www.sphereproject.org)
- VENRO Code of Conduct: Transparency, Organisational Governance and Control (VENRO Verhaltenskodex, www.venro.org)

Editorial



Johannes Freiherr Heereman von Zuydtwyck
President

Which of last year's events left a lasting impression on you? The joy after the rescue of the trapped Chilean miners, or images of tens of thousands of fans celebrating the World Cup in South Africa? Or was it the shock of hearing about the massive earthquake in Haiti, which took away countless lives as well as the hopes of a whole nation? The aftermath of the disaster – magnified by a cholera epidemic – is still visible; its consequences still affect Haitians every day. Still, the reconstruction process has been clearly moving forward.

Or perhaps you'll remember the rapidly rising waters in Pakistan over the summer, which left thousands of families homeless? Thanks to its long-standing presence in the country, Malteser International was able to provide assistance quickly and efficiently after the floods. Fast-forward to 2011: the images of the earthquake and tsunami that hit Japan in March are still fresh in many people's memories. As a sign of solidarity with the Japanese, Malteser International called for donations and is helping rebuild a children's home.

In addition to emergency relief, our aid focuses on the “forgotten crises” and in many other areas – here, we present you with some examples of our diverse work. With a budget of almost 27 million euros, Malteser International brought vital services to eight million people in 20 different countries. More than 900 staff members were on assignment, often working together with national and international partners. In Haiti, they were also assisted by more than 50 volunteers from various countries. Our work has been sponsored by both public and private donors as well as the Order of Malta worldwide. This financial backing is crucial if we are to help beyond times of crisis.

As Malteser International's new president, I'd like to make a personal observation: new presidents are often expected to announce new strategies and changes. However, changes should always present an answer to a problem or need. I know Malteser International very well, since I have been able to follow its development from the start, and I can say that I do not see a fundamental need for changes. We have a highly qualified team in Cologne and the project areas – on par with the best organisations in the field of disaster relief and development aid. For this, I am deeply grateful to my predecessor, Nicolas de Cock de Rameyen. For 14 years, he led Malteser International and its precursor, ECOM (Emergency Corps Order of Malta) with great wisdom and foresight as well as unparalleled dedication. We are glad that he will continue with us as vice-president.

I am thrilled to be able to lead Malteser International forward, standing by our highly motivated staff and staying true to the Order of Malta as well as to all of those who support our work. Malteser International will continue to uphold its mission: to help people worldwide live in health and dignity. Thank you for your loyal support!

Johannes Freiherr Heereman von Zuydtwyck
Cologne, July 2011

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Relief, Reconstruction and Rehabilitation

In the aftermath of war, natural disaster or following a particular crisis, Malteser International responds to the fundamental needs of the affected population. In these early stages, the focus of any response is upon helping people with basic survival. Programmes focussing on the distribution of relief items – such as the means for water purification and storage, household items, shelter kits and basic food rations – are a ‘first response instrument’.

After these basic needs have been met, Malteser International’s aim is to further reduce vulnerability and to provide communities affected by crises and disasters with sustainable reconstruction and rehabilitation programmes which promote a strong development perspective. Programme components include actual reconstruction of houses and public buildings as well as social rehabilitation measures, such as the reintegration of refugees within their homeland or reconciliation programmes in war-torn communities.

The year 2010 was marked by two large disasters: the earthquake in Haiti and the monsoon floods in Pakistan. In addition to responding to both emergencies, Malteser International assisted the Order of Malta in Chile after the earthquake and tsunami, provided emergency relief after the storms and floods in Vietnam and Myanmar, and reacted to emergencies in India and DR Congo as part of its ongoing projects in both countries.

PORTRAIT OF OUR HELP

It’s just a little prick, but it saves lives

Guaranteeing health for baby Joseph and mum Emilia



Little Joseph does not like injections one bit – and mum Emilia feels it too when he starts to cry loudly as the needle is injected. But after a few seconds it’s all over, and Joseph goes back

to sleeping peacefully on his mother’s chest. He’s far too young to understand that this injection will save his life and protect him from infection and disease. That morning, Emilia and her three-month-old baby took a motorcycle taxi to Malteser International’s health station in Darbonne for the vaccinations. Mothers and their babies and pregnant women come here once a week for vaccinations and advice. Additional vaccination campaigns are taking place in the surrounding villages, some of which are very remote. These are small and simple measures – but often life-saving. “We live quite close to the river”, the 30-year-old

tells us. “It swept everything away after the earthquake.” The family, like everyone else here, is now living in a small hut covered by a tarpaulin. The water pipes and drains have been destroyed. This young mother is aware of how easily contagious diseases can spread in these circumstances. She hopes that her three-month-old baby will grow up healthy, and is grateful for the help she received from Malteser International. The injection will protect baby Joseph from diphtheria, measles, tetanus, whooping cough, rubella and polio – for that, the short prick of the needle is a very small price to pay. *(Julia Kost)*



Haiti – “building back better” after the earthquake

On 12 January 2010, an earthquake measuring 7.0 on the Richter scale struck the island state of Haiti. It was the worst earthquake the Americas had ever experienced and the most devastating the world had seen in the 21st Century. In the space of 60 seconds, it claimed more than 220,000 lives, injured more than 300,000 and left over 1.5 million people homeless; it destroyed 60 per cent of the country's state and economic infrastructure. The earthquake hit a country which already had major problems to deal with and which, in the same year, would also be ravaged by two tropical hurricanes, a cholera outbreak and political turmoil following elections. Malteser International promptly sent aid and committed to helping rebuild the country. The goal is to help the Haitian people, particularly vulnerable groups such as women, children and the elderly, towards a better life than what they had before the quake – in other words, “building back better”.

Population in target area: **150,000**
 Beneficiaries: **127,000**
 International staff: **11**
 International volunteers: **54**
 National staff: **60**
 Programme duration: **since January 2010 (until at least 2014)**
 Programme volume: **2.6 million EUR**
Partners: arche noVa, COTEDO, CRUDEM, Episcopal Church, HELP, MUDHA, THW
Funding: AA, ADH, ECHO, NIN, UNICEF, own funds, private and corporate donations
 Malteser International has been working in Haiti since January 2010.



Emergency medical relief: Malteser International treated more than 20,000 patients in the first six months after the earthquake.

Emergency aid: health, water, food and hygiene

Just two days after the quake, Malteser International's emergency medical teams started tending to the severely injured in Port-au-Prince and at the Order of Malta hospital (which had survived the quake) in Milot in the north of the country. The aid package was soon expanded: In Léogâne, the worst-hit town situated 30 kilometres west of the capital Port-au-Prince, Malteser International set up its first health care station; a second station was to follow a short time later in nearby Darbonne. Cuban, American, Italian, French and German Malteser volunteers carried out aid work under the toughest of conditions, caring for more than 20,000 patients in the first six months after the quake. Working alongside local partner organisations, they handed out relief items at six locations: food rations for more than 45,000 patients, 250,000 water purification tablets, 3,000 hygiene kits, tarpaulins, blankets and more than 23,000 mosquito nets. Working with arche noVa in Petit-Goâve, they set up two water treatment plants which still provide 4,000 people a day with clean drinking water and water for public showers.

“The conditions are wonderful. The patients are happy. The doctors are cheerful.” (Tobias Kann, Malteser volunteer from Germany, after the arrival of the TransHospital mobile rescue station, donated by EADS)

“At 6 pm, the medical team from Léogâne gave us the happy news that they had delivered two babies today. We were all delighted.” (Geoffrey Gamble, Vice-President of Malteser International)

As the emergency aid was being administered, it soon became clear that the aid supplied to the people of Haiti needed to be more than “mere” post-earthquake aid: it needed to improve the precarious living conditions of a broad spectrum of the population, and on a long-term basis. Around 65 per cent of the ten million Haitians are living below the poverty line of less than two US dollars a day. More than half cannot read or write; 58 per cent suffer from malnutrition, while a mere 19 per cent have access to sanitary facilities. 114 children out of every 1,000 die before their fifth birthday.

“Amongst all the tragedy, there were many small miracles, such as a nine-year old girl who couldn't walk until her hip was finally treated by our doctor. One day she couldn't move and the next she was running around with her arms stretched out, trying to keep her balance. She was like a little bird that had fallen from its nest and was trying to fly up again.” (Marina Moll, Malteser volunteer from Italy)

“I was first struck by the mixture of chaos, destruction and suffering. What impressed me most was the dignified and grateful attitude of most of the Haitians.” (Francois Blin, Malteser volunteer from France)

“I'm so thankful that I could help the people from my hometown, even though it was distressing to see the suffering and destruction there. I assisted with several births under the most difficult conditions. I'll never forget the moment when I laid a new-born baby in its mother's arms – the two of them looked so peaceful.” (Sulottea Valcin Amilcar, volunteer from the Cuban Association of the Order of Malta. She was born in Léogâne and later emigrated to the USA.)

Long-term reconstruction: maternal & child health, schools and latrines

Parallel to the emergency aid, Malteser International developed a program for long-term reconstruction which addresses the issues of health, WASH (water, sanitation and hygiene), disaster prevention and social well-being. A focus is placed on particularly vulnerable sections of the population such as mothers and children. For instance, Malteser International installed sanitary facilities in two orphanages, ensured that teaching in schools could resume as quickly as possible in temporary buildings, and set up a community library for children and youth. In Darbonne, the project's main location near the almost completely destroyed town of Léogâne, Malteser International staff are focusing on an extensive primary health care program, with maternal and child health at its core. In addition, ten schools are set to be rebuilt so that they are earthquake-resistant and have a water supply, sanitary facilities, canteens and vegetable gardens. Working with the local population, the teams develop disaster prevention measures so that the villages are better protected should a disaster occur again. In many communities, there is no running water supply, nor are there any latrines. Many people are unemployed and have no idea how they are going to feed their families. Working with around 5,000 families, Malteser International is now planning aid in 28 selected villages, with the most urgently needed aid on top of the list. In 2011, Malteser will work together with its partner organisation COTEDO to implement a similar project in Belle Anse in the south-east of Haiti, one of the country's poorest regions. The project will address the issues of health and nutrition, WASH and income-generating measures.



Cholera awareness begins at an early age.



With pre- and postnatal care for pregnant women, birth assistance, vaccination campaigns and counselling sessions, Malteser International has improved mother-child health in Darbonne.

Cholera prevention: safe drinking water, hygiene and education

In the end of October, Haiti was devastated by another catastrophe, as cholera spread across the country and claimed more than 5,200 lives until today (June 2011). The number of people infected rose to more than 320,000. Prevention and education are crucial to keep this highly contagious disease from spreading further. In four regions, Malteser International promptly introduced emergency cholera prevention measures as part of its existing projects, reaching over 100,000 people. The teams explained to people how to protect themselves with good hygiene, recognise symptoms before it's too late and where to quickly seek treatment if they become infected. Not only did they re-

gularly distribute drinking water, they also handed out more than three million water purification tablets and over 33,000 water containers, thereby giving people access to vital clean water. In addition, weekly soap distributions helped to break cholera's vicious circle.

Challenges remain – real change takes time

The rebuilding of Haiti has to be looked at from a long-term perspective. That is why it is so important to make lasting improvements which are integrated into local structures and will be continued by skilled Haitian labour and the local population. In the long run, this approach will bolster the Haitian people's ability to help themselves.

Pakistan – relief after the monsoon floods

The images of the floods in southern Pakistan were haunting: people standing up to their necks in water, trying simply to stay alive, or cut off by the floods from all supply channels. The monsoon rain also caused a great deal of damage in the north of the country. Mountain streams in the Himalayas swelled up and then tore down buildings and everything in their path. Today, vestiges of the destruction caused by the floods can be found everywhere – destroyed bridges, ruins of houses and washed-away water mills, field terraces and irrigation canals attest to the strength of the waters.



A mobile medical team treats these women from Punjab and their children.

Population in target area: **279,850**

Beneficiaries: **92,928**

International staff: **10**

National staff: **78**

Programme duration: **since August 2010 (until at least December 2013)**

Programme volume: **2.1 million EUR**

Partners: Caravan, Lasoona, NIDA, Paiman, Pakistani authorities, Sungi

Funding: AA, ADH, BMZ, Deutsche Bank Foundation, Lufthansa-HelpAlliance, NIN, City of Cologne, Wacker Group and other companies, WHO
Malteser International has been working in Pakistan **since 2005**.

At the scene even before the disaster – emergency aid right away

Malteser International was already working in the north-west of Pakistan before the floods of summer 2010. The teams were carrying out reconstruction work following the damage caused by the 2005 earthquake, as well as providing health care to the people who had fled prior to the 2009 conflict between Pakistani security forces and the Taliban. Malteser International was thus able to react to the new disaster straight away. They distributed food and other relief items in the Swat valley and in the high mountain valleys of Kohistan right into the thick of winter. The flood

victims, most of whom were staying with their relatives and friends, received the items necessary to guarantee their survival. 5,015 families – more than 40,000 people in total – received aid. In Kohistan, Malteser International also supplied 515 winter-proof shelters to families living in remote high valleys.

Support for the local health care system

Health care formed the focal point of the aid work: Up to ten mobile medical teams went out to where health care facilities had been destroyed or rendered unusable both in the north of the country and in the Punjab pro-

vince in southern Pakistan. They mainly treat diarrhoeal infections, pneumonia and skin diseases and, even today, continue to support the local health care system. By promoting good hygiene and supplying clean drinking water together with other organisations, Malteser International was able to help prevent a cholera epidemic. In collaboration with the World Health Organization (WHO), cholera treatment centres were set up to anticipate future outbreaks and training was provided for the health care authorities. These measures are complemented by projects which focus on improving maternal and child health.

Reconstruction of health centres, schools and agriculture

An important task and challenge in the coming months will be to support the people during the reconstruction work, and to develop and adapt plans with them so they are better prepared for future natural disasters. Malteser International will repair the flood damage in at least eleven health centres and four schools and extend the facilities to meet the requirements of the patients and pupils.

Agriculture also fell victim to the flood, because it wasn't just the summer crops that were destroyed: terraced fields and irrigation canals need repairing so that the people can start to grow their own food again. In addition to the three drinking water treatment plants in operation, 500 wells and 300 lat-

rines will be rebuilt in the course of 2011 in Punjab; preparations will also be made for further water and sanitation measures.

Better protection against future disasters

Disaster prevention forms a particularly important part of the work: those employed in the health care system must be better prepared for natural disasters and other major emergencies involving multiple casualties. Local authorities and communities can also take precautions against future catastrophes by identifying the areas where they are most vulnerable, and then developing and adapting their own preventive measures. Groups of volunteers are trained to administer first aid as well as to carry out search and rescue operations. Earthquake warning systems are also being installed. One thing is certain: no disaster should catch people again so unawares as the 2005 earthquake or the monsoon floods of summer 2010.

Long-term aid and experienced partners

To guarantee that the reconstruction work continues in the long term, Malteser International will remain on-site for at least three to five more years. It can rely on experienced Pakistani volunteer workers and civil society organisations to carry out its work in the project areas – partners who make a vital contribution towards the implementation of the reconstruction measures.



Even after the flood waters receded, the people in Swat struggle with difficult hygienic conditions: diarrhoea, pneumonia and skin diseases are often the consequence.



Excerpt from the travel diary of Alexander Bühler, who went to Pakistan in August 2010 for Malteser International and accompanied the medical teams in the Swat Valley:

Soap – a luxury product only to look at

In the morning, I am told by our physician, Dr. Tariq, that he has sent health advisors to the village where we had been yesterday because of the diarrhoea infection. They informed the population about the problem and distributed 10,000 water purification tablets and 600 soap bars. Here in the country, soap is – as strange as it may sound to our Western ears – a problem. For the poor, soap is too expensive and is seen as a luxury product which they would rather put away somewhere than use on a day-to-day basis.

Health care which comes to the people

We continue on our way to a mobile health station. The Malteser International teams do not wait until the internally displaced persons come to them – they go looking for them. The doctors examine them in the schools where they are temporarily housed and give them medication. Dozens of people have to sleep in the small rooms. In the following days, they will receive tarpaulins, covers, pans, dishes, soap bars and towels – everything the families need to maintain their hygiene and not get sick. Parallel to that, our teams also give them cash so they can buy food. "Our problem", says Dr. Tariq, "is that we can only reach the people here. We still can't get through to the higher Swat Valley, because the roads are obstructed by the water or mudslides." In fact, entire towns are completely cut off – food can only be delivered by dropping it from helicopters. Besides, no one knows what the health conditions are like over there.

Chile – help for coping with trauma and starting over after double catastrophe

With its stable growth rates, Chile is a country that is well on its way to becoming industrialised. As one of South America's model countries, it has long been off the list of countries in crisis across the world. When the ground started to shake on 27 February 2010 and a subsequent tsunami engulfed large coastal areas, the images of the earthquake in Haiti (which had happened just six weeks earlier) were still fresh in many people's memories. Within the country, an unprecedented display of solidarity brought urgent aid to the two million people affected by the disaster. Volunteers from the Order of Malta's relief agency in Chile, "Auxilio Maltés", promptly distributed blankets, clothing and food in several regions.



Fishermen in Tubul are grateful for their new diving equipment.

Population in target area: **16,000**
Beneficiaries: **1,200**
Programme duration: **since February 2010**
Programme volume: **210,000 EUR (2010/11)**
Partners: Auxilio Maltés, Chilean association of the Order of Malta
Funding: ADH, private donations
Malteser International has been supporting the Order of Malta in Chile **since 2010**.

"Auxilio Maltés", the relief agency founded in 1996, runs medical and social programs across Chile and provides care to children with chronic breathing disorders. Thanks to good contacts and support from Malteser International in February 2010, the Malteser aid workers in Chile were quickly able to identify two areas not yet reached by the national relief measures.

Helping the fishermen in Tubul start over

The small fishing village of Tubul, 60 kilometres south of the epicentre in Concepción, was ravaged twice in quick succession: The earthquake measuring 8.8 on the Richter scale triggered a tsunami, which in the

space of a few minutes flooded the entire village. Only a small number of buildings remained unscathed. The vast majority of fishermen lost their boats, nets and diving equipment. That was like a second disaster, since almost all the people in Tubul are fishermen and live predominantly off the mussels and algae harvested there. Working together with dedicated local entrepreneurs, Malteser International provided support to a cooperative of fishermen and secured new diving equipment. The clam divers in the cooperative share this special equipment and thus have the opportunity to make a living for themselves and their families once again.

Coping with trauma and "Mercado Maltés"

In the Chépica community south of Santiago de Chile, around 60 per cent of all buildings were destroyed by the earthquake, as well as 90 per cent of the small and family-run businesses. Together with the local authorities, volunteers from "Auxilio Maltés" selected 18 small businesses to receive assistance during the reconstruction phase. A new market building, the "Merca-

do Maltés", was built for them in the centre of town and, in April 2011, became the new home for their shops and businesses. In addition to this income-generating measure, a volunteer psychologist was on hand to treat some of the children in Chépica who had been severely traumatised by the disaster. To be better prepared for future disasters and emergency situations, 15 volunteers from "Auxilio Maltés" took part in a training course on the Sphere standards for humanitarian aid. These Sphere standards were devised about ten years ago by various aid organisations to improve the quality of humanitarian aid (www.sphereproject.org).



From the travel diary of emergency relief coordinator Kathrin Maier (March 2010):

Today, we went back to Chépica to meet the mayor of the village. "Thank you so much for supporting us!" the mayor told us, with tears in her eyes. "This village is in urgent need of help. The very fact of your presence and solidarity gives us strength. Together, we will rebuild our beloved Chépica". The Chilean relief service "Auxilio Maltés" plans to support small business owners in the village who have lost their source of income. A woman told us with despair of how she had spent half of her life saving money to open her little bakery. Now, just as many other residents in Chépica, she has lost her income and life-long dream in one stroke.

In brief

China: Caritas and Malteser International hand over home for elderly people

On 18 November, Caritas international and Malteser International handed over an earthquake-resistant home for elderly people to the local authorities of Gu Cheng, China. The house provides permanent, handicapped-accessible accommodation for 79 seniors who were affected by the earthquake in May 2008. More than 85,000 people died and 5.8 million lost their houses because of the disaster. The construction of the new home was possible thanks to the financial support of an international corporate group as well as the cooperation with Caritas Germany and the Chinese partner organisation Jinde Charities.

DR Congo: Treating traumatised patients after tanker truck explosion

Large accidents such as the explosion of a tanker truck in Sange, a small town in the South Kivu province in the DR Congo's north-east, cause more than just visible wounds. They also traumatise people who have lost friends or family members, who have witnessed the suffering or who have survived the event themselves. Malteser International cared for those people in Sange as well as in the psychiatric clinic of the nearby city of Bukavu. The explosion of the tanker on 2 July 2010 killed 232 people and left 212 critically wounded; many later succumbed to their injuries.



Emergency relief after Typhoon Ketsana: Malteser International distributed rice, hygiene kits and jerry cans in Vietnam's Quang Nam province.

Myanmar: Floods and a cyclone

In 2010, Myanmar was afflicted by two large natural disasters: in June, strong rainfall in the northern region of Rakhine State led to massive flooding and mudslides. They destroyed houses, streets, bridges, schools and broad swaths of agricultural land. 29,000 families were affected and 68 people died. On 22 October, Cyclone Giri swept through Rakhine State with wind velocities of up to 177 km/h, unleashing flood waves of up to four metres in height. About 70,000 people lost their homes and the majority of the region's rice fields were destroyed, leaving the population without food and shelter. In both cases, Malteser International provided emergency relief, distributed food items, repaired drinking water fountains and ponds, and rebuilt sanitary facilities. With Cyclone Giri's approach, the disaster preparedness and disaster risk reduction activities which Malteser International had carried out in 36 villages in Rakhine State since 2006 were able to stand the test: After cyclone warnings on the radio, village committees arranged for the population's timely evacuation into previously established cyclone-resistant evacuation centres.

Vietnam: Emergency help after Typhoon Ketsana

In the first six months of 2010, Malteser International provided relief to people in five districts in Quang Nam province, which was devastated by typhoon Ketsana. Malteser International distributed 20 kg of rice to 7,000 families each, 7,400 hygiene kits and 7,400 80-litre water containers, 60-m² corrugated iron sheets to 660 households each and rice and peanut seeds and banana seedlings to 5,000 farmers. Additionally, Malteser International organised trainings in roof strengthening for 48 skilled volunteers and 548 families and instructed 100 community health workers on hygiene and water treatment.





Health and Nutrition

Traditionally, the health sector is a core competence of Malteser International. In close cooperation with local authorities and partner organisations, the Order of Malta’s worldwide relief service establishes and promotes primary health care services, covering curative care, communicable disease control, health management, medical emergencies and the responsible use of medicines. Special attention is given to reproductive health and health education as well as to the fight against HIV/AIDS and tuberculosis. As the nutritional status of a population is closely related to its general health, Malteser International integrates programme components to prevent and to treat malnutrition and to improve food security. Malteser International runs programmes related to health and nutrition in Cambodia, DR Congo, Haiti, India, Indonesia, Kenya, Myanmar, Pakistan, Sudan, Thailand, Uganda and Vietnam.

TRAVEL DIARY

“An unforgettable smile”

Staff member Regina Kandler reports from Yei in South Sudan: Our “Leprosy Outreach Team” invited me to join them on their tour over the past week. At about 8 a.m., we set off for Lasu, near the Congolese border. This journey across very bumpy terrain took us about two-and-a-half hours. Our plan once there was to visit a female leprosy patient who was living in a refugee camp.



I was intrigued because I knew so little about this illness and didn't know what to expect. Let's not forget, leprosy has not been seen in Europe for many decades, yet in Africa tens of thousand of people still catch the disease every year. On our journey, I got my colleague Francis to explain the important bits: The leprosy pathogen attacks the limbs and the nerve endings at the affected points lose their sensitivity. The patients

lose their ability to feel pain in those areas. Pathogens then penetrate the body through wounds that have gone unnoticed, leading to abscesses and inflammation. Entire body parts may die and fall off as a result of this secondary infection.

Marked by leprosy

I found out what that really means as we talked to Pia (name changed), a lady of around 40, who fled from the “Lord’s Resistance Army” in the Democratic Republic of the Congo a year ago, together with her Congolese husband and their children. Pia and her family have been living in a Lasu refugee camp ever since. Her feet show obvious signs of leprosy: she has already lost four toes and her feet are deformed, which causes her real problems when she tries to walk. Rats, which sometimes get into her makeshift hut during the night, gnaw at her feet without her noticing – something she tells us in her own words.

As a result, her wounds can never heal properly, and she faces the constant risk of infection.

Sandals, disinfection and new bandages

Our team supplies Pia with medication and gives her a pair of shoes designed especially for leprosy patients to ensure that she doesn't suffer more injuries when she is walking. The sandals have an extra thick sole to reduce pressure on the feet and to ensure that no calluses and openings form on the already-bruised feet. Our “Leprosy Officer” cleans and disinfects their wounds and covers these with fresh bandages.

Our outreach team visits Pia at least one a month to prevent the leprosy from infecting other parts of her body and avoid any dangerous infection in the sores. After her treatment, our patient thanks us for the help and gives us a beaming smile, despite her disease, as she bids us farewell. A smile that'll stay with me for a very long time...



South Sudan – provision of basic health care for and with the people of Maridi

Across much of South Sudan, the rural population has to make do with bad infrastructure, scant access to public services and inadequate health care. Patients often need to travel for days on foot to reach the nearest health centre, which will more often than not be unstaffed and poorly equipped. Women, small children and the elderly are worst affected by poor (or indeed non-existent) health care. This is also reflected by the maternal and child mortality rate in South Sudan – one of the highest in the world.



Village children in a destroyed health care unit in Maridi

Population in target area: **87,500**
 Beneficiaries: **64,350**
 International staff: **4**
 National staff: **40**
 Programme duration: **April 2009 – December 2011**
 Programme volume: **1.3 million EUR**
Partners: Province health authority, province hospital Maridi, state health department
Funding: BSF, DAHW, DFID, ECHO, Global Fund, Malteser Germany (Archdiocese Cologne), private foundations and donors
 Malteser International has been working in South Sudan **since 1996**.

Staff and equipment for health centres in rural areas

In the border regions of Western Equatoria, which neighbours the Democratic Republic of the Congo, armed gangs continue to linger, murdering and pillaging their way into the villages around the town of Maridi. The dire security situation does not just make it hard for the aid organisations to reach people: it also prevents local medical staff from working at remote health centres. A mere 20 per cent of available positions in the health care sector have currently been filled.

Malteser International has been assisting state authorities in their fight against tuberculosis, HIV/Aids, sleeping sickness and leprosy since 2006. In addition to building a centre for tuberculosis and leprosy patients in Maridi's hospital, Malteser International also provided staff and equipment for larger health centres in rural areas.

"I was already taken for dead, but Malteser International's tuberculosis program brought me back to life", says one grateful farmer after being cured.

22 new health care units and qualified staff

Halfway through 2010, Malteser International expanded its operations and started to provide basic health care directly to the population. Local teams are building 22 health units in very remote areas, complete with latrines and rainwater collection systems. The medical staff at the health posts is being qualified for all basic services, with a focus on maternal and child health. As a result, patients no longer need to undertake lengthy journeys, avoiding unnecessary complications.

Getting village communities and authorities involved

Malteser International is working closely with the health ministry to ensure that the work will continue independently within the country upon completion of the project in December 2011. The goal is to raise health care standards in the long term; for that reason, the project focuses greatly on qualifying clinical staff. All of the measures also involve the participation of the local population, who, besides helping to build the health units themselves, also receive important information concerning health and hygiene from trained health care volunteers. This approach allows Malteser International to raise people's awareness that using and maintaining the new facilities is a matter for both the villagers and the government.

After decades of neglect, however, it will take time for the population to regain their trust in the work carried out by the government authorities. That makes the project's success all the more meaningful: by the end of 2010, more than 16,700 patients were able to receive treatment in the new health centres.



The village residents also participate in the construction work.

Cambodia – a different kind of health insurance

Cambodia is one of the poorest countries in South-East Asia. Around 35 per cent of the population live below the national poverty line of 0.5 US dollars a day. Health insurance was introduced only recently and covers just one per cent of the population at present. As a result, medical treatment usually has to be paid for privately, which means that professional help is sought far too late, or not at all in some cases, in the event of illness. The costs of treatment often push families even further into poverty or debt and force them to sell their livestock and land. The fees for health care services are the main reason why Cambodians are prevented from using the public health care system. For the simple reason that they cannot afford them, people rarely venture to health centres, hospitals and clinics. Cambodia also has the worst maternal and child mortality rate in South-East Asia.

Population in target area: **200,000**
 Beneficiaries: **30,000**
 International staff: **1***
 National staff: **2 + 30** (at partner organisation)
 Programme duration:
November 2007 – December 2011
 Programme volume: **242,900 EUR** (2010) / **1,070,000 EUR** (total)
Partner: CAAFW, CHHRA, province health authority
Funding: BMZ, CIM, EuropeAid, own funds, private donations
 Malteser International has been working in Cambodia **since 1993**.

* Expert from the Centre for International Migration and Development (CIM) as Malteser International programme coordinator. See <http://www.cimonline.de/en/index.asp>

Giving birth safely, thanks to health insurance

In Oddar Meanchey, in the far north-west of the country, Malteser International has worked alongside two local partner organisations to introduce health insurance at the village and community levels, with the aim of improving health care and reducing poverty in the area. The system put in place is a voluntary, non-profit insurance scheme for workers in the informal sector. For a low, subsidised annual premium of around 3.5 US dollars per person, the insured party is entitled to basic health care at the health centres and hospitals in the province. The insurance benefits include treatment, reimbursement of transport costs from the health centre to the hospital and – in the event of death – contributions towards the funeral expenses. For pregnant women, the insurance usually covers the transport costs to the nearest health centre, thereby increasing the chances of a safe delivery.

"Diseases such as pneumonia, diarrhoea or malaria often cause death here, especially in children. 110 in 1,000 children die before their fifth birthday", reports program coordinator Vera Minnik. *"People simply cannot afford hospital or health centre treatment in the majority of cases. The new health insurance scheme will cover the entire family's costs."*

"I try to convince anyone who is not yet a member about the benefits of having the insurance", says Pék Samith, head of the insurance committee in his village, Prasath Bey. *"It is important that we take on the responsibility ourselves so that the system can survive independently in the long run without outside help."*

A model for the whole of Cambodia

To ensure that this community-based insurance system can be maintained long-term in Cambodia, Malteser International is also working in an advisory capacity for the health ministry in the province and is helping its partner organisations to exchange information with the health care facilities and authorities on a regular basis. From 2012 onwards, Malteser is set to expand this insurance scheme into the neighbouring province of Siem Reap, so that the local population there can also benefit from affordable health care services.

Villagers set up their own health fund

By the end of 2010, 30,000 people – about 15 per cent of the population – were insured in Oddar Meanchey province alone. The health insurance policies are either managed by the members of the community themselves or by a partner organisation. As part of this scheme, Malteser International and its partners are training volunteers in each village to become "contacts" for the insured parties should questions and problems arise.



Filled with pride, this family displays its insurance card.

DR Congo – health, food and new roads for the people of South Kivu

Despite numerous efforts to stabilise and bring peace to the Democratic Republic of Congo, the country's situation – especially in the East Congolese province of South Kivu – remains particularly worrying. Malteser International has been active in South Kivu since the start of the first civil war in 1996, and was often the only international aid organisation present in some of the remote regions. Over the years, Malteser International set up and expanded its multi-sector aid programme, taking into account the most pressing needs of the population and using these as the basis for their system. With the help of local partners, they carry out a variety of projects related to health care, food aid and infrastructure reconstruction – i.e. health care facilities, roads, airstrips and bridges.

Population in target area: **1,046,000**
 Beneficiaries: **377,000**
 International staff: **4**
 National staff: **69**
 Programme duration:
March 2010 – January 2011
 Programme volume: **1.65 million EUR**
Partners: local NGOs, national government and state health department
Funding: ECHO
 Malteser International has been working in DR Congo since 1996.

Support for health care facilities across eight zones

In collaboration with the local health authorities, Malteser is lending its support to the provision of primary health care in eight health zones across South Kivu. The World Health Organization's definition states that the aim of primary health care is to guarantee essential health care provision for individuals and families, covering health promotion and prevention as well as treatment, healing and rehabilitation. It aims to set up a public health care system and create access for all, thereby ensuring equal opportunities for patients. To make the prices of basic health care provision affordable for the local population, Malteser International makes medication available at heavily subsidised prices within the health zones and helps with the remuneration of medical staff. Those most in need receive their medication free of charge. Treating pregnant women in the 'at risk' category is another of Malteser International's focal areas.

Helping trauma patients and victims of sexual assault

Another important component of the health care program is psychological treatment and medical care for victims of sexual assault. At

the health centres, women are given the option of a PEP (Post-Exposure Prophylaxis) treatment to reduce the risk of becoming infected with HIV, in addition to any other medical treatment they may need. The Malteser International teams on the ground are working with 16 local partner organisations and women's groups to guarantee psychological treatment in this field. Trauma patients receive first aid in hospitals funded by Malteser International in the health zones, with particularly severe cases transferred to a special trauma centre, also funded by Malteser International. In addition to this emergency aid, income-generating measures help the women reintegrate themselves into life in the family, village and community.



The village residents repair and build roads and bridges through a "cash for work" programme, so that Malteser International can bring health care even to the remotest locations.

Improved nutrition and transport routes

Further aid measures focus on improving the nutrition of families with malnourished or undernourished children, and the nutrition of those displaced within the country. For instance, Malteser International staff are handing out seeds and supporting fish farming by putting basic community structures in place, developed together with the population to guarantee a long-term supply. Since the welfare and health of a population are also dependent on the local transport infrastructure, the population benefitting from these measures is also repairing access roads and airstrips as part of a "cash for work" programme. The programme is set to be continued in five health zones over the course of 2011.

In brief

Myanmar: Support for HIV-infected people on the border with China

In the isolated Wa Region, close to Myanmar's north-eastern border with China, HIV is a major cause of death among the population. In the first project of its kind in the region, Malteser International has combined HIV testing and treatment with awareness campaigns which target mainly risk groups such as sex workers, truck drivers, and teenagers.



These campaigns include the distribution of leaflets and posters as well as the trainings of peer educators within the high-risk groups. This tactic has proved effective: the willingness to get an HIV test has increased. More than 1,000 people were tested within the first ten months of 2010. Malteser International also has assisted 460 people living with HIV/AIDS; 220 have received treatment with antiretroviral drugs.

Haiti: Inauguration of a primary health care unit in Canapé Vert

In Canapé Vert, Malteser International, with the help of German NGO Help e.V., built new transitional facilities for a health care centre which is operated by a German nun. The residents were able to receive medical counselling and, in case of common diseases, purchase medication from the affiliated drug-store. Numerous jubilant residents attended



the inauguration. In order to help improve the hygiene situation, Malteser International also built latrines and re-established the water supply of the health care centre.

Kenya: Malteser International hands over laboratory to state authorities

To mark World Tuberculosis Day on 24 March, Malteser International officially handed over the laboratory in the Dandora health centre in Nairobi to the Kenyan Government. Malteser International has helped build, equip and operate laboratories and health care units directly in the slums of Nairobi – they enable the on-site examination of patients, bringing the diagnosis and treatment of tuberculosis and HIV/AIDS closer



to the people. The local staff receives training and specialisation courses from Malteser International experts. In 2010 alone, the health care centres supported by Malteser International in the Nairobi slums treated 1,500 new cases of TB and performed 38,000 HIV tests.

Mexico: Help for HIV-infected mothers and children

The transmission of the HIV virus from young mothers to their babies can be prevented by medical therapy. In the federal districts of Tabasco and Mexico City, Malteser International supports the project "Salva a un niño del SIDA" (Save a child from HIV/AIDS) run by the Mexican Association of the Order of Malta. At present, 46 pregnant women are receiving medical and social care. A total of 490 mothers and babies have undergone treatment up to now. The Mexican Association of the Order has already been working in the district of Tabasco since the floods in October 2007. Together with Malteser International, the association has already conduc-



ted several programmes in the region, such as emergency relief and income-generating programmes.

Pakistan: Health teams assist in polio vaccination, emergency relief after avalanches

In response to a plea by the local health authorities, three of Malteser International's medical teams in the Swat Valley in northern Pakistan assisted in a country-wide, three-day vaccination campaign against polio in February. The vaccination was repeated six weeks later in order to guarantee protection. In addition, the medical teams participated in emergency relief efforts for about 250,000 mountain residents in the higher Swat Valley who were cut off from medical help by avalanches. In early 2010, massive snowfall led to avalanches and numerous deaths in northern Pakistan. The medical teams had already been caring for displaced persons who returned to the Swat Valley since August 2009.

South Sudan: Evaluation confirms success of tuberculosis programme

An evaluation of Malteser International's tuberculosis program in South Sudan showed positive results: the TB case detection rate increased in 2010 and was higher than the national average, more and more people have access to TB medication free of charge, and the treatment success rate was very high. At the same time, Malteser International seeks to reduce stigmatisation of tuberculosis patients by increasing awareness of the disease. The TB programme was introduced in 1997. It should now be integrated into the national health system and taken over by South Sudan's health department.



Water, Sanitation and Hygiene (WASH)

Access to safe drinking water and sanitation facilities is essential when it comes to improving the health of the population. For this reason, it also forms an important part of the Millennium Development Goals (www.un.org/millenniumgoals), which aim to halve the number of people without access to clean water and basic sanitation by 2015. The current figures show what a challenge this will be: according to the United Nations, one billion people worldwide have no access to drinking water. More than 2.6 billion people must make do without adequate sanitation. Data from the World Health Organisation shows that 1.5 million children below the age of five die of diarrhoeal diseases every year, simply because their parents do not realise that drinking dirty water makes their children sick. The adults also become ill due to the polluted water and are no longer able to make a secure living and provide for their families. In disaster zones, the most serious health problems are usually caused by poor hygiene as a result of dirty water or the lack of a water supply.

People living in precarious conditions can see why the lack of access to water is often one of the main causes of poverty: with a reliable and affordable clean water supply, people do not get sick as often – that means they can spare expensive trips to the doctor and the costs for medication. This allows the family to use their low income on school fees, food and other necessities for survival.

The quality of the water and sanitation also has an effect on the social status and educational opportunities of women and children. Traditionally, they have to carry up to 60 litres of water home for their families on a daily basis. By the time they are done, there is no time to go to school or earn money. Even in public facilities, such as schools and health centres, sanitary facilities are often inadequate – if at all present.

Water means life, basic sanitation means dignity. That's why water, sanitation and hygiene (WASH) is at the heart of what Malteser International does in countries such as Haiti, India, Indonesia, Cambodia, Myanmar, Pakistan, Sri Lanka, Thailand and Vietnam.

PORTRAIT OF OUR HELP

Walter Berier: Health thanks to water and hygiene

The 43-year-old engineer has worked as programme coordinator for Malteser International in Batticaloa, in eastern Sri Lanka, since June 2010.



What exactly are your tasks as programme coordinator?

I supervise and organise our work in the Batticaloa and Trincomalee districts in the fields of water, sanitation, and hygiene (WASH) as well as in preventive health. My tasks include not only the construction of wells, water treatment and distribution systems, sanitation facilities for households, schools and health centres, but also hygiene promotion and education for communities and schools.

You surely have to face many challenges in your daily work. What are the biggest difficulties?

Especially in the districts of Batticaloa and Trincomalee, the long-lasting armed conflict between the army and the LTTE (Liberation Tigers of Tamil Eelam) has had devastating consequences. One of the greatest problems in our project region is the lack of clean water. Sanitary facilities have to be repaired or built again. For two decades, the health of mothers and children has been neglected – there is no ... *Continued on page 20*

Sri Lanka – better living conditions for returning civil war refugees

In spring 2009, the Sri Lankan government's military intervention brought to an end 26 years of continuous civil war in Sri Lanka. The conflict left a shattered country in its wake – an island state which also happens to be beleaguered by frequent natural disasters. Since the 2004 tsunami, Malteser International has carried out emergency aid and reconstruction work in different parts of the country. More than 50 projects have been launched so far, and the work has continued even after the most recent conflicts.

Population in target area: **430,000**
Beneficiaries: **188,196**
International staff: **2**
National staff: **23**
Programme duration: **December 2009 – April 2012**
Programme volume: **4.1 million EUR (total)**
Partners: DCV, HUDEC, Sarvodaya
Funding: BMZ, UNICEF/EU, own funds
Malteser International has been working in Sri Lanka since **December 2004**.



The Malteser International team also goes into schools and teaches the children about how to properly use soap and latrines.

Lack of hygiene causes spread of disease

In the project areas in the east and north of the country, it is not just the roads and bridges which are damaged: the community structures in the previously contested zones also find themselves in very bad shape. Many civil war refugees who have returned to their villages have found their homes destroyed

Continued from page 19

functioning health system. The schools have suffered as well – the infrastructure for the entire educational sector has been badly damaged. Besides, the widespread indiscriminate violence and the expulsion of the population from their homes has really affected the people psychologically – especially the children. Children growing up in conflict zones need special care and psychological care.

What are some concrete improvements that Malteser International has brought to the region?

Up to date, Malteser International has built about

ordamaged. A large number of wells are unusable and are no longer safe sources of drinking water. Sanitation facilities are few and far between, or unfit for use, and the hygiene situation in the villages is, more often than not, inhumane. As a result, many of those returning home also suffer from illnesses such as diarrhoea, brought on by dirty water and unhygienic living conditions.

Sanitation facilities for families and schools

In collaboration with UNICEF, Malteser International has been running a WASH initiative in the heavily affected eastern districts of Batticaloa and Trincomalee since December 2009. The project's goal is to guarantee the water supply at the local and household levels as well as to build adequate sanitation facilities for schools and health centres in 46 villages. In the north of the country, Malteser International is working closely together with Caritas International and two local partners to provide housing and rebuild health centres. In addition to the distribution of water filters, lessons on hygiene for families and in schools are being given to ensure that people learn how to use the supplied equipment correctly.

"If a Malteser International worker says I should wash or peel the vegetables before I use them so

300 household latrines with septic tanks, as well as sanitation facilities for ten schools following the child-friendly school approach. Our teams have also been rehabilitating wells and running hygiene promotion activities in all target villages and schools. By doing that, we explain to people how important it is, for instance, to wash your hands with soap, and how to correctly use a toilet in order to protect yourself from infections. We are also helping communities which host those who have returned home after fleeing the conflict – around 23,000 families and 69,000 children – by working together with the people in improving sanitary conditions and the drinking water supply.

that no bacteria gets into the food, I know they are right. I never used to know about the need to wash my hands after going to the toilet either. Malteser International staff are known for their knowledge of health issues around here." (Kaus-haliya, mother of three children)

300 latrines and 400 lessons on hygiene

After the plans for the toilets and wells were drawn up and approved by the authorities, building commenced halfway through 2010. By the start of the rainy season in early November, latrines had already been built for 300 families, as well as toilets and washing facilities at ten schools. By the end of 2010, Malteser International had also repaired 15 wells and given around 400 lessons on hygiene. The rainy season that ensued was used by the team to prepare for the main phase of the program coming up in 2011.



New household latrines and sanitary facilities for schools and health centres are being installed in 46 villages.

What is your personal motivation to do this difficult work?

My reward is seeing that people's life quality improves because of our work. When, for instance, we build a well, a woman or her children do not have to walk large distances to fetch water anymore. At the same time, this also immediately improves this family's hygiene, because more water will be used for personal hygiene or to prepare food. If only one child has survived because we were able to supply adequate water, it has already been worth the effort.

Interview by Petra Ipp-Zavazal and Lisa Schönmeier

Myanmar – planning together, doing together: sharing responsibility and success

Both in rural areas and in the big-city slums, the people of Myanmar are seriously affected by an inadequate water supply and sewage management system. In these circumstances, prevention measures play a very important role. In order to cope with the changing duration and intensity of monsoon rains and migration flows, combined with population growth, it will be crucial to increase the quantity of water available in Myanmar and improve water quality. WASH activities are also underway in Myanmar to address causes of illnesses in the country, for good health should always be viewed as the result of several factors – including clean drinking water, appropriate sanitation facilities and good personal hygiene.

Population in target area: **39,608** in 36 villages
Beneficiaries: **39,608**
International staff: **2**
National staff: **29**
Programme duration: **June 2005 – July 2010**
Programme volume: **1,172,000 EUR**
Partners: Village committees, local authority and residents
Funding: ADH, BMZ, DCV, own funds
Malteser International has been working in Myanmar since **2001**.

Analysing weaknesses, planning improvements

In order to improve the water and sanitation situation in Myanmar, Malteser International developed the WASH IDD (Improvements, Dialogues & Deal) methodology. Drawing on a collective analysis of the situation, and after intensive health and hygiene campaigns, the teams designed concrete action plans with the villages and came up with solutions for problems related to drinking water, sewage, sanitation and hygiene in the area. One aim of this work was to guarantee a basic supply for everyday needs as part of the WASH initiative, and a second aim was to guarantee a basic supply for use the next time a disaster occurs. The measures cover a variety of areas: securing the water sources in the village and the access to these, transporting drinking water safely, treating it and storing it suitably for use by households, building latrines for families and at public buildings such as schools and health care facilities.

Setting priorities, seeing results

Once the problem has been analysed in full, the villagers choose specific measures which are most important to them and prioritise them ahead of the collective implementation process. Finally, the villagers and Malteser International staff sign an agreement identify-



With guidance from the Malteser International staff, the village residents build latrines for their families as well as for schools and other public facilities.

ing the tasks required of the local community and the services Malteser International needs to deliver. This means that, from the very beginning, the success of the measures and the continuous follow-up after implementation will be based on close cooperation between the partners. This will help the villagers identify with the improvement process and increase motivation for the long-term transfer of the responsibility for the activities.

Participation and personal responsibility

While the community's sense of ownership of the project ensures that it will be maintained long-term, the participation of the population will be key to finding suitable solutions and to improving the living conditions on a sustainable basis – the population knows

its own needs better than anyone else. The women, usually responsible for managing the home and the health of the family, now have more of a say thanks to the IDD methodology. Their participation may help to avoid mistakes in the planning process and reveal what is still missing. Greater personal responsibility and involvement of the population are vital to secure a sustainable and decentralised supply of water and sanitation for all.

"Before we started building the latrines, we asked all the families in the village what they needed most urgently. Every family had a say. As it turned out, every family wanted their own latrine", explains village chief Tha Yet Chaung. "There were only five latrines for 128 families before. Now there is one for every family."



Livelihood and Social Programmes

Poverty reduction is a particular area of attention in Malteser International's overall programme. The dimensions of poverty are complex and the realities of poverty vary between regions, countries, communities and individuals. Malteser International's livelihood and social programmes intend to provide, through a participatory approach, increased well-being, reduced vulnerability, more income and improved food security. The "sustainable livelihood" approach used by Malteser International is people-centred, participatory and has a strong emphasis on sustainability. Malteser International runs livelihood projects and social programmes in Afghanistan, Cambodia, DR Congo, Haiti, India, Indonesia, Mexico, Myanmar, Peru, South Sudan, Thailand and Vietnam.

PORTRAIT OF OUR HELP

Fareso: "I wanted to learn how to write a text message"

Malteser International has been providing emergency relief on the Indonesian island of Nias, west of Sumatra, ever since a devastating earthquake struck the island in 2005. Since the summer of 2009, Malteser International has worked with a local partner organisation to assist people with disabilities on the island. One of those residents is Fareso (30), who comes from the remote village Lahagu.



He observes us curiously, but reserved. As we approach him, Fareso starts to smile.

His first wheelchair

During the nine months of the training, Fareso lives in the centre of PRY in Gunung Sitoli, the capital of the island – a three-hour drive away from his home village, Lahagu. "Shortly after my birth, my legs started to degenerate", he tells. "It was probably polio, but I cannot tell exactly". The upper part of his body is that of a robust young man and his face has a radiant smile. Only the sight of the lower part of his body and his short, deformed legs hint at all of the difficulties he must face, living in a place which offers harsh conditions even for people without disabilities. In his village, Fareso was forced to move around using his hands. "I would often have wounds on my buttocks and thighs", he says. Through the project, Fareso was able to sit on a wheelchair for the first time in his life. "I wanted to learn how to write a text message", he explains his motivation to take part in the literacy course, smiling. But it is difficult to smile after hearing his story.

A self-taught blacksmith

"My family always made me feel that I was a burden for them. They thought I would never be in a position to contribute to the family's income", Fareso says. "But God has helped me and has endowed me with the talent to become a blacksmith". After observing the work of a blacksmith in his home village as often as he could, Fareso borrowed money to buy the necessary materials and tools. "That's how I began to work as a blacksmith at the age of 17", he tells proudly. "I taught myself how to do my job and was able to provide for myself".

Reading, writing, doing math

Then, one day, a staff member at PRY approached him and told him about the possibility to attend a literacy course at their centre. And Fareso took the opportunity. As for his plans for the future, Fareso is not quite sure. But he trusts in God. With his strong will, he made a path for himself. He learned a job that puts food on his table. He can now read, write and do math. And he has already sent his first text message, he tells – and laughs.

Nadine Fislage

Indonesia – a brighter outlook for disabled people

First the tsunami, then the earthquake: The island of Nias, situated west of Sumatra, is among the most poverty-stricken and neglected regions on the archipelago, and was ravaged by two major natural disasters in quick succession, in December 2004 and then again in March 2005. Many of the island's inhabitants who were injured then are still suffering from permanent physical disability to this day. These people, just as those who were already living with a physical disability prior to the tsunami, are barely given a second thought by society and the state health care system. Even worse: people with disabilities, especially those in remote regions such as the island of Nias, are often hidden away from the public glare by their families – without any specific help, support or medical care.



Little Yasabah (3) was born with 180-degree twisted feet. Thanks to the surgery and the new splints, he can now walk on his own.

Population in target area: **42,000**

Beneficiaries: **237**

National staff: **23** (at partner organisation)

Project duration: **June 2009 – October 2010**

Project volume: **144,000 EUR**

Partners: PRY

Funding: ADH

Malteser International has been working in Indonesia since 2005.

To improve the long-term situation of disabled persons on Nias and boost their self-help abilities and skills, Malteser International lent its support to the rehabilitation centre set up by local partner organisation PRY between July 2009 and October 2010. This centre, which is situated in Nias' main town, offers wound treatment services, physiotherapy and advice. It also has a workshop which produces and repairs orthopaedic aids. A mobile team makes house calls and looks after patients and their families in remote areas.

“We accept that Yasabah is not like other kids, but he is still one of God's children. We want

him to have as normal a life as possible.” (Fatiani, mother of three-year-old Yasabah)

Medical treatment

Patients suffering from burns, decubitus (bedsores) and bone infections are cared for at the PRY rehabilitation centre during treatment, which is often long and drawn-out and may entail plastic surgery or orthopaedic operations. The work of physiotherapists helps many patients to vastly improve their mobility; after treatment, most can continue their exercises independently. 140 patients with particularly severe disabilities were given wheelchairs, crutches or artificial limbs, which in some cases had been made especially for them in the centre's own workshop.

Counselling and work with families

Trained staff at the centre assist people with disabilities by giving them one-to-one counselling, helping them come to terms with their disability. At various events, family members and other caretakers receive advice on an individual basis so that they can understand and support the holistic rehabilitation process.

Raising awareness and providing education

In addition to directly assisting people with disabilities, another key aspect is raising awareness of the problem. Family members, the authorities and the general public should learn to accept people with disabilities as fully-fledged members of society, and give them assistance. For any rehabilitation measure to be successful and for someone to be able to cope with a disability, it is vital for the disabled person to not only accept their own disability but also to be accepted and recognised by their family and by society. For Malteser International, this also meant supporting the rehabilitation centre's educational campaigns, in addition to the medi-

cal and advisory measures they introduced. The response to the regular radio programs, which were broadcast even to the remotest parts of Sumatra, exceeded all expectations: numerous listeners rang in during the programs with their questions about disability, integration and options for treatment. At the same time, it showed again how important it is to integrate the needs of the disabled into the work done as part of humanitarian aid projects.

“Not only did I receive splints to make me more mobile, I also got the chance to take part in a sewing course. It was there that I met other disabled people for the very first time. When I realised that I wasn't alone in having a disability, I felt more relaxed, confident and even less inferior than before.” (Yanti, suffered from polio as a child)



Despite her disability, Yanti can provide most of her family's income with her small tailoring business.



June Myanmar: Distribution of aid packages after heavy flooding



October DR Congo: Health assistance for refugees and victims of sexual violence



May Pakistan: Support of returnees in the Swat District

Pictures of the year 2010



December Peru: Christmas party at senior citizens' centre in Querecotillo



July Pakistan: Emergency aid after flood disaster in Swat and Punjab



August India: Improved health and nutrition for the Dalit people in Rajasthan



February Chile: Emergency relief after earthquake and tsunami



September India: Emergency relief after flooding in Uttar Pradesh



November Haiti: Soap distribution for cholera prevention



March World Tuberculosis Day (24 March) in Kenya: Hand-over of a laboratory to the health care centre in the Dandora slum in Nairobi



April South Sudan: Children's Day for tuberculosis awareness in Yei



January Haiti: Emergency aid after the earthquake

Programme Overview 2010

Americas

Country	Locations/Regions	Programme Focus	Brief Description	International Staff (contracts/posts)	National staff (posts)	Help for ... people (catchment population / direct beneficiaries)	Donors/Cooperation Partners	National Partner Organisations	No. Of Projects
1 Chile ⁽¹⁾	Chépica, Tubul, Loncoche	Relief, rehabilitation, income generation	Distribution of relief items, income generating measures for small scale-enterprises and fishermen, reconstruction of a residential home for elderly	0/0	0	16,000/1,200	ADH, own funds / private donations	Auxilio Maltesé, Chilean Association of the Order of Malta	3
2 Haiti ⁽²⁾	Belle Anse, Darbonne, Léogâne, Milot, Petit-Goâve, Port-au-Prince	Development-oriented relief and rehabilitation in the fields of healthcare, WASH, social infrastructure and disaster risk reduction	Relief for earthquake- and cholera-affected population (Distribution of relief goods and food rations, provision of drinking water, medical aid); cholera prevention; strengthening of community-based healthcare services with special focus on mother-child health; improvement of access to drinking water and sanitation facilities incl. hygiene awareness (WASH); rehabilitation of social infrastructure (schools, kindergarten, training and health centres, market place, library); community-based disaster risk reduction; support of a referral hospital	20/11	60	150,000/127,000	AA, ADH, arche noVa, ECHO, HRP, NIN, national associations of the Order of Malta, THW, UNICEF, own funds/ private and company donations	COTEDO, community and school committees CRUDEM, Episcopal church in Darbonne, local health authorities, MUDHA, Rasin Lespwa	14
3 Mexico ⁽²⁾	Mexico D.F., Tabasco, Veracruz	Emergency relief, income generation, health care	Distribution of relief items and medicines, support of a fish-breeding plant, social and medical support of HIV-infected mothers	0/0	0	20,000/2,000	own funds/ private donations	Mexican Association of the Order of Malta	3
4 Peru ⁽²⁾	Lima, Piura, Querecoto	Social programmes	Implementation of a day care centre for children, a family centre and a centre for elderly people, support for children of low-income families	0/0	1	5,000 /500	own funds/ private donations	Malteser Peru, Peruvian Association of the Order of Malta	4

⁽¹⁾ Programme implementation through Malteser International and partner organisations

⁽²⁾ Programme implementation through national associations and relief services of the Sovereign Order of Malta supported by Malteser International

⁽³⁾ Programme implementation through local partner organisations supported by Malteser International

Africa

Country	Locations/Regions	Programme Focus	Brief Description	International Staff (contracts/posts)	National staff (posts)	Help for ... people (catchment population / direct beneficiaries)	Donors/Cooperation Partners	National Partner Organisations	No. Of Projects
5 DR Congo ⁽¹⁾	Kinshasa, Arivara, Mahagi/Ituri, Watsa Aba, Faradje/Province Orientale	Health care, supply with essential drugs, containment of epidemics, psychosocial care, rehabilitation of infrastructure, emergency medical aid	Health system development and support for more than 280 health centres in 17 health zones, basic and advanced training of local staff; importation and redistribution of essential drugs, fighting the plague on community level, medical care for victims of sexual violence, fight against sexual violence, health infrastructure rehabilitation; Emergency medical aid for displaced and vulnerable local populations	7/5	18	2,152,000/39,034	ECHO, EuropeAid/EDF, Pooled Fund, UNICEF, own funds/private donations	Local, regional and national health authorities, local partner organisations	6
	Bukavu/ South Kivu	Health care, psychosocial care, food aid, food security, rehabilitation of infrastructure	Multi-sector aid programme with focus on health care and food security; support for health facilities, food distribution and food security assistance for internally displaced population and families of malnourished children; medical and psychosocial care, social reintegration and income generation for victims of sexual violence; basic rehabilitation of transportation infrastructure (roads, bridges, airstrips) in remote areas	4/4	67	1,300,000/705,164	ADH, BMZ, ECHO, FAO, GIZ, Pooled Fund, WFP own funds/private donations	communal, state and non-state structures in the project areas	5

Africa

Country	Locations/Regions	Programme Focus	Brief Description	International Staff (contracts/posts)	National staff (posts)	Help for ... people (catchment population / direct beneficiaries)	Donors/Cooperation Partners	National Partner Organisations	No. Of Projects
6 Kenya ⁽¹⁾	Nairobi and Central Province, Marsabit, Samburu, Isiolo/ Northern Kenya	Health care, emergency aid	Improving the possibilities of diagnosis and treatment of tuberculosis and HIV/AIDS, supporting home care, health education for slum residents; support for drought-affected population with food, water and drugs	1/1	34	4,161,000/480,000	AA, Pathfinder International, own funds/private donations	Catholic dioceses in Northern Kenya, Kenyan Ministry of Health, Nairobi City Council, Nairobi Health Management Board, St. Mary's Hospital	3
7 Sudan/ Darfur ⁽¹⁾	Khartoum, El Fasher/North Darfur	Health care, rehabilitation of infrastructure, capacity building	Control and treatment of TB, HIV, leprosy, sleeping sickness and malaria, rehabilitation/reconstruction of health infrastructure, provision of primary healthcare, mother-child health, vaccination campaigns, running of laboratory training school, capacity building of health staff and communities	3/2	14	92,000 (catchment population)	AA, ADH, AECID, BMZ, CHE, DAHV, ECHO, Malteser Cologne, STI, WFP, WHO, UNDP/Global Fund, UNFPA, UNICEF, own funds/ private donations	Dioceses of Rumbek and Yei, Ministry of Health, local and national health authorities	1
	South Sudan ⁽¹⁾			22/16	119	1,096,000 (catchment population)	AA, ADH, Don Pedro Rodriguez Ponga, Malteser Paderborn, MAV, PMK, own funds/private donations	Maracha Hospital	6
8 Uganda ⁽¹⁾	Maracha	Health care	Support for the nutrition unit of Maracha hospital including home visits and treatment of patients	1/1	9	360 children/year	AA, ADH, Don Pedro Rodriguez Ponga, Malteser Paderborn, MAV, PMK, own funds/private donations	Maracha Hospital	1

Asia

Country	Locations/Regions	Programme Focus	Brief Description	International Staff (contracts/posts)	National staff (posts)	Help for ... people (catchment population / direct beneficiaries)	Donors/Cooperation Partners	National Partner Organisations	No. Of Projects
9 Afghanistan ⁽¹⁾	Mazar-i Sharif, Northern Afghanistan	Social programmes, education, capacity building	Set up of an educational television channel and programme in Mazar-i-Sharif	0/0	0	300,000 inhabitants of Mazar-i-Sharif and up to 250,000 residents of the surrounding countryside as well as 30 people trained as media specialists	BMZ, SCEO, own funds	SCEO	1
10 Cambodia ⁽¹⁾	Provinces of Oddear Meanchey, Banteay Meanchey, Preah Vihear	Health care and capacity building	Community-based health insurance, health promotion, mother-child health, strengthening of the health and self-help capacities of the civil society	3/3	25	345,000/150,000	BMZ, DfA/AusAid, CIM, EuropeAid, own funds/ private donations	CAAFW, CHHRA, local (health) authorities, MRKR, SIDO	3
11 China ⁽¹⁾	Pingwu/ Sichuan Province	Social programmes, rehabilitation	Construction of a home for elderly affected by the earthquake in 2008	0/0	0	79 elderly	DCV, German-based international company with office in China	Jinde Charities	1

Asia

Country	Locations/Regions	Programme Focus	Brief Description	International Staff (contracts/posts)	National staff (posts)	Help for ... people (catchment population / direct beneficiaries)	Donors/Cooperation Partners	National Partner Organisations	No. Of Projects
12 India ⁽¹⁾	States of Tamil Nadu, Kerala, Gujarat, Uttar Pradesh and Rajasthan	Rehabilitation, development, community-based disaster risk reduction, health	Southern India: HIV prevention, care and support in over 1,000 villages, health and hygiene awareness, promotion of health and life insurance; community development programmes, special programmes for children, youth and disabled, construction of a community hall and latrines for Inula Uttar Pradesh: community-based disaster risk reduction Gujarat: preschool programme for 1,200 children and youth Rajasthan: strengthening of resistance and social participation of Dalits and tribes in drought-affected districts of West Rajasthan	4/3	0	2,000,000/300,000	ADH, BMZ, ECHO, own funds/ private donations	Bharati Trust, BSC, Centre for People's Education, Centre for Social Reconstruction, Health for One Million, Malankara Social Service Society, Peace Trust, Provision, Sabhagi Shikshan Kendra, Umat, Vaan Muhi, Venture Trust	13
13 Indonesia ^(1,3)	Padang Pariaman District/West Sumatra Province, Aceh Utara District/Aceh Province, Nias/North Sumatra Province, District Manokwari/ Province West Papua	Rehabilitation, health care, poverty reduction, community disaster risk reduction	Construction of one school in the aftermath of the earthquake in West Sumatra, improvement of mother and child health, improved access to safe drinking water and sanitation facilities for marginalised communities in the hinterland of Aceh Utara, community-based rehabilitation for people living with disabilities, community-based disaster risk reduction	1/2	5	59,000/14,500	AA, ADH, BMZ, DCV, own funds/ private donations	Community Care for Humanities, Hatunurani, local health and disaster management authorities, PRY, Sepakat, YEU	4
14 Iraq ⁽¹⁾	Karamless, Erbil	Health care	Support of a dispensary mainly for internally displaced persons, operated by national partner TCCF	0/0	5	45,000/1,500	Own funds/private donations	TCCF	2
15 Myanmar ⁽¹⁾	Yangon Division, Wa Region (Special Region II and IV), Maungdaw and Buthidaung/ Northern Rakhine State, Sitwe, Rathidung, Paikto, Myebon/Rakhine State, Labutta/Irawaddy Delta	Development-oriented emergency and transitional aid in the fields of healthcare and WASH; reconstruction and securing access to basic social infrastructure as well as disaster risk reduction, emergency relief for flood-affected communities in Northern Rakhine State and Cyclone Gini victims	Control and treatment of infectious diseases including malaria, tuberculosis and HIV/AIDS; strengthening of community-based health care services with special focus on mother and child health; improvement of access to safe drinking water and sanitation facilities, community-based waste management, disaster-preventive rehabilitation of schools and health centres; community-based disaster risk reduction (CBDRR), strengthening of community and national capacity of disaster preparedness; emergency relief through distribution from family and shelter kits; provision of food rations and drinking water.	20/15	353	1,250,000 (catchment population)	AA, ADH, AusAid (through Caritas), BMZ, Caritas Network, ECHO, EuropeAid, UNICEF, UNHCR, UNOPS, WFP, own funds/ private donations	community-based committees, Good Shepherd Sisters, Local health authorities, Mangrove Service Network	18
16 Pakistan ⁽¹⁾	Islamabad, Swat and Kohistan districts/ Khyber Pakhtoonkhwa Province, Rahim Yar Khan District/Punjab Province	Development-oriented emergency and transitional relief for the 2010 monsoon flood victims as well as for IDPs; DRR activities for the 2005 earthquake-affected population	Flood aid- emergency assistance (hygiene kits, food items, water purification systems, basic health services and health & hygiene promotion, winterised shelters, distribution from relief goods); cash-for-work programme as part of rehabilitation of agricultural infrastructure, reconstruction and equipment of basic health units and primary schools, capacity building for medical staff and government employees, Disaster Risk Reduction (DRR) for health sector, maternal and child health	10	78	479,850 (catchment population)	AA, ADH, BMZ, City of Cologne, DCV, Deutsche Bank, Lufthansa/ HelpAlliance, NIN, Sternsinger, Wacker Chemie, WHO, own funds/private donations	Caravan, Lassona, NIDA, Paiman, Sungi	9
17 Philippines ⁽¹⁾	Manila, Muntinlupa, City Bengnet, Bagio City	Emergency relief, recovery, disaster risk reduction	First aid and emergency relief for tropical storm and typhoon-affected populations, community-based disaster risk reduction	0/0	0	5,000 (beneficiaries)	ADH, national associations of the Order of Malta, own funds/ private donations	Philippine association of the Order of Malta	1
18 Sri Lanka ⁽¹⁾	Colombo, Trincomalee, Batticaloa, Jaffna, Mullaitivu and Kilinochchi districts.	Support for IDPs, water/sanitation/hygiene (WASH), rehabilitation of social infrastructure	IDPs: reconstruction of houses and social infrastructure, drinking water supply, sanitation, hygiene promotion, construction of health care centres	3/3	23	685,000/137,100	ADH, BMZ, UNICEF, own funds/private donations	Caritas, Future for Children, Help for the Children, HUDEC, NWSDB, Sarvodaya, TDDA	6
19 Thailand ⁽¹⁾	North Thailand: Sop Moi and Mae Sariang districts/Mae Hong Son Province	Health care and water/sanitation for refugees; avian influenza awareness; HIV/ AIDS prevention; strengthening of the Thai health system	Improving the health situation of the Karen refugees; control of communicable diseases, maternal and child healthcare, health awareness and prevention (TB, HIV, avian influenza, malaria), WASH; strengthening of camp-based health care services; strengthening of the Thai health system	9/4	44 (plus 344 Karen camp staff)	70,000/70,000	ECHO, EuropeAid/ IRC, WCFF, own funds/ private donations	Karen Refugee Committee, HIV-Self-Help Groups (Salaveen, Dok Rak), local health authorities	5
20 Vietnam ⁽¹⁾	Danang, Tay Giang, Quang-Nam Province, Central Vietnam	Poverty reduction, health care, emergency relief, disaster risk reduction	Improving basic health, nutrition and income situation of the poor and of ethnic minorities, community development, CEFE trainings, reconstruction and equipping of a district hospital, relief after a cyclone and community-based disaster risk reduction	2/2	12	220,000/36,000	AA, ADH, BMZ, ECHO/German Consulate, WCFF, own funds/ private donations	Local health department, People's Committee, Steering Committee for Flood and Storm Control, Women's Union	5

South Sudan – developing health professionals: Malteser International lab school in Rumbek

The Lakes State and its capital, Rumbek, are predominantly home to nomadic tribes, whose largest group is the Dinka. Diminishing resources such as pastureland and water have forced the owners of the larger herds of cattle to migrate further and further. The consequences of this are often bloody, cross-border conflicts which temporarily make entire regions inaccessible to aid organisations. During the war between North and South Sudan, Malteser International was committed to working in the Lakes States region and provided health care services to help the destitute population.

Population in target area: **461,000**

Beneficiaries: **55 students/lab technicians**

International staff: **4**

National staff: **15**

Programme duration: **January 2009 – May 2012**

Programme volume: **430,000 EUR**

Partners: Diocese of Rumbek, province hospital, state health department

Funding: AECID, BMZ, Global Fund, Malteser Germany (Archdiocese Cologne), private donations
Malteser International has been working in South Sudan **since 1996**.

A laboratory school for South Sudan

In a region with a large number of infectious diseases, there was such an obvious need for both specialist staff and a reference laboratory that Malteser International founded the medical laboratory school in Rumbek as early as 2002, supplementing the existing health centre built on land belonging to the Catholic diocese in Rumbek. Since the school's opening, 55 students have completed the two-year training course to become lab technicians and assistants. Once they have passed the final exam, they are awarded with a government-accredited certificate. However, due to the high demand for this training, the old school soon proved to be too small, and the new building, complete with larger teaching rooms, was finished in summer 2010. Up to 30 students can now live in accommodations on the campus.

Students from all over the country

The students' level of education and their region of origin are some of the determining factors when it comes to being admitted to the school. When they enter the workforce later on, it will make sense to have as many regions of South Sudan represented as possible. Malteser International, other aid organisations and sponsors are bearing the costs of the lab technician/assistant training and are making it possible for students from socially disadvantaged backgrounds to participate in the training programme as well.

Work placements in preparation for a future career

Ten students, who had begun their training in spring 2009, carried out laboratory placements between August and December 2010 in different regions of South Sudan, such as Western and Northern Bar-el-Ghazal, Upper Nile, Central Equatoria and Rumbek. This broad geographical range corresponds partly to the different origins of the students and is intended to make it easier for them to get in touch with potential employers once they have completed their training. Malteser International tutors support them through their practical training.

“As things stood, it was virtually impossible to find enough Sudanese lab technicians who were properly qualified. Malteser International was quick to note the urgent need for new training opportunities. The decision was therefore taken to extend the laboratory and add a laboratory school.” (Habib Dada, first head of the Malteser International laboratory school in Rumbek)

Reference laboratory for an entire region

Currently, the laboratory in Rumbek is vir-

tually the only place in the whole of South Sudan where highly reliable testing can be carried out. In Lakes State, it serves as the reference laboratory for more than 330,000 people. The lab employees are most often required to test for malaria, tuberculosis, HIV/AIDS, parasites, typhoid, hepatitis and sleeping sickness, as well carrying out pregnancy tests and general status determinations. To ensure that the quality of the test results is compliant with international standards, around 60 samples are sent to a certified laboratory in Nairobi every quarter. There has been almost 100-percent compliance so far.

Quality education, national responsibility

From April 2011, Malteser started to offer an additional training course for a minimum of 20 promising young people from all regions of South Sudan. One day, they hope to hand over responsibility for the school to the state authorities, and it is for this reason that Malteser International is also closely involved in developing a strategy for laboratories in South Sudan – a recent project run by the health ministry in Juba.



An internship in one of the region's laboratories is an integral part of the two-year programme.



Disaster Risk Reduction

Disaster risk reduction is an integral part of humanitarian assistance, both in relief and recovery, as well as in long-term development initiatives. However, to date it has not always received the attention it deserves. With the climate change debate, the problems facing the citizens of mega-cities and the increasing number of natural disasters, there is a need to develop programmes addressing how to prevent natural phenomena from turning into disasters, to mitigate their impact and help prepare the increased numbers of people who may be at risk. Climate change, migration patterns as well as socio-economic pressure have forced more and more people into vulnerable living conditions.

Be it by reinforcing houses against earthquakes and cyclones, by constructing flood-resistant shelters, or by training village emergency teams and volunteers to set up early warning systems, Malteser International has included disaster risk reduction and mitigation measures in many of its projects. The focus is clearly on community-based disaster risk management (CBDRM), which aims to support and to strengthen local coping capacities and to reduce vulnerabilities of people at risk. Malteser International currently implements disaster risk reduction projects in Haiti, India, Indonesia, Mexico, Myanmar, Pakistan, the Philippines and Vietnam.

PORTRAIT OF OUR HELP

Dr. Jürgen Clemens, Senior Desk Officer Pakistan: Disaster prevention, a step towards self-help



In recent times, aid organisations have been using 'disaster prevention' as a key term on an increasingly frequent basis. In 2010, we could see that a major earthquake in countries such as Chile does not cause as much damage as in other countries. What is Malteser International's approach to disaster prevention?

Malteser International has been developing and expanding its disaster prevention programme in recent years. We want to protect vulnerable village communities from disasters and their consequences and prepare them for emergency situations. In Pakistan, this was already a very important item on

the agenda after the earthquake in October 2005. We set up health centres which could withstand any future earthquakes and implemented a project in 2008 at the epicentre of the earthquake zone to give people warning of any further major earthquakes. This is an innovative system, combined (for the first time here) with public alarm sirens. It should also be noted that commitment to long-term disaster prevention is also more cost-effective than "after-care" or emergency relief, which then means we can use the remaining funds to improve the conditions in which people live. *Continued on page 36*

Vietnam and Indonesia – better protection from future disasters

Indonesia and Vietnam are two of the countries most likely to be severely affected by natural disasters. While Vietnam is mainly ravaged by tropical storms and the accompanying floods that wash over the country, the people of Indonesia are often put at risk by the country's geographical position on the Pacific "Ring of Fire", which results in earthquakes and tsunamis. The low-income families living in coastal regions are at high risk in both countries. Minor crop failures can already threaten the livelihood of these smallholders, and, to make things worse, their humble homes are neither earthquake- nor flood-resistant. Unprepared and defenceless, these people are at the mercy of the destructive effects of Mother Nature.

Vietnam:

Population in target area: **83,000**
Beneficiaries: **83,000**
International staff: **1**
National staff: **4**
Project duration: **December 2009 – May 2011**
Project volume: **212,000 EUR** (total)
Partners: SCFCR, local authority
Funding: AA, own funds
Malteser International has been working in Vietnam since 1966.

Indonesia:

Population in target area: **20,000**
Beneficiaries: **8,700**
National staff: **1+8** (Partner organisation)
Project duration: **July 2010 – September 2011**
Project volume: **60,000 EUR** (2010) / **200,000 EUR** (total)
Partners: YEU, local authority
Funding: AA, own funds
Malteser International has been working in Indonesia since 2005.

To make these sections of the population less vulnerable and devise appropriate strategies to react to these events, Malteser International is implementing precautionary measures in the rural communities of the Manokwari district of West Papua (Indonesia) and Danang province (Vietnam) to help with natural disasters. These focus in particular on the potential of the villages and communities to help themselves.

Risk assessment and emergency plans
Supported by the project team on-site, the villagers look at their own living situations, discuss the implications of different disasters on their communities and identify the sections of the population which are particularly at risk. By doing this, they learn to assess the risks posed by natural disasters and work out measures to protect themselves and their pro-

perty. Together with Malteser International staff, the villagers draw up emergency plans, decide on evacuation centres and mark out escape routes.

"We work with the people on-site, because no one knows the difficulties faced as well as they do. They need to learn how to protect themselves in disaster situations and be able to deal with the consequences." (Vo Thi Tam, Malteser International assistant in Vietnam and responsible for education and training)

Training sessions, exercises and early warnings

Malteser International trains volunteers in emergency rescue and first aid, and supplies equipment to be used in case of emergency. Particular attention is given to early warnings. In Vietnam, water level indicators are already helping people to recognise the risk of flooding in good time, while extra warn-



So that communes can better protect themselves from future disasters, Malteser International trains volunteers in Vietnam and many other countries in emergency rescue and first aid.

ning lights are alerting the population to the dangers of high water in the nighttime. Indonesia is set for the installation of its own electronic earthquake warning system in the course of 2011. In both countries, disaster protection exercises are teaching villagers

how to behave correctly in disaster situations.

Medical care in the event of a disaster

In 2011, Malteser will also extend the scope of the prevention measures to include neighbouring communities in former project regi-

ons, as well as bringing in the state health care structures so that they are closely involved in the work. This is because health care facilities are often ill-prepared for disaster situations and are not in a position to provide adequate care to the population.



In the summer of 2010, Dr. Jürgen Clemens witnessed on site the devastating consequences of the floods.

Continued from page 35

In concrete terms, what does the work in Pakistan involve?

In each village committee, we have volunteers trained in first aid and search and rescue techniques, and have provided them with the necessary basic equipment to do this. These teams administer important first aid to the victims. After they have been trained and have done a number of practice exercises, they are integrated into the Pakistani disaster protection structures, which themselves have been set up and expanded with international support following the 2005 earthquake.

Does it mean that village communities will ultimately manage themselves to prepare for imminent natural disasters and protect themselves from these?

Yes, in theory. But in order to make sure that they will be protected extensively during major natural disasters – such as the monsoon floods of summer 2010 – we will need to put long-term plans in place and invest in the long run on dikes, protective structures, emergency shelters and evacuation means such as boats, for instance. In Pakistan, we at Malteser International have focused on integrating the affected population directly. We help the people take precautions and manage the disasters by teaching them how they can help themselves and adapt their behaviour and habits to limit the amount of damage.

How are these measures followed up? Do the people continue to receive training?

This task has been handed over to the responsible disaster protection authority. Having said that, we are set to start a new disaster

preparedness project in early summer 2011 in Kashmir, which we were forced to postpone due to the most recent floods. Working with the local population, we will take precautionary measures against flooding along the two big rivers to supplement the earthquake warning system. As part of this project, we will also offer refresher courses for the volunteers who worked on the previous project.

We have similar preventive and educational measures at the village level in the pipeline for the northern Pakistani districts of Swat and Kohistan, which were particularly affected by the monsoon floods in 2010. In Swat, there will also be an ongoing project in which staff at the rural health centres will be trained and given additional equipment to treat numerous casualties.

The experience gained from our project in the north of India also lends itself to the work

being carried out in the Pakistani flood areas. There, we fitted hand pumps on elevated concrete platforms along the river, which meant that the wells did not fill up with dirty flood water during the annual floods and remained usable, and could be reached by boat and used during the flood itself. The local people are alerted ahead of the floods via a simple, mobile phone-based early warning system: when a flood is imminent, pre-recorded alerts are sent automatically in the form of voice messages to the responsible members of the community. These people will then alert their neighbours using hand-operated sirens so that people can leave the danger zone and make their way to safety in good time, or be evacuated in the boats provided by Malteser International.

Interview by Maria Rütger from Germany's Relief Coalition (ADH)

News from the field



Afghanistan: Set-up of an educational TV channel in Mazar-i-Sharif

In cooperation with the Afghan partner organisation SCEO, Malteser International started in December 2010 to produce the non-profit TV channel "AFA TV", which broadcasts educational programmes in Mazar-i-Sharif. The channel's name says it all: "Aamuzishi, Farhangi, Almi" means "Education, Culture, Knowledge" in Dari. TV sets are not at all a privilege of wealthy households but belong to the Afghans' daily life, so the programmes of the new channel will be able to reach about 300,000 inhabitants of Mazar-i-Sharif as well as up to 250,000 people in the hinterland. They are addressed to all age, religious and social groups. The channel will particularly target families living below the poverty line, especially vulnerable groups like widows, people with disabilities, elderly women and young girls, people traumatised by the war, people without professional training as well as children who are not allowed to attend school. The broadcasts will focus on topics such as health, psychology, alphabetisation, foreign languages and women's rights. In addition, 30 persons in the region benefit from professional training in the fields of media technology, journalism, moderation techniques and project management, which will enable them to assume full responsibility for the broadcasting later on.



Haiti: Clean water and new latrines for orphaned children

The "Children of Hope" orphanage in Léogâne district had offered shelter to orphaned and abandoned children since 2001. Then, in January 2010, the earthquake completely destroyed the home's buildings. The children had to live in tents, without proper nutrition or access to clean drinking water and appropriate sanitary facilities. In order to improve the children's living conditions, Malteser International built latrines with lavatories fed by a rainwater harvesting tank, while helping promote better hygiene practices with games and exercises for the children as well as the orphanage's staff.



India: Empowerment and technical assistance for Dalits in Rajasthan

The Dalits (a Sanskrit word meaning broken or suppressed people) are people who belong to the lowest ranks of India's rigid caste-based society and, for that reason, suffer from widespread discrimination. In Rajasthan, in the north of India, the Dalits live under yet another threat: constant droughts. Since 2010, Malteser International partner Unnati has been carrying out a project to improve the life quality of 12,500 Dalits and tribal communities living in 50 villages of Jodhpur and Barmer districts. The three-year project aims to empower the Dalit community to help themselves, strengthening their ability to claim their rights with regards to government services such as health care, employment and social security. With concrete measures, including the construction of rainwater tanks and set-up of community gardens, the Dalits will be better able to provide for their families.



India: Rescue operation after ferry accident

On 22 June 2010, a ferry carrying 35 people on the Saryu River in northern India capsized, killing 13 passengers. The authorities on site



did not have a boat at their disposal for a rescue operation, so they asked Sabhagi Shikshan Kendra, Malteser International's local partner, for assistance. One motorboat and two boatmen were sent to the accident site from a village about 80 kilometres away. Before the arrival of the boat, 22 people were able to swim to safety or were rescued by villagers. Unfortunately, the rescue operation by boat only recovered three bodies. In order to prepare for future accidents, the district magistrate ordered ten motorboats like the ones used by Malteser International.



India: Ready for the floods with water pumps, boats and first aid

More than 800 hand pumps on raised platforms are being installed in 209 flood-affected villages by the state government of Uttar Pradesh based on a model by Malteser International. These raised hand pumps, which secure the supply of drinking water during



the monsoon season, are an element of a comprehensive disaster risk reduction programme, which includes the set-up of an early warning system and disaster preparedness committees in the villages, as well as trainings in first aid and search and rescue. Row- and motorboats are also on stand by and allow the population to flee the advancing waters quickly and safely.



Myanmar: After flood relief, reconstruction begins

After heavy rainfall in Myanmar in June 2010, Malteser International distributed aid goods to 2,800 families as part of its emergency relief measures. It also supplied drinking water for 27,000 people by providing the affected communities with temporary rainwater tanks. In order to improve the living conditions of people on a long-term basis, the teams began immediately after the emergency phase to rebuild drinking water ponds and latrines as part of a comprehensive rehabilitation concept.



Myanmar: Preparing for disaster by preserving mangroves

The mangrove forests along the coast of Sittwe and Rathidaung have faced significant degradation over recent years. Families living in the area's riverside communities collect wood in the mangroves to use for cooking or as construction material. In addition, mangroves have been cleared to make way for ponds used by the area's shrimp industry. Because of the degradation, large swaths of land are lost to erosion every year; with less vegetation, the villagers experience higher temperatures, stronger winds, scarcity of fuel wood, and lower fishing yield. These serious consequences became especially obvious after cyclone Nargis in May 2008: the decline of the mangrove forests in the Ayeryerwaddy Delta left the riverside communities completely exposed to the tidal surge. Together with the Mangrove Services Network, Malteser International developed a project to rehabilitate some of these former mangrove forest areas



in the cyclone-prone Rakhine State. In the initial phase, three villages in Rathidaung and Sittwe were chosen for plantation. The teams on site offered trainings not only on how to rehabilitate the mangrove, but also on cooking methods using alternative fuel sources. Thanks to their newly acquired stove-making skills, some villagers were able to open their own business – by now, they even sell their stoves in neighbouring villages. Through awareness of the importance of environmental conservation and the active participation of the population, the villages will be better protected against natural disasters in the future.



Peru: Social support for all generations

In Talara, a province in Peru's north-east, Malteser International has been supporting a family centre managed by Malteser Peru since 2007. The centre is part of an integrative programme for victims of domestic violence



and follows two approaches: at a counselling station, women are informed of their rights and offered psychological help, while a kindergarten offers children who are victims or witnesses of domestic violence at home a stable environment to play or talk about their experiences. In the nearby Querecotillo, a centre for elderly persons was inaugurated mid-June. With financial support of Malteser International, the Peruvian volunteers organise leisure activities for 45 seniors, including aerobics classes and health and diet counselling. Malteser Peru has been active in Querecotillo since 2001.



Philippines: Help for 2,400 people after typhoons

Helping the population return to normality after surviving two heavy storms was the focus of Malteser International's help in the Philippines in 2010. In two villages of the northern province of Benguet, Malteser International has assisted the Philippine association of the Order of Malta in restoring the livelihoods of the population by recovering farmland and installing new irrigation systems. Microcredits should also help villagers generate income by covering the start-up costs for new small businesses. The teams on site have improved the villages' water supply and built latrines. In both communities, Malteser International is strengthening the residents' capacity to prepare for and respond to future natural disasters. In October 2009, both villages had been heavily affected by the typhoons Ketsana and Parma.



Vietnam: Villagers learn how to build latrines

In Arc, a village located in the mountainous Tay Giang District in Central Vietnam, Malteser International has run a pilot project on participatory latrine construction, in which villagers plan, implement and monitor the project activities and build their own latrines. In a workshop, 66 representatives of other villages had a look at the latrines in Arc at different stages of the construction phase and asked questions regarding material and waste water. "If we want to know what the villagers



really need, we have to create opportunities for them to show their ideas and to raise their voice", says project coordinator Nguyen Thi Thuy Nga. In March 2010, 19 other villages started own participatory latrine construction projects.



Vietnam: Women found small-scale business club

More than 40 women of the Khue My commune in Danang have joined into an association to support women entrepreneurs. This club is the result of a capacity training cycle for low-income women running small-scale businesses. About 80 per cent of extremely disadvantaged households in Khue My depend on women as main laborers. Yet, due to the lack of education and skills, many women struggle with an ineffective and unprofitable business. In the capacity trainings, the participants are provided with basic business management and marketing skills, such as analysing the market and selecting business ideas. After two months, most of the women were able to increase their income by at least 20,000 dong (1 euro) and up to 1,600,000 dong (60 euros). The training cycle was run by Malteser International in cooperation with the local women's union.

Further highlights

India: 20 years of cooperation for a healthier, more empowered life

Malteser International and the Health for One Million network, which was founded by the Diocese of Trivandrum (capital of the Indian state of Kerala), commemorated the 20-year anniversary of their cooperation in



southern India in the beginning of 2010. In 1989, the organisations started working together to improve the health and social status of women and their families. Today, the women participating in the project have comprehensive knowledge of health issues, access to trained volunteers, and a joint savings fund. The fund, made of returns from completed income-generating small projects, serves as the basis for new investments in small businesses and education for their children.

USA: Federal Association works with Malteser International on Haiti relief

When the Earthquake shook Haiti in January 2010, the Order of Malta's Federal Association in the United States reached out to Malteser International in order to establish contacts with projects sponsored by the organisation in Haiti. Several of the association's members then travelled to Haiti and volunteered at Malteser International's health centres in Darbonne and Léogâne. The association also collected contributions from its members for Malteser International's relief efforts in Haiti as well as for its partner CRUDEM, which runs the Sacré Cour hospital in Milot. Through the already established partnership between the American associations of the Order of Malta and Sacré Cour, Malteser International distributed food rations to more than 45,000 patients, dependents and volunteers.

Chile: Training volunteers in the Sphere Project

In May 2010, Malteser Peru President César Marquéz conducted a training of the internationally recognised Sphere Project with volunteers of the Chilean Order of Malta's relief agency "Auxilio Maltés". After Mexico and Colombia, this was the third course that the Peruvian Order organised for other Latin American relief agencies of the Order of Malta. The long-term goal is connecting and integrating the Order's volunteer work in Latin America. With the Sphere trainings, Malteser International promotes more effective work in humanitarian aid and disaster response on the basis of mandatory standards.

Austria: Benefit concert for Haiti at the Vienna Hofburg

On the occasion of the sixth World Congress for Neurorehabilitation, a benefit concert for the people of Haiti took place on 23 March 2010 at the Hofburg Castle



in Vienna. The event received the patronage of Austrian president Dr. Heinz Fischer and the Order of Malta, represented by the Procurator of the Grand Priory in Austria, Norbert Salburg-Falkenstein. Sponsors included the Austrian Society for Neurorehabilitation and the Austrian daily newspaper "Die Presse". The Bohuslav Martinu Philharmonic Orchestra from the Czech Republic entertained guests with the works of Mozart, Wagner, Strauß and Puccini. The proceeds, amounting to 5,000 euros, were donated to Malteser International for emergency relief and reconstruction projects in Haiti.

Switzerland: Dessert Buffet for Haiti

Cakes, muffins, puddings, fruit salad and much more: motivated by a dedicated member of the Malta Hospital Service Switzerland, employees of the companies Oridis and Ecomedia baked sweet treats and organised a



colourful dessert buffet for their co-workers. The bake sale raised 1,460 Swiss francs for the people of Haiti.

South Sudan: Malteser Germany's Cologne office sponsors TB Children's Day in Yei

Tuberculosis and sleeping sickness are still among the most dangerous illnesses for children in South Sudan. For an entire day, the Malteser International staff taught around 100 pupils at the Yei project location how to recognise and avoid these diseases. They conveyed the most important information with role-playing games, dancing and singing.



Each child received a t-shirt and a backpack with school materials. The activities were sponsored through a donation from Malteser Germany's office in the Cologne Archdiocese. The funds for the initiative were raised at a benefit gala, "The Night in Cologne 2009", in Cologne's Dome Hotel.



United for Africa: Toy exhibition "Global Players – Toys from Africa"

Old flip-flops, wire, wood and banana leaves – in the hands of African children, these can become creative toys which bring their dreams to life: the helicopter to escape war, the ball to follow in the footsteps of the big football stars. The campaign "United for Africa" exhibited a selection of these small works of art from 3 June to 27 August in the Chocolate Museum in Cologne, Germany. As one of the campaign's sponsors, Malteser International had a stand at the exhibit's opening and informed the visitors about its work in Africa.

Thailand: Photo exhibition on World Refugee Day

On 20 June, to mark World Refugee Day, Malteser International organised a photo exhibit in the Thai city of Chiang Mai about its health programme for refugees on the Thai border. The exhibit aimed to call attention of the Thai population to the plight of refugees entering the country from Myanmar. The visitors showed a keen interest for the topic and offered support for the work with the refugees. Through the exhibit, some Thais learned about the refugee camps in their own country for the first time.

Cambodia: Healthier mothers and children thanks to health insurance

Reaching the United Nation's Millennium Development Goals is a major priority in many developing countries – and Malteser International is doing its part to bring them closer to that goal. In the conference "Global, Fair, Healthy", held in Berlin on 17-18 September 2010, Malteser International's Health Advisor for Asia Sandra Harlass presented the positive development of the community-based health insurance in Cambodia. Almost 70,000 people are already insured under that

system in the country today. In addition, she explained how, through the communities' own initiative, the access to health care services can be sustainably improved. The conference was organised by Medico International and the task force for health promotion in Berlin and Brandenburg ("Gesundheit Berlin-Brandenburg e.V.", Germany).

International Day for Disaster Reduction

The number of natural disasters worldwide continues to grow each year. For that reason, Malteser International wants to make sure that people affected by such events are better prepared in the future – taking disaster preparedness measures already during the emergency relief phase. "I am convinced that, more and more, recovery and prevention have to come together, hand in hand", said Malteser International Secretary General Ingo Radtke on the occasion of the International Day for Disaster Reduction on 13 October. Disaster risk reduction saves lives and money, Radtke added. The work of Malteser International in countries such as Myanmar, India and Pakistan shows that disaster preparedness projects bring positive results.

Pakistan: Second German Television (ZDF) reports on Malteser International's winter relief

A helicopter lands in an arid valley surround-

ed by imposing mountains. A group of workers transports food aid, cereal mills and winterised shelters for families who lost everything in the floods. These scenes can be seen in a documentary from German television channel ZDF, which shows Malteser International's winter relief efforts in the Himalayas. Journalist Peter Kunz followed Malteser International teams as they prepared and delivered emergency shelter for 3,500 people living in the mountainous Kohistan region. The resulting 30-minute documentary, "The wounded country – Pakistan after the floods", was broadcast on 30 December 2010.

Newcastle (GB): Malteser International invited to international conference "Linking Disaster and Development: the next 10 years"

After a visit from the Grand Master of the Order of Malta to the Disaster and Development Centre (DDC) of Northumbria University, Malteser International was invited to participate in the conference "Linking Disaster and Development: the next 10 years". Roland Hansen, Head of the Asia and Haiti Department, represented Malteser International by presenting on the topic of disaster relief, reconstruction and development. He used Malteser International's projects worldwide to illustrate his presentation. The conference took place on 23-24 November 2010 in Newcastle, Great Britain.



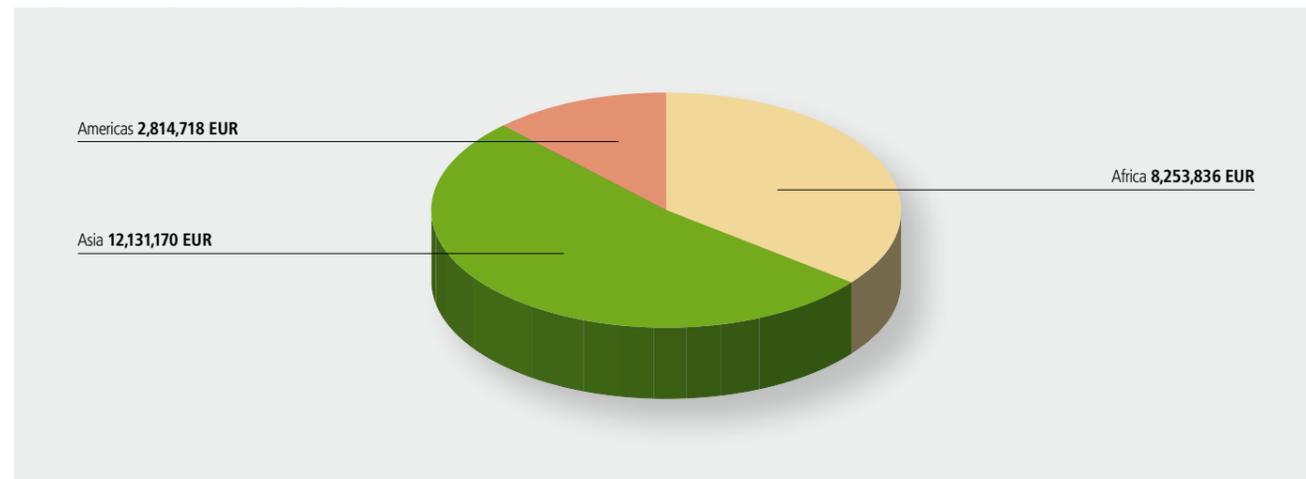
Facts and Figures

Financial overview 2010

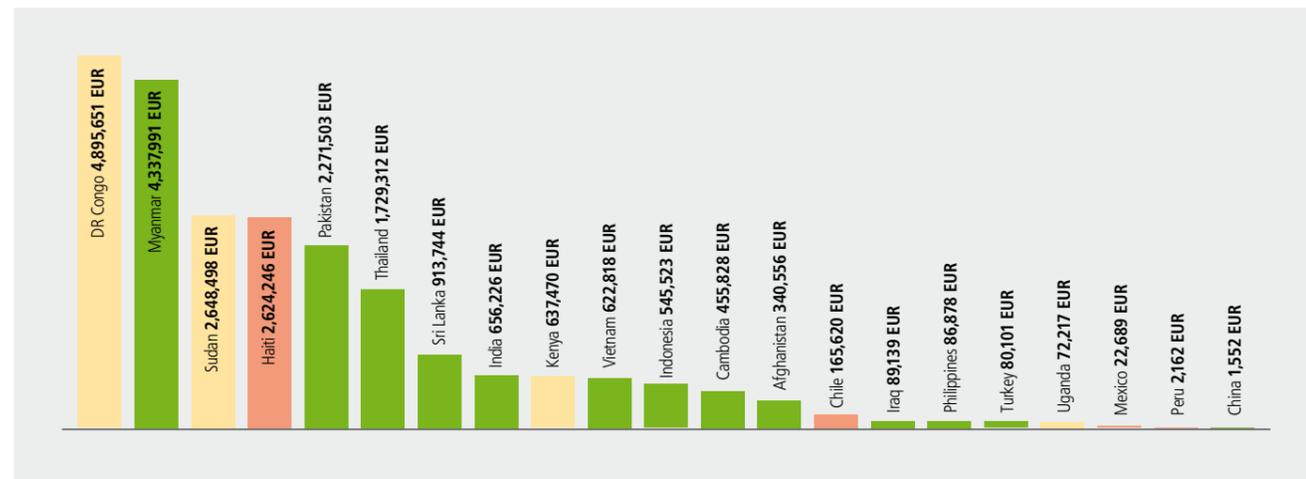
Where does the money come from? – Funding sources*



Programme expenditure by region*

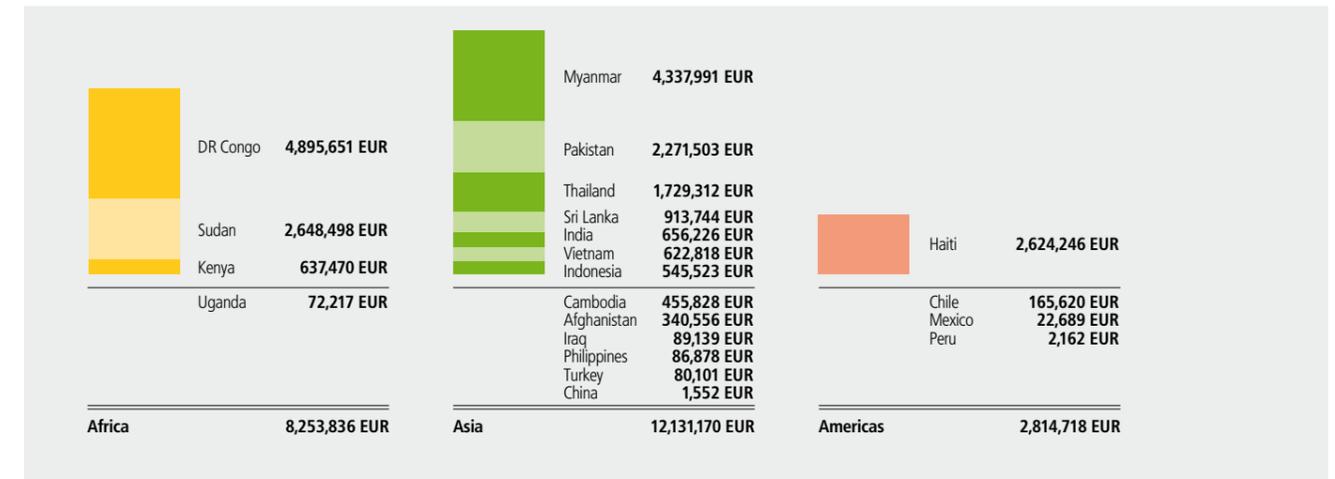


Programme expenditure by country*

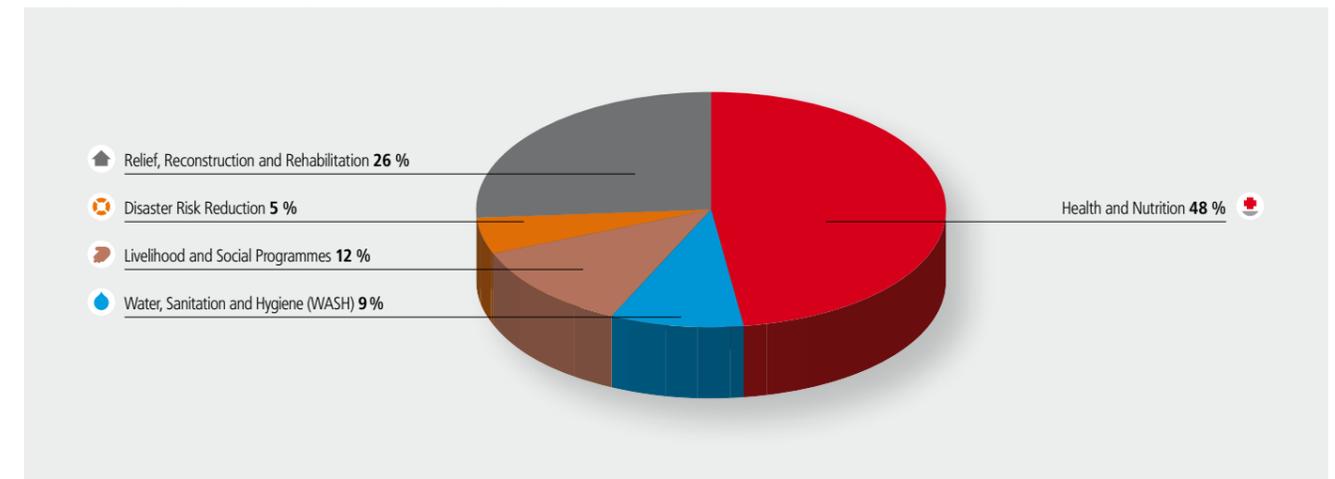


*Book keeping according to German commercial law rules that programme expenditure must be entered as a liability in the annual statutory accounts in total in the year in which the funds are committed to a certain programme („accrual accounting“). Normally, this is the year in which the programme is being started. The figures indicated in these charts are reflecting these book keeping principles and therefore do not show the total amount which was given in 2010 to a certain programme. This is particularly the case for multi-annual programmes.

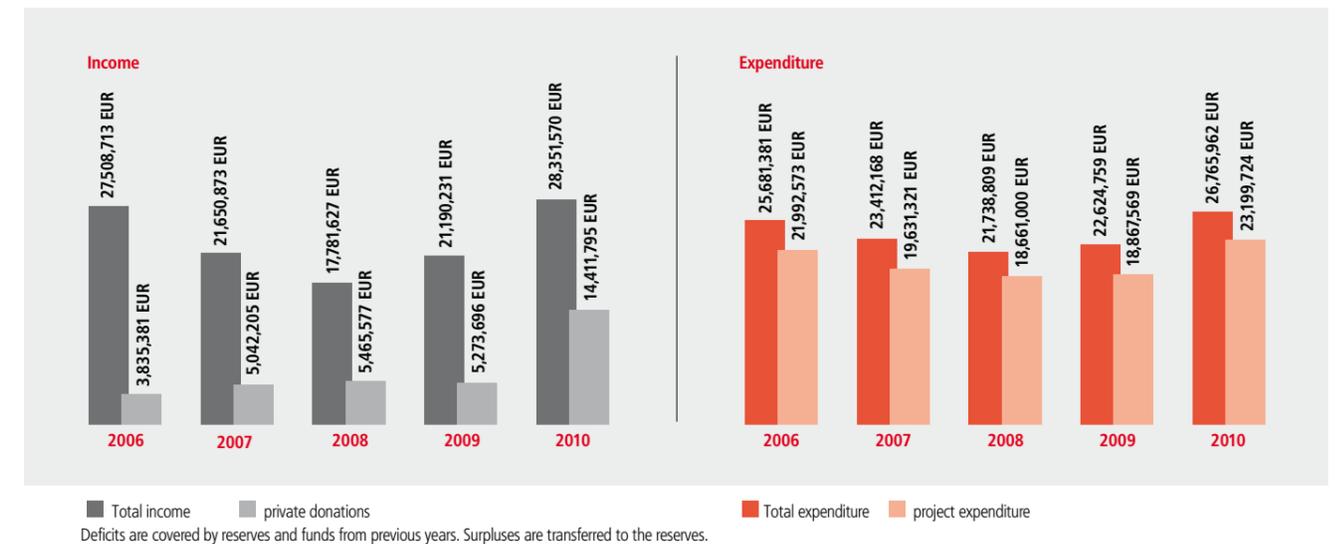
Programme expenditure by region and country*



Programme expenditure by sector of our help*



Development of income and expenditure (2006 – 2010)



Annual accounts as of 31 December 2010

Balance sheet

Assets	31 Dec. 2010 EUR	Prior year EUR
A. Fixed assets		
I. Intangible fixed assets		
1. Concessions, industrial and similar rights and assets and licences in such rights and assets acquired for a consideration	8,666.68	65,146.48
2. Prepayments	0.00	13,000.00
	8,666.68	78,146.48
II. Tangible fixed assets		
Other equipment, operating and office equipment	302,830.78	339,883.79
	311,497.46	418,030.27
B. Current assets		
I. Receivables and other assets		
1. Trade receivables	7,796.13	0.00
2. Receivables from other long-term investees and investors	15.73	28.06
3. Receivables from related corporate entities	5,457,505.79	2,899,099.00
4. Receivables from Malteser Hilfsdienst e.V. – internal –	5,952,337.85	2,997,059.23
5. Other assets	13,808,122.15	10,118,448.73
	25,225,777.65	16,014,635.02
II. Cash-in-hand, bank balances and cheques	5,694,730.19	4,518,497.76
	30,920,507.84	20,533,132.78
C. Prepaid expenses	97,297.17	51,069.37
	31,329,302.47	21,002,232.78

Equity and liabilities	31 Dec. 2010 EUR	Prior year EUR
A. Equity		
I. Assets of the Association	1,677,934.08	2,360,707.93
II. Net income (prior year: net loss) for the financial year	1,585,607.69	-682,773.85
	3,263,541.77	1,677,934.08
B. Provisions – Other provisions	548,902.09	639,888.91
C. Liabilities – with a remaining term of up to one year		
1. Trade payables	223,998.49	111,288.59
2. Liabilities to other long-term investees and investors	0.00	453.70
3. Liabilities to related corporate entities	2,741.68	1,681.30
4. Liabilities to Malteser Hilfsdienst e.V. – internal –	43,130.53	55,788.51
5. Liabilities related to earmarked allocations	24,951,586.61	16,040,904.51
7. Other liabilities	2,295,401.30	2,474,292.82
	27,516,858.61	18,684,409.43
	31,329,302.47	21,002,232.42

Income statement

	2010 EUR	2009 EUR
1. Sales	11,439.44	79,862.03
2. Other operating income	37,350,382.48	20,312,020.84
3. Cost of materials		
a) Cost of raw materials, consumables and supplies and of purchased merchandise	-6,021,695.46	-3,952,973.49
b) Cost of purchased services	-1,959,951.23	-1,859,141.74
4. Personnel expenses		
a) Wages and salaries	-2,819,631.67	-2,742,685.76
b) Social security, post-employment and other employee benefit costs Of which post-employment costs: EUR 205,561.83 (prior year: EUR 222 thousand)	-712,138.47	-760,007.34
5. Income from release of liabilities related to earmarked allocations	15,859,462.13	16,978,144.66
6. Expenses due to addition to liabilities related to earmarked allocations	-24,951,586.61	-16,040,904.51
7. Amortisation and write-downs of intangible fixed assets, depreciation and write-downs of tangible fixed assets	-282,962.82	-313,819.94
8. Other operating expenses	-14,958,014.29	-12,486,060.03
9. Other interest and similar income Of which from related corporate entities: EUR 37,166.66 (prior year: EUR 57 thousand) Of which from Malteser Hilfsdienst e.V. - internal -: EUR 35,188.46 (prior year: EUR 17 thousand)	81,872.59	-116,018.39
10. Interest and similar expenses	-2,545.77	-3,916.19
11. Result from ordinary activities	1,594,630.32	-673,463.08
12. Other taxes	-9,022.63	-9,310.77
13. Net income/loss for the financial year	1,585,607.69	-682,773.85

Auditor's report

To Malteser Hilfsdienst e.V., Cologne/Germany

We have audited the annual financial statements - comprising the balance sheet and the income statement - together with the bookkeeping system, of General Secretariat, Maltese International Division, of Malteser Hilfsdienst e.V., Cologne/Germany, for the business year from 1 January to 31 December 2010. The maintenance of the books and records and the preparation of the annual financial statements in accordance with German commercial law are the responsibility of the Executive Board of the Association. Our responsibility is to express an opinion on the annual financial statements, together with the bookkeeping system, based on our audit.

We conducted our audit of the annual financial statements in accordance with § 317 HGB („German Commercial Code“) and German generally accepted standards for the audit of financial statements pro-

mulgated by the Institut der Wirtschaftsprüfer. Those standards require that we plan and perform the audit such that misstatements materially affecting the presentation of the net assets, financial position and results of operations in the annual financial statements in accordance with German principles of proper accounting are detected with reasonable assurance. Knowledge of the business activities and the economic and legal environment of the Association and of Maltese International as well as expectations as to possible misstatements are taken into account in the determination of audit procedures. The effectiveness of the accounting-related internal control system and the evidence supporting the disclosures in the books and records and the annual financial statements are examined primarily on a test basis within the framework of the

audit. The audit includes assessing the accounting principles used and significant estimates made by the Executive Board, as well as evaluating the overall presentation of the annual financial statements. We believe that our audit provides a reasonable basis for our opinion.

Our audit has not led to any reservations. In our opinion, based on the findings of our audit, the annual financial statements comply with the legal requirements.

Düsseldorf/Germany, 15 April 2011

Deloitte & Touche GmbH
Wirtschaftsprüfungsgesellschaft

signed: Harnacke (German Public Auditor)
signed: Höll (German Public Auditor)

Notes on the income statement

For consolidation reasons, the income statement of Malteser International is prepared according to the system of accounts established by Malteser Germany (Malteser Hilfsdienst e.V.). The structure of the income statement (but not the audited contents) therefore differs in some respects from the presentation of data elsewhere in this Annual Report and is briefly explained in the following notes.

INCOME

Sales revenues include all *income from supplies and services provided*. *Allocations and grants from the public sector* include project funds provided by the German Federal Foreign Office and the German Federal Department of Economic Co-operation and Development [BMZ] amounting to €5,978,412 (of which €2,058,807 financed by the Federal Foreign Office of Germany) and project funds by the European Union amounting to €7,349,492. The project resources provided by UN organisations amounting to €2,918,034.24 are included in the *contributions by third parties*; the same applies to the project funds by Caritas Germany (€128,199.15), DAHW (€68,741.50) and to the donations received and claimed via Germany's Relief Coalition/ADH amounting to €2,712,270.56. *Other operating income* includes income from donations and internal Malteser organisation contributions amounting to a combined total of €14,411,795.27.

Grants from both public and private donors which cannot be used in the current financial year (e.g. for projects that last for several years or are carried over into the next year), as well as donations which cannot be fully used in the current financial year (since a large proportion of donations is received at the end of the year) are carried over to the next year and then used. The use of these funds that amount to €15,859,462.13 is shown under *Income from the reversal of liabilities from investment allocations / appropriated donations and grants not yet used*. The carry-over of such funds to the following year is shown under *Expenses for transfer to liabilities from earmarked contributions* (€24,951,586.61). Contributions for which a repayment is not required are stated in the annual results and will be used in the following years for Malteser International projects.

EXPENDITURE

The items *Cost of materials and Personnel expenses* comprise the majority of direct project costs (e.g. costs of medicine and relief items of a combined total of €17,468,855.06; payments to building contractors in reconstruction projects, costs of international and local project staff), as well as parts of the indirect project costs and administrative costs (non project-specific staff costs).

The item *Other operating expenses* also includes direct project costs (e.g. structural aid and direct project support for local partners in Eastern Europe amounting to €568,336.27) as well as indirect project costs (pro-rata costs of media and public relations, costs of staff recruitment and support) and administrative costs (rent, IT).

In 2010, administrative costs amounted to 5 per cent of the total expenditure.

Experts abroad



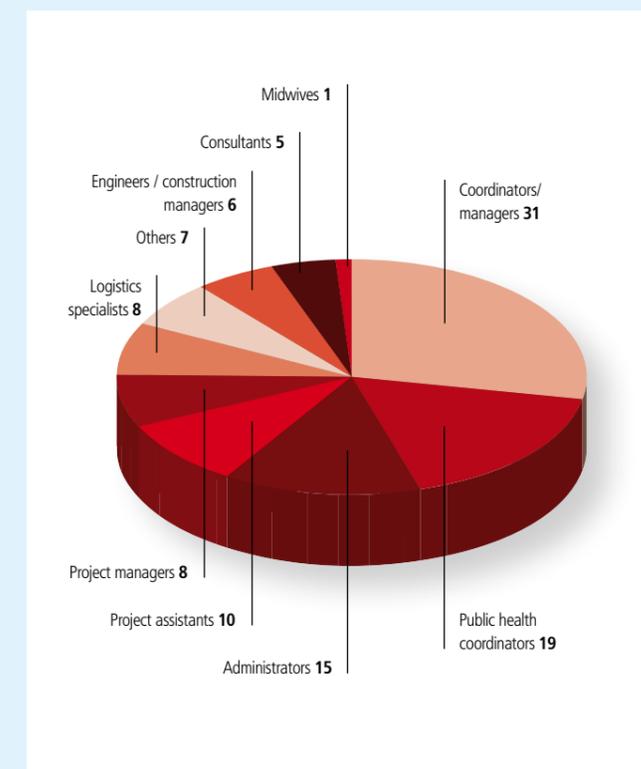
Local staff employment per region

	2010	2009
Africa	261	352
DR Congo	85	127
Kenya	34	34
Sudan	133	184
Uganda	9	7
Asia	545	492
Afghanistan	0	1
Cambodia	25	23
China	0	0
India	0	1
Indonesia	5	10
Iraq	5	5
Myanmar	353	355
Pakistan	78	25
Philippines	0	0
Sri Lanka	23	23
Thailand	44	41
Vietnam	12	8
Americas	61	1
Chile	0	0
Haiti	60	0
Mexico	0	0
Peru	1	1
Total	867	845

Expatriate employment per region

	2010	2009
Africa	38	39
DR Congo	11	10
Kenya	1	3
Sudan	25	25
Uganda	1	1
Asia	52	50
Afghanistan	0	0
Cambodia	3	2
China	0	0
India	4	5
Indonesia	1	3
Iraq	0	0
Myanmar	20	24
Pakistan	10	2
Philippines	0	0
Sri Lanka	3	8
Thailand	9	5
Vietnam	2	1
Americas	20	0
Chile	0	0
Haiti	20	0
Mexico	0	0
Peru	0	0
Total	110*	89*

Expatriates by education and occupation



Expatriates by nationality

Afghanistan 1	Canada 3	India 2	Nepal 1	Spain 1	Uruguay 2
Argentina 3	France 3	Italy 2	Netherlands 1	Sweden 1	USA 1
Australia 1	Germany 52	Kenya 5	Philippines 4	Switzerland 2	Vietnam 1
Belgium 1	Great Britain 3	Madagascar 4	Ruanda 1	Thailand 1	
Bosnia H. 1	Hungary 1	Myanmar 2	Serbia 1	Uganda 9	

*Some of the staff members were working cross-nationally. The total figure refers to the total number of contracts signed in the year 2010.

Help at a glance



Christof Ruhmich
Economist from Germany, works as programme coordinator in Bukavu/DR Congo:

"I started to work with Malteser International in 2003 – as programme coordinator in Bukavu, South-Kivu/DR Congo. Over the past eight years working for Malteser International's multi-sectoral programme, which includes aspects of health, nutrition, food aid, livelihood, as well as infrastructure rehabilitation, my team and I have managed to facilitate assistance for around five million people. In some areas, we are the only international non-governmental organisation with access to the vulnerable population, affected by the long-lasting armed conflict in this region. I am very glad that Malteser International supported me all the way and put all its confidence in me."



G.G.S. Wickrematilake
Native Sri Lankan, works as driver in Batticaloa/Sri Lanka:

"I have been working for Malteser International since 2006. I am very proud to be a part of the Malteser International team because our organisation has helped lots of people after the tsunami of 2004 and other large and small-scale disasters. We built houses and schools, gave relief items to many communities and religious groups. At the moment, we are focusing on the improvement of water, sanitation, and hygiene for displaced people in the east of Sri Lanka, who had to leave their homes due to the tsunami, armed conflicts, as well as the recent flooding in the beginning of 2011. Although I am only making a small contribution to this project, I still take it as an inspiring work done by all of us."



Dr. Aye Aye Thet
Medical doctor from Myanmar, works as deputy country health coordinator in Yangon/Myanmar:

"I want to improve the quality of life and reduce morbidity and mortality rates for the people of Myanmar by giving them access to health care and teaching them how to apply preventive measures. I joined Malteser International as a medical doctor in March 2004 and rejoined the organisation in July 2010 after a short break, in which I obtained my Master's degree in Public Health in Thailand. It is very important for me that, as a staff member of Malteser International in Myanmar, I am able to complement government initiatives by providing additional support for health sector facilities. Being able to help where help is needed most is the greatest reward and makes dealing with all the little day to day difficulties worthwhile."



Jimmy Zetrenne
Pharmacy student and language teacher from Haiti, works as pharmacy assistant in Darbonne/Haiti:

"I started studying pharmacy in the Dominican Republic, but I had to come back to Haiti when my wife gave birth to our daughter. Before the earthquake, I worked as a pharmacy assistant in Saint-Croix Hospital in Léogâne. Immediately after the earthquake, I volunteered as a translator from English, Spanish, and French to Creole. When Malteser International came to Haiti, they offered me to work as a translator. I stayed and today I am a pharmacy assistant. I see myself as an intermediary between the doctors and the patients, when drugs are prescribed. My aim is to improve my skills in medicine prescription and the pharmacy's data management. My dream is to become a pharmacist, and I plan to make it come true with Malteser International."



Jorge Espinoza Bardavid
Electrical engineer from Chile, is executive director of "Auxilio Maltés", the Malteser relief service in Chile:

"After the earthquake and tsunami in February 2010, I was fortunate to get to know Malteser International and the important and irreplaceable work it does all over the world. For me and the many volunteers of the Auxilio Maltés, the disaster was a major challenge, but it has also shown that – together – we can achieve great things for the people of Chile. I was personally able to help people of limited means with chronic respiratory diseases, especially children who are dependent on external sources of oxygen. Through my work at Auxilio Maltés, I was also able to offer many people a chance to develop their volunteering spirit."



Mao Sarith
Midwife from Cambodia, works as team leader for mother-child health in Samrong/Cambodia:

"As a young girl, I admired the work of my aunt, who was a midwife. I wanted to be able to help women in the same way that she did, because, in Cambodia, many women still die at childbirth. Therefore, during my time living in the refugee camps along the Thai border, I used the opportunity to take a midwife course. By teaching women how to improve their and their families' health and hygiene, I can help them save a lot of money they would otherwise have to spend on medical treatment. As I am a trained midwife and work closely with the community, women trust me and ask me questions they hesitate to ask the health centre staff. I am able help them be more aware of their health and thus help improve mother-child health in Cambodia."



Marie Ayiale Awita
Accountant from DR Congo, works as cashier and bookkeeper in Ariwara/DR Congo:

"I have been working for Malteser International since August 2004. Right from the start, I was able to put my professional knowledge in the fields of administration, human resources, and finances to good use. Thanks to Malteser International's transparent administration system, I am able to work efficiently and effectively – even in times of pressure. Throughout all the years that I've worked for Malteser International, my motivation has been to contribute for a more human society in my country."



Dr. Branko Dubajic
Medical doctor from Serbia, works as programme health coordinator and country coordinator in Islamabad/Pakistan:

"I have been working for Malteser International in Pakistan since September 2006. I chose to become a humanitarian worker after I had been doing this kind of work voluntarily in my country for several decades, especially during the civil wars in the Balkans. I worked in the remotest areas of the world, like South Sudan, Liberia, Sierra Leone, and Afghanistan, to provide relief assistance to affected people and to challenge myself as a professional health provider and a person. Once you see what the health care system looks like when it hits rock bottom, it is much easier to work in other humanitarian crises. I never regretted my decision to take this path, even when my missions in Afghanistan and Iraq were extremely demanding – professionally and from a personal point of view. Spending the last six years in Pakistan is a challenge in itself, but the humanitarian situation is so critical that leaving is not easy – so I will stay in Pakistan as long as necessary."



Sri Mulyati
Accountant from Indonesia, works as finance and administration officer in Lhokseumawe/Indonesia:

"I started with Malteser International in 2007 and worked closely with victims of the tsunami. It is satisfying to see that they could establish and develop their small businesses with funds from the revolving fund project run by Malteser International. Today, I take care of the financial and administrative management in our project location. I support local partners with logistics and capacity building, the latter by offering financial management training. Over several years, I observed that, with the support of Malteser International, local partners have improved their knowledge, skill, and capacity. In addition, the community development project in the former conflict area of North Aceh has been a great success, with high participation and support from the communities."



Wiphan Kaloi
Nurse and public administrator from Thailand, works as reproductive and child health coordinator in Mae Sariang/Thailand:

"I started working with Malteser International in the Mae Sariang District in 1998 and have been there ever since. My current job as a reproductive and child health coordinator is very much decentralised, so that I can use different approaches to develop communities according to their individual needs. I work specifically in a primary health care programme for Karen refugees along the Thai-Myanmar border. My work includes lots of aspects: mother-child health, extended programmes for immunisation, HIV education and treatment, a nutrition programme as well as health promotion. A specific concern of mine is to increase the aspect of capacity building to strengthen communities sustainably."

The Worldwide Network of the Order

Grand Master visits Africa

In February 2010, Fra' Matthew Festing, Grand Master of the Order of Malta, paid a state visit to the Democratic Republic of the Congo. It was the first time a Grand Master visited the country. Afterwards, the Grand Master visited Kenya.



Talking to school children in Kenya

"I wanted to make this journey to Africa to emphasize the importance of this continent for the Order of Malta, where we are active in 35 countries with a wide range of medical and humanitarian services," the Grand Master said upon arriving in Africa. He was accompanied by the Order's Grand Hospitaller, Albrecht Freiherr von Boeselager.

DR Congo: From the capital to the remote hinterland

Fra' Matthew Festing's journey first took him to Kinshasa, where he met with Congolese Prime Minister Adolphe Muzito. There, the Grand Master emphasized the Order's desire to continue supporting the government's efforts in humanitarian aid and the public health sector, especially in cooperation with the country's numerous catholic communities.

Continuing to Bukavu in DR Congo's north-east, Fra' Matthew Festing visited several projects run by Malteser International and the Order of Malta in the South Kivu region. Crowds of people welcomed the Grand Master at every stage of his visit. They sang, danced, offered gifts of local craftsmanship and words of heartfelt gratitude for the Order's work in a still extremely unstable region, where peace and security are threatened every day.

Pride, Admiration and Gratitude

Malteser International currently supports 350 medical units and 30 food distribution centres in the region, cooperating with the dioceses and dozens of local organisations to help the afflicted population. Accompanied by the then-president of Malteser International, Nicolas de Cock de Rameyen, Vice-president Thierry de Beaumont-Beynac and Secretary General Ingo Radtke, Fra' Matthew Festing also met international and local staff of the Order's relief corps. "The entire Order of Malta thanks you for your work and admires what you do every day", the Grand Master said during the meeting in Malteser International's headquarters in Bukavu. "We are profoundly grateful and proud of you".

Kenya:

Fra' Matthew Festing continued his trip to Kenya, where he was received by the President of the Republic, Mwai Kibaki, and the Secretary of State, Moses Wetangula. They

discussed mainly about the cooperation projects which Malteser International has conducted in the country since 2001. The Head of State expressed his gratitude for Malteser International's medical and emergency food aid, especially for the inhabitants of the drought-affected north-eastern province.

A key goal for the Order's presence in Kenya is to teach the population to become more aware of health care issues, especially in the prevention of HIV/AIDS and TB, the Grand Master stated. In this way, the Order can make a significant contribution towards achieving the UN Millennium Development Goals in the country.

On his last day in Kenya, the Grand Master visited the remand penitentiary in Nairobi, where Malteser International runs two health centres for the prisoners, staff, and residents living in the vicinity of the country's largest jail.

Eugenio Ajroldi di Robbiate, Grand Magistry of the Order of Malta



In his African tour, the Grand Master was received warmly everywhere he went – here, he visited a nutrition project in eastern DR Congo.

The Sovereign Order of Malta



The purpose of the Sovereign Order of Malta is "the promotion of ... the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age. The Order fulfils its institutional tasks especially by carrying out hospitaller works, including health and social assistance, as well as aiding victims of exceptional disasters and war ..."

(Extracts from Article 2 of the Constitutional Charter)

History and mission of the Sovereign Order of Malta

The Order of St. John of Jerusalem was founded in 1099 in Jerusalem and is a sovereign subject of international law and the oldest Order of knights of the Catholic Church. Made a religious Order by a bull issued by Pope Pascal II on 15 February 1113, the Order had to defend the sick and the Christian territories. All the knights were religious, bound by the three monastic vows of poverty, chastity and obedience. As time went on, the Order adopted the white eight-pointed cross that is still its symbol today. After losing its military role in 1798, the mission of the Order became exclusively humanitarian.

Help in many forms, worldwide

Following its historic mission to help the sick, the needy and the most disadvantaged in society, the Order of Malta continues its work today. Its programmes include medical and social assistance, disaster relief in the case of armed conflicts and natural catastrophes, emergency services and first aid corps, help for the elderly, the handicapped and

children in need and the provision of first aid training, as well as support for refugees and internally displaced persons regardless of race, origin or religion. With its 12,500 members, around 80,000 trained voluntary helpers and 13,000 employees, the Order of Malta provides help and assistance for people in need.

Diplomacy – a link to the humanitarian network

Today, the Order has representatives in more than 50 countries, diplomatic relations with 104 countries and permanent observer status at the United Nations, the European Union and numerous international organisations. This creates a unique diplomatic humanitarian network which is both a demonstration of the Order's sovereignty and an instrument for its humanitarian activities. With its work and mandate, Malteser International has taken up this historic mission of the Order of Malta.

Further information can be found at www.orderofmalta.org.

Members of Malteser International (June 2011)

Australia www.smom.org.au	Germany www.malteser.de	Mexico www.ordendemalta.mx	Spain www.ordendemalta.es
Austria www.malteserorden.at	Great Britain www.orderofmalta.org.uk	Netherlands www.ordevanmalta.nl	Switzerland www.malteserorden.ch
Belgium www.ordredemalbelgique.org	Hungary www.mmlsz.hu	Poland www.zakonmaltanski.pl	United States of America www.maltausa.org www.orderofmalta-federal.org www.orderofmaltausawestern.org
Canada www.orderofmalta-canada.org	Ireland www.orderofmalta.ie	Portugal www.orderofmalta.org	
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www.malteser-international.org
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Malteser International project sponsorship – a new way of supporting humanitarian work overseas

Volunteers from Malteser International's various associations and sites worldwide often ask for concrete ways to support Malteser International's humanitarian work. As the possibilities for volunteering in humanitarian aid are limited, Malteser International began offering a new form of collaboration and support in 2009: project sponsorships.

All sponsorships incorporate a regular exchange with staff on the ground, first-hand information about the projects and the option of visiting the project regions which are being supported. Sponsors commit to providing at least one year of financial support; the amount is chosen by the sponsor. More long-term sponsorships are particularly welcome because they enable Malteser International to schedule aid initiatives over a longer period of time.

Two sponsors for Africa

In addition to Malteser International's supporters in the Cologne archdiocese in Germany, who started sponsoring aid work in South Sudan back in 2009 and visited the region in September of that year, a group from Malteser Germany's Paderborn archdiocese, made up mostly of volunteers, is now also throwing its weight behind Malteser International. They are supporting the project in Uganda that provides treatment for partly or



The project sponsors from Malteser Cologne visited a laboratory school in Rumbek, South Sudan.

completely malnourished children. Malteser International has been committed to the nutrition unit at St Joseph's Hospital in Maracha,

Uganda, since 1996. While their children are in hospital, parents are given lessons on how to feed their children correctly.



The Bishop of Yei receives the Cologne delegation and thanks them for the support.



Sponsor one of Malteser International's projects!

Malteser International welcomes project sponsorships as an important contribution to a long-term, secure basis for its work worldwide. If you would like to know more about how project sponsorships work, please contact Walter Kahn at Malteser International's headquarters (phone: +49 221 98 22 153, e-mail: Walter.Kahn@malteser-international.org)

TRAVEL DIARY

From Paderborn (Germany) to Uganda

On 25 May 2010, a four-man delegation from Malteser Germany's Paderborn archdiocese, accompanied by a representative from Malteser International, travelled to Uganda to get an idea of the situation in person, and to see for themselves the work done by Malteser International's staff. During their six-day trip, they visited the ward for malnourished children at the hospital in Maracha, accompanied the assistants on their journeys to the surrounding villages and met church representatives and youth groups. – Those on the trip described their experiences in an online diary. Below are some excerpts:

Thursday, 27 May 2010, 7:58 p.m.

"We had all been deeply moved by the events of the day. Meeting the patients and staff at St Joseph's Hospital in Maracha, whose nutrition unit is being given financial and professional support by Malteser International, really changed our view of things. It was unbelievable seeing the difficult circumstances under which people keep up their spirits and keep going with daily life. A trip with the "outreach teams", who provide outpatient care to people in the villages around Maracha, took us to families who have only the bare minimum to live on. The medical team, who we were allowed to accompany, picked up four undernourished babies and their mothers and took them to the hospital in Maracha. With these unforgettable experiences, the Malteser Germany delegates from Paderborn have reinforced their belief that they should support Malteser International's commitment to Maracha via a project sponsorship."

Saturday, 29 May 2010

"We're sitting in a small motorboat and are cruising along the Nile. Surrounded by the beauty of the African flora and fauna in all its glory – simply breathtaking! A monster of a crocodile is lying on the bank just metres to our left – a symbol for both the allure and danger of Africa in many ways.

Over these few days we have understood more and more why the Africans are so proud of their continent on one hand, while on the other hand also fear for its future. Our trip should show us all of this and more. The people here and their living space have earned our greatest respect and show our shared responsibility in the flesh."

Monday, 1 June 2010

"This is our last time together on this trip before we go our separate ways at Cologne Airport. We don't talk for long because we're all so tired and have talked so much already in the last few



Project sponsors from Malteser Paderborn visit the St. Joseph Hospital in Maracha

days and taken in so much other information. Our batteries are flat at this moment in time, but our minds and senses are geared-up for the work that needs doing."



Arrival of the Malteser delegation from Paderborn, Germany in Uganda

Structures and committees of Malteser International

President



Johannes Freiherr Heereman von Zuydtwyck
(Germany)

Vice-Presidents



Comte Thierry de Beaumont-Beynac
(France)



Nicolas de Cock de Rameyen
(Belgium)



Geoffrey Gamble
(USA)



Michael Khoo
(Singapore)



Charles-Louis de Laguiche
(Switzerland), Financial Supervisor



Richard Freiherr von Steeb
(Austria)

Secretary General



Ingo Radtke
(Germany)

23 national Associations and Priors of the Order of Malta are currently members of Malteser International. Their representatives, together with the Board of Directors, the Secretary General, the Vice-Secretary General and the Chaplain of Malteser International, form the **General Assembly** that is convoked at least once a year. Its main duty is the election and the discharge of the voluntary Board of Directors, the acceptance of the annual accounts as well as the approval of the annual budget.

The **Board of Directors** of Malteser International consists of the President and up to six Vice-Presidents, one of whom holds the position of Financial Supervisor. The President and at least another four members of the Board of Directors have to be members of the Order of Malta. The Board of Directors is in charge of the strategic orientation and bears the overall responsibility within the framework of the arrangements that have been made in written form with Malteser Germany. It meets at least four times per year and works on a purely voluntary basis. After their first quadrennial term of office, all members of the Board of Directors – having declared their willingness to a further commitment – were re-elected unanimously by the General Assembly on 5 May 2009 for another four years. The position of a sixth Vice-President in 2009 was taken over by Michael Khoo, representing the Asia/Pacific region.

At the seventh General Assembly in Cambridge (Great Britain) on 31 March 2011, Johannes Freiherr Heereman was unanimously elected to become Malteser International's new president for the next four years. Heereman succeeds 72-year-old Nicolas de Cock de Rameyen, whose presidency dates back to Malteser International's founding in 2005. From 1997 to 2005, de Cock was president of ECOM, the Emergency Corps of the Order of Malta. To recognise his outstanding contributions during his 14-year presidency, the Order of Malta awarded de Cock with one of its highest distinctions, the Grand Cross "pro merito melitensi". De Cock will continue serving Malteser International as vice-president. Heereman, who was executive president of Malteser Germany until December 2010, accompanied the foundation of Malteser International very closely in his previous capacity.

Retired ambassador Theodor Wallau, who also supported Malteser International with great dedication from its founding and made an important contribution to its development, resigned from his post as vice-president in 2011. He will continue serving Malteser Germany as Commissioner for the Foreign Aid Service.

The salaried **Secretary General** manages the operational activities of Malteser International in line with the adopted budgets and the strategy of Malteser International. He prepares the meetings of the Board of Directors and participates in them with an advisory vote.

ABBREVIATIONS

- AA Federal Foreign Office (Germany)
- ADH Germany's Relief Coalition (Aktion Deutschland Hilft)
- AECID Agencia Española de Cooperación Internacional para el Desarrollo (Spain)
- BMZ Federal Ministry for Economic Cooperation and Development (Germany)
- BSC Behavioural Science Centre (India)
- BSF Basic Services Fund of the Government of South Sudan
- CAAFW Cambodian Association for Assistance to Families and Widows
- CDF/AusAID Community Development Fund /Australian Agency for International Development
- CHF Common Humanitarian Fund
- CHHRA Cambodian Health and Human Rights Alliance
- CIM Centre for International Migration and Development (Germany)
- COTEDO Comisión de Trabajo Ecueménico Dominicano (Dominican Republic)
- DAHAW German Leprosy and Tuberculosis Relief Association
- DCV Caritas Germany
- DFID Department for International Development (Great Britain)
- ECHO European Commission Humanitarian Aid Department
- EDF European Development Fund
- FAO Food and Agricultural Organisation of the United Nations
- GTZ (since January 2011: GIZ) Deutsche Gesellschaft für Technische Zusammenarbeit (Germany)
- HELP Help – Hilfe zur Selbsthilfe e.V. (Germany)
- HUDEC Human Development Centre (Sri Lanka)
- IRC International Rescue Committee (USA)
- MAV Employee representation of Malteser Germany
- MRKR M'day Reak Reay, Kone Reak Reay (Cambodia)
- MUDHA Movimiento de Mujeres Dominicano Haitianas (Dominican Republic)
- NIDA National Integrated and Development Association (Pakistan)
- NIN Nachbar in Not (Austria)
- NWSDB National Water Supply and Drainage Board (Sri Lanka)
- PMK Päpstliches Missionswerk der Kinder (Germany)
- PRY Pusat Rehabilitasi Yakkum (Indonesia)
- SCEO Social, Cultural, Economical Organisation (Afghanistan)
- SCFCR Steering Committee for Flood Control and Rescue (Vietnam)
- SIDO Society Integration Development Organization (Cambodia)
- TCCF Turkmeneli Cooperation and Cultural Foundation (Iraq)
- TDDA Trincomalee District Development Association (Sri Lanka)
- THW Technisches Hilfswerk (Germany)
- UNDP United Nations Development Programme
- UNESCO United Nations Educational, Scientific and Cultural Organization
- UNFPA United Nations Populations Fund
- UNHCR Office of the United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Fund
- UNOPS United Nations Office for Project Services
- USAID United States Agency for International Development
- WCFF World Child Future Foundation (Liechtenstein)
- WFP United Nations World Food Programme
- WHO World Health Organization
- YEU Yakkum Emergency Unit (Indonesia)

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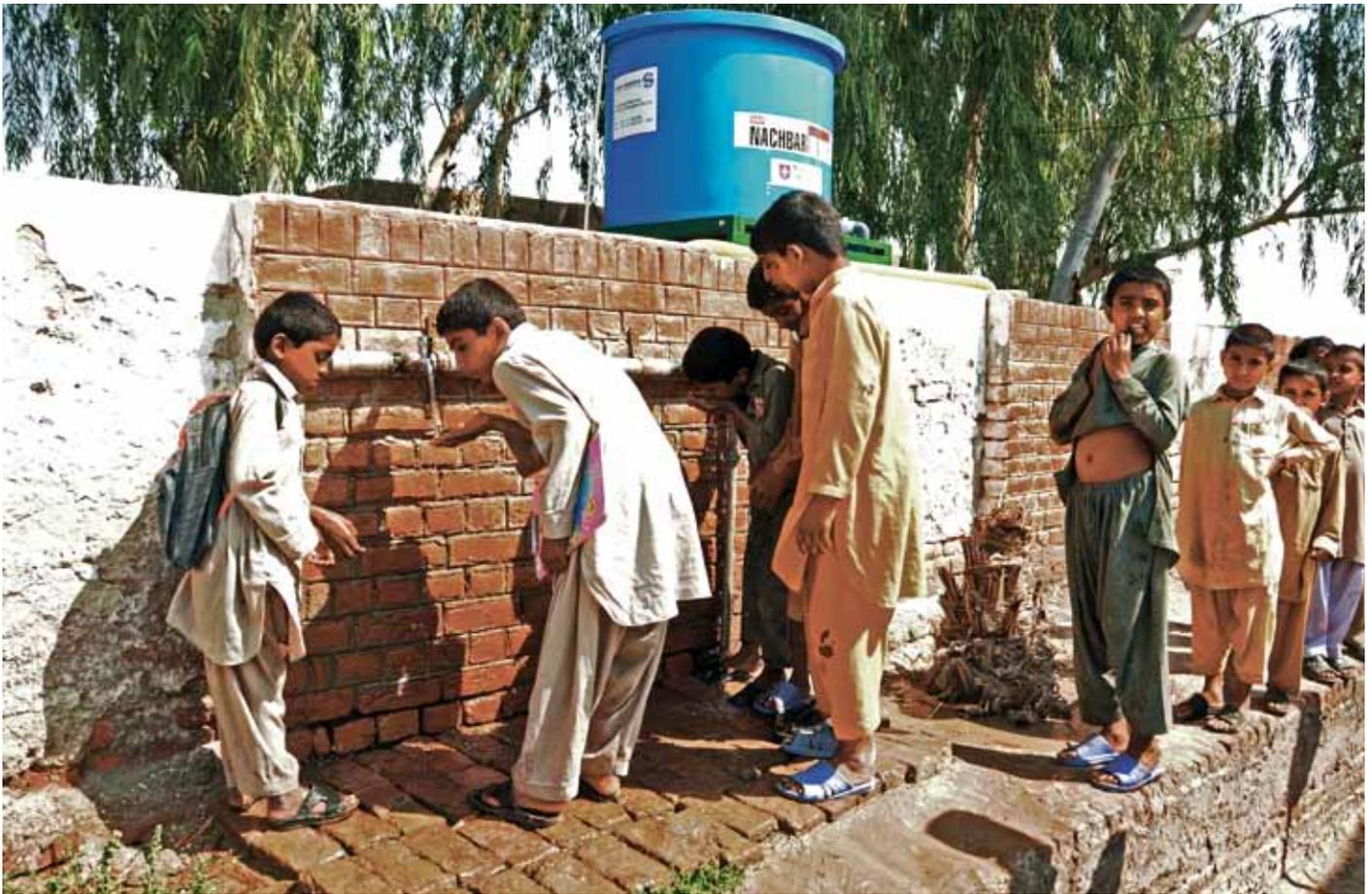
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disaster, and to protect them when it happens. Everybody – an individual, a volunteer group, a company, a school, a parish – can help provide the funding which makes whole projects come into life. Join our Network of Relief! For further information, please send an e-mail to info@malteser-international.org or visit our website.



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