



**Malteser
International**
Order of Malta Worldwide Relief

Annual Report 2016

Malteser International

For a life in health and dignity

Who we are:

Malteser International is the international humanitarian relief agency of the Sovereign Order of Malta – a Catholic religious order with a history of over nine hundred years of dedicated work for the poor and the sick.

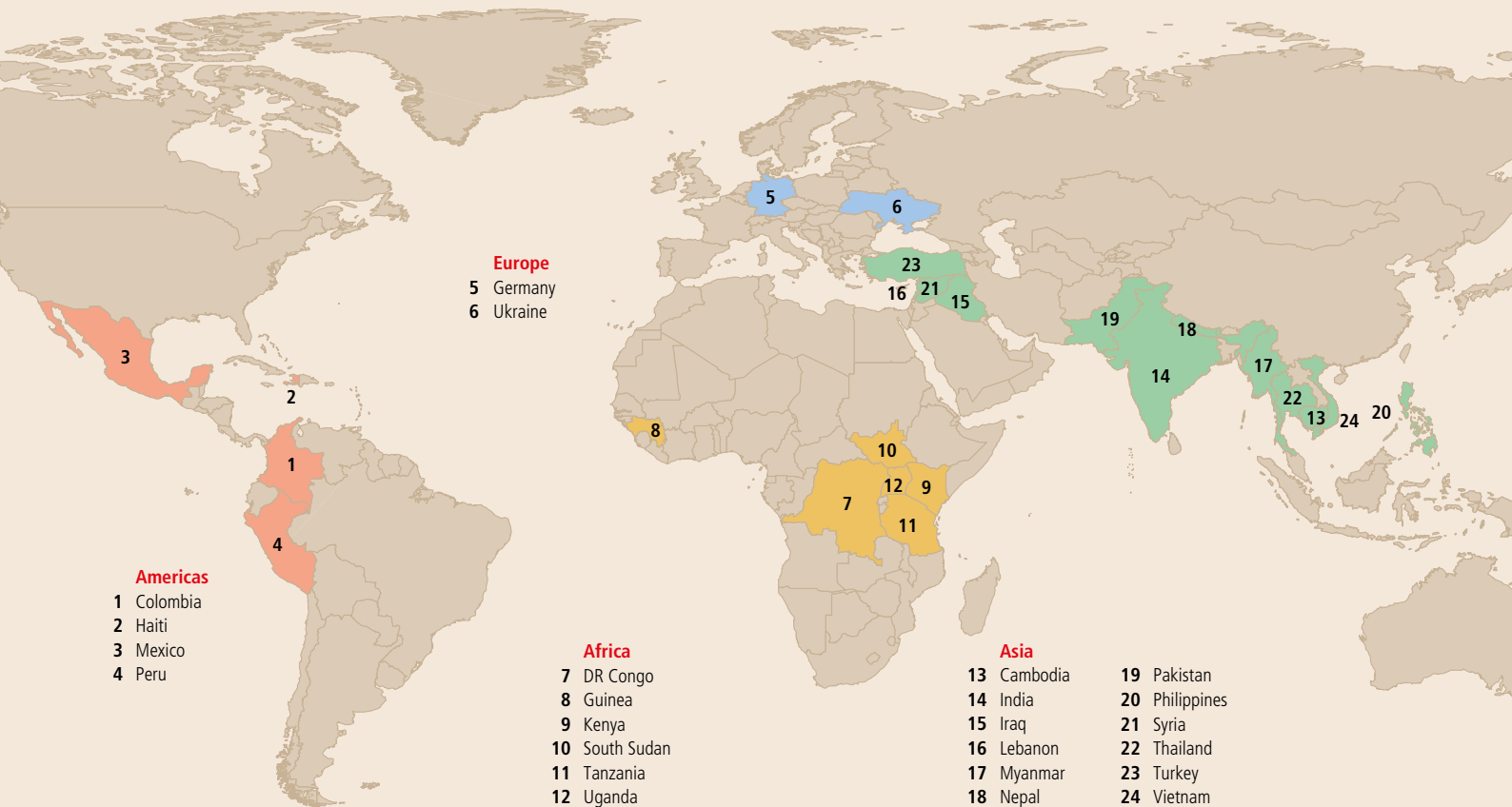
What we do:

We undertake emergency relief in crises such as natural disasters, epidemics, and armed conflicts, as well as implementing long-term transitional aid and development programs. We work to provide functioning

medical structures and to protect health by supporting good nutrition, safe water, sanitation, and hygiene; and by boosting the resilience of vulnerable people by encouraging disaster risk reduction.

How we work:

Founded on Christian values and humanitarian principles, our work now encompasses more than 100 projects in 24 countries, which help people in need without distinction of race, religion, or political persuasion.





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15,846

people were given a better quality of life thanks to our work to improve the quality and security of their food supply and/or their ability to earn an independent income.







1,606,217

patients were treated in one of our
435 medical facilities around the world.







186,134

women received medical care before
and after the birth of their children.





178,446

people were provided with food, clothing, hygiene articles, and/or emergency shelter by our emergency relief operations.





187,251

people benefited from campaigns to improve their health and quality of life by improving their access to clean water, sanitation, and effective hygiene.

Refugees and displacement: Our approach



A South Sudanese family seeks refuge in the DR Congo.

PHOTO: NYOKABI KAHURA

*With global population displacement at an all-time high, the refugee crisis remains a topic of the utmost concern amongst the humanitarian community. Helping refugees and displaced people also continues to be a core part of Malteser International's mission. Here **Secretary General Ingo Radtke** explains our approach to tackling the challenges posed by this huge task:*

Although the number of refugees arriving in Europe declined in 2016 there are still more refugees and displaced people around the world than ever before. Indeed, on a global level, the number of refugees and displaced people on Europe's doorstep is only a small part of the story. Sub-Saharan Africa, for example, accounts for nearly a third of the 40.3 million internally displaced persons around the world; but in the public imagination the

disasters unfolding across this continent, as well as vast swathes of Asia and South America, have been largely overshadowed by the conflicts in Iraq and Syria.

Working to help refugees and displaced people has been a part of Malteser International's mission from the very beginning, but the global displacement crisis means that this task is an increasingly significant part of what we do, not just in the Middle East but also in Africa, Asia, and Latin America.



“Our efforts play an important role in breaking the vicious circle of marginalization and violence.”

Ingo Radtke, Secretary General

Help to survive and thrive

As the scale of these challenges has grown, so has their complexity. Modern conflicts span longer periods of time and are increasingly politically fraught. It is necessary to support the affected people on their way to long-term rehabilitation and economic independence. By doing this, we can make a lasting contribution to the future stability and development of crisis regions. The example of our aid to refugees and displaced people in Iraq and Uganda on the following pages sheds more light on this approach.

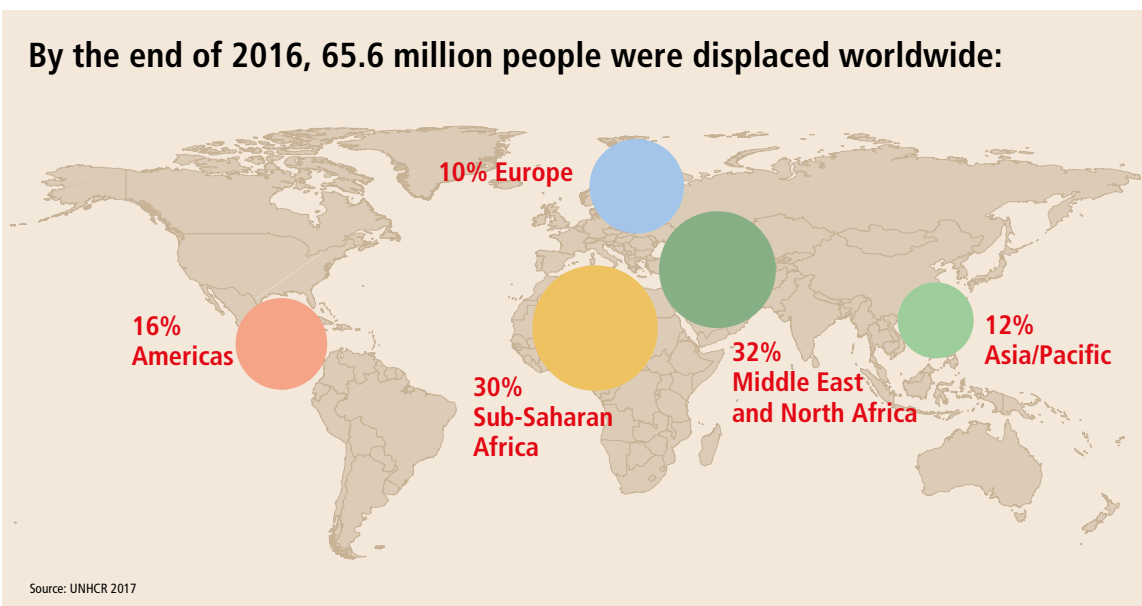
The first objective of humanitarian aid is saving lives. Our relief operations provide displaced people with essentials such as food, water, shelter, and medication to enable them to survive their desperate situation. Providing medical care for people forced to flee in the face of ongoing violence or arriving from areas where social and medical services have collapsed is a top priority. However, the mission does not stop there. These needs still need to be met once refugees and displaced people are settled in a place of safety. To do this, either new infrastructure needs to be built or that of their host regions or communities needs to be strengthened.

When it is not possible for displaced people to return home in the short to medium term this raises additional problems. Amongst other considerations, the economic future of the displaced people needs to be secured, and their children require education. Intensive work is often required to help them through the trauma that they have suffered.

Tackling the root causes

Our task of providing aid for refugees and displaced persons will continue throughout the coming years, and we will continue to adapt our approach to the needs of a complex and rapidly changing crisis. However, the role of humanitarian aid can only ever go so far. The global displacement crisis is fundamentally a political problem, and this means that a long-term political solution to its root causes like poverty and insecurity is required. Nevertheless, our effort to maintain and reinforce social infrastructure and cohesion in conflict zones amongst refugees and host populations has an important role to play in helping to break the vicious circle of marginalization and violence on the ground, as well as providing life-saving assistance to these most vulnerable people.

By the end of 2016, 65.6 million people were displaced worldwide:



Source: UNHCR 2017

Refugee aid in Syria: Working in difficult and dangerous conditions



Six million Syrian children are reliant on humanitarian aid.

Our aid in the Bab al-Salam refugee camp is primarily centered on providing healthcare for the sick and wounded.

Syria has been in a state of civil war since March 2011. As a result, 13.5 million people, including six million children, are heavily reliant on humanitarian aid. Five million Syrians have already fled their homeland and another 6.3 million are displaced in their own country. United Nations figures show that at least 470,000 people in Syria have lost their lives since the outbreak of the war.

According to Janine Lietmeyer, Malteser International's Country Group Coordinator for the Middle East, more lives are lost through the lack of access to healthcare than from direct war injuries. "More than half of all healthcare structures in the country have been destroyed," she said. "Hospitals and healthcare facilities are repeatedly targeted in violation of international humanitarian law. There is a shortage of medical staff, and chronically ill people or pregnant women often have no access to urgently needed medical care."

This is why our aid projects in Syria are focused on improving access to healthcare. We operate the Dr. Mu-





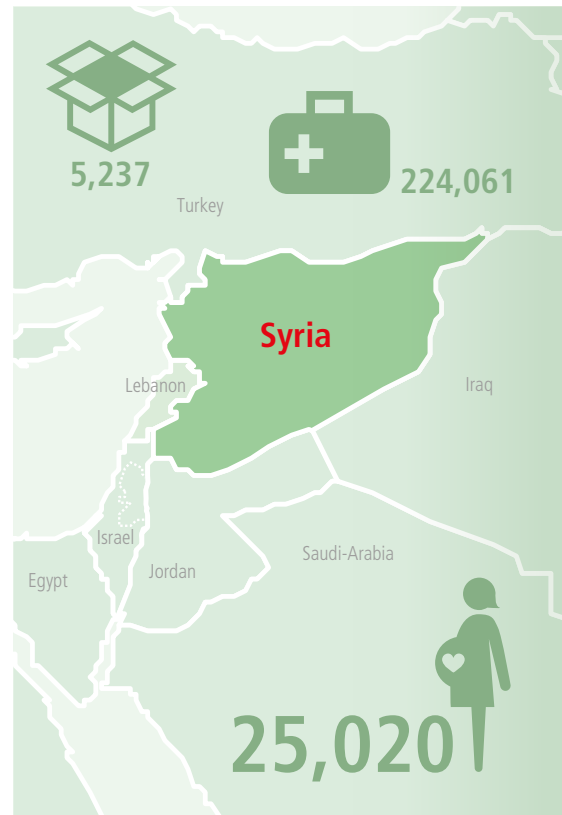
“More people die in Syria as a result of lack of access to healthcare than from war injuries.”

Janine Lietmeyer, Middle East Country Group Manager

hammad Waseem Maaz Hospital – named in honor of the last pediatrician in Aleppo, killed during airstrikes in the city in 2016 – in cooperation with a local partner organization. About 4,000 patients are treated in this hospital each month. Apart from providing secondary care and surgical treatment, the Dr. Muhammad Waseem Hospital also operates a neonatal intensive care unit – making it the only hospital to offer this service to the 300,000 residents of the Azaz area. The hospital’s ability to provide specialist medical care and outpatient surgical procedures have considerably improved quality of life for local people. The hospital also operates a blood bank and produces medical oxygen to serve other hospitals, health centers, and outpatient clinics in the region. “Blood products for transfusion and medical oxygen are extremely scarce in Syria, but are urgently needed for surgery,” said Lietmeyer.

The challenges for Syrian aid organizations are enormous. Health facilities and medical staff are attacked regularly. There are hardly any qualified health personnel left and the front lines are constantly moving, causing new population displacement and making access to medical care a problem. Adaptive solutions are essential in order to be able to react to the rapidly changing situation. Accordingly, Malteser International supports the operation of two mobile health centers that are on stand-by to provide care for newly displaced persons.

“There is still no political solution to the conflict in Syria, which means providing medical emergency aid will continue to be part of our program in 2017. However, in order to deal with further deterioration in the public health situation, we are also working with our partners to rebuild destroyed health centers, for example in areas formally occupied by IS,” said Lietmeyer. “People currently living in camps on the border with Turkey will only return to their villages if they are able to visit a doctor or be seen by a midwife.”



Our aid in Syria

Duration: since July 2012

Goal: Improve healthcare in the Azaz region

Our achievements in 2016: 224,061 people were treated in the 14 healthcare structures we support; prenatal and postnatal care was provided to 25,020 women; emergency aid packages were distributed to 5,237 people

Donors: AA, BMZ, EIN HERZ FÜR KINDER Foundation, Bergmann Foundation

Plans for 2017: Continuation of the activities from 2016, rehabilitation of four primary health centers, construction of a community center for the psychosocial treatment of mothers and children

Aid for refugees in Iraq: “I was able to forget the terrible things that happened”



Fatima and her family in the Bersevi II camp
PHOTO: EMILY KINSKEY

The Iraqi army and Kurdish Peshmerga fighters began the fight to free the city of Mosul from the Islamic State (IS) terrorist group in October 2016. The ensuing conflict affected 1.5 million people in and around the city, of whom 400,000 have been displaced from their homes. Malteser International provides health services for people who have fled from the violence to Dohuk, Erbil, and Nineveh, around seventy kilometers from Mosul. Displaced persons in camps have been receiving medical care since August 2014, while mobile clinics brought health services to nearby villages. In 2016, Malteser International introduced a new form of aid in some camps: our cash for work program trained and paid women to spread good hygiene practices, helping them to earn a living.

Fatima, 25, lives in the Bersevi II camp with her husband and their six-year-old son. She is one of 3,800 displaced persons who participated in Malteser International’s cash for work program who received training on topics including good hygiene, clean water, and healthy eating. Stefanie Heil, Malteser International’s Program Manager for Iraq explains the idea behind the

cash for work program: “These people have had terrible experiences; we try to stabilize them psychologically and engage them in activities so that they can get out of their tents and interact with each other. If they are also able to learn something new, improve their living conditions, strengthen their self-confidence, and earn money, then all the better.”



Fatima is among 3,800 people who participated in the cash for work program.

PHOTO: EMILY KINSKEY

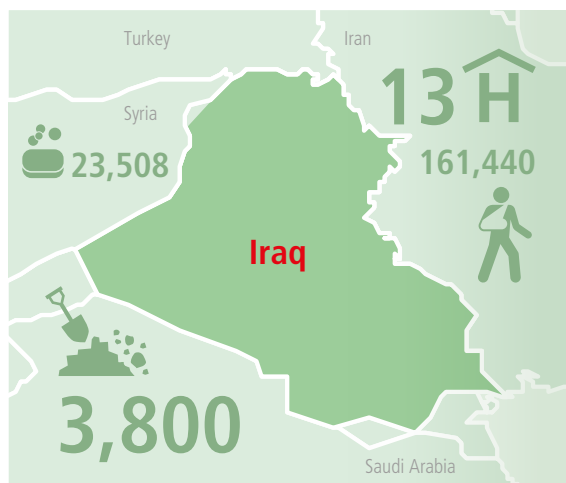


Before coming to the camp, Fatima was a slave for IS fighters. “IS came to our village in August 2014,” she said. “They took us to a school, put all of the men into a pit and shot them. Luckily for me, my husband wasn’t there. Then they brought us to Syria. We hardly had anything to eat. My son and I were sold five times.” Fatima’s son was seriously injured by one of the kidnapers, who left deep scars across the boy’s face: he was flogged with wires because he could not recite the Koran from memory. After ten months in captivity Fatima was ransomed for \$1,000 and was reunited with her husband in Kurdistan. “I was speechless with joy!

I had not been with my family for so long,” she said. However, there is hardly any work in the camp, and many refugees long to return to their homes.

“One day, Malteser International was here, and they told me I could take part in a training course in good hygiene and become a trainer myself,” said Fatima. In addition to learning new skills, the Cash for Work program has also helped her to deal with her trauma. “I learned a lot and was able to forget most of what had happened to me. I could think of something else. With the money I earned, I was able to take my son to the doctor. Now he wants to be a doctor too!”

After 10 months in captivity, Fatima and her son were reunited with her husband in a refugee camp in Dohuk.



Our aid in Iraq	
Duration:	since August 2014
Goal:	Provide basic medical care for displaced people from Mosul and surrounding regions, as well as the vulnerable local population in the Kurdistan region
Our achievements in 2016:	23,508 people received hygiene kits, medical care was provided to 161,440 people, 3,800 people participated in the cash for work program.
Donors and partners:	ADH, AA, GIZ, French Senate, Orientheifer e.V.
Plans for 2017:	Geographical expansion of our activities, especially around Dohuk, Erbil, and Nineveh. Plans are in place to facilitate the safe return of internally displaced persons.

Julia Angelo Ucin has found refuge in the Wau camp.

PHOTO: NYOKABI KAHURA

Aid to refugees in Africa: War and hunger put flight to millions



Julia Angelo Ucin from South Sudan is fifty years old and has lost almost everything in her country's civil war – including her husband, her son, and her home. Along with some 10,000 other internally displaced persons, she is sheltering on the premises of the Catholic diocese of Wau in northwestern South Sudan. Before that, she lived in a nearby village – growing vegetables with her neighbors and benefiting from Malteser International's work to increase food security in the area.

In 2011, after many years of civil war, the Christian south of Sudan voted to split from the Muslim north to become the world's newest country – South Sudan. But since then lasting peace has remained elusive. There have been frequent outbreaks of violence since 2013, which escalated further in July 2016. As a result, the country's economy has come to an almost complete standstill. The spreading violence has forced tens of thousands of people to flee the country, while many more live as internally displaced persons in camps like those in Wau. When the violence escalated, Julia Ucin also fled to Wau. She was joined by thousands of others who fled to the cities of South Sudan to escape the crisis. Many more people were left unable to cultivate

their fields. Meanwhile, in 2016, inflation in the country rose to around 600 percent and by the end of the year some five million people had become heavily reliant on humanitarian aid.

To prevent the utter collapse of vegetable cultivation, Malteser International decided to distribute seeds to households in Wau and educate people on ways to grow basic produce in the urban environment. We also provided water for the people living in the camps and surrounding areas: eighteen boreholes were drilled in camps and several overcrowded neighborhoods in the city. Maintaining good hygiene conditions is important – especially where so many people have to live together in a confined space. For this reason, we also distributed soap to around 19,000 people – to help prevent those already weakened by the hardships of war and starvation from falling sick.

With our support, Julia Ucin has been able to cultivate vegetables such as okra, cabbage, and pumpkin in the camp. She also earned money by selling some of her produce. "I don't know what I would have done without the help of Malteser International," she said. "I live here with my sister, and together we take care of our eight children. My brother used to care for us, but he was

kidnapped, and we still don't know if he is alive. Now we have enough to eat, and our children are doing well.”

An exemplary refugee policy

The ongoing war in South Sudan has also left its mark on neighboring Uganda. 2016 saw an average of 2,000 South Sudanese refugees crossing the border to Uganda each day in the hope of finding safety in the country's refugee camps. The attraction for refugees goes beyond Uganda's relative safety and location next to South Sudan: the government of Uganda has also declared its readiness to offer refugees more than just a tent over their heads. New arrivals have been provided with land and materials including hoes and machetes to build their own shelters in the camps. This approach seeks to help refugees to help themselves and live independently so that they will be able to provide for themselves one day.

Water scarcity is a major problem in northern Uganda where most of the refugees are camped. This is due to the poor quality of the dry soil in the region. Malteser International provides refugees with clean drinking water to help them begin their new life.

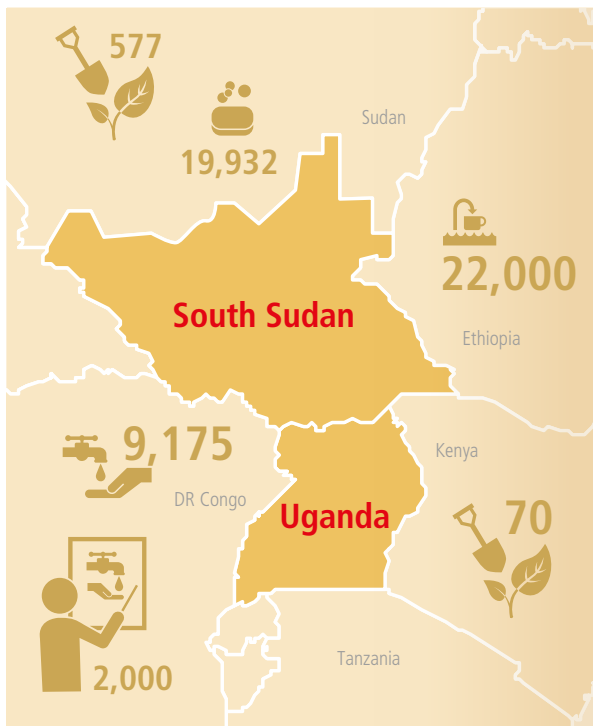
In Rhino Camp, about 200 km away from the border with South Sudan, which has been home to 90,000 refugees since the crisis in South Sudan flared up, the water supply has been a long term problem. To solve this, Malteser International uses trucks to transport water to tanks in the camp. In 2016, we also oversaw the construction of 12 solar-powered borehole pumps at various stations in the camp. These facilities allow several people to fetch water at the same time, reduc-



We provide clean drinking water to refugees in Uganda.

ing waiting time at collection points. This method has proven so successful that it has been adopted by other organizations in Rhino Camp. Our staff on the ground also provide technical training for refugees and the local population on the repair and maintenance of the boreholes – ensuring that the facilities remain in good condition even after the end of Malteser International's involvement in the area.

The motorized water supply systems available in the camps have also been used for other purposes. Excess water has been redirected into the Malteser International supported vegetable gardens and used for irrigation. This has the added effect of preventing stagnant water from accumulating at the collection points and providing a breeding ground for disease-carrying insects.



Aid for displaced people and refugees in South Sudan and Uganda

Project duration: since 2014

Goal:
South Sudan: Improve the water supply and hygiene conditions for internally displaced people in Wau
Uganda: Improve access to water, end water stagnation to reduce insect numbers, improve hygiene conditions

Our achievements in 2016:
Uganda: 22,000 people were provided with clean drinking water; 2,000 school girls were educated on good hygiene; 70 refugees were trained in horticulture.
South Sudan: 9,000 people were provided with water; 19,000 people received soap bars, 577 people were trained in horticulture.

Donors and partners:
South Sudan: BMZ, AA, ADH
Uganda: ADH, PRM, ECHO, BMZ

Plans for 2017:
South Sudan: Expansion of aid activities for internally displaced persons and host communities
Uganda: Expansion of water supply measures for refugees and host communities

Forgotten crises: Duty calls for humanitarian organizations



Many communities in Pakistan suffer from frequent flooding.

*Millions of people around the world are affected by conflicts and disasters and rely on humanitarian aid for their survival. Many of these crisis situations receive little attention from the media and politicians and become 'forgotten'. This can often lead to disastrous consequences as the people affected are deprived of much-needed support. In this report, **Sid Johann Peruvemba, Vice-Secretary General of Malteser International** discusses the obligation and responsibility of humanitarian organizations towards forgotten crisis regions:*



“When crisis regions become ‘forgotten’ by the media and the global public, the responsibility lies with humanitarian aid actors to draw the attention of the public to the plight of people living there in order to help them more effectively.”

Sid Johann Peruvemba, Vice-Secretary General

PHOTO: JILL FLUG

The year 2016 saw crises in several countries around the world. Some, like that in Syria, received a lot of media attention, other crises, such as the one in Myanmar, were hardly mentioned in the news. These stories often escape our minds – especially when they have a smaller profile on digital media. Yesterday’s news is overshadowed by today’s and promptly forgotten. Headlines are no longer written daily but updated by the hour. It is therefore understandable that the public can lose sight of the many conflicts and disasters around the world. This could be due to the scant media coverage or the sheer number of these crises. If because of this inattention individuals affected by these events receive inadequate aid, or no aid at all, we have an example of a forgotten crisis.

The readiness of organizations and individuals to provide help is linked closely to the current headlines. Public perception also plays an important role for political actors in responding to crises and conflicts or setting funding for aid activities. Nevertheless, when it comes to strategic decisions and the allocation of resources, policy makers, non-governmental organizations, and other humanitarian actors ought to act on the basis of a neutrally and impartially identified need and not be guided by media profile. Bringing help to people in the forgotten crisis regions of the world remains a major task of the humanitarian aid system. The effectiveness of this system needs to be judged on the basis not only of what it has done, but also of what it has not done in these forgotten regions.

On the other hand, public perception and awareness, when present, can be of tremendous support in the task of providing aid to people in need. It is

therefore essential that individual donors do not forget countries like DR Congo or Pakistan, because without adequate funding we cannot continue to provide the support needed in these regions.

Nevertheless, organizations need to be prepared to continue carrying out their mission as far as they are able, even when faced with a lack of public and political support, in fulfilment of their duty to help people in need on the basis of their needs, and not the wishes of politicians or the media. We work daily to ensure that the people who need our support are not forgotten. You can read some examples of what this means on the following pages.

The crises in some countries receive very scant media coverage. Are these crises actually forgotten by the public? We contacted journalists who report from forgotten crisis countries like the DR Congo and Pakistan to find out their opinion:

“In a crisis-ridden year like 2016, Europe was faced with a number of important issues, making it difficult for the media to turn the world’s attention to Africa.”

Bartholomäus Grill, Africa correspondent for “Der Spiegel”

Forgotten crises: Pakistan – facing natural disasters with confidence



The coastal regions of Pakistan are particularly vulnerable to natural disasters.

Pakistan has struggled to manage the many crises affecting it for decades. While Afghan refugees in the northern part of the country seek refuge from the Taliban and border skirmishes at home, the inhabitants of the coastal regions in the south struggle to deal with the permanent threat of natural disaster. Pakistan is also one of the poorest countries in the world – perhaps one reason why the various crises in the country have received very little media coverage, and have almost slid into obscurity.

Aziz-u-nisa is pleased with her job as a trainer.

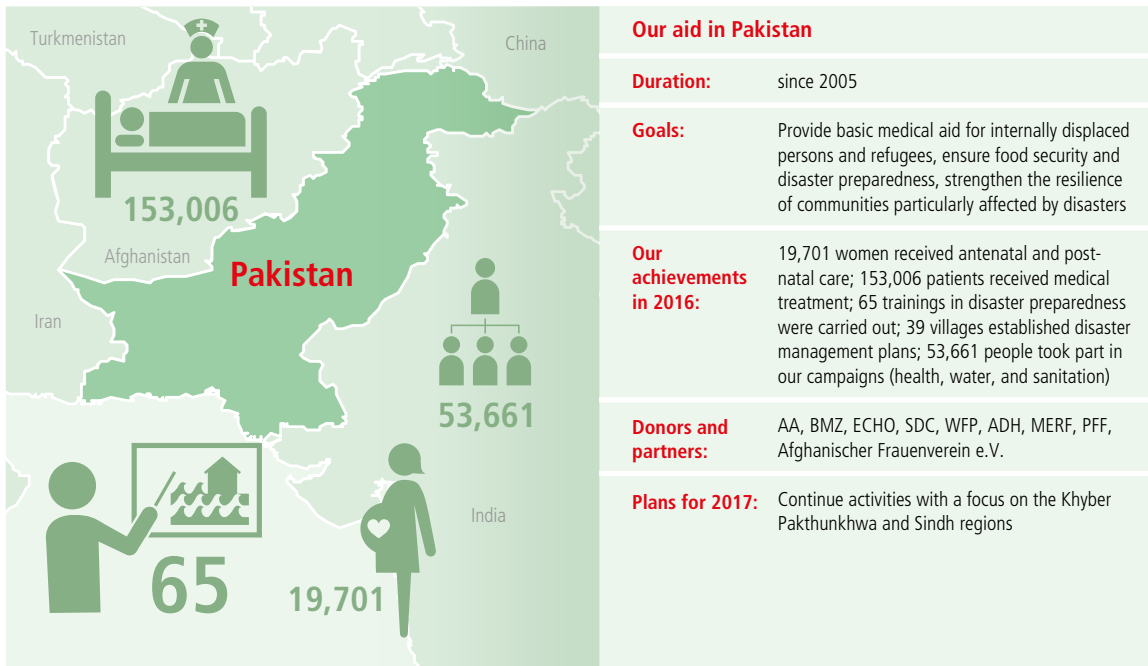


Aziz-u-nisa Sheikh, 48, is a wife and mother living in the port city of Ketu Bunder in Sindh, Pakistan's southernmost province. The city is bordered on one side by the Indus River and on the other by the Arabian Sea.

The coastal areas of southern Pakistan were once famous for agriculture and poultry farming. The Indus River provided constant irrigation for vast tracts of land where rice, betel leaf, and bananas were cultivated. When dams were constructed on the river, the plan was to provide the same irrigation further upstream. However, seawater gradually pushed further inland and displaced the river's fresh water. As a result, plants and animals lost their habitat and ground water, vital for the local population, became increasingly scarce, making drinking water very expensive. Today, Ketu Bunder is home to some of Pakistan's poorest people. Many have already migrated to the cities, and the few remaining live below the poverty line as fishers or farmers. Frequent natural disasters such as floods, droughts, and cyclones have hampered efforts to break free from the vicious circle of poverty.

Strengthening resilience

Aziz-u-nisa's family suffered a similar fate. Very poor to begin with, eventually there was not enough money to send the children to school. Aziz-u-nisa decided to get in touch with the Pakistan Fisherfolk Forum – a civil society



organization working with Malteser International to secure the livelihoods of residents through training in disaster risk management and income generation. Shortly afterwards, Aziz-u-nisa was able to participate in one of these trainings, and became a disaster risk reduction trainer. She went on to take on the role of ‘multiplier’ in her community – training her neighbors in the proper behavior in the event of a natural disaster. Meanwhile, the local population in disaster-prone villages are given support to establish ‘village development committees’ who independently take charge of disaster preparedness and help villagers in the event of a disaster.

Strengthening the community

Malteser International has been active in the Sindh region since 2014. Our activities took place in 46 villages with the aim of improving coping strategies amongst the coastal communities most affected by natural disasters. In line with our holistic and sustainable approach, our training sessions in disaster risk reduction and hygiene were provided to village residents as well as employees of state agencies. In order to help improve their livelihood, local residents were also trained in good agricultural practices and alternative income-generating opportunities.

Fresh confidence for Aziz-u-nisa

As a result of the training she received, Aziz-u-nisa can now afford to send her five children back to school. She saved the money she earned from her work as a Community Master Trainer for her children’s education. “This opportunity has added meaning to my life. Now I have an obligation and by training others I can help save lives in this disaster-prone region,” said Aziz-u-nisa with a proud smile.

“As a freelance journalist, I think the problem lies in the fact that editorial teams are poorly staffed, and editors are so often overstressed with multiple duties that they hardly ever have time for an in-depth look at most topics.”

Marc Engelhardt, freelance Journalist

Forgotten crises: DR Congo – Healthcare for host communities and refugees



Patience's son can now receive treatment in one of the clinics supported by Malteser International.

PHOTO: NYOKABI KAHURA

Patience Lemingo, 18, comes from Adi and has been in hospital with her sick son for a month. When he arrived he was unable to eat and was vomiting constantly. Now he is gradually getting better. Like many other people in the eastern part of the DR Congo, Patience and her son benefit from Malteser International's humanitarian aid.

Adi is a small village not far from the border with South Sudan. Like most parts of the eastern DR Congo, the local residents in Adi do not have much. Life expectancy is low, child mortality is high, and medical facilities are in dire straits. The people in this region are amongst the poorest in the world. However, the crisis faced by DR Congo and its eighty million inhabitants has not received much media or public attention.

According to Iovanna Lesniewski, Malteser International's Program Manager for DR Congo, the difficult situation of the people in the eastern part of the country has been exacerbated by the continuous arrival of refugees from South Sudan. "Because of the absence of state structures to support the South Sudanese refugees, those that arrive are cared for by host communities in

DR Congo who have barely enough for themselves," she said. Nearly 70,000 people fled from South Sudan to DR Congo in 2016 because of ongoing violence, many of them bringing nothing with them whatsoever.

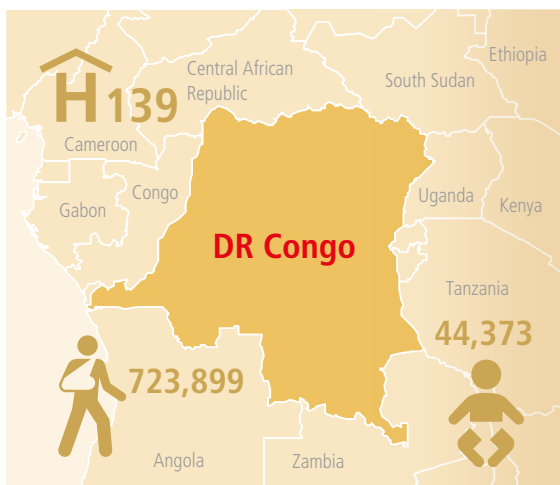
"Hardly anybody in the eastern part of the DR Congo is covered by health insurance. The people have to foot their own medical bills and pay in cash. This often discourages poorer people and expectant mothers from visiting a clinic when they fall sick or during childbirth. Since health facilities also have to finance themselves from their revenue, they have no choice but to request money in exchange for their services," said Lesniewski.

Patience Lemingo's son is receiving treatment from doctors working in a health center supported by Malteser International. Thanks to the financial and technical support we provide local residents in Adi only have to pay a small fee for the safe medication and high-quality healthcare services offered at the health center. The number of expectant mothers who visit the health center has doubled since 2001. Nine out



“The situation in the eastern DRC is a perfect example of the protracted contemporary crises that receive little media attention precisely because the story is always the same, meaning that we lose sight of the people in need.”

Iovanna Lesniewski, Program Manager DR Congo



Healthcare provision in the DR Congo

Duration:	since 2006
Goal:	Improve access to high-quality health services for the population and refugees in the provinces Ituri and Haut Uélé
Our achievements in 2016:	139 health centers were technically and financially supported: 44,373 babies were born, 723,899 patients were treated.
Donors and partners:	AA, ADH, EuropeAid, CAAMENIHU, EUP FASS, and state health authorities in the DR Congo
Plans for 2017:	Expansion and adaptation of activities to deal with refugees from South Sudan

of every ten mothers in the village now come to the hospital to give birth, safe in the assurance that they will be in good hands if complications arise. Patience can attest to the positive impact of the project for the villagers in Adi: “Hospital fees have become affordable thanks to Malteser International’s support, this is why we can come here. Before, some parents were afraid the fees were too expensive and decided not to visit the clinic. Many children died as a result.”

Malteser International has been operating in the DR Congo since 1996. Recently, the high number of refugees arriving from neighboring countries has put additional pressure on the struggling country, meaning that we needed to adapt our approach to the situation. “Many refugees fleeing from South Sudan have to travel for days to get to the DR Congo, and often arrive weakened, ill, or even wounded,” said Lesniewski. “They receive treatment for free in the health centers and hospitals we support. But we have also provided drinking water for them, constructed latrines, distributed soap, and promoted good hygiene practices to prevent a further spread of disease.”

*“Certainly, stories from countries like the DR Congo hardly make it into current radio programs. *Weltspiegel*, however, is always open to discuss topics from ‘forgotten’ regions. It is important to have a good story.”*

Sabine Bohland, ARD Studio Manager, Nairobi, Kenya

Our approach to emergency relief: An interview with Nicole Müller

Humanitarian organizations are required to act swiftly and efficiently in the event of a disaster. This means essential decisions have to be made within a very short period of time. Nicole Müller from Malteser International's Emergency Relief Department explains what this involves:

Disasters can take place at any time. What would you do if a major crisis took place right now?

Even before the story hit the news, the mobile phones of aid and relief workers around the world would already be beeping with an automated message containing information on the location, type, and scale of the disaster, as well as the estimated number of people affected. The key moment for us is when local authorities issue an international call for assistance, and we have to be ready to respond to these calls whenever

they come. Even without an international call, the first thing we have to do is determine if and how we could intervene. This means looking at whether we have a project office in the country, if the Order of Malta is active there, or whether we have current or former partners on the ground. The more contacts and infrastructure we already have in place, the easier it is to get involved.

The 2015 earthquake in Nepal is a good example of what this process looks like. The first thing we did was to speak to our staff and partners in Kathmandu as well as international coordinating bodies to see how we could contribute. We looked at which of our responders were available and best placed to deploy and then at the logistical situation to see how we could get people and aid into the affected area. All of this has to take place at breakneck speed. Just sending people is not enough. They need to know where they are going, what they are going to do when they got there, and whom they are going to be working with. In 2015, we had relief workers *en route* to the scene within hours of the earthquake, and the speed of this response really made a difference.

What is important in the first few days after a major disaster?

The aftermath of any major disaster is a highly complex environment. It is chaos. Keeping relief work coordinated and focused is crucial to making sure it is effective. The UN generally steps in when a call for international assistance goes out. Its job is to establish a coordination center in the hours after the disaster. UN-coordinated groupings called 'clusters' – themed

Malteser International provided aid workers to support relief efforts after the 2016 earthquakes in Italy.





“Several decisions have to be made before undertaking an emergency relief operation. However, a quick response is essential in order to bring help to people affected.”

Nicole Müller, Emergency Response Program Manager

around various types of activity like public health, or water and sanitation – are activated in order to enable direct coordination between organizations.

Local partners’ connections, knowledge, and experience are all vital for helping organizations work in a targeted and effective way. For Malteser International, being part of the worldwide network of the Sovereign Order of Malta is a great boost to this local support. Following Typhoon Haiyan in the Philippines in 2013, for example, our emergency relief measures were undertaken in close cooperation with the Order’s national bodies, which also helped make sure that our projects had a sustainable long-term effect.

How do you prepare for this type of major emergency?

Training, contingency planning, and building networks are some of the major elements of our preparation. This is all about making sure that a well-equipped, well-trained team is in place to respond to emergencies. These are always led by an experienced team leader who assumes overall responsibility and coordinates the operation. Teams each have members

responsible for different tasks so that they can carry out core functions independently and engage local help where needed. Where the situation demands specialist knowledge – of water systems or public health for example – this can be provided by additional expert advisers. We are currently working on the development of an Emergency Medical Team certified under the standards of the World Health Organization that can be dispatched to major emergencies.

How long does an emergency relief mission usually last?

Every disaster is different. But on average an emergency response operation after a natural disaster usually lasts about three months. From this point on, transition to the reconstruction phase begins. Providing emergency assistance means trying to save lives. Longer-term recovery – for example rebuilding houses – is referred to as ‘transitional aid’. This requires a different approach and slightly different competences, but long-term recovery is something we try to have in mind from the beginning of any operation, and as an organization, we always aim to remain present to support recovery in the longer term.



Left: Simulation exercises in Norway.

Right: Emergency shelters were provided for people affected by the earthquake in Italy in 2016.

Emergency relief: Assembling an Emergency Medical Team (EMT)



Providing medical care for victims of the 2015 earthquakes in Nepal.

PHOTO:
JANA AŠENBRENEROVÁ

In March 2014, the World Health Organization (WHO) officially announced the outbreak of the Ebola virus in Guinea. Within a short period of time, the deadly virus had spread to other West African countries including Liberia, Sierra Leone, Senegal, and Nigeria. An end to the epidemic was not declared until January 2016. Similar to the outbreak of Cholera after the devastating 2010 earthquake in Haiti, the Ebola epidemic presented the global community with a major challenge in terms of medical aid delivery and logistics. Both disasters clearly showed that alongside the good will to provide assistance during emergencies, professional standards in the provision of aid are also necessary.

To be better prepared for future epidemics and natural disasters, WHO initiated the concept of the Emergency Medical Team (EMT), with the objective of saving lives and minimizing health risks during disasters. EMTs are certified medical emergency teams ready for deployment to an affected area within 72 hours of a disaster. These teams are made up of doctors, nurses, paramedics, and logistics specialists, as well as other members with different areas of expertise. The idea behind the EMT initiative is to

contain emergencies and to provide medical care for the affected population.

About seventy EMTs are currently undergoing registration with WHO. The registration aims to standardize emergency medical care services and improve coordination between governments and international relief organizations should a disaster occur. Able to be swiftly deployed and more effectively coordinated, the EMTs will be well positioned to provide self-sufficient and effective assistance to populations affected by epidemics and other disasters.

In 2016, Malteser International commenced plans to set-up a so-called 'EMT 1 fixed'. This would enable our staff to provide basic medical care within hours of a disaster. For this type of EMT, WHO technical standards require that the team be able to provide up to six weeks of self-sufficient emergency care through primary health stations in a particular area. The EMT 1 staff would also have to be able to treat a minimum of 100 patients per day in field hospitals. All materials required for the treatment of patients and the support of staff need to be provided by the EMT for the full duration of an operation. These include tents, sanitary facilities, beds, tables, chairs, food, electricity, and water.



In preparation for emergencies, members of the EMT coordination staff participated in simulation exercises in Norway.

PHOTO: IHP TRIPLEX 2016

With a WHO-certified Emergency Medical Team, we will further be able to expand our capacities to deliver emergency relief – allowing us to provide rapid medical care and assistance to people in need during acute emergency situations. An EMT runs its operations in close cooperation and coordination with the government of the affected country as well as our national and international partners.

Registering an EMT is a complex process designed to ensure consistently high quality. This requires that our team meet high medical and logistical standards and procure the appropriate equipment. Prior to final certification, WHO verifies the personnel and logistical

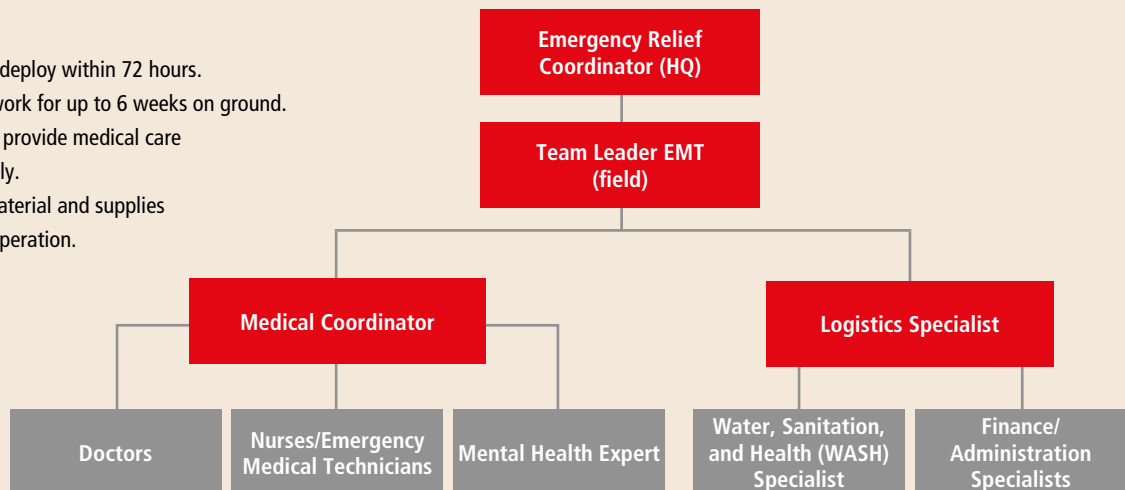
capacities of an organization to ensure that it is able to provide the help required by the civilian population in the event of a disaster. The EMT deployment is designed for the immediate emergency phase after the occurrence of a disaster or outbreak of an epidemic.

The Malteser International EMT has already been included in WHO's mentoring program, and we have started the process of bringing our operations into line with the new standards. The final verification process involves a large-scale exercise by the EMT in which its operational procedures are examined. If the EMT is successful in the exercise, they will then be qualified for worldwide deployment, and can be called upon at any time.

Emergency Medical Team (EMT)

The team ...

- must be ready to deploy within 72 hours.
- must be able to work for up to 6 weeks on ground.
- should be able to provide medical care to 100 people daily.
- will provide all material and supplies required for the operation.



Local staff wherever possible.

Emergency relief: Missions in 2016

Emergencies come in all shapes and sizes. Most of the time, they are small enough to be dealt with on a local level. The deployment of international emergency relief teams usually only becomes necessary in large man-made or natural disasters when local resources are too limited to cope. Nevertheless, despite the absence of a full-scale deployment, 2016 remained a busy year for Malteser International's Emergency Relief Team.

Hurricane Matthew in Haiti

Malteser International has been on the ground in Haiti since the devastating earthquake of 2010, and was able to respond within hours of Hurricane Matthew's landfall in October 2016. However, local staff also received essential support from the emergency relief team of Malteser International Americas, which helped to coordinate and plan relief efforts.



PHOTO: BAHARE KHODABANDE



Earthquakes in central Italy

Volunteers from CISOM, the Order of Malta's Italian relief agency, provided essential support following the hugely destructive earthquakes in central Italy in 2016. As CISOM's capacities became stretched, Malteser International's Emergency Relief Team stepped in to help provide and coordinate international support for our colleagues.

Siege of Mosul in Iraq

When government forces began advancing on Mosul in late 2016, causing hundreds of thousands of people to flee from the fighting, our Emergency Relief Team provided administrative assistance to the Malteser International team already based in Iraq by contributing special expertise in organizing mobile teams to help provide medical treatment for the fleeing civilians.



PHOTO: EMILY KINSKEY



Psychological support in Ukraine

Our colleagues at Malteser Ukraine have had a valuable role in providing social and psychological support to some of the thousands of people forced to flee their homes by fighting in the east of the country since 2014. Our Emergency Relief Team provides ongoing administrative and technical support for this project in close collaboration with our partners on the ground.

PHOTO: MALTESER UKRAINE

Triplex Exercise in Norway

A five-person group from Malteser International's Emergency Relief Team took part in the Triplex 2016 exercise in Norway over five days in September, to test and train their equipment, strategy, and processes for a full-scale emergency deployment. Around 450 aid workers from more than 70 countries took part in the world's largest civilian-led disaster simulation.



Emergency relief: Hurricane Matthew in Haiti



About 1.4 million people became reliant on humanitarian aid after Hurricane Matthew.

PHOTO: BAHARE KHODABANDE

Hurricane Matthew struck Haiti early in the morning of Tuesday, October 4, 2016, leaving widespread destruction in its wake. As the poorest country in the Western Hemisphere Haiti is one of the world's most vulnerable nations and repeated storms and earthquakes have caused lasting damage to its economy and infrastructure. Malteser International teams had been on the ground in the country since the hugely destructive earthquake in 2010, and were able to immediately begin work to help the people affected by Hurricane Matthew in 2016.

We understand that in order to be effective, emergency relief efforts need to be recognized as forming just one part of a long process of rebuilding infrastructure and building resilience. Our staff in Haiti have spent many years building partnerships with local organizations and engaging with communities.

This meant that when Hurricane Matthew struck, our teams on the ground already had the networks and local knowledge in place that they needed to provide speedy help with recovery. These local teams also received specialist support in the form of the Malteser International Americas Emergency Relief Department, which provided assistance in coordinating relief efforts.

The poor construction of many houses in Haiti meant that the high winds and storm surges saw many settlements simply swept away. Whole regions of the country were left cut off, and severe damage was done to the island's infrastructure. Malteser International's efforts in the immediate aftermath of the storm included valuable work to clear drainage channels and streets in order to allow floodwaters to recede, and restore supplies to cut-off areas. Hygiene

kits were distributed to more than 1,200 families in an effort to help prevent a repetition of the devastating cholera outbreak that followed the 2010 earthquake.

In addition to traditional aid distributions the Malteser International team in Haiti also provided cash-based assistance to almost 900 selected members of vulnerable fishing communities who had lost their fishing gear, and thereby their means of feeding their families, in the storm. Where it is possible, cash-based assistance is often more efficient than traditional aid distribution: it provides a vital boost for the local economy and allows beneficiaries to decide how to use the money in the way that will help them the most. For Leonard Jean Louis, 60, it was a godsend: “Receiving money meant that I could not only buy new fishing gear to get back on my feet. It also meant that I could visit a doctor. I know other people who used part of the money to pay school fees for their children. It helped to give us our future back.”

Now that the waters have receded, the focus is once again on making sure that Haitians have the strength to better deal with the next trial on their own. Projects including disaster risk reduction measures – such as our recent efforts to plant mangroves in Cité Soleil, which offer an important source of income, as well as protection from floodwaters for locals – are a good example of the kind of aid that will help to give the whole country its future back.

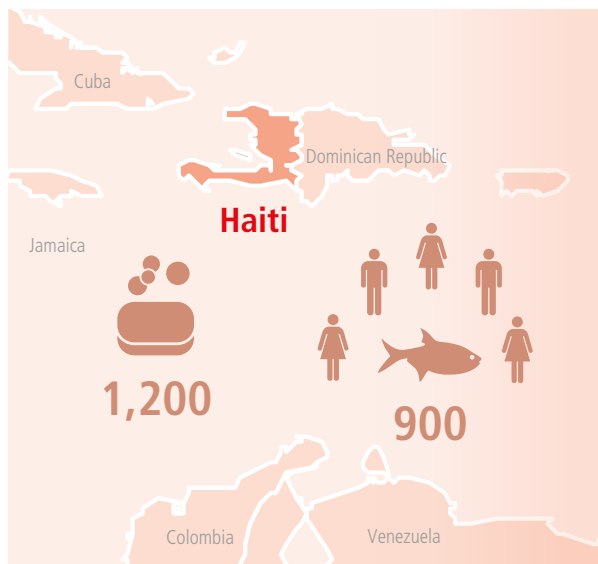


Malteser International staff were able to react within hours of Hurricane Matthew.

PHOTO: BAHARE KHODABANDE



Leonard Jean Louis received vital support from Malteser International.



Emergency Relief following Hurricane Matthew

Project duration:	since October 2016
Goal:	Help and support the local population in Cité Soleil and Belle-Anse in the wake of the destruction caused by Hurricane Matthew
Our achievements in 2016:	Malteser International supported clearance work to re-open streets and drainage channels, provided cash assistance to almost 900 members of vulnerable fishing communities who lost their livelihoods in the storm, and distributed hygiene kits to help 1,200 families lower the risk of diseases like cholera.
Donors and partners:	ADH
Plans for 2017:	Further efforts to support local civil society actors with a focus on disaster risk reduction, work to improve nutrition, and strengthen water, sanitation, and hygiene infrastructure.

World Humanitarian Summit: Reshaping aid

The numbers speak for themselves – the world is in the grip of a level of human distress unprecedented since the Second World War. Over 125 million people live with the effects of violent conflicts, climate induced disasters, and hunger, and have to depend on humanitarian assistance for survival. In order to address this crisis, the very first World Humanitarian Summit was convened by the United Nations Secretary General in 2016.

In 2016, the United Nations convened the first World Humanitarian Summit in its 71-year history. Taking place on 23–24 May in Istanbul, the summit sought to address the global refugee crisis and other humanitarian challenges. Together with the Order of Malta, which took part in discussions as a sovereign entity, Malteser International was involved with the summit process from the beginning of its extensive consultation processes.

“Religions Together for Humanitarian Action”

To identify issues of concern and help set the agenda for the summit, the Order of Malta organized the international symposium “Religions Together for Humanitarian Action” in Geneva in 2015 in close cooperation with

Malteser International. The symposium brought together representatives of different religions and leaders of faith-based humanitarian organizations to explore the connections between religion and conflict, as well as the role of religious actors in relief and rehabilitation efforts.

In contrast to the simplistic narrative that assigns religion sole responsibility for many violent conflicts, the symposium favored a more nuanced approach – highlighting the role of corruption and the pursuit of power in causing conflict. The symposium stressed that religion and faith-based organizations have a key role to play in encouraging lasting peace – producing a *Charter for Faith-Based Organizations and Institutions in Humanitarian Aid*, signed by Malteser International.



“We are committed to taking on a new role in supporting our partners on the ground.”

Sid Johann Peruvemba, Vice-Secretary General



Left: Our local partner carrying out field training in the DR Congo.

PHOTO:
JANA AŠENBRENEROVÁ



Right: Our cash for work program in Iraq puts a smile on the faces of empowered women.

PHOTO: EMILY KINSKEY

Closing the gaps

The issues identified at the Geneva symposium provided important points for discussion at the World Humanitarian Summit in Istanbul the following year. Amongst the issues raised at the summit was the paramount importance of local actors and communities acting as first responders during emergencies. These groups understand the local context better, and are positioned to ensure a smooth transition from emergency response to recovery and rehabilitation. However, they are often overlooked by international humanitarian actors – who then fail to support them, and may even inhibit their growth in the long term.

In common with other organizations at the Istanbul summit, we committed ourselves to a new role as an enabler for our local partners – to strengthen them and help make them better prepared for emergencies in the future. Currently, about 35% of our budget goes into funding partner organizations, and we recognize the need to empower them in decision-making processes, as well as to help build their capacities.

In a similar way, the summit highlighted the need to close the gap between humanitarian assistance and long-term development. Donors and aid agencies often treat these as separate issues, but much more effective and sustainable results can be achieved by viewing them as a continuous process. This means, for example, considering the long-term recovery and development of a country from the very beginning of an emergency intervention, and ensuring that development projects incorporate strategies to reduce the risk of future disasters.

Moving beyond traditional aid

The current challenges in humanitarian aid are not just ones of scale. Emergencies are longer, more complex, and less stable than before. Humanitarian agencies need to adopt a more innovative approach in order to keep pace, and a number of new approaches were discussed at the summit. A good example are cash aid and cash for work programs whereby cash replaces traditional in-kind aid where circumstances allow. This system is cost-effective for humanitarian agencies, enables recipients to buy what they want, and helps to restore local economies. Malteser International teams have already successfully implemented this type of project in Haiti and Iraq as well as other countries.

Implementing new strategies does not come without challenges, one of which is financing. Although the summit provided a platform for conversations on new and innovative ways of providing humanitarian aid, financing structures often still stick to old patterns and need adapting to modern challenges. However, humanitarian aid cannot solve political problems. Ultimately, the continuing absence of a political will to take action against violations of international humanitarian laws and human rights will render talks on humanitarian aid futile.

One consequence of this is that humanitarian organizations are increasingly being called upon to engage in policy discussions – to plead for the interests of the people they work to help. The summit itself and the symposium in Geneva are examples of this. For Malteser International, these events mark the beginning of the process of renewal, and the coming years will bring comprehensive efforts to adapt our strategy and tools to current needs. Whether in the field or at the negotiating table, we will continue to serve the poor and the sick however, wherever, and in the best way that we can.

Our programs in 2016

Middle East and Europe

Donors:

AA: Auswärtiges Amt – German Foreign Office
ADH: Aktion Deutschland Hilft – Germany’s Relief Coalition
BMZ: Bundesministerium für Wirtschaftliche Entwicklung und Zusammenarbeit – German Federal Ministry for Economic Cooperation and Development
PRM: Bureau of Population, Refugees, and Migration
DFID: Department for International Development
ECHO: European Civil Protection and Humanitarian Aid Operations
FIND: Foundation for Innovative New Diagnostics
GTO: German Toilet Organization
GIZ: Gesellschaft für Internationale Zusammenarbeit
GFPP: Global Fund For Forgotten People
GF: Global Fund
JAD: Just a Drop
MW: Malteser Werke
NiN: Nachbar in Not – Austria’s Relief Coalition
OMF: Ordre de Malte France
SDC: Swiss Agency for Development and Cooperation
UNFPA: United Nations Population Fund
UNOCHA: United Nations Office for the Coordination of Humanitarian Affairs
WFP: World Food Program
WCF: World Child Future Foundation

Country	No. of projects	Project location and short description	Donors	Local partners
Iraq ¹	6	Dohuk, Erbil, and Nineveh: Operation of healthcare centers and mobile medical teams for internally displaced people and vulnerable local communities Dohuk and Erbil: Distribution of hygiene kits, household and shelter support items, clothing, bedding, and winterization items. Dohuk: Improving living conditions; promoting behavioral change in nutrition and hygiene; improvement of the health situation for families in four camps for internally displaced people; training and cash for work programs for unskilled female community mobilizers and male laborers	AA, ADH, French Senate, GIZ, OMF, Orientheifer e.V.	AMF, DAMA, Department of Health Dohuk, TCCF

Country	No. of projects	Project location and short description	Donors	Local partners
Lebanon ²	2	Akkar: Healthcare for Syrian refugees and Lebanese people with a mobile medical unit; distribution of hygiene kits	AA, ADH	Lebanese Association of the Order of Malta

Country	No. of projects	Project location and short description	Donors	Local partners
Syria ³	4	Northern Syria: Primary and secondary healthcare (one hospital, four primary healthcare centers) for internally displaced people and their host population in three camps in North Aleppo; production of medical oxygen; ambulance service; two blood banks; distribution of tents and blankets Aleppo City: Payment of salaries and provision of equipment for pediatric hospital	AA, ADH, BMZ, Ein Herz für Kinder, NiN	Syrian partner organizations

Country	No. of projects	Project location and short description	Donors	Local partners
Turkey ³	4	Kilis: Healthcare for Syrian refugees in a field hospital; psychosocial support as well as peace promotion at a community center Reyhanli: Center for unaccompanied refugee children Istanbul: Temporary education center	AA, ADH, BMZ, NiN	IBC, Maram Foundation, Orient Face

¹ Projects implemented by Malteser International and partner organizations

² Projects implemented by national associations and aid services of the Sovereign Order of Malta with support from Malteser International

³ Projects implemented by local partner organizations with support from Malteser International

Germany

Ukraine

Turkey

Syria

Lebanon

Iraq

Partners:

ABIUDEA: Asociación de Biólogos de la Universidad del Atlántico
ADRA: Adventist Development & Relief Agency
AIRD: African Institute for Health and Development
AMF: Al Mustaqbal Foundation
CAAMENIHU: Centrale d'Achat et d'Approvisionnement en Médicaments Essentiels du Nord-Ituri et du Haut-Uélé
CDECF: Community Development, Environment Conservation Forum
CERA: Community Empowerment and Resilience Association
CHHRA: Cambodian Health and Human Rights Alliance
COTEDO: Comisión de Trabajo Ecuinómico Dominicano
DAMA: Doctors Aid Medical Assistance
DMC: National Disaster Management Committee
DPO: Quang Tri Disabled People Organization
EUP FASS: Etablissement d'Utilité Publique – Fonds d'Achat de Services de Santé
HRDI: Highland Research and Development Institute
IAS: International Aid Service
IBC: International Blue Crescent
ICSC: Indrawatee Community Service Centre
LYU: Lift You Up
MHD: Malteser Hilfsdienst e.V.
MERF: Medical Emergency Resilience Foundation
PACIDA: Pastoralist Community Initiative Development and Assistance
PAIF: Promotion et Appui aux Initiatives Féminines
PDPIC: Programa de Desarrollo y Paz del César
PFF: Pakistan Fisherfolk Forum
PHO/DPHO: Province and District Public Health Office
RAAH: Rural Action Against Hunger
RSDC: Rural Self-Reliance Development Centre
SSK: Sahbhagi Shikshan Kendra
TCCF: Turkmeneli Cooperation and Cultural Foundation
UAAR: Union Aid for Afghan Refugees
UJEDCOSIS: Union des Jeunes pour le Développement durable de la commune de Cité Soleil
VNGI: Vereniging van Nederlandse Gemeenten International
WFC: Water for Cambodia

Country	No. of projects	Project location and short description	Donors	Local partners
Germany ²	16	Bavaria, Thuringia: Rebuilding of two schools; financial and psychosocial support for flood victims Saxony, Saxony-Anhalt: Financial aid and psychosocial care for flood victims	ADH, Deutsche Bank Stiftung, RTL-Stiftung	MHD

Country	No. of projects	Project location and short description	Donors	Local partners
Ukraine ^{2,3}	1	Donetsk, Lugansk, Kiev and surrounding regions: Psychosocial support for internally displaced persons; provision of basic medical training to the population; building local capacity to deal with psychosocial challenges	AA	Malteser Ukraine, University of Kiev, Trauma Center

Africa

Country	No. of projects	Project location and short description	Donors	Local partners
DR Congo¹	5	<p>Ituri and Haut Uélé Provinces: Strengthening the health system in seven health zones by providing access to quality healthcare services; improvement of WASH conditions with a special focus on preparation and response to epidemics; improvement of medical support and water supply for South Sudanese refugees</p> <p>Bas Uélé Province: Provision of basic healthcare with a focus on the needs of refugees from the Central African Republic</p> <p>North Kivu Province: Support of PAIF and medica mondiale projects to help prevent sexual and gender-based violence against vulnerable girls and women in the eastern DRC</p>	AA, ADH, EuropeAid	CAAMENIHU, EUP FASS, local health authorities, medica mondiale, PAIF, government health centers and hospitals

Country	No. of projects	Project location and short description	Donors	Local partners
Kenya¹	7	<p>Nairobi: Healthcare project for expectant mothers through mobile money solutions; combating tuberculosis and HIV; management of non-communicable diseases in informal settlements of Nairobi</p> <p>Marsabit County: Multisectoral program to strengthen drought resilience in Illeret; climate change adaptation measures to improve water supply for semi-nomads; digital literacy campaign; rapid response to drought in arid and semi-arid areas</p>	ADH, BMZ, DFID, GF	AIHD, PACIDA

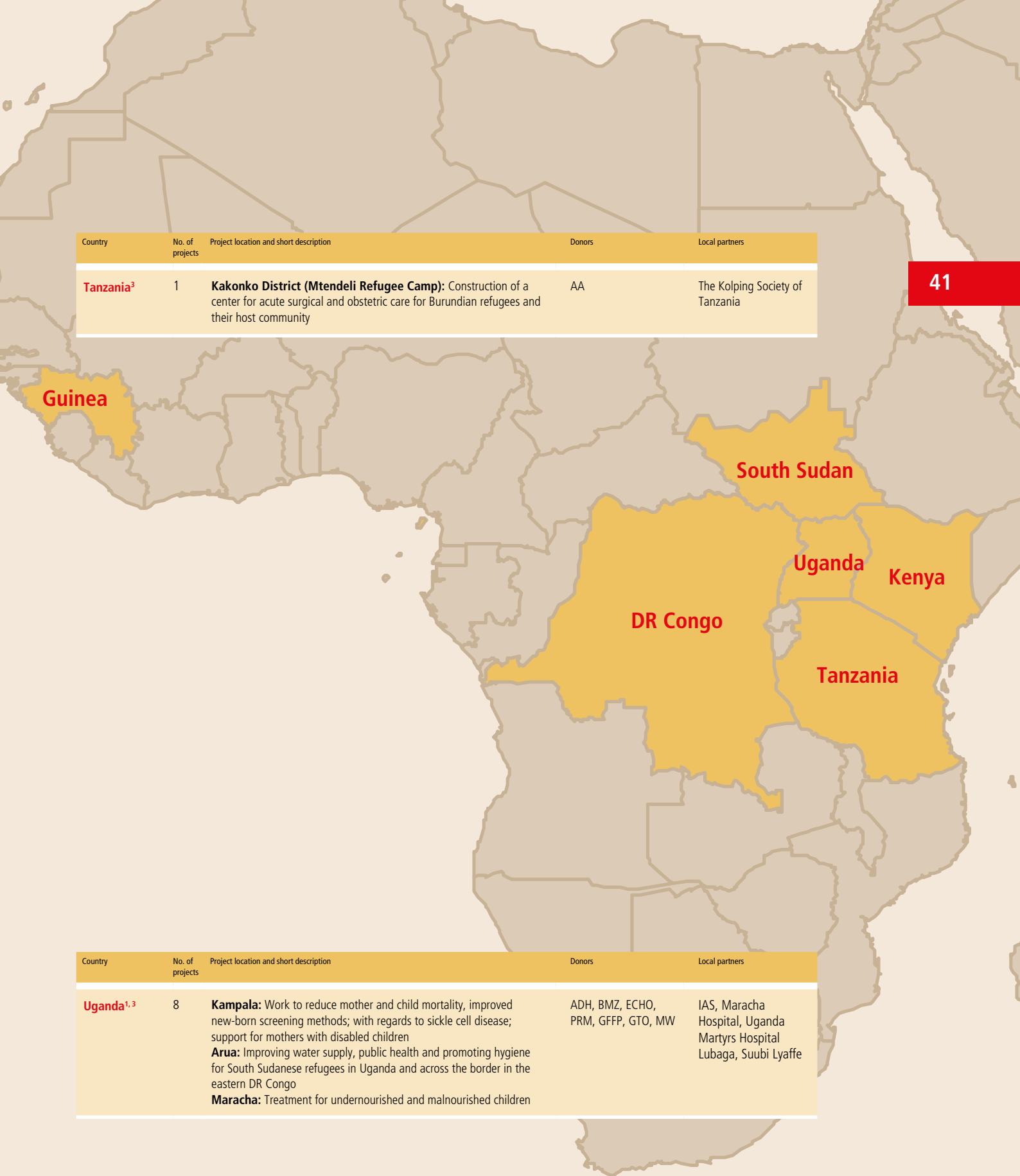
Country	No. of projects	Project location and short description	Donors	Local partners
Guinea²	1	Middle Guinea: Improvement of access to healthcare; epidemic prevention measures	BMZ	Amalte Guinée

Country	No. of projects	Project location and short description	Donors	Local partners
South Sudan^{1,3}	9	<p>Juba: School feeding programs in the Lologo area; integrated project to improve food and nutrition security; WASH measures for under-served communities around Juba, South Sudanese refugees, and their host communities in northern Uganda; integrated strategy to control sleeping sickness</p> <p>Maridi: Sustainable improvement of nutrition-sensitive agricultural production and local livelihoods with special focus on vulnerable groups</p> <p>Wau: Strengthening agricultural capacities, providing access to water supply for vulnerable communities; improving living conditions and food security for internally displaced people and their host communities; support for street children at the Young At Risk Daily Care Centre</p> <p>Rumbek: Support for a Leprosy colony; assistance to the Rumbek Health Sciences Institute</p>	AA, ADH, BMZ, FIND, Future 21, European Union, GFFP	National and State Ministries of Health, Agriculture and Forestry, Water Resources and Irrigation as well as Education, Science and Technology Kator and Rajaf Payam Administration RAAH, New Sudan Women Federation, Diocese of Wau, Don Bosco, VNGI

¹ Projects implemented by Malteser International and partner organizations

² Projects implemented by national associations and aid services of the Sovereign Order of Malta with support from Malteser International

³ Projects implemented by local partner organizations with support from Malteser International



Country	No. of projects	Project location and short description	Donors	Local partners
Tanzania ³	1	Kakonko District (Mtendeli Refugee Camp): Construction of a center for acute surgical and obstetric care for Burundian refugees and their host community	AA	The Kolping Society of Tanzania

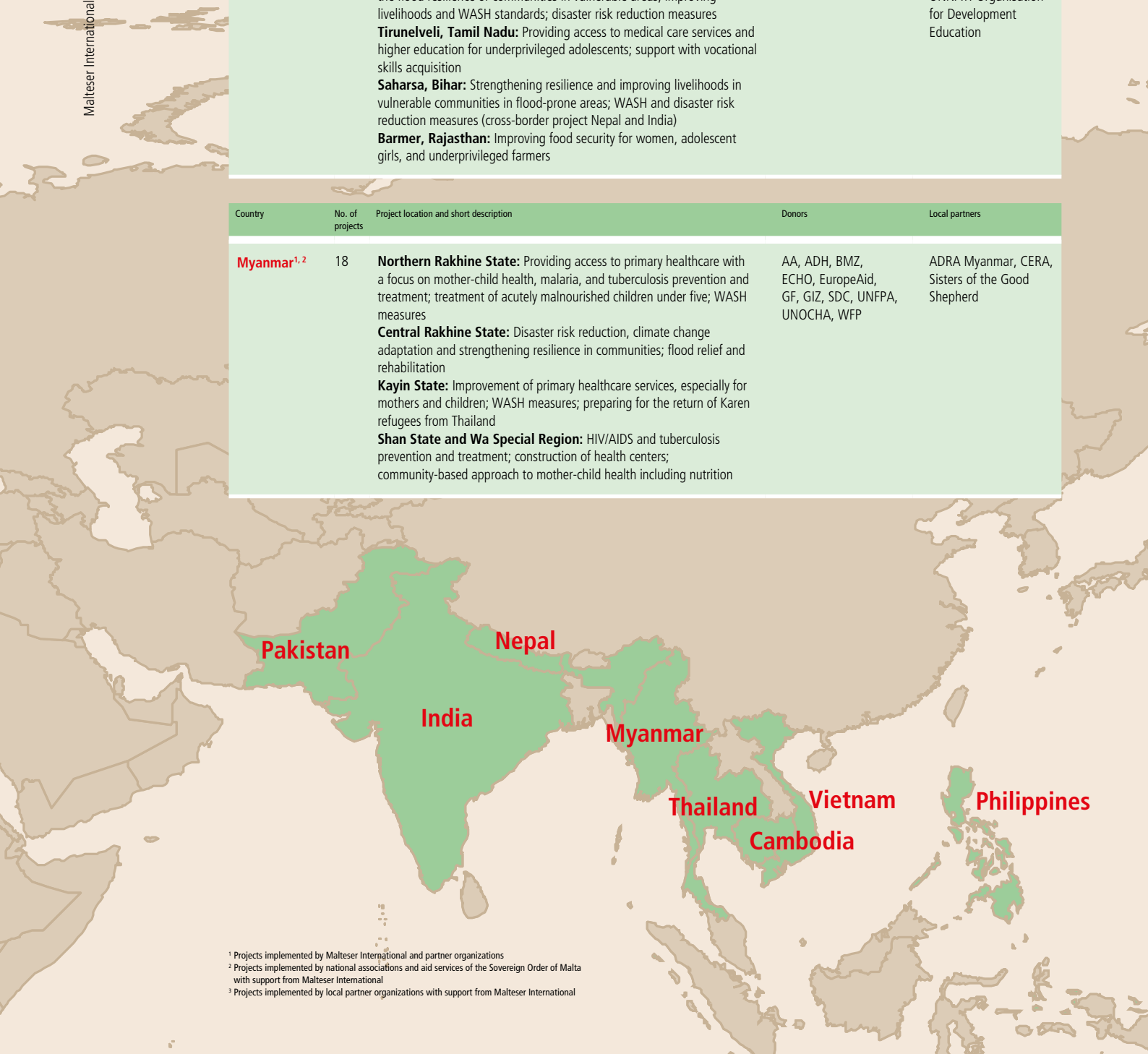
Country	No. of projects	Project location and short description	Donors	Local partners
Uganda ^{1,3}	8	Kampala: Work to reduce mother and child mortality, improved new-born screening methods; with regards to sickle cell disease; support for mothers with disabled children Arua: Improving water supply, public health and promoting hygiene for South Sudanese refugees in Uganda and across the border in the eastern DR Congo Maracha: Treatment for undernourished and malnourished children	ADH, BMZ, ECHO, PRM, GFFP, GTO, MW	IAS, Maracha Hospital, Uganda Martyrs Hospital Lubaga, Suubi Lyaffe

Asia

Country	No. of projects	Project location and short description	Donors	Local partners
Cambodia^{1,3}	6	Samrong: Improvements to WASH standards Siem Reap: Increasing resilience to the health related impacts of climate change; improving food and nutrition security for women and children by improving WASH conditions and creating an enabling environment; improving access to WASH for school children and poor rural households	BMZ, Czech Embassy, Elysium Foundation, GIZ, HAMAP-Humanitaire, JAD	CHHRA, WFC

Country	No. of projects	Project location and short description	Donors	Local partners
India³	4	Bhraich and Barabanki Districts, Uttar Pradesh: Strengthening the flood resilience of communities in vulnerable areas; improving livelihoods and WASH standards; disaster risk reduction measures Tirunelveli, Tamil Nadu: Providing access to medical care services and higher education for underprivileged adolescents; support with vocational skills acquisition Saharsa, Bihar: Strengthening resilience and improving livelihoods in vulnerable communities in flood-prone areas; WASH and disaster risk reduction measures (cross-border project Nepal and India) Barmer, Rajasthan: Improving food security for women, adolescent girls, and underprivileged farmers	ADH, BMZ	ProVision, SSK, UNNATI-Organisation for Development Education

Country	No. of projects	Project location and short description	Donors	Local partners
Myanmar^{1,2}	18	Northern Rakhine State: Providing access to primary healthcare with a focus on mother-child health, malaria, and tuberculosis prevention and treatment; treatment of acutely malnourished children under five; WASH measures Central Rakhine State: Disaster risk reduction, climate change adaptation and strengthening resilience in communities; flood relief and rehabilitation Kayin State: Improvement of primary healthcare services, especially for mothers and children; WASH measures; preparing for the return of Karen refugees from Thailand Shan State and Wa Special Region: HIV/AIDS and tuberculosis prevention and treatment; construction of health centers; community-based approach to mother-child health including nutrition	AA, ADH, BMZ, ECHO, EuropeAid, GF, GIZ, SDC, UNFPA, UNOCHA, WFP	ADRA Myanmar, CERA, Sisters of the Good Shepherd



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

Country	No. of projects	Project location and short description	Donors	Local partners
Nepal ^{1,3}	9	<p>Sindhupalchowk: Construction of temporary houses and community centers in five villages; support with winterization; providing health centers with medical equipment; renovation of latrines and water supply systems; hygiene awareness promotion; operation of a temporary field hospital in Lamosanghu; reconstruction of one health center in Pagretar; disaster risk reduction measures</p> <p>Nuwakot District: Support with winterization; providing health centers with medical equipment; reconstruction of two health centers in Okinarpauwa and Valche; reconstruction of houses; disaster risk reduction measures; rehabilitation of WASH infrastructure</p> <p>Kavre District: Support with winterization; providing health centers with medical equipment</p> <p>Sunsari District: Livelihood, WASH, and disaster risk reduction measures for vulnerable communities in flood-prone areas (cross-border project Nepal and India)</p>	AA, ADH, BMZ, ECHO, State of Baden-Württemberg, NiN, Röchling Stiftung	CDECF, Dhulikel Hospital, ICSC, RSDC

Country	No. of projects	Project location and short description	Donors	Local partners
Pakistan ^{1,3}	7	<p>National program: Strengthening capacities in disaster preparedness</p> <p>Peshawar, Khyber Pakhtunkhwa Province: Primary healthcare with a focus on refugees in Peshawar; health and nutrition services for displaced people and their host populations in Khyber Pakhtunkhwa and FATA</p> <p>Thatta District, Sindh: Disaster risk reduction measures; securing livelihoods in vulnerable coastal communities; ensuring food security; WASH measures</p> <p>Swat District, Khyber Pakhtunkhwa: Improving food security; strengthening community-based disaster risk reduction; rehabilitation of water supply facilities in flood-affected communities</p>	AA, ADH, BMZ, ECHO, SDC	Afghanischer Frauenverein e.V., MERF, PFF, UAAR

Country	No. of projects	Project location and short description	Donors	Local partners
Philippines ^{1,2}	5	<p>Benguet Province: Improving the WASH situation in Lengaoan; promoting the sustainable use of natural resources</p> <p>Northern Samar: Distribution of non-food items for families affected by typhoon Nona; providing support and building materials for reconstruction; disaster risk reduction measures in typhoon-prone coastal areas</p> <p>Cagayan Province: Distribution of food to households affected by Typhoon Haima</p>	AA, ADH, BMZ	Philippine Association of the Order of Malta

Country	No. of projects	Project location and short description	Donors	Local partners
Thailand ¹	5	<p>Mae Hong Son Province: Mother-child healthcare; improving the food security and WASH situation for displaced people and their host communities in the district of Sob Moei; primary and secondary healthcare for refugees from Myanmar on the Thai-Myanmar border; malaria prevention, dental hygiene, and secondary healthcare for children</p>	Child's Dream Foundation, Dr. Ulrich Reiter, ECHO, EuropeAid, GF, Thai.Ger Supporters Bangkok, WCFF	HRDI, PPHO/DPHO

Country	No. of projects	Project location and short description	Donors	Local partners
Vietnam ¹	3	<p>National program: Inclusion of persons with disabilities in disaster risk reduction measures</p> <p>Hanoi, Quang Tri and Quang Ngai Province: Widening participation of people with disabilities in community-based disaster risk management</p> <p>Quang Nam Province: Providing medical equipment to clinics in Tra Nam and Tra Vinh</p>	BMZ, Deutsches General-Konsulat Ho-Chi-Minh-Stadt, UPS Foundation, WCFF	Department of Labour, Invalids and Social Affairs of Quang Ngai Province, DMC, DPO Quang Tri, LYU, Nam Tra My District Health Center

Americas

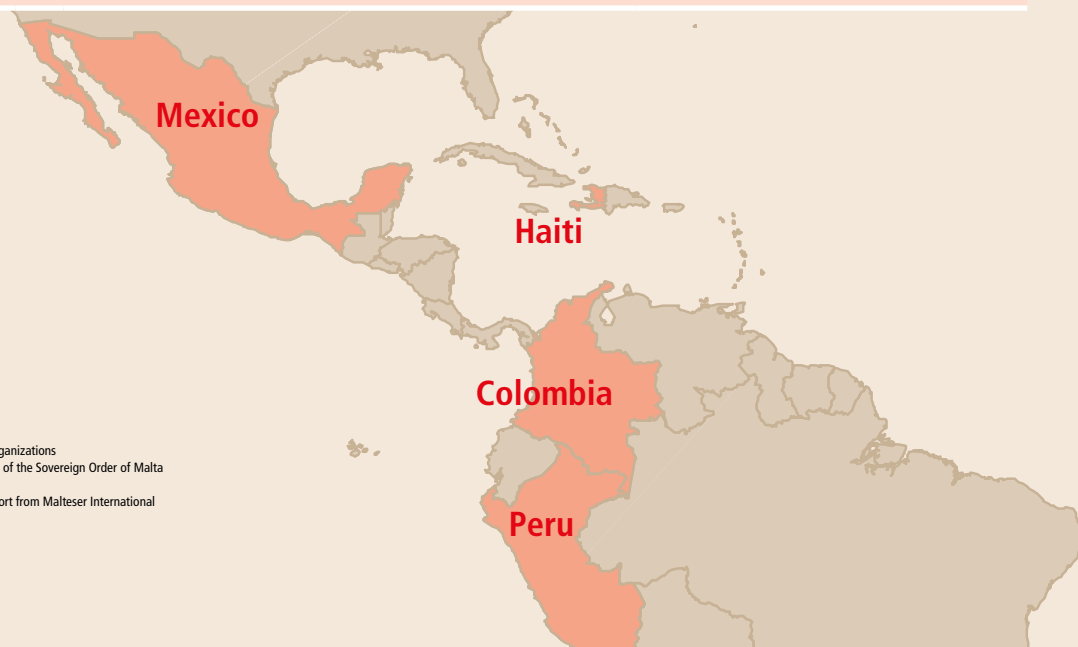
Country	No. of projects	Project location and short description	Donors	Local partners
Haiti ^{1,3}	5	<p>Port-au-Prince: Food security measures for urban slum communities; WASH measures; disaster risk reduction measures</p> <p>Cité Soleil: Strengthening and promoting civil society initiatives aimed at the sustainable development of vulnerable communities; construction of a playground; emergency relief following Hurricane Matthew including cleaning of sewers, distribution of hygiene kits, sensitization campaigns, and good hygiene promotion to prevent cholera</p> <p>Belle-Anse: Climate change adaptation through preservation of natural resources; measures to improve livelihoods and WASH standards; emergency cash relief after Hurricane Matthew</p>	ADH, BMZ, Europe Aid, GFFP	COTEDO, LA DIFFERENCE, local civil protection authorities, UJEDCOSIS

Country	No. of projects	Project location and short description	Donors	Local partners
Colombia ^{2,3}	4	<p>Departments of La Guajira and Magdalena: Strengthening the resilience of vulnerable indigenous and Afro-Colombian communities to climate change; training communities in disaster prevention; improving access to healthcare for internally displaced persons in remote settlements; distribution of hygiene kits, food items, and mattresses</p> <p>La Guajira: Building community-based health capacities; improving food security, and promoting good health</p>	ADH, BMZ, GFFP	ABIUDEA, Fundación pro Sierra, Colombian Association of the Order of Malta, PDPC

Country	No. of projects	Project location and short description	Donors	Local partners
Mexico ²	1	Mexico City: Mother-child healthcare with a special focus on HIV/AIDS prevention	Bild hilft e.V.	Mexican Association of the Order of Malta

Country	No. of projects	Project location and short description	Donors	Local partners
Peru ²	1	District Ate (Lima) and Querecotillo: Operation of a soup kitchen for school children and a club for elderly people	Own Funds	Malteser Peru

emergency relief Americas	No. of projects	Project location and short description	Donors	Local partners
Haiti, USA, Mexico, Colombia, Ecuador ¹	1	Regional capacity building in disaster relief for Malteser International Americas partner organizations	ADH	American, Colombian, Ecuadorian, Mexican Associations of the Order of Malta



¹ Projects implemented by Malteser International and partner organizations

² Projects implemented by national associations and aid services of the Sovereign Order of Malta with support from Malteser International

³ Projects implemented by local partner organizations with support from Malteser International

Financial Report 2016:

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

Structural development and strategic direction: Report from the Secretary General



“A continuous strategic and structural renewal is always necessary in the field of humanitarian aid.”

Ingo Radtke, Secretary General

PHOTO: FRANK LÜTKE

The past year has brought little improvement to the global humanitarian situation. The ongoing conflicts in South Sudan and the Middle East came no closer to resolution and continued to blight the lives of millions of people. At the same time, 2016 brought its own new challenges and disasters – including repeated earthquakes in Italy, the highly destructive Hurricane Matthew in Haiti, and an intensification of fighting in northern Iraq. Our teams were present in the midst of each of these human tragedies – working tirelessly, and often at significant risk to themselves, in order to provide succor and support for people caught in the grip of events beyond their control.

This work to help people in need has been the unchanging core of Malteser International’s mission for decades. However, our wealth of experience in the field of humanitarian aid has taught us that continuous strategic and structural renewal is required in order to ensure that this mission is carried out in the best and most effective way possible. Alongside the humanitarian challenges of 2016, our efforts to ensure that Malteser International is fit for the future at every level were a top priority. These included attending and contributing to the World Humanitarian Summit in Istanbul, work to implement the commitments that we made there, and making significant developments to our strategy and structures.

Organizational development

Malteser International continued to prioritize quality and accountability in 2016, and new procedures were

introduced to better manage strategic risk and financial liquidity across the organization. New monitoring tools have also been introduced to improve project management at a local level. A new partnership approach and guidelines for cooperation were developed in order to provide an improved strategic framework for the broadening and intensification of our work with local partner organizations. Guidelines for staff on dealing with sensitive questions of bioethics were drafted in cooperation with the National Catholic Bioethics Association in the USA – Malteser International’s ethical consultants – before being approved by the Prelate and Grand Hospitaller of the Order of Malta.

In order to widen the scope of our worldwide activity as the Order of Malta’s agency for humanitarian aid, we continue to work steadily to boost our international presence. The decision taken in 2016 to establish a new headquarters for Malteser International Americas in New York City represents an important step in the process of internationalization and will enable an even closer dialogue with international actors such as the UN.

Financial development

Driven by a continuously high level of need around the world, particularly in the Middle East, Malteser International’s project volume grew significantly in 2016. Our staff provided almost 51 million dollars worth of aid to people in need – more than ever before. The successful results of the fundraising undertaken on our behalf by local bodies of the Order of



Malta – in particular Malteser Germany and Malteser Hospitaldienst Austria – show how vital their support is to the success of our work, and we hope to expand and intensify our links with the national associations in the years to come.

The following pages contain detailed information on Malteser International's financial development.

Personnel development

Malteser International's face on the ground is changing. Our ongoing efforts to place local actors and partner organizations at the forefront of humanitarian work in line with our international and strategic commitments have led to a continued reduction in the number of expatriate staff in the field – from 82 in 2015 to 64 in 2016. Despite the increased size of Malteser International's project volume in 2016, the number of local staff also fell, from 844 people in 2015 to 796 in 2016 – again reflecting the increased role of local partner organizations and changing working practices.

The Malteser International team continues to be highly diverse – with staff members of almost forty nationalities drawn from the leading experts in their fields. We have always placed the highest value on the further training and development of our team members, and in 2016 we continued working to increase the number of staff with permanent contracts in order to improve job security and safeguard our institutional knowledge base. Extensive training continued to be routinely provided to staff members,

and a program of international training sessions in emergency relief activities were provided in order to further reinforce our capacities in this area.

Outlook for the current year

The challenges that we face in the course of our work continue to grow day by day, but I am confident that our efforts in the last year contributed significantly to maintaining our place at the forefront of developments in the field of humanitarian aid. These processes of development will continue in 2017 and the years to come as we work to implement the commitments we made at the World Humanitarian Summit and move beyond the traditional “rapid reaction” model of aid to meet the needs of present circumstances. Our ongoing efforts to entrust more responsibility to local actors, and close the gap between humanitarian aid and development in favor of more flexible working models are a good example of what adapting to these new realities entails.

In concrete terms, 2017 will bring significant advances in the development of our emergency relief capacities, continued work to strengthen our relations with international donor and partner organizations, and a broadening engagement with policy questions in order to support our work on the ground. Maintaining a very high standard of quality in the aid that we deliver will continue to be a priority, and 2017 will see a deepening of our engagement with international benchmarks like the Core Humanitarian Standard.

Supporting medical facilities in refugee-hosting countries like Uganda is an increasingly important part of our work.

PHOTO: NYOKABI KAHURA

In Vietnam, our inclusive community-based disaster risk management activities are targeted at persons with disabilities.

PHOTO:
GUILHEM ALANDRY

Transparency and risk management



Our work exposes us to a range of risks that need to be monitored and managed. Our commitment to transparency in what we do is also a way of making sure that our donors know that their donation gets to where it is needed most. This means letting them see for themselves how we work and how we use the funds placed at our disposal.

How do we make our work transparent?

Malteser International is committed to a high level of transparency regarding the sources and management of our financial resources, our organizational structure, as well as our programs and the impact that they have. This information is published in our annual report and on our website. This means that we are fully compliant with the existing transparency standards set by the umbrella organization of development and humanitarian non-governmental organizations in Germany (VENRO). We also follow guidelines established by the Transparency

International Initiative for Transparency in Civil Society (ITZ). We work continuously to strengthen and renew these standards. Our commitment to transparency and accountability to the people who are supposed to benefit from our projects is carried over into the way in which we approach our programs. We strive to consistently provide open and appropriate information about our activities.

How do we undertake risk management?

Our work demands that we distinguish various types of risks. While many risks are relevant for the whole

organization, several others are highly specific and are limited to a particular regional or situational context. In 2014, we established a tailored risk management system that helps us identify possible risks and take action against them more easily by continuously monitoring our structure and activities.

Special safety guidelines have been developed for our staff because of the risk to personal safety in many of the regions where we work. Our employees also undergo regular training on staying safe in dangerous situations. From the very first stages of planning, our projects are carefully examined to ensure that they do not bring harmful or unforeseen negative effects with them. We adhere to strict principles in the procurement of relief goods and services, and train our team members to spot and prevent corruption.

What standards do we follow in our work?

Our work is guided by the humanitarian principles of humanity, impartiality, neutrality, and independence as defined in the *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*. We are also in the process of implementing the Core Humanitarian Standard across our organization to ensure that all our work meets the high quality benchmarks required by these guidelines. In keeping with the 12 basic guidelines for humanitarian assistance established by the German Federal Foreign Office the technical implementation of our programs is particularly oriented towards the SPHERE standards for humanitarian activity.

As a member of the VENRO umbrella organization, we have also adopted the principles of VENRO's *Code of Conduct on Transparency, Organizational Management and Monitoring*, as well as its corresponding standards for public relations and ethical fundraising. We are also guided by the principles of the German council for donations (Deutscher Spenderat e.V.).

How do we ensure that projects remain funded throughout their duration periods?

The financial feasibility of every project initiated by Malteser International is carefully examined during the initial budget planning phase. A quarterly update and revision of each project plan and budget helps us react appropriately to new developments. Regular budget control helps to make sure that planned and actual expenditure do not diverge excessively.

How do we make sure funds are spent correctly?

All our projects are implemented on the basis of very detailed budget and action plans. Regular reports on project progress and expenditure are compared with the initial project plan. This helps us recognize possible discrepancies and take timely countermeasures. Our

project partners also undertake their own regular monitoring activities.

Where projects are implemented by local partner organizations details like objectives, planned measures, resources, and budgets are set out contractually and supplemented by guidelines detailing their technical, logistical, and financial execution. We require regular reports from our partner organizations.

Our project operations are also subject to an internal control system, which enables us to achieve maximum security in the management of our resources. A robust notification and reporting system is in place against the misuse of funds.

Who monitors the usage of funds?

Malteser International is regularly audited intensively by a range of external institutions. Internal audit measures at our project sites ensure strict compliance with all applicable guidelines in our projects. Similarly, our revenues, expenditures, and processes are audited annually by an external public auditor according to German law. The audit certificate and financial statement is then published in our annual report.

As a part of Malteser Hilfsdienst e.V., Germany, Malteser International Europe is also subject to an internal monitoring process carried out by an external auditor who monitors the proper use of funds. Additional audits are carried out by tax authorities, external auditors from our donors in Germany and in the countries of operation, as well as by the German council for donations, of which Malteser International Europe is a member through Malteser Hilfsdienst e.V.



Malteser International Europe is a member of the German Council for Donations through the Malteser Hilfsdienst e.V.:



CHS – An Alliance for Quality

In 2016, Malteser International signed up to the Core Humanitarian Standard (CHS) Alliance, which aims for quality and accountability in humanitarian aid. Membership in the Alliance is a way for established international aid organizations to commit to improving the quality of their humanitarian activities.

As a relief organization, we are often faced with major challenges in our endeavors to provide adequate and effective aid. We frequently work in crisis regions with a range of local and international partners. It is therefore very important that we agree on uniform standards that govern the way in which aid is provided. This is precisely what the Core Humanitarian Standard aims to achieve. The CHS Alliance was established with the purpose of harmonizing already existing quality standards and further developing existing strategies by gathering together an international network of humanitarian organizations.

What is the Core Humanitarian Standard?

Whether they are refugees, displaced persons, earthquake victims, or marginalized minorities, people in need are at the core of what we do. Our work is guided by the humanitarian principles of impartiality, humanity, neutrality, and independence.

In compliance with the Core Humanitarian Standard, we are committed to the following quality standards:

- Our aid is delivered adequately and effectively. To do this, we carry out a thorough needs assessment, continuously update our plans, and provide timely assistance.
- We strengthen self-help capacities and local organizations, and avoid negative effects arising from our aid. Our work is carried out in coordination with local and international actors to ensure our activities complement those of other organizations.
- We adopt a participatory approach to our work by providing all stakeholders with comprehensive information, and involving the people we support in what we do. This means they can actively participate in the planning and implementation of our programs.
- We constantly analyze and evaluate our work. We are open to feedback and are willing to learn from successes and failures.

- Our staff are our best assets, so we treat our employees with fairness, offer them opportunities for development, and consider risks to their safety.
- The resources at our disposal are generally earmarked, and always managed economically and used for their intended purpose. We actively work to prevent corruption and the misuse of funds.

Promoting quality in our work through the CHS Alliance

Ensuring that we meet the obligations of membership in the CHS Alliance provides an opportunity to review the whole range of our activities and thoroughly examine our approach to see whether they meet the required standards of quality and professionalism. This affords us the chance to see where improvements can be made, and this analysis should result in a series of action points that will allow us to continue to foster the highest level of quality in our work.

This review process will also help us identify our strengths. We will then be able to transfer these successfully tried and tested methods to other areas within our organization. Where we recognize the need for improvement, we will be able to reinforce the training of our employees and develop appropriate guidance. In addition, we will review our methodology to make sure that the techniques we use are effective and appropriate, and train our staff and partners accordingly.

Core elements of the CHS approach include:

- **Participation** – this means an active inclusion of our beneficiaries in the planning, design, execution, and evaluation of our programs.
- **Accountability** – holding ourselves accountable to all beneficiaries and stakeholders. Adequate information and reporting is a major requirement for ensuring active participation and the effective delivery of aid.
- **Readiness to learn** – constantly putting our approach to the test so it can be improved.



The nine Commitments of the Core Humanitarian Standard on Quality and Accountability (CHS)

Putting people in need at the center

The goal of this continuing search for improvement is to make sure that the aid we provide is appropriate to the needs of the people on the ground, and that it reaches these people in a timely fashion. Including people in need in the planning process allows aid to be organized according to their concrete needs. At the same time, this helps to make our work more transparent and allows us to engage in open and ongoing communication with all of those involved. This means

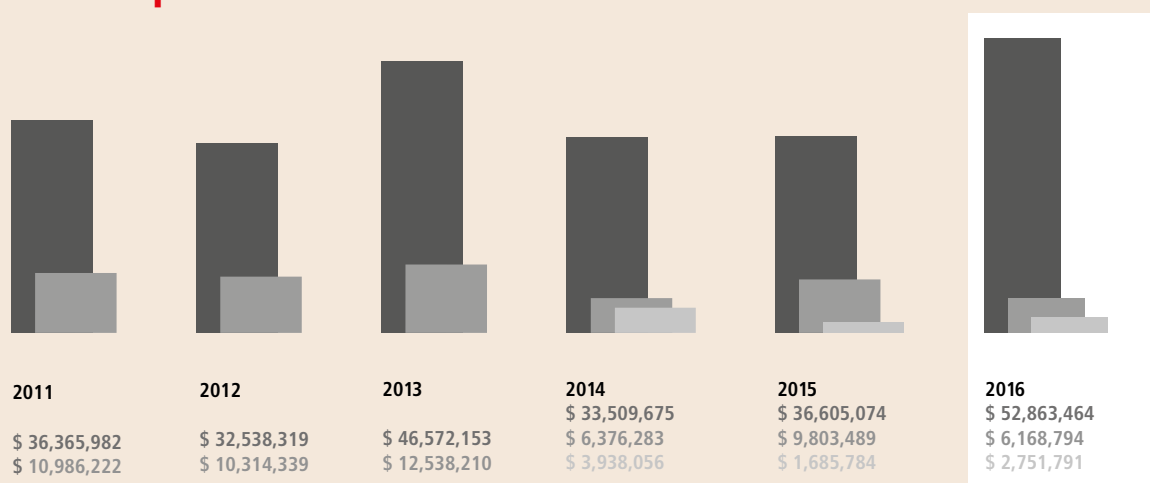
we can keep them informed of developments and setbacks as well as avoid mistakes, make corrections where necessary, and use resources as efficiently as possible.

The CHS provides a standardized framework for these processes, and serves as a qualitative benchmark for our organization. Our membership in the CHS Alliance is a chance for us to explicitly renew our commitment to higher quality in humanitarian aid.

Financial report 2016

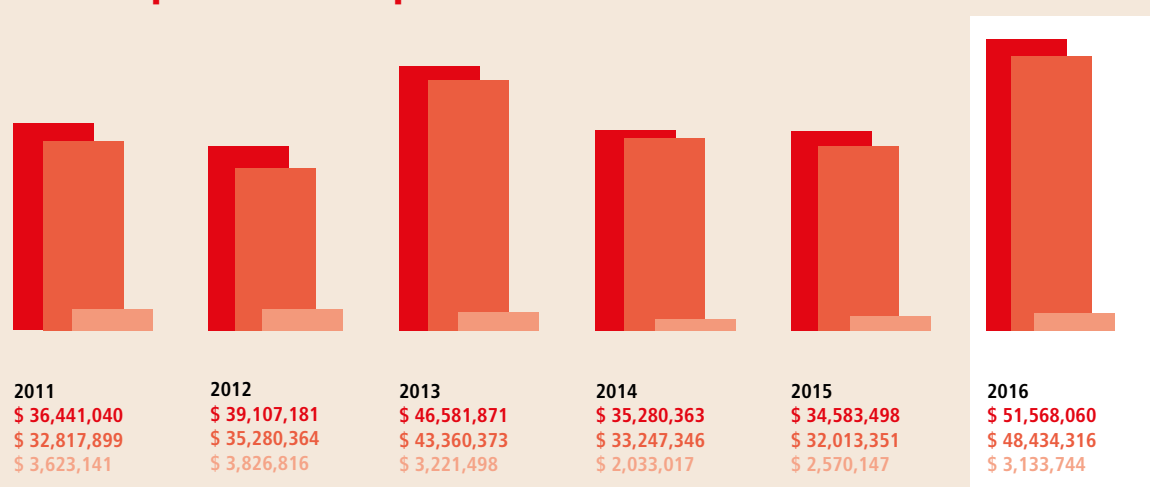
Presenting the consolidated annual accounts of Malteser International e.V. and the regional organizations Malteser International Europe and Malteser International Americas as of December 31, 2016:

Development of revenue



- Total income
- Private donations¹
- Other revenue²
- Total expenses
- Project expenses
- Management and administration costs

Development of expenses



¹ Inclusive of 'other revenue' prior to 2014

² Other revenue: unused earmarked donations from the previous year, interest, exchange gains

*European Central Bank Conversion rate: 1.0541 USD = 1 Euro as of December 31, 2016

Revenue sources

International public grants	\$ 50,374,866		International Order of Malta network	\$ 9,244,615
Germany	\$ 31,422,681		Donations and own funds	\$ 6,492,824
Federal Foreign Office	\$ 19,006,400		Other revenue	\$ 2,751,791
Federal Ministry for Economic Cooperation and Development	\$ 8,931,788			
Gesellschaft für Internationale Zusammenarbeit	\$ 3,463,444			
German Embassies	\$ 21,048			
European Union	\$ 18,018,785			
EuropeAid	\$ 15,014,600			
ECHO	\$ 2,582,545			
EU Delegation in South Sudan	\$ 421,640			
United Nations	\$ 752,986		Partnerships and donation campaigns	\$ 5,976,512
World Food Program	\$ 752,986		ADH – Germany's Relief Coalition	\$ 5,944,889
			NiN – Austria's Relief Coalition	\$ 31,623
Switzerland	\$ 69,825			
Swiss Agency for Development and Cooperation	\$ 69,825			
USA	\$ 60,270		Foundations and other NGOs	\$ 1,646,170
US Department of State	\$ 60,270		Orienthelfer e.V.	\$ 288,984
			Deutsche Bank Foundation	\$ 279,337
			Stichting Benevolentia	\$ 252,246
			Else Kröner-Fresenius-Foundation	\$ 210,820
			AMREF	\$ 157,201
			FIND	\$ 109,080
			HAMAP	\$ 107,282
			German Toilet Organization	\$ 103,819
			Save the Children	\$ 94,408
Other international contributions	\$ 50,319		Just a Drop	\$ 27,737
Global Fund	\$ 30,856		Up4change	\$ 15,256
Czech Embassy in Cambodia	\$ 19,463			

Expenses by country and continent

In 2016, we implemented more than one hundred projects in 24 countries across Africa, Asia, Europe, and the Americas. Our management costs were around 3.2 million dollars.

Asia/Middle East

Malteser International implemented nearly sixty projects in eight countries in East Asia with a total project volume of 15.9 million dollars in 2016. The majority of the projects implemented on the continent were health-oriented. These included nutrition and food security programs, as well as projects aimed at ensuring basic medical care, and making improvements to water, sanitation, and hygiene conditions. These were targeted at vulnerable segments of society including the economically disadvantaged, ethnic minorities, internally displaced persons, refugees, disabled people, and children. All of our project countries in Asia are at a higher risk of severe natural disasters. For this reason, disaster risk reduction, climate change adaptation, and capacity building for relief service providers were included in our program of activity in all of these countries.

In the Middle East, Malteser International was active in Syria, Iraq, Turkey, and Lebanon, carrying out fifteen major projects with a total project volume of 16.8 million dollars. Almost all of these projects were executed by partner organizations. Our work in the Middle East was centered on the provision of medical care for internally displaced persons and refugees in hospitals, health centers, and mobile clinics. We also developed social, educational, and psychosocial programs, and supported a school project, a community center, and an orphanage.

Africa

Our work in Africa in 2016 was concentrated in seven countries. The financial volume of our projects in Africa rose to around 10.1 million dollars, compared to eight million in 2015. This increase was for the most part due to the ongoing famine in East Africa, the effects of which could already be felt in 2016 as increasingly long periods of drought in Kenya led to starvation and a loss of livestock. Our work was therefore focused on supplying water and basic food items. Other factors exacerbated the problems caused by the drought: civil war flared up again in South Sudan and forced tens of thousands

of people to flee their homes. Massive inflation made it almost impossible for the people of South Sudan to buy food, and most locals were unable to farm. Even the eastern DR Congo, where many people depend on humanitarian aid themselves, has taken in large numbers of refugees from South Sudan. As a result, most of our work was focused on providing emergency aid and support for refugees.

The Americas

Hurricane Matthew in October 2016 ravaged parts of Colombia and Haiti. Malteser International has been active in both countries for several years, and we were able to provide rapid emergency assistance to help people rebuild their livelihoods. A significant part of our total project volume in the Americas – just over 1.1 million dollars – was applied in Colombia, where our work centered on supporting people who had been repeatedly forced from their homes. These displaced people received training in sustainable practices like beekeeping and crop cultivation. In Haiti, we worked to promote healthy hygiene conditions and create opportunities for urban agriculture in the slums of Cité Soleil.

Our work in Latin America in 2016 was focused on climate change adaptation, activities in the health sector, and WASH measures.

Europe

Our projects for Europe expended 3.2 million dollars in 2016 – one million more than in 2015. A large proportion of this budget went into financing our flood relief activities in Germany. We offered psychosocial support for internally displaced persons in Kiev, Luhansk, and Donetsk in cooperation with the Ukrainian association of the Order of Malta. After the severe earthquakes in Italy, our emergency response team assisted the Order of Malta's Italian relief service CISOM in its aid measures for the affected population. In 2016, Malteser Germany's financial support for the Order of Malta relief services in Eastern Europe was booked through Malteser International for the last time.

Management and administrative costs in dollars: 3,133,744 (2015: 2,570,147)

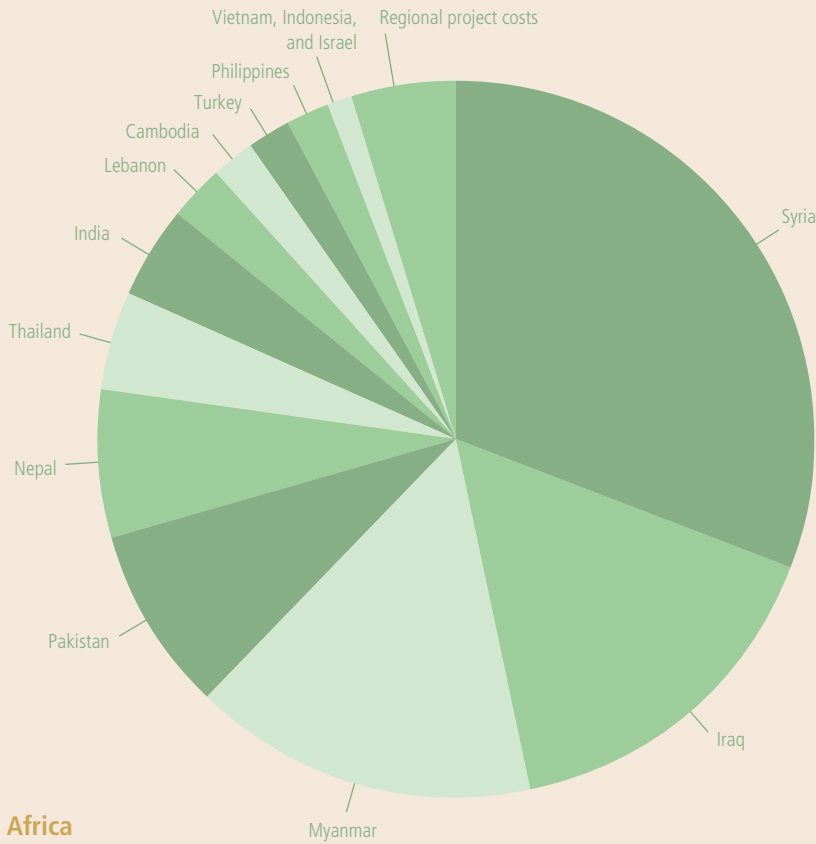
Asia

\$ 32,769,144

Previous year \$ 19,465,675

Syria	\$ 10,180,036
Iraq	\$ 5,190,253
Myanmar	\$ 5,039,953
Pakistan	\$ 2,771,464
Nepal	\$ 2,167,788
Thailand	\$ 1,482,346
India	\$ 1,338,448
Lebanon	\$ 791,829
Cambodia	\$ 692,857
Turkey	\$ 635,639
Philippines	\$ 568,057
Vietnam	\$ 346,249
Indonesia ¹	\$ 19,489
Israel ¹	\$ 4,216

Regional project costs **\$ 1,540,520**



Africa

\$ 10,085,421

Previous year \$ 8,506,907

DR Congo	\$ 3,507,846
South Sudan	\$ 2,717,184
Kenya	\$ 2,158,349
Uganda	\$ 812,688
Tanzania	\$ 207,694
Guinea	\$ 17,360
Burkina Faso ¹	\$ 8,763

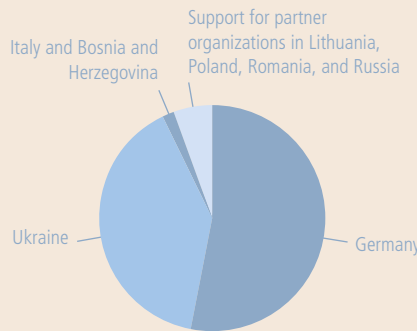
Regional project costs **\$ 655,537**

Europe

\$ 3,259,573

Previous year 2,570,147 \$

Germany	\$ 1,695,237
Ukraine	\$ 1,263,002
Bosnia and Herzegovina	\$ 2,403
Emergency relief for Italy	\$ 53,879
Support for partner organizations in Lithuania, Poland, Romania and Russia	\$ 173,256
Regional project costs	\$ 71,796

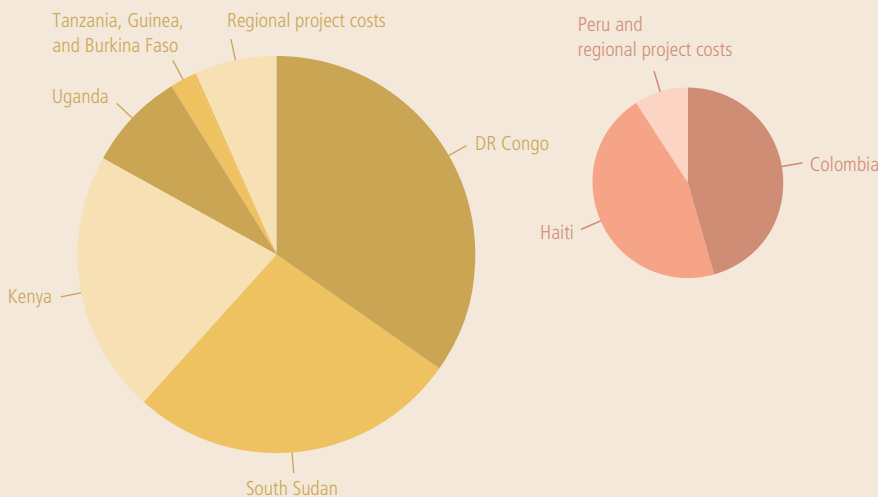


Americas

\$ 2,320,176

Previous year \$ 1,944,438

Colombia	\$ 1,060,163
Haiti	\$ 1,052,981
Peru	\$ 6,405
Regional project costs	\$ 200,627



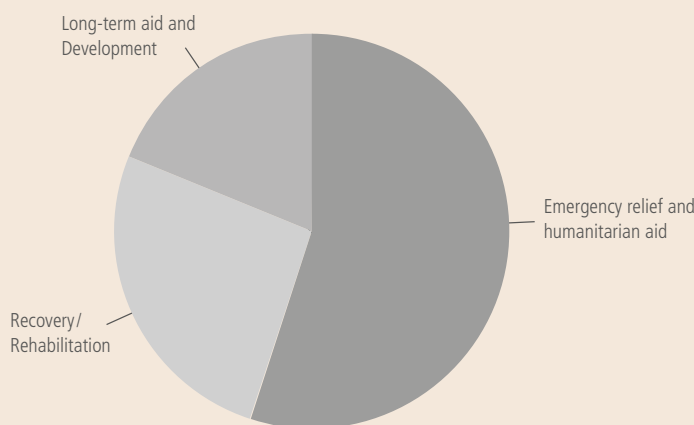
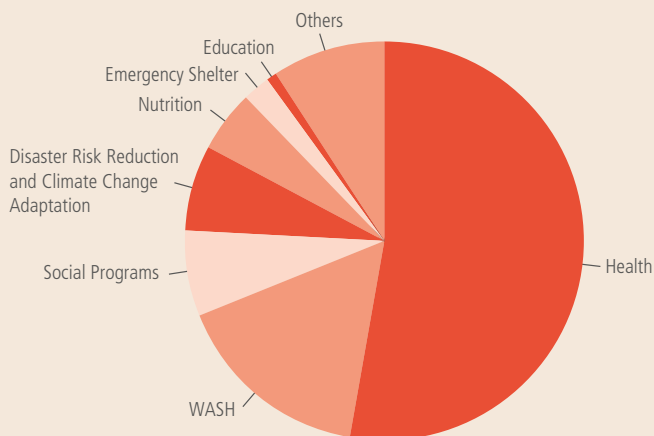
¹ Follow-up costs from projects in previous years

Rounded numbers. The listed program volumes correspond to the amounts booked in the 2016 annual accounts and thus do not reflect the actual outflow of funds for multi-annual projects.

Expenses by sector and phase of relief

Sectors

Health	53 %
WASH	16 %
Social Programs	7 %
Disaster Risk Reduction and Climate Change Adaptation	7 %
Nutrition	5 %
Emergency Shelter	2 %
Education	1 %
Others	9 %



Relief phases

Emergency relief and humanitarian aid	55 %
Recovery/Rehabilitation	26 %
Long-term aid and Development	19 %

Projects in the field of health remain among our core activities and accounted for 53 percent of our total project volume in 2016. Because health conditions are closely linked to a population's food and nutrition situation, access to clean drinking water, and hygiene conditions, we pursue a holistic approach to our goal of improving health. In 2016, projects in the field of WASH (Water, Sanitation, and Hygiene) and Food Security respectively made up 16 percent and 5 percent of our total project volume.

In response to the increasing number of extreme weather events caused by climate change we have continued to implement projects in disaster risk-reduction

and climate change adaptation, primarily in cooperation with local organizations. By helping them to recognize and prepare for risks such as floods or drought they are able to develop emergency response and evacuation plans for use in the event of a natural disaster.

More than half of our total volume in 2016 was allotted to emergency relief. The ongoing crisis in the Middle East was a major contributing factor to this situation. While 26 percent of our project volume was dedicated to recovery and rehabilitation, 18 percent of our funds went into long-term investment in the form of development.

2016 Donors

We gratefully acknowledge all of our generous contributors who have supported the work of Malteser International Americas. We would also like to extend our appreciation to the many individuals, families, Order of Malta members, and organizations who have donated their time to supporting our programs worldwide. Thanks

to your generosity, we are able to provide much needed assistance to vulnerable families across the globe, helping them lead a healthy life filled with dignity. Although we have made every effort to ensure that all names are listed correctly, please be sure to bring any errors or omissions to the attention at contact@malteser-international.org.

Up to \$ 1,000				
Albert J. and Elizabeth Abram	Charles Holden	Alice Smith, DM		
Maria V. Acosta-Rua, DM	John J. Hurley, KM	Christopher Smith		
AmazonSmile Foundation	Joan Hutton	David Smith		
Kevin M. Bannon, KM	James and Kathryn Coyne Janz	Matthew Soileau		
Fr. James Baron	Diane Catella Jandiorio	Catherine Stevenson		
Terrance Barry, KM	Justin Janecka	John Summers		
Charles Bauermann	Alonso Jaramillo	James W. Taneyhill, KM		
Jean-Pierre Berliet, KM and Martine Berliet	Zhang Jing	William Terheyden, KM		
Thomas Bidwill	Jane Johnston	Carol Treventi		
Mr. Michael Blach, KM and Margaret Blach	Nandor Katai	Rosemary Tureau		
William Bobowicz, Jr.	Mark Kelly	Mary Kristin Van Mol		
Charles and Eileen Bremer	Daniel Krieger, KM	Andrew Vissicchio, KM and Patricia Vissicchio, DM		
J.H. Brewer	Thomas Kroeger, KM and Christine Kroeger, DM	Christopher Watt		
Kate Britton Giaimo	Lawrence A. Lanctot, KM and Lelia Lanctot	Donna Wellington		
Donald Brotherman, MD, KM	Richard and Ilona Landfield	Charlotte Williams		
William F. Brusher, KM and Teresa A. Brusher	Raymond and Mary Larose	John Wilmsen, KM and Elizabeth Wilmsen, DM		
James Butler	Paul Lawless KM and Lynn Lawless, DM	Donald and Cynthia Wilson, AUX		
Judy Cascales	Margaret Licosati	Christopher Winkelmann, KM		
Hoi Cheong	Michael Lindner	Harry W. Witt, KM		
John Christian	Miguel Lis-Planells, KM	Christopher Woodard		
William Christie, KM and Maryann Christie, DM	Bob & Linda Lowe			
Albert R. Counselman, KM	William and Christine Lytton	\$ 1,001 – \$ 4,999		
Anna Czech	Brent Mackintosh	Guadalupe Alcocer		
Edward J. Delaney, KM	William Maggio, KM and Eileen Maggio, DM	Catherine Bonnici		
David Dempsey, KM	Donat Marchand, KM and Janet C. Marchand	John Given, MD, KM and Margaret Given, DM		
Robert Dempsey	Geraldine McComb	Timothy Gunderman, KM and Kathleen Gunderman		
Eugene DeMuro, KM and Joanne DeMuro, DM	Regine Metellus	Nicholas Herrmann		
Keila Diaz	Anthony and Rosalie Molinaro	Richard Kelly, KM		
Bernard DiFiore, KM and Anne DiFiore, DM	Aaron Moore	Charles Mifsud, KM		
Joshua Dill	Madeleine Mueller, DM	Paul and Barbara Regan Family Fund		
Christopher Eck	Barbara P. Murphy, DM	Ted Paul Milos		
Ralph Loren Eisendecker	Daniel and Jane Neufelder	Mr. Boyd E. Sharp, Jr. KM		
Elizabeth Elwood, DM	Edward and Sara J. Nowak	Major General (Ret.) Thomas Wessels, KMOB		
William English	Daniel Olarte Betancur	Dorothy Zolandz, DM		
Peter and Ellen Fallon	Frank A. Orban III, KM			
Ann Farah	Tammy Palmerston	\$ 5,000 – \$ 9,999		
Santiago Fonseca	Joseph and Valerie Pecora	William and Laura Bean		
Christine Fortunato	Sebastian Pernet	Edward J. Hartnett, KM and Mary Hartnett		
Moya B. Gallagher	Scott and Letitia Peyton	The Winifred & William O'Reilly Foundation		
Michael William Gambone	John Pikarski, KM and Sandra Pikarski			
Margo Geddie, DM	Jack Pohrer, GCM	\$ 10,000 – \$ 49,999		
Jack Gibbons, KM and Kathleen Gibbons, DM	Warren Powers, KM	Conrad N. Hilton Foundation		
Edward and Sara M. Golden	David and Joanne Preng	Global Fund for Forgotten People		
Frank S. Grass, KM	Robert M. Randolph	Marisel Wilbur and Thomas Wilbur, KM		
Paul Griffin, KM and Gloria Griffin, DM	William V. Regan III, KM and Ann W. Regan			
Corey Grimley, KM	Kenneth Requa	\$ 50,000 – \$ 250,000		
Michael Grimshaw, KM and Cindy F. Grimshaw, DM	Chloe Rice	Dan Murphy Foundation		
Russel Haas	Daniel Rowan, KM	Anonymous		
Halprin Family Foundation	Jose Ignacio Ruiz de Alegria	Anonymous		
Jefferey Hanan, KM and Beth Hanan, DM	Chris Rutkowski, KM and June Rutkowski			
Isabelle Harnoncourt	Gabriel Alonso Sanchez			
Thomas Havey	Louis Schmitt, Jr., KM and Martha A. Schmitt			
Henrietta Heywood	Charles and Sally Scholz			
	Mark Slukich			

Annual accounts 2016

Consolidated balance sheet as of 31 December 2016

Assets	31.12.2016 USD	Previous year USD
A. Fixed assets		
I. Intangible assets		
Purchased software	2,735.20	4,298.13
II. Tangible assets		
Other equipment, operating and business equipment	180,651.72	180,326.75
	183,386.92	184,624.88
B. Current assets		
I. Receivables and other assets		
1. Trade receivables	38,433.91	47,493.07
2. Receivables from related corporate entities	3,939,620.45	2,879,293.29
3. Receivables from Malteser Hilfsdienst e.V. - internal -	4,141,209.36	9,312,544.27
4. Other assets	41,657,590.40	19,203,908.85
	49,776,854.13	31,443,239.48
II. Cash in hand, bank balances, and checks	15,496,768.28	11,024,817.30
	65,273,623.40	42,468,056.78
C. Accrued and deferred income	179,446.32	68,441.73
	65,636,4569.64	42,721,123.40

Equity and liabilities	31.12.2016 USD	Previous year USD
A. Equity		
I. Assets of the association	3,839,149.51	1,811,739.87
II. Equity difference resulting from currency conversion	-7,151.97	-2,584.20
III. Surplus	1,295,402.99	2,021,576.36
	5,127,400.53	3,830,732.03
B. Accrued liabilities – other accrued liabilities	1,217,311.90	399,166.27
C. Liabilities		
1. Trade payables	455,831.27	652,602.75
2. Liabilities to related corporations	2,619.22	4,447.57
3. Liabilities to Malteser Hilfsdienst e.V. - internal -	1,553,203.69	2,131,629.91
4. Liabilities on assigned revenue	45,837,976.75	31,448,078.91
5. Other liabilities	11,442,112.57	4,254,465.96
	65,636,456.64	42,721,123.40

Income Statement from 1 January to 31 December 2016

	2016 USD	Previous year USD
1. Revenue	73,593.00	7,469.26
2. Other operating income	67,158,312.64	40,137,193.26
3. Cost of materials		
a) Cost of raw materials, consumables and supply of purchased merchandise	6,131,333.42	5,611,332.14
b) Cost of purchased services	2,798,240.19	1,483,833.35
4. Personnel expenditures		
a) Wages and salaries	13,159,418.13	9,964,332.25
b) Social security contributions, and expenditures for retirement benefits	921,581.90	904,751.65
5. Addition of unused designated donations to the liabilities	45,825,386.61	31,363,511.17
6. Income from the release of liabilities	31,446,688.42	27,883,347.99
7. Depreciation and amortization of intangible assets, property, plant and equipment	145,746.18	135,852.77
8. Other operating costs	28,335,953.82	16,490,538.08
9. Other interest and similar income	10,256.20	23,286.91
10. Interest and similar expenses	4,020.75	5,682.05
11. Result from ordinary activities	1,367,169.26	2,091,463.97
12. Other taxes	71,766.28	69,887.61
13. Annual surplus	1,295,402.98	2,021,576.36

Notes on the income statement for Malteser International for the fiscal year 2016.

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

- The activities of Malteser International are as a rule financed by donations or public grants. The service charges referred to here as **revenue** are of negligible volume.
- Donations and grants are subsumed into the figure for **other operating income**. For the most part, this refers to earmarked donations and grants which must be used for designated projects. These funds come from public donors in Germany, the EU, and other countries, as well as from private donors (see also the diagram Revenue Sources on p. 53). They are supplemented by unearmarked donations, which can be used freely without reference to a particular designation.
- Donations are expended in the course of our work on **material costs** such as medical and aid supplies, or payment of building contractors in reconstruction projects.
- We require local and international staff to carry out and coordinate our aid projects. These costs can be seen under the item **personnel expenses**. This includes a proportion of costs for personnel administration.
- In the relevant fiscal year, the liability for these unused donations leads to the **expenses due to addition to liabilities related to earmarked donations**.
- Our aid projects often have a duration of more than one year. Earmarked donations that cannot be completely used during the course of the relevant fiscal year are included as liabilities related to earmarked allocations. When the project is continued in the following year, this liability is resolved. This leads to the **income from release of liabilities related to earmarked allocations** seen in the statement.
- Planned and regular **amortization and write-downs** of intangible assets and depreciation and write-downs of property, plant, and equipment are shown here.
- A number of items are included under **other operating expenses**. Among these are, for example, direct project costs, such as support of project partners, vehicle expenses, cost of premises, cost of maintenance and repair; indirect project costs such as communications and coordination, as well as IT infrastructure and finance management. In 2016, the share of administrative expenses was less than 10 percent of total expenditure.
- Funds that are not needed for aid activities in the short term are deposited. The resulting interest and income from securities can be seen under **other interest and similar income**.
- Interest and similar expenses** are as a rule the result of project funds not being disbursed in a timely fashion.
- The result from ordinary activities** is the result before taxes.
- Other taxes** are most often due to tax legislation in project countries.
- As the income statement shows, Malteser International was able to record a **surplus** for the fiscal year 2016.

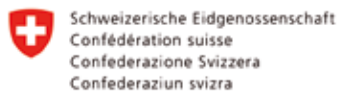
Thank you to our supporters!

Our work would be impossible without the support of our donors and partners. We would like to give our most sincere thanks to all of the institutional and private donors, school classes, local and international partners, as well as to the associations and organizations of the Order of Malta who made a valuable contribution to providing fast, effective, and sustainable relief for people in need by supporting Malteser International in 2016!

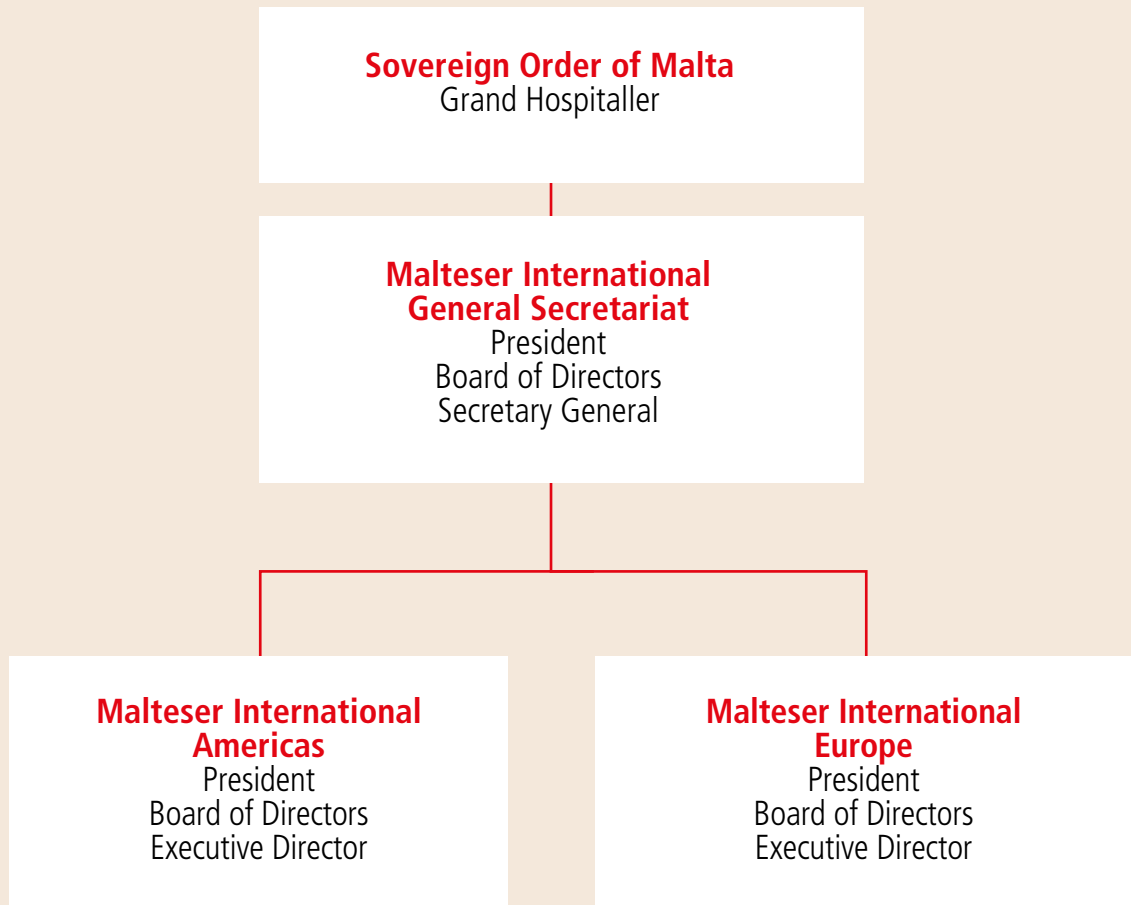
Here is an overview of the huge variety of donors and partners that gave us their valuable support in 2016:

Dan Murphy Foundation





Our structures



The current membership of Malteser International consists of 27 National Associations and Pories of the Order of Malta, who actively support the organization within their jurisdictions. Currently, both regional branches in Europe and the Americas serve as associate members. Their representatives, together with the Board of Directors, the Grand Hospitaller of the Order of Malta, the Chaplain, the Secretary General, and the Vice-Secretary General form the General Assembly: the organization's highest decision-making body. The General Assembly is responsible for electing and discharging the Board of Directors, accepting the annual accounts, and ordering financial audits, as well as passing amendments to the by-laws. The President convokes the General Assembly once a year.

The Board of Directors, which is elected for a four-year term, consists of the President, the Vice-President, the Treasurer, and up to two additional elected members, as well as representatives from the regional branches in Europe and the Americas, and from the Asia-Pacific region. The Board of Directors works on a purely voluntary basis, and is responsible for approving the financial plans and the annual budget, as well as commissioning the financial auditing of the annual accounts. The Board of Directors bears the overall responsibility for the organization's operative tasks. The salaried Secretary General manages the organization's General Secretariat. He is responsible for the operational management activities in line with the financial plan and the annual budget.

Malteser International – a work of the Sovereign Order of Malta

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



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

The Order – whose seat is in Rome – has diplomatic relations with 106 states, as well as observer status at the United Nations, and representative missions to a range of European and international organizations. This network allows the Order and its agencies to rapidly provide aid during crises and disasters around the world. The Embassies of the Order also have the mission of supporting the activities of the national associations of the Order, and of Malteser International. The Order is neutral, impartial, and apolitical.

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Malteser International Member Associations and Pories (as of June 2017)

www.malteser-international.org

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United Kingdom	Portugal	Western Association

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





We thank all of the donors,
supporters and partners who
helped us to bring health and
dignity to people in need all
over the world in 2016.

www.orderofmaltarelief.org