



**Malteser
International**
Order of Malta Worldwide Relief

2018

Annual Report

2018: Our aid in numbers

5,600

malnourished children under the age of five received supplementary nutrition and a chance for a healthy and better future.

62,000

people were able to fundamentally improve their nutritional situation thanks to our school gardens and programs on sustainable farming.

214,000

people received emergency supplies including water, toiletries, and household items.

355,000

people were given access to clean water.

1.5 million

refugees and displaced persons benefited from our projects worldwide.

2 million

sick people received medical treatment from our health facilities and partner organizations.

(rounded figures)

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Humanitarian response:

Prepared to save lives, now and in the future

In 2018, Malteser International Americas supported relief efforts on U.S soil following Hurricanes Michael and Florence, as well as provided life-saving aid to refugees at the Colombian-Venezuelan border. Globally, our Malteser International colleagues responded to various emergencies across the world, working at the most fundamental level to save lives and alleviate suffering. The year also saw us make improvements that have put our relief teams on very strong footing going forward.



Natural disasters have become more frequent, resulting in widespread destruction. Indonesia was hit by two tsunamis in 2018.

PHOTO: YAKKUM

“Every humanitarian emergency presents aid workers with new challenges”

By Oliver Hochedez,
Emergency Relief
Coordinator at
Malteser International



On September 28, 2018, an earthquake struck the Indonesian island of Sulawesi and triggered a three-meter-high tsunami that impacted the coastal areas of Central Sulawesi, including Palu City. The following Monday, the Indonesian government requested international assistance, and 48 hours later Malteser International's emergency relief team was on its way to Jakarta to coordinate measures with local authorities and other organizations on the ground.

The case of Indonesia is a good example of how emergency assistance should work today – and indeed, how it should not. Three days after our team of experts arrived in Jakarta, we knew our own team would not be sent to the affected region, but instead would work together with a local partner organization.

Efficient relief through international networks

Before such a decision is taken, the question as to how well the emergency aid structures are set up in the country itself must be addressed. When there are adequate response capacities in place, as was the case in Indonesia, our subsidiarity principle of promoting self-help and supporting local partner organizations comes to the fore. Local organizations and their networks, knowledge, and experience provide a useful foundation on which an efficient emergency response can be built. The task falls on us to select suitable partners, advise them, and provide them with immediate financial aid and relief supplies to support their efforts. Following the earthquake and tsunami in Indonesia, we were able to draw on proven partnerships from previous years to help rehabilitate major health facilities that had been destroyed, while delivering life-saving aid to those affected.

In addition to the close cooperation with our partners, local authorities and international organizations, our affiliation with the worldwide network of the Order of Malta plays a key role in our emergency aid activities. The Philippine Association of the Order of Malta, for example, has been a reliable partner for quite a number of relief measures in the country, including our joint relief measures after Typhoon Mangkhut in September 2018. Malteser International and the Order of Malta worked together to distribute relief supplies to families who had lost everything in the catastrophe.

Where local capacities are insufficient to handle emergencies, additional resources from international aid organizations become necessary to save lives. In cases like these, our first step is to send a team to carry out an assessment of the needs of people affected. This is followed by careful planning and coordination of subsequent relief measures. In many cases, local collaboration on the



Our humanitarian assistance in Colombia provided life-saving medical care to Venezuelan refugees.
PHOTO: FLORIAN KOPP

ground occurs through close coordination with the national government and United Nations agencies.

Constant improvement

When a disaster strikes or an outbreak flares, the more effective the response, the better the outcome. Emergency relief missions do not only ensure survival in the wake of humanitarian emergencies. If properly coordinated and adapted to real needs, they can play an important role in the development of the country affected. To maintain the level of professionalism and flexibility required to deliver high-quality, lifesaving assistance to people in need around the world, Malteser International continues to develop its emergency response capacity.

In November 2018, Malteser International's emergency team classified as "Emergency Medical Team (EMT) Fixed 1". The EMT classification mechanism launched in 2016 and managed by the World Health Organization (WHO) is a process where emergency medical teams sign up to be mentored and eventually classified as internationally deployable following disasters, disease outbreaks, and other emergencies.

The landmark achievement came after more than two years of careful planning, preparation, training and review by the WHO as well as a verification site visit and simulation exercises, during which Malteser International's team successfully demonstrated its abilities to provide rapid relief in emergencies. As the 22nd organization in the world to qualify for the WHO's EMT classification, we are now part of the WHO's global registry and can be requested to respond to emergencies around the world. Our EMT is ready to deploy within

72 hours from pre-alert, operate self-sufficiently, and treat at least 100 patients with injuries or basic health-care needs per day.

Pool of Experts

Every humanitarian emergency presents aid workers with new challenges. As a part of our commitment to placing the needs of those affected first, we strive to ensure flexibility in our response – especially in the critical first hours and days after a natural or man-made disaster. For this reason, Malteser International maintains a Pool of Experts, allowing us to quickly put together a suitable response team in the way that best suits communities affected during emergencies.

The Pool of Experts offers health professionals, water and hygiene specialists, as well as logisticians and other members of the public with different areas of expertise an opportunity to use their competencies and knowledge to save lives during emergencies. Regular trainings on emergency assistance help our experts to keep their knowledge about international relief up to date and to test their skills in emergency situations.

Malteser International EMT

- 22nd EMT in the world
- EMT „Type 1 Fixed“: Outpatient emergency care for at least 100 patients per day
- Two to three weeks of deployment

We are expanding our pool of experts – to include medical personnel, communications and development professionals, humanitarian aid workers, and more. Interested? Find out more:
✉ Email: contact@malteser-international.org

Examples of our global relief operations in 2018



Emergency aid for displaced people in South Sudan

Despite several peace deals, violence has continued in South Sudan and displaced millions of people. We provided access to clean drinking water and sanitation for displaced people and raised awareness about vital hygiene practices. We also worked with them on sustainable agriculture, providing them with know-how, tools and seeds to secure their nutrition. Pupils received regular school meals and severely vulnerable people received cash assistance.



Hurricane relief in the United States

Hurricanes Florence and Michael battered coastal communities in North Carolina and Florida. Malteser International Americas provided financial assistance to ensure the most vulnerable had access to clean drinking water and food.



Hunger relief in Haiti

In one of the poorest countries in the Western Hemisphere, already vulnerable people continue to face acute poverty, worsened by a political crisis. We helped children and families to achieve food and nutrition security through community gardens, agricultural support, home gardens, cash-for-work programs, distribution of seeds, and skills training.



Emergency aid for Venezuelan refugees

Faced with an economic crisis in their homeland, more than one million Venezuelans fled to neighboring Colombia, overwhelming the country's health services. We responded by supporting Colombia's medical emergency services and provided medical aid to severely malnourished persons and those who suffered illnesses and injuries while seeking refuge. We also distributed hygiene items and cash assistance.



Ebola emergency relief in DR Congo

The Democratic Republic of Congo suffered two major outbreaks of the Ebola virus in 2018. As part of our intervention, we focused on providing relevant information on how to protect oneself through the media. We trained medical personnel and equipped them with protective equipment and procured a mobile unit to effectively quarantine suspected cases.

Emergency medical aid in Syria

Public health systems have collapsed in Syria as a result of years of conflict. Through our local partner organizations, we continued to provide emergency medical care in 2018 for Syrians who have remained in the country and suffered war injuries or are chronically ill.



Typhoon emergency aid in the Philippines

After the devastating typhoon Mangkhut in the north of the Philippines, Malteser International teams quickly mobilized with the Philippine Association of the Order of Malta, local dioceses and local administrations of the affected communities, to distribute food and other relief supplies to children, the elderly and members of ethnic minorities.



Emergency aid after floods in Myanmar

In July 2018, more than 158,000 people were forced to leave their homes after severe monsoon flooding in Myanmar. Malteser International staff distributed food and emergency kits to people in the worst affected areas of Kayin State. The kits included mosquito nets, soap, cooking pots and other essential utensils.



Tsunami emergency aid in Indonesia

Indonesia suffered two fatal tsunamis in 2018 within a very short period of time. We provided support for our Indonesian partner organizations to provide relief for particularly vulnerable households who had lost everything. We also worked to repair health stations.



Recovery: A new chapter in Iraq

Since the summer of 2018, Malteser International has provided support for Iraqis to rebuild their lives after years of displacement and conflict. The project aims to give the people of Iraq a real perspective for a better future in their home country.



Two Iraqi children playing in a village in the Nineveh Plains.
PHOTO: EVA-LOTTA SCHIERMEYER

“Sustainable recovery in Iraq can only be achieved if reconciliation takes center stage”

Nearly four years of intensive combat operations left an enormous toll in Iraq; thousands of civilians lost their lives and millions fled their homes. While the defeat of ISIS in December 2017 by the Government of Iraq and its allies opened the door to a new era, security concerns and humanitarian needs continue to pose challenges in the country. “Despite these difficulties, people in many parts of the country are rebuilding their lives,” says Ingo Radtke, Malteser International’s Secretary General. “They are once more looking into the future with optimism.”

According to United Nations Office for the Coordination of Humanitarian Affairs (OCHA), some four million people have returned to their homes.

A homecoming is not complete without peace, jobs, or an education

“Our reconstruction efforts are particularly focused on the Nineveh Plains of northern Iraq, where we have designed a multifaceted program to provide the people of the region a real perspective after their return,” says Radtke. The program encompasses solutions for the problem areas of housing, income, education, and social

Iraq: Return to the Nineveh Plains

All the obstacles to returning:

Housing	Income	Education	Social Situation	Future Perspectives
Many houses were damaged or destroyed during the years of conflict. Many returnees have no money to repair their homes.	After the war, livelihoods and sources of income were depleted.	Many schools were destroyed in the war and the training of teachers does not meet the special requirements of traumatized children.	Socio-cultural and religious tensions among different population groups still exist.	Young people from all population groups do not see any prospects for themselves.

Our aid package incorporates extensive measures to restore the Nineveh Plains:

Reconstruction & Rehabilitation	Employment & Economic Development	School & Education	Community & Reconciliation	Leisure & Training
We are repairing damaged homes.	We are making seed capital available to local businesses and offering entrepreneurs business coaching.	We are repairing and upgrading school buildings.	We have set up community centers.	We are building youth centers and sports facilities.
We are rebuilding completely destroyed houses.	We are restoring agricultural units such as poultry farms and olive and fruit farms.	Our training for teachers focuses on psychosocial help and peaceful conflict resolution.	We organize cultural events where groups can get to know each other and exchange ideas.	We provide further education for the young people in areas such as information technology, English language, and modern agriculture.
We are working closely with homeowners and communities.	We are providing further training for craftsmen and farmers.	We provide a tutoring service for children and young people.	Our further learning programs enable people from different communities to learn new things together.	
	We are rehabilitating water sources and irrigation systems.			

Emergency aid and reconstruction in Iraq



Our goals in 2018:

Ensuring basic medical care for displaced persons, enabling them to return to their home communities

Our achievements:

182,068 treatments were carried out in our health facilities. Our humanitarian aid reached 59,242 refugees and displaced persons. We began the reconstruction of 887 houses and 3 kindergartens in the Nineveh Plains

Our donors:

German Federal Ministry for Economic Cooperation and Development, German Federal Foreign Office, Aktion Deutschland Hilft, Seliger Gerhard Foundation

Our partners:

Al Mustaqbal Foundation, Critical Needs Support Foundation, Doctors Aid Medical Activities, Directorate of Health in Duhok, Mercy Hands for Humanitarian Aid and three local church partners

cohesion. “Rehabilitated houses will only remain bricks and mortar if there is no life and community in them. It was therefore important for us to work together with the people on finding out what they needed for a successful homecoming,” says Radtke.

Malteser International’s activities range from the reconstruction of damaged or completely destroyed homes to assisting small and medium-sized businesses to make a fresh start and creating jobs through training centers. As home to various ethnic and religious groups, the Nineveh Plains have long been fraught with ethnic tensions. That is why, we have included a component of social cohesion into the program. “A sustainable rehabilitation of northern Iraq can only be possible if reconciliation is at the heart of our efforts, with all members of the population benefiting from our program,” Radtke says. “We have erected community spaces and youth centers that provide an avenue for intercultural exchange, sports and leisure activities as well as vocational training. This is our way of helping them overcome old misgivings and build new friendships.”

Malteser International also provides financial and legal support for those returning, including legal advice for victims of sexual violence, advice on property rights or missing documents, and sensitization on fundamental rights. Furthermore, our teams offer psychosocial support given to victims of trauma, especially women and children.

The program was jointly initiated by Malteser International and Aid to Church in Need (ACN) in Germany, a Pontifical Foundation of the Catholic Church dedicated to the service of persecuted Christians around the world. “Seeing how positively the people in the Nineveh Plains feel about our work is particularly pleasing,” says Philipp Ozores, Secretary General of ACN in Germany, expressing his satisfaction

at the positive developments in the region. “The main concern of Aid to Church in Need is a peaceful future in the Nineveh Plains that can ensure that persecuted Christians are protected. For us, Malteser International represents a partner that can address the challenges in the region in all their complexity, especially through its expertise and commitment in facilitating interreligious dialogue.”

The long road back to a normal life

Malteser International’s work continues to address the humanitarian challenges of those in need. In 2018, Malteser International continued to provide urgently needed medical services in camps in the Kurdish city of Dohuk, reaching internally displaced persons for whom a return was still implausible. “While initial reports from the Nineveh Plains have been positive, recovery from the scars left by years of violent conflict in Iraq is a long way off,” says Radtke. “The feedback from the Muslim communities we work with has left me with a positive feeling. They told us, they were particularly happy to receive help from a Christian organization. This has inspired a new hope in them; religious tolerance can be possible.”



“People had a perfectly normal life – just like us”

Eva-Lotta Schiermeyer, Malteser International’s Program Manager for Iraq, is responsible for the development and implementation of our Nineveh restoration program. She has been involved with the program from the very start and shares her personal experiences of the region in this interview.

Thousands of people were displaced from the Nineveh Plains during the occupation of the so-called Islamic State (IS). In 2018, Malteser International set out to assist them in their return to their homeland.

T **The Nineveh Plains saw great devastation during the years of conflict: What was it like for you to travel to an area that was almost completely destroyed by war?**

Eva-Lotta Schiermeyer: Until my first trip to Iraq, war was just an abstract term from history lessons, black-and-white movies, and my grandmother’s stories. But walking through the destroyed houses in the villages and towns of the Nineveh Plains for the first time, I suddenly became aware of the violence that occurred there and how terrible the consequences must have been for the people. The devastation I could see with my own eyes was still recent. I saw charred toys, dishes, hair dryers – everything that indicated a normal life for the inhabitants, just as we know it. I wondered whether the people had survived the attacks and how much time the families had to flee their homes.

Malteser International, together with Aid to the Church in Need and the German Federal Government, has launched a comprehensive program for the restoration of the Nineveh Plains. What goals are we pursuing in the region?

ELS: We hope that our efforts will encourage as many people as possible to return to their homeland and settle there again in the long term. At the beginning, we looked at why those who were displaced stayed away. The destruction of their homes was of course a major reason. But there are also no schools and kindergartens, no job prospects for young people, no income opportunities, no community centers and no spaces for encounters. Years of hostility between the many ethnic and religious groups in the region meant that we had to try and develop solutions for all these problems.

What is it that makes the program stand out for you?

ELS: What makes the program stand out for me is that we have been able to develop a multi-sectoral mix of activities that brings together solutions for all these different issues. In addition to constructing houses, we are also offering people services to help them re-establish their livelihoods, provide for their families and give their children a good education. We encourage intercultural leisure activities, such as joint courses, to promote peaceful coexistence between communities. Our measures are intended to provide lasting incentives so that returnees can once again feel at home in their ancestral lands. We involve them directly in all our activities. For example, they help to rebuild houses, community centers and water canals in their home towns and get paid for their efforts. The cash-for-work measures are already giving them a sense of ownership and identity.

How do you decide on the allocation of financial resources?

ELS: The funds available to a community for the construction of houses are limited. As a rule, we can only repair part of the houses. Using a vulnerability index, we try to identify the most vulnerable households in a community. These are mostly widows, elderly people, families with relatives with disabilities or families with many children and low incomes. The next question becomes in what order the repairs should be planned: Are we, for example, to repair homes with less damage or homes that have been completely destroyed? In one region we were able to let the communities make these decisions themselves. In our opinion, their participation and early assumption of responsibility are important if the project is to be well received and successful in the long term.

What particular challenges have you faced during implementation of the program?

ELS: There are so many challenges and new are constantly coming up! For instance, one community refused our assistance. Their reason: the fact that not all the houses could be repaired would cause an imbalance in the social fabric of their society. It worried me that we could no longer be of help to the households in the community. To give them help would correspond to my personal understanding of social justice. Nevertheless, I had to accept the decision of the community and its idea of justice. I found solace in realizing that the solidarity by which they live would not allow weak members of their community to be left behind.



Malteser International's Eva-Lotta Schiermeyer with Yezidi women who were forced to flee their homes during the war.

Malteser International is working with local partners. What does this cooperation look like?

ELS: (Laughs) Without our partners we would be nothing! It is nice to see how cordial the working relationships here are and how committed organizations from various sectors are to the restoration project, even if there are sometimes frustrating periods for them. Our partners share their experiences during our cross-sector workshops. These workshops remind them once again that they are making an important contribution to a bigger picture and that is a very important motivation for all of us.

Malteser International is helping to restore 2,200 houses in the Nineveh Plains of northern Iraq.





Development: Global goals, local solutions

Malteser International is committed to improving the lives of people in need around the world. We are seeking out new partnerships, strengthening existing ones, and increasing our organization's cross-sectoral work. Our aim is to contribute to the achievement of the Sustainable Development Goals (SDGs).



In many remote areas of Myanmar, traditional birth attendants, like Mu Paw Whaw from Htee Le Do village, play an important role in childbirth.

PHOTO: JANA AŠENBRENEROVÁ



By Sid Peruvemba,
Program Director at
Malteser International

“There is no getting around fostering self-determination and autonomy”

More than before in recent history, global dynamics are driven by insecurity, forced migration, and economic inequality, as well as by a changing environment and increasing natural hazards. The international aid system is responding with an array of possible solutions, yet their impact remains largely superficial. While there is a strong demand for them, the complexity and ambition of global strategies are often lost in a system characterized by lack of funding and absence of political will. Malteser International is itself part of this complex aid system, which is why we have set about the task of redefining our contributions to international aid by working with excellence, sincerity, and empathy.

Our climate is changing around the globe. This process is advancing ever more rapidly, more visibly, and more alarmingly. The changing environment is contributing to an increase in extreme weather events, increasing the vulnerability of already disadvantaged populations. At the same time, the issue of forced displacement and migration has gained traction in recent years, with alarming numbers of people on the move every year. In 2018, an unprecedented 68.5 million people around the world were fleeing from their homes – that is more than the population of France.

The reasons for this development go far beyond the usual narrative of “fleeing war and violence” as is the major reason for displacement in the conflict regions of

the Middle East. In the vast majority of cases, it is the result of a complex interplay between political, social, economic and ecological factors. It is estimated that a million Venezuelans have fled to neighboring Colombia, where Malteser International Americas is present, because of oppression, starvation, and economic turmoil. Millions of people are on the run from persecution because of their religion, ethnic background, political or sexual orientation, while others have been displaced by catastrophic drought and flooding. Addressing the causes of forced displacement requires action against these factors. This can only be achieved through a sound political framework and strong human rights policies, with humanitarian actors serving as catalysts at best. Their core mandate remains the alleviation of human suffering and the negative impacts of displacement.

As local as possible ...

Developing nations host over 80 percent of the world's refugees and almost all internally displaced persons live in the poorest countries. There is no denying the link between poverty and displacement. While national governments shouldn't have to bear the sole responsibility of providing long-term prospects for people on the run, they have a special role to play. Isolated aid intervention alone will not have the desired impact. The only way to bring about these prospects will be to combine national action and international support with an economic, social, environmental and security policy that has been tested in development policy terms.

It is also the case that key responders to displacement include a wide range of actors from the Global South, including local faith communities, civil society organizations, regional and national institutions. In recent years – and especially since the 2016 World Humanitarian Summit in Istanbul – the 'localization of aid' has become prominent in discussions about responses to current humanitarian challenges. Working with and strengthening local capacities has risen high on Malteser International's agenda and a core part of its strategy. In most of our project countries, it is the local partner organizations that make our assistance possible and translate it into concrete action. These actors are often the first responders when crises hit; they are best placed to provide timely, cost-effective and appropriate humanitarian assistance. They also remain on the ground before, during and after the crisis.

Despite this much articulated fact, grassroots organizations are far from being accorded the status, freedom of choice, or funding to which they should be entitled. There remains a huge divide along the lines of power and finances. At times, local actors reach the limits of their capacity and are incapable of acting neutrally in conflict situations, there is nonetheless no getting around localization, i.e. fostering self-determination



and autonomy. By ensuring that solutions to problems are proffered by the people closest to the issues on the ground, and only intervening when absolutely necessary, we stay true to our commitment to subsidiarity.

For us, subsidiarity is not just a humanitarian concept but at its core a proven principle of modern society, a technical and moral project reaching far beyond a strategy on localization. We will continue to advocate more self-determination and autonomy for people on the ground. The future will see us transfer processes to our project locations and ensure that those who benefit from our work not only have a say, but also make decisions.

... As international as necessary

Sometimes crises or natural disasters can be so huge that even countries with good response plans and crisis intervention mechanisms are unable to cope on their own. In these cases, efforts from international experts to assist local emergency forces can help ease human suffering. We are constantly expanding our emergency response capabilities and developing centralized and regional frameworks, contributing to preparedness efforts of national actors. In cooperation with the German Federal Foreign Office, we have launched the first cross-border program in Africa to make emergency aid in particularly vulnerable regions more efficient in the long term.

Our partnership with grassroots medical organizations in Iraq is an example of our commitment to localization.

PHOTO: EMILY KINSKEY

At the same time, we are increasingly involved in collaborative efforts with the United Nations. In times of ever- more complex crises, the coordination and cooperation of all humanitarian aid actors will become increasingly important. This also includes firmly consolidating existing partnerships and alliances with local institutions in order to be able to react quickly in the event of a crisis. The better the coordination mechanisms work, the more efficient the aid for people in need.

Rethinking new ways for national and international cooperation

To increase our positive impact for the future, we will continue to look for new ways and partnerships for its work. In Uganda Malteser International launched a pilot project in cooperation with a social enterprise, which aims to not only reduce the environmental impact of the region through the use of carbon-neutral construction materials, but also to offer future prospects and jobs to refugees and youth in Uganda.

SUSTAINABLE DEVELOPMENT GOALS



The Sustainable Development Goals (SDGs) define global priorities and aspirations to achieve a better and more sustainable future for all.

Agenda 2030: 17 goals for a better future

More than 90 percent of the people we work with are affected by economic fragility, violent conflicts, natural disasters, and structural problems. The 2030 Agenda for Sustainable Development, which was adopted in September 2015 by the member states of the United Nations, is an action plan for people, planet and prosperity. Of the 17 goals, we are most committed to ending poverty and hunger in all their manifestations, promoting a peaceful and inclusive society, ensuring good health and well-being as well as clean water and sanitation for all.

Our efforts in long-term development are guided by these goals. Please see pages 23 and 26 for more information on how we contribute to the SDGs 3 and 6; good health and well-being, and clean water and sanitation for all respectively.

While the current global situation is a difficult one, it presents us with a window of opportunity to secure the gains of the past years and reach towards further success in the years to come. Malteser International's global strategy will undergo developments to help us adapt to the changing role of international non-governmental organizations and meet the challenges of a rapidly changing aid landscape. I personally look forward to these challenges with the certainty that we at Malteser International will do everything in our power to continue to put people in need at the center of our work.



“Good health and well-being for all”

Daw Ka Let Tal's baby was born in one of our supported healthcare facilities in Myanmar.

PHOTO:
JANA AŠENBRENNEŘOVÁ

Goal 3 of the Sustainable Development Goals (SDGs) aspires to “ensure healthy lives and promote well-being for all at all ages.” Through our numerous projects worldwide, Malteser International is making every effort to help reach these objectives. In Myanmar, for instance, we are building health networks in the most remote areas of the country to improve healthcare, especially for pregnant women, mothers, and children.



Ending preventable maternal and neonatal mortality remains a crucial indicator under Goal 3 of the SDGs. Although progress has been made in many places, huge geographic inequalities persist and many women around the world continue to die needlessly from pregnancy-related

complications and health conditions aggravated by childbirth. In 2015, while about 21 maternal deaths and 786 neonatal deaths were recorded in Spain, 1,700 women in Myanmar died while giving birth and 23,869 newborns did not survive their first month.

Poor health infrastructure, poverty and lack of hygiene

“The majority of these deaths are preventable,” says Maren Paech, Program Manager for Myanmar at Malteser International. “Despite efforts by the Myanmar Ministry of Health and Sports to improve access to healthcare for everyone in the country, many remote regions face significant difficulty accessing adequate medical services. In many places, people who need medical care have to walk several hours to reach a health facility. Oftentimes these facilities are inaccessible during monsoon season.”

Many households also have no access to safe drinking water and sanitary facilities. The result is the widespread practice of open defecation, which contributes to the transmission of diseases such as diarrhea, one of the leading causes of infant deaths in Myanmar.



Dr. Khine Ei Ei Hein
Project Manager in
Kayin State

“The people in our project areas are actively involved in shaping our healthcare programs.”

Whereas the direct causes of maternal deaths stem from obstetric complications of pregnancy, socioeconomic factors like poverty and illiteracy are also inextricably linked to poor health. Most people in Myanmar’s rural regions live below the poverty line. A significant number of women cannot afford a medical examination and illiteracy rates are very high in these regions. With 135 officially recognized ethnic groups in Myanmar, language and cultural barriers additionally complicate access to healthcare. As a consequence, there is little knowledge of pregnancy risks and preventive practices in villages. Many mothers are also not aware of the benefits of breastfeeding or the importance of appropriate nutrition for the healthy development of their children.

Women in remote areas mostly rely on traditional birth attendants (TBAs) for help during childbirth. However, despite the long years of experience of many TBAs, their lack of knowledge regarding important

hygiene measures and danger signs in pregnancy and childbirth which require referral as well as their overreliance on traditional practices can sometimes be risky to women.



Khin Saw Wai
Assistant Program Coordinator
in Rakhine State

“Our emergency referral system has already saved the lives of countless mothers and children.”

Primary healthcare services

“When we launched our maternal-child programs in Myanmar, we designed action plans based on the global approach to Primary Healthcare for three regions. Our aim was to strengthen and complement the existing structures of local health authorities,” says Paech. “Together with the Ministry of Health and Ethnic Health Organizations, we are helping to bolster the country’s capacity to combat the main causes of maternal, child and infant mortality: To this end, we are building and equipping health centers and providing support in the training and further education of health workers as well as in vaccination campaigns.”

At the grassroots, we are supporting the training of community health workers and local auxiliary midwives, who form an integral part of the village health system. In turn, they provide health education by sharing their knowledge of good hygiene practices and infant nutrition with villagers, serving as an essential intermediary between the communities and the public health service providers.

Complementing these activities, we support the establishment of village health committees and mother-support groups. These groups can initiate a referral mechanism in the event of medical complications, facilitating emergency transport of pregnant women and newborns to the nearest healthcare facility or hospital. According to Khin Saw Wai, Malteser International’s Assistant Program Coordinator in Rakhine State, the

referral mechanism has helped prevent life-threatening situations and saved the lives of countless women and children.

Traditional birth attendants continue to play an important role in childbirth. We also train them to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period. These Trained TBAs (TTBA) are also able to use our “Clean Delivery Kits”, which contain essential materials to ensure a safe delivery in cases of emergency. Regular meetings bring together all those engaged in community health to discuss the current state of affairs and build synergies. We are also installing water points and supporting households in the construction of latrines. “By providing clean water and sanitation, we can make a significant contribution to improving health and quality of life,” explains Paech.

Active participation and functioning networks

From the very beginning, it was particularly important for us to create a sustainable knowledge sharing culture within the communities. “We have always seen the people we serve as experts of their lives. We make sure to proactively listen to their perspectives and support them to make decisions about what they need to improve their lives,” says Paech.

The increased awareness of community health issues and active participation lead to a strengthened health-care system at the village and township level, with both levels complementing each other and functioning in a network.

In this process, we ensure that existing cultural structures are not undermined. Traditional birth attendants (TBAs) continue to retain their role as important confidants for pregnant women and young mothers. This time, however, they are better trained to support public auxiliary midwives who are responsible for maternal and infant health in the villages.

“In Kayin State, our strategy of community participation has enabled people to play an active role in shaping our healthcare programs and their future,” says Dr. Khine Ei Ei Hein, Project Manager in Kayin State. Our activities

Improving health in Myanmar’s rural communities



Our Goals 2018: Strengthening medical care infrastructure and community-based health networks as well as ensuring access to drinking water and sanitation for rural communities.

Our achievement: Medical care for 25,801 people in our health facilities. Construction of ten new health centers and rehabilitation of two existing ones. Access to clean water for 25,319 people.

Donors: German Federal Foreign Office, Federal Ministry for Economic Cooperation and Development (BMZ), Deutsche Gesellschaft für internationale Zusammenarbeit (GIZ), Global Fund, UNICEF

Partners: Local health authorities and municipalities

in the region have demonstrably had positive impact. In 2018, 32 percent of surveyed mothers attended the recommended two ante-natal and one post-natal care sessions, compared to 15.7 percent in 2014. Also, 25 percent of women had trained health personnel attend their deliveries in 2018, when the project started in 2014, the figure stood at a mere 7.3 percent.

“These findings have strengthened our commitment,” says Paech. “Reaching the economic, environmental and social goals of Agenda 2030 depends on having a thriving and healthy human population. Together with our partners, we want to continue to advance these positive developments in the coming years in order to sustainably improve the lives of people in rural and remote areas of Myanmar.”

Reducing maternal and neonatal mortality rates by 2030

	Spain (Population: 46 million)	Myanmar (Population: 52 million)	Agenda 2030 Target
Neonatal mortality rate in 2015	786 (1.9 per 1,000 live births)	23,869 (25.3 per 1,000 live births)	12 per 1,000 live births per year across all countries
Maternal mortality ratio in 2015	21 (5 per 100,000 live births)	1,700 (178 pper 100,000 live births)	70 per 100,000 live births per year

A comparison between Spain and Myanmar highlights global disparities in maternal and neonatal mortality rates.

SOURCE: UNICEF



“Prevention is better than cure” – Safe drinking water can curb the spread of diseases

The global community is committed to delivering Sustainable Development Goal 6, “ensuring availability and sustainable management of water and sanitation for all, by the year 2030.” Arno Coerver, Global WASH Advisor for Malteser International, explains how our work contributes to the achievement of this goal.

PHOTO: INDIA, CARMEN WOLF

6 CLEAN WATER
AND SANITATION



W

Why is WASH (Water, Sanitation & Hygiene) so important in humanitarian aid and development cooperation?

Arno Coerver: Access to clean water, sanitation and hygiene is important because it has a significant impact on the health of many people. At Malteser International, we have always placed great priority on improving health. Adequate access to water and sanitation services is an effective way of preventing disease: prevention is always better than cure! This is particularly true for people living in regions where healthcare is inadequate or often non-existent.

Why are there still so many people without access to clean water?

AC: Many people around the world rely on groundwater. These water sources can be polluted and unsuitable for drinking as a result of high population pressure. As the world’s population grows, the demand for water mounts and pressure on finite water resources intensifies. Climate change is also affecting rainfall patterns, which means areas with limited water sources are at risk of drought. People in these regions, especially women and girls, often have to walk many miles to find drinking water.

According to the United Nations, more than 80 percent of countries have insufficient financial resources to meet their national water, sanitation and sanitation targets. In addition to the unavailable funding, there is often a lack of technical know-how to independently develop central water supply and reliable sanitation systems.

Dirty water can be deadly to Children

Every day, 700 children under the age of five die from preventable diseases linked to unsafe water.

→ People urgently need clean water, sanitation and soap to stay healthy.

SOURCE: UNICEF, 2018

How does Malteser International contribute to better water supply and sanitation for people in need?

AC: We are primarily concerned with people who are least able to help themselves; children, women, elderly people, people with disabilities and refugees. Much of our work is technical in nature. We develop new water supply systems for people in need and rehabilitate existing ones. These include boreholes, taps, and rainwater harvesting systems. In Haiti for example, we just completed the construction of a latrines and an aqueduct for disadvantaged communities in slums. This technical part is complemented with 'soft' measures, such as training on good hygiene and maintenance of the water supply systems.

Improving access to safe water and sanitation facilities leads to healthier families and communities. However, knowledge of good hygiene practices is equally important to maintain a healthy life. For many poor people, some hygiene practices may be unfamiliar. That is why we engage in effective hygiene promotion. For instance, we are cooperating with schools to integrate hygiene education into their lessons. We also work with the German Toilet Organization, which has produced great resources for hygiene education. We are supporting the gradual implementation of strategies designed to improve water supplies, sanitation and hygiene in schools by using the "Fit for School" approach designed by the German Corporation for International Cooperation.

Water and Sanitation Inequality

- 2.1 billion people around the world do not have access to clean water
- 4.5 billion people have no access to sanitation
- 73% of people in the least developed countries do not have soap

→ Malteser International is working to achieve #Water4All

SOURCE: UNITED NATIONS, 2018



Arno Coerver is our Global WASH Advisor and helps our project regions to implement strong and sustainable WASH (water, sanitation and hygiene) programs

Do you believe the global community will reach its WASH sustainable development goal by 2030?

AC: The goals are indeed ambitious and require constant efforts from all sides. But we are making important progress from year to year, and that is something that makes me feel positive.

Malteser International Americas completed work on an aqueduct in Haiti that provides safe drinking water to about 16,000 people by means of a gravity-fed network of 17 water kiosks, supplied by more than over 12 miles of pipes and four storage and treatment tanks. The aqueduct is run by a local committee.

In Nigeria, we are providing people displaced by the Boko Haram conflict with clean drinking water.

PHOTO: EMILY KINSKEY





New partnerships for sustainable and innovative solutions

A zero-carbon classroom under construction at Rhino Refugee Settlement in Uganda. The paneling is made from rice husks.

PHOTO: NYOKABI KAHURA

With rising concerns about youth unemployment, acute poverty, and inclusive growth in Africa, Malteser International is committed to identifying and forging new partnerships and pilot initiatives to help develop fragile communities on the continent over the long-term. Through our partnership with a social enterprise in Uganda, we are promoting locally-driven, market-oriented solutions to achieve social and environmental objectives in the country.

Uganda is home to some 1.3 million refugees, majority of whom have fled violent conflict in neighboring South Sudan. Uganda's refugee policies has been touted as one of the most progressive in the world, with freedom of movement, work rights, and land officially set aside for refugees to cultivate. However, the arrival of refugees has had a strong impact on the environment and the labor market of the country. A high demand for construction timber and firewood for new settlements has resulted in massive environmental degradation as millions of trees have been cut down. The influx could also worsen the situation of youth unemployment and put pressure on an already poor social infrastructure, threatening social cohesion and future economic growth in the country.

Strengthening the economy with carbon-saving construction

Together, Malteser International and Impact Building Solutions Foundation (IBSF), a Ugandan social enterprise, are committed to tackling these challenges. IBSF specializes in eco-friendly building materials, including strawboard panels manufactured from compressed rice straw, one of the world's largest bio-waste crops.

Many farmers in Uganda cultivate rice as a staple food. It is estimated that every ton of rice grown creates 500 pounds of rice husk and straw. As a result, most farmers tend to burn the straw in open fields, causing air pollution and serious health problems. By turning this organic waste into construction materials, our partnership not only helps to provide zero-carbon building

alternatives to the traditional fired brick devastating Ugandan forests, but also promotes a circular economy in the region and creates a new supply chain that increases income for local farmers. The production of the strawboard panels in turn creates jobs and training opportunities. As part of our efforts to improve the social infrastructure, we are planning additional construction projects based on this eco-friendly material

Creating prospects, enabling innovation

“Malteser International’s regional strategy in Africa also focuses on empowering youth for employment through improved vocational training and increasing employment opportunities,” says Roland Hansen, Head of the Africa Department at Malteser International. “Within the framework of our partnership in Uganda, we are providing job skills training for young people including refugees and developing upskilling programs in cooperation with technical colleges in the country.” This is in line with the Uganda Skills Development Project (USDP), a national action plan aimed at creating employable skills relevant to the labor market and enhancing the capacity of institutions to deliver demand-driven training programs in the construction, manufacturing and agriculture sectors. The resulting jobs and associated opportunities provide benefits for both workers at IBSF and young people around the region.

Maintaining and improving innovations like the sustainable carbon-saving construction is impossible without adequate scientific research. We are therefore facilitating exchange between tertiary institutions in Germany and the renowned Makerere University in Kampala. IBSF has also helped erect a center for Sustainable Construction and Research within Makerere University campus to promote further research into eco-friendly building techniques and materials.

Supporting social enterprises – a new paradigm in response to crises

Malteser International has always recognized multi-stakeholder partnerships as uniquely powerful forces for spurring positive social development. “Social businesses can fill a gap delivering services in places where the public and private sectors have not succeeded, helping us reach the most vulnerable people in the countries we work in,” says Matthias Witt, Head of Malteser International’s Business Development Unit in Africa. In 2000, Malteser partnered with the Diocese of Mahagi-Nioka in DR Congo and the National Bureau of Medical Services to establish a pharmaceutical warehouse to cater to the health needs of the population. Six years later, the initiative *Centrale D’Achat Et D’Approvisionnement En Médicaments Essentiels Du Nord-Ituri Et Haut Uélé* (CAAMENIHU) was founded on the basis of the warehouse. Today, CAAMENIHU

Uganda: Refugee assistance and development of social infrastructure



Our Goals in 2018: Improved living conditions for South Sudanese refugees, social infrastructure and job creation through carbon-neutral construction

Our achievements: We provided 50,000 people with access to clean drinking water every day, distributed menstrual kits to 842 girls in 4 schools, planted 100,000 seedlings to prevent desertification and soil erosion, erected classroom blocks at Rhino High School and a project office in Rhino Camp using zero-carbon materials, improved income opportunities for 300 rice farmers.

Partners: IBSF, Makerere University Kampala

is a successful non-profit social enterprise, providing nearly four million people in rural DR Congo access to essential medicines and medical consumables at affordable prices.

Our work with social businesses is at the very core of a new movement to integrate social aims with profits, and the successes in DR Congo and Uganda are encouraging us to continue along this path. Beyond the existing limitations of traditional aid, Malteser International sees the real power of these cross-sectoral partnerships in creating jobs, building resilience, promoting innovation, and spurring economic revival in disadvantaged regions.



Matthias Witt
Head of Business Development Unit in Africa,
Malteser International

“Social businesses can fill a gap delivering services in places where the public and private sectors have not succeeded, helping us reach the most vulnerable people in the countries we work in.”

Program Overview 2018: Africa

Total expenditure in dollars: 24,112,969 | previous year: 17,078,201
(including other funds from contracts already booked in the previous year)

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
Burundi ³ 706,472	1	<p>Bujumbura and Ngozi: – Support for two children’s homes, including psychosocial and legal assistance with the aim of bringing children back to their families</p> <p>Rutana, Makamba and Muyinga: – Improving access to psychosocial and psychiatric care</p> <p>Rumonge: – Establishment of a youth network and improvement of health care for less privileged groups</p> <p>Bubanza: – Expansion of drinking water supply and improvement of hygiene, and preparation for renewed cholera outbreaks</p>	AA, Stiftung Seliger Gerhard	Fondation Stamm and ADP, CNPK, Croix Rouge
DR Congo ^{1,3} 7,543,606	8	<p>Ituri, Haut-Uélé and Kasai-Central provinces: – Strengthening the health system by improving medical care in 12 health zones – Improving the water, sanitation and hygiene conditions of the population with a special focus on prevention of epidemics and rapid response to outbreaks – Healthcare services, treatment of acute malnutrition and provision of water for internally displaced persons, refugees from Southern Sudan and host communities – Preparing the health system for an Ebola outbreak – Support for a research project on nodding disease</p> <p>Bas-Uélé Province: – Strengthening the health system through better access to health services and improved quality of medical care in two health zones in the northern Bondo Territory – Preparing healthcare providers for possible epidemics and ensuring greater responsiveness in the event of an outbreak – Healthcare services and treatment of acute malnutrition for refugees from the Central African Republic</p>	AA, ADH, BMZ, Euro-peAid, Stiftung Seliger Gerhard, University of Antwerp	CAAMENIHU, EUP FASS, local health authorities, state health centers and hospitals
Guinea ¹ 63,646	1	– Improving access to healthcare services in Central Guinea and epidemic prevention in the wake of the Ebola crisis	BMZ, ADH	AMALTE Guinée
Kenya/ Ethiopia ^{1,3} 2,714,789	7	<p>Marsabit County: – Climate change adaptation and resource conservation for semi-nomadic pastoralists in particularly dry areas – Drought relief for semi-nomadic pastoralists in particularly dry areas</p> <p>Marsabit County / Kenya and Omorate / Ethiopia: – Cross-border assistance for improving food security and resilience of vulnerable semi-nomadic communities in drought areas in northern Kenya and southern Ethiopia</p> <p>Nairobi: – Combating tuberculosis – Improved management of non-communicable diseases in informal settlements</p> <p>Nationwide: – German-Kenyan Multi-Actor Partnership to promote less-favored health care sectors</p>	AA, ADH, AMREF, BMZ, CICF, NiN	AIHD, ECC SDCO, health authorities, KHF, AMREF, PACIDA, public and private health centers
Nigeria ^{1,3} 1,484,725	2	Borno State: – Improvement of water, sanitation and hygiene conditions for internally displaced persons and host communities	AA, Stiftung Seliger Gerhard	Caritas Nigeria

List of abbreviations

Donors:

AA: German Foreign Office (Auswärtiges Amt)
ADH: Germany’s Relief Coalition (Aktion Deutschland Hilft)
AMREF: Amref Health Africa
BMZ: German Federal Ministry for Economic Cooperation and Development (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung)
BPRM: Bureau for Population, Refugees and Migration (US Department of State)
CICF: County Innovation Challenge Fund
FAO: Food and Agriculture Organization of the United Nations
FIND: Foundation for Innovative New Diagnostics
GFFP: Global Fund For Forgotten People
NiN: Nachbar in Not, Austria
PRM: Bureau of Population, Refugees, and Migration
UNICEF: United Nations International Children’s Emergency Fund

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
South Sudan ^{1,3} 5,647,872	11	<p>Deim Zubeir:</p> <ul style="list-style-type: none"> – Emergency relief in the areas of water, sanitation and hygiene – Emergency assistance for displaced persons and those most in need through the distribution of farming tools, seeds and the provision of training in modern agricultural techniques and fishing. <p>Maridi area:</p> <ul style="list-style-type: none"> – Sustainable improvement of the quality of agricultural production to improve livelihoods for vulnerable population groups <p>Juba area:</p> <ul style="list-style-type: none"> – Improving food security in poorly resourced urban communities in Juba – Improving the food situation by providing school meals at primary schools in Lologo – Improving access to clean water, sanitation and hygiene for low-income communities and internally displaced people in Juba and the surrounding area, especially using community-based Total Sanitation Services (CLTS) approach. – Control of and research into sleeping sickness <p>Rumbek:</p> <ul style="list-style-type: none"> – Improving living conditions for people living with leprosy through agricultural support measures <p>Wau area:</p> <ul style="list-style-type: none"> – Cash assistance for particularly vulnerable groups and school meals at three primary schools in and outside camps for displaced persons – Distribution of farming tools and seeds to people most in need, and provision of training in modern agricultural techniques and fishing. – Improving agricultural practices for subsistence and profit as well as water, sanitation and hygiene measures in Bussere/Bagari, Wau County, Western Bahr el Ghazal – Sustainable improvement of food security and water supply for vulnerable populations on the outskirts of Wau – Vocational training and income-earning opportunities for populations affected by the conflicts in Wau and the Bahr el Ghazal region <p>Yei area:</p> <ul style="list-style-type: none"> – Provision of medicines and supplementary food to prevent malnutrition in vulnerable women and children – Renovation of a hospital ward serving tuberculosis patients and provision of medicines and medical supplies to support hospital – Control of and research into sleeping sickness 	AA, ADH, BMZ, FIND, FAO, GFFP, Stiftung Seliger Gerhard, UNICEF	Diocese of Wau, Mary Help Association, Department of Public Utilities, Agok Leprosy Training Center, 6 schools in Wau, local authorities, MoH, New Sudan Women Federation, RAAH, Don Bosco Vocational Training Center, CEFoRD, OPM, Catholic University, Ministry of Education
Tanzania ³ 559,046	1	<p>Kakonko district (Mtendeli & Nduta refugee camps):</p> <ul style="list-style-type: none"> – Surgery and maternity care for the refugees in the camps Nduta and Mtendeli refugee camps as well as for the host community in the Kakonko district, Kigoma region. 	AA	Tanzanian Red Cross Society, The Kolping Society of Tanzania
Uganda ^{1,3} 4,321,986	5	<p>Arua, Yumbe and Gulu districts:</p> <ul style="list-style-type: none"> – Improving health and living conditions for South Sudanese and Congolese refugees in various refugee settlements in northern Uganda by providing access to clean drinking water, setting up vegetable gardens, planting trees, establishing water committees, constructing communal latrines and distributing hygiene articles and water canisters – Improving epidemic preparedness in health centers in view of the Ebola epidemic in neighboring DR Congo – Support for sustainable maintenance of the water infrastructure in Rhino Camp, Arua District, Northern Uganda <p>Kampala:</p> <ul style="list-style-type: none"> – Supporting self-help group for mothers of children with disabilities – Reducing maternal and infant mortality and morbidity from sickle cell disease, and improving the method of diagnosis for newborns. <p>Nationwide:</p> <ul style="list-style-type: none"> – Improved emergency medical care through training of specialists and establishment of coordination mechanisms and association structures for a nationally operational ambulance service in Uganda – Improving social infrastructure, creating employment, and taking climate action through a partnership with a social enterprise to promote zero-carbon construction. 	AA, ADH, BMZ, BPRM, foundations, ZOA, Stiftung Seliger Gerhard	GoU, IBSF, Lubaga Hospital, Machnik Sickle Cell Founda- tion, MoH, Suubi Lyaffe, UNHCR

**List of abbreviations
Partners:**

ADP: Association pour le Développement et la Paix
AIHD: African Institute for Health and Development
AMREF: Amref Health Africa
CAAMENIHU: Centrale d'Achat et d'Approvisionnement en Médicaments Essentiels du Nord-Ituri et du Haut-Uélé
CEFoRD: Community Empowerment for Rehabilitation and Development
CNPK: Centre Neuro-Psychiatrique de Kamenge
DBVTC: Don Bosco Vocational Training Center
ECC SDCO: The Ethiopian Catholic Church Social and Development Commission
EUP FASS: Etablissement d'Utilité Publique – Fonds d'Achat de Services de Santé
GoU: Government of Uganda
IBSF: Impact Building Solutions Foundation
KHF: Kenyan Healthcare Federation
MoH: Ministry of Health
OPM: Office of Prime Minister, Uganda
PACIDA: Pastoralist Community Initiative Development and Assistance
RAAH: Rural Action Against Hunger
UNHCR: United Nations High Commissioner of Refugees

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

Cross-border expenses (logistics, etc.): \$ 1,070,828

Program Overview 2018: **Asia**

Total expenditure in dollars: 17,343,166 | previous year 13,416,722
(including other funds from contracts already booked in the previous year)

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
Afghanistan ³ 452,139	2	Laghman province and Kabul: – Winter relief for internally displaced persons and returning Afghan refugees – Basic medical care for host communities, internally displaced persons (IDPs) and returning Afghan refugees	AA, ADH, Gerda Henkel Foundation	Afghan Womens Association, Union Aid
Bangladesh ¹ 2,593,901	2	Cox's Bazar: – Primary health care, food security and psychosocial support for refugees and host communities	AA, ADH	GK
Cambodia ³ 69,148	2	Samrong: – Improving the health situation by strengthening self-help initiatives in the areas of water, sanitation and hygiene Siem Reap: – Improved food and livelihood security for women and children	ADH, BMZ	CHHRA, FLD
India ³ 65,074	4	Tamil Nadu: – Improving the health and education situation of vulnerable youths Rajasthan: – Ensuring food security and strengthening resilience against droughts among marginalised Dalit and indigenous communities in the Thar Desert Bihar: – Enhancing the resilience of flood-affected communities along the Koshi River through water, sanitation and hygiene measures, as well as disaster preparedness Kerala: – Emergency relief and recovery for flood-affected families through construction of houses and distribution of household items	ADH, BMZ, foundation grants	Pro-Vision, UNNATI – Organization for Development Education, SSK, Catholic Diocese of Muvattupuzha
Indonesia ³ 481,768	1	Central Sulawesi: – Emergency relief and reconstruction for communities affected by tsunami and earthquake	ADH, State Chancellery of NRW, Germany	YAKKUM
Myanmar ¹ 6,551,387	18	Northern and Central Rakhine States: – Emergency relief supplies of household goods and cash – Primary health care with a focus on maternal and infant health, prevention and treatment of malaria and tuberculosis, emergency referrals – Strengthening resilience through health and hygiene measures, water and sanitation, Disaster Risk management, and capacity development of local partners – Disaster preparedness in communities and schools, climate change adaptation, restoration and rehabilitation of mangrove ecosystem, and community empowerment – Rehabilitation of health centers, construction of schools, latrines, evacuation routes Kayin State: – Improved access to primary healthcare services focusing on maternal and infant health, water, sanitation and hygiene – Emergency relief and rehabilitation of educational facilities in communities affected by flooding – Active inclusion of people with disabilities in disaster preparedness processes at regional, national and local levels – Improving access to health and sanitation facilities and promoting an inclusive peace process Shan State and Wa-Self-Administered Division: – Prevention and treatment of malaria, HIV/AIDS and tuberculosis in cooperation with the local health authorities – Construction of healthcare centers – Improving maternal and infant health through better nutrition – Promoting sustainable fish farming – Support for children in the first 1,000 days of their lives to reduce malnourishment	AA, ADH, BMZ, GF, GIZ, UNICEF, UN OCHA, WFP, WorldFish	CERA, KDN, KDHW, MILI, Sisters of the Good Shepherd

List of abbreviations

Donors:

AA: German Foreign Office (Auswärtiges Amt)
ADH: Germany's Relief Coalition (Aktion Deutschland Hilft)
BMZ: German Federal Ministry for Economic Cooperation and Development (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung)
GF: The Global Fund
GIZ: German Corporation for International Cooperation GmbH
UNICEF: United Nations International Children's Emergency Fund
UN OCHA: United Nations Office for the Coordination of Humanitarian Affairs
WCFF: World Child Future Foundation
WFP: World Food Programme

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
Nepal ¹ 896,466	3	<p>Sindhupalchowk, Kavrepalanchowk and Nuwakot:</p> <ul style="list-style-type: none"> – Supporting the rehabilitation of earthquake-affected communities and strengthening their resilience to future disasters through the restoration of water, sanitation and hygiene facilities, hygiene promotion campaigns, reconstruction of houses and health centers, disaster preparedness and psychosocial support in health centers, schools and communities <p>Sunsari District:</p> <ul style="list-style-type: none"> – Assistance for communities affected by flooding along the Koshi River in the areas of water, sanitation and hygiene 	ADH, BMZ	RSDC, CDECF, Koshish, ICSC
Pakistan ¹ 2,612,966	4	<p>Khyber Pakhtunkhwa Province (KP), Peshawar:</p> <ul style="list-style-type: none"> – Health and nutrition services for internally displaced persons, Afghan refugees and host communities <p>Khyber Pakhtunkhwa Province (KP), Swat:</p> <ul style="list-style-type: none"> – Improving living conditions in rural communities <p>Sindh Province, Thatta District:</p> <ul style="list-style-type: none"> – Strengthening resilience through disaster preparedness in coastal communities – Enhancing resilience in the areas of health, water, sanitation, hygiene and nutrition in coastal communities 	AA, ADH, BMZ	PFF, HUIRA
Philippines ^{1,2} 994,699	8	<p>Northern Samar/ Visayas Province:</p> <ul style="list-style-type: none"> – Inclusive disaster preparedness in coastal communities often affected by typhoons and support in the areas of water, sanitation and hygiene. – Strengthening the capacities of diocesan volunteers in disaster preparedness and in the areas of water, sanitation and hygiene – Improvement of accessibility to water, sanitation and hygiene facilities in schools and evacuation centers – Strengthening communities to improve the water, sanitation and hygiene situation with a special focus on waste management, increasing the participation of people with disabilities in the communities <p>Albay/Luzon Province:</p> <ul style="list-style-type: none"> – Emergency relief supplies for people affected by the Mayon volcano eruption, including food, hygiene articles and household items <p>Marawi City/Mindanao:</p> <ul style="list-style-type: none"> – Emergency assistance for people affected by armed conflict in the form of clean drinking water and sanitation, hygiene products and psychosocial support <p>Cagayan province, Luzon:</p> <ul style="list-style-type: none"> – Typhoon Mangkhut emergency relief supplies of food, hygiene and household articles <p>Benguet/Luzon Province:</p> <ul style="list-style-type: none"> – Improving access to clean drinking water and sanitation, hygiene awareness activities and disaster preparedness 	AA, ADH, private donors	DSAC Catarman, Order of Malta Philippines
Thailand ¹ 1,566,169	3	<p>Mae Hong Son province:</p> <ul style="list-style-type: none"> – Curative and preventive healthcare and capacity building for refugees from Myanmar and host communities on the Thai-Myanmar Border – Healthcare services, water, sanitation and hygiene measures, preparing refugees for return through capacity development and training – Providing dental healthcare services and pediatric care 	ADH, Dr. Ulrich Reiter, Else Kröner-Fresenius-Foundation, EuropeAid, Thai.Ger, WCFF	HI
Vietnam ¹ 289,261	3	<p>Hanoi, Quang Tri and Quang Ngai:</p> <ul style="list-style-type: none"> – Widening participation of persons with disabilities in community-based disaster risk management <p>Quang Nam:</p> <ul style="list-style-type: none"> – Strengthening healthcare in Nam Tra My district by providing equipment for two clinics – Construction of a primary school library 	BMZ, German Consulate State of Ho-Chi-Minh	DMC, DoLISA Quang Tri, Nam Tra My District Health Center

**List of abbreviations
Partners:**

CDECF: Community Development and Environment Conservation Forum
CERA: Community Empowerment and Resilience Association
CHHRA: Cambodian Health and Human Rights Alliance
DMC: National Disaster Management Committee
DoLISA: Department of Labour, Invalids and Social Affairs
DPO: Disabled People Organization
DSAC: Diocese Social Action Center Catarman
FLD: Farmer Livelihood Development
GK: Gonoshastaya Kendra
HI: Humanity and Inclusion
HUIRA: Holistic Understanding for Justified Research and Action
ICSC: Indrawatee Community Service Centre
KDHW: Karen Department of Health and Welfare
KDN: Karen Development Network
MILU: Myanmar Independent Living Initiative
PFF: Pakistan Fisherfolk Forum
RSDC: Rural Self-reliance Development Centre
SSK: Sabhaghi Shikshan Kendra
YAKKUM: Yayasan Kristen untuk Kesehatan Umum

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

Cross-border expenses (logistics, etc.): \$ 770,189

Program Overview 2018: **Middle East**

Total expenditure in dollars: 20,554,797 | previous year: 14,627,425
(including other funds from contracts already booked in the previous year)

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
Iraq ^{1,3} 12,496,401	2	<p>Dohuk:</p> <ul style="list-style-type: none"> – Primary healthcare services for internally displaced people and the host communities affected by conflict through health centers inside camps and mobile clinics – Supply of medicines and medical equipment for healthcare facilities – Providing psychosocial and employment support for women dealing with war trauma and members of communities affected by conflict respectively <p>Nineveh:</p> <ul style="list-style-type: none"> – Medical aid for internally displaced persons, returnees and host communities affected by conflict through mobile medical teams and primary health care in refugee camps – Immunization and food security measures for children – Reconstruction of a primary healthcare unit and training of medical personnel – Cash assistance and support through an advisory and service network for people affected by conflict – Assisted return of displaced persons to their homelands (Start of program components) – Repair and reconstruction of devastated homes for returnees – Rehabilitation and reconstruction of kindergartens 	AA, ADH, BMZ	AMF, DAMA, DoH Dohuk, Mercy Hands for Humanitarian Aid, Local Reconstruction Committees of the Syrian Catholic Church, Syrian Orthodox Church and the Chaldean Catholic Church, CAPNI, CNSF
Lebanon ³ 456,956	3	<p>North Lebanon:</p> <ul style="list-style-type: none"> – Providing primary healthcare services for Syrian refugees and vulnerable Lebanese communities through mobile medical teams – Rehabilitation of a basic health centre with attached medical laboratory <p>Bekaa:</p> <ul style="list-style-type: none"> – Improved access to primary and secondary healthcare services for residents, and refugees in Deir-El-Ahmar 	AA, BMZ	Lebanese Association of the Order of Malta
Syria ³ 5,122,048	3	<p>Northwest Syria:</p> <ul style="list-style-type: none"> – Providing primary and secondary healthcare services in three hospitals, 11 basic health centers, two blood banks, and two clinics for children with thalassemia – A medical oxygen production facility – Reconstruction of four basic health centers – Provision of clean drinking water and distribution of hygiene supplies as well as organizing effective waste disposal and septic tank clean-up in two camps for displaced persons 	AA, ADH, BMZ	IDA, MFRD, Hand in Hand for Aid and Development
Turkey ³ 1,607,978	5	<p>Gaziantep:</p> <ul style="list-style-type: none"> – Strengthening resilience of Syrian refugees through outpatient rehabilitation measures and psychosocial support for persons with physical challenges, disabilities from war injuries, and their families as well as working to strengthen Syrian civil society in Turkey – Developing the capacities of the Syrian partner organizations, integrating qualified Syrian personnel into the Turkish labor market <p>Reyhanli:</p> <ul style="list-style-type: none"> – Day care center for Syrian refugee children including comprehensive care services, both in health and education, supply of clothing and school materials, organization of leisure activities and provision of psychosocial care. <p>Istanbul (Küçükçekmece and Fatih):</p> <ul style="list-style-type: none"> – Operation of two informal training centres for Syrian refugees in the districts Küçükçekmece and Fatih: vocational and general training courses, psychosocial support for course participants and career guidance counselling for jobseeking Syrians in Turkey <p>Kilis:</p> <ul style="list-style-type: none"> – Operation of a Community Center with a special focus on women, offering job qualification training for Syrians including language courses and career counselling services as well as further education to help them integrate into the Turkish labour market, psychosocial support services, recreational activities for women of the local host community and Syrian immigrants to foster social cohesion 	BMZ, NiN, Gerda Henkel Foundation	MFRD, The Orient Face, IDA

List of abbreviations
Donors:

AA: German Foreign Office (Auswärtiges Amt)
ADH: Germany's Relief Coalition (Aktion Deutschland Hilft)
BMZ: German Federal Ministry for Economic Cooperation and Development (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung)
NiN: Nachbar in Not, Austria

List of abbreviations
Partners:

AMF: Al-Mustaqbal Foundation for Development
CAPNI: Christian Aid Program – Nohadra – Iraq
CNSF: Critical Needs Support Foundation
DAMA: Doctors Aid Medical Activities
DoH Dohuk: Directorate of Health
IDA: Independent Doctors Association
MFRD: Maram Foundation for Relief and Development

Cross-border expenses (logistics, etc.): \$ 871,415

Program Overview 2018: Europe

Total expenditure in dollars: 1,542,995 | previous year: 1,460,826
(including other funds from contracts already booked in the previous year)

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
Germany ² 654,155	3	Bavaria and Thuringia: – Reconstruction of two schools and financial support for individuals, psychosocial support Saxony and Saxony-Anhalt: – Financial support for private individuals, psychosocial support Nationwide: – Set-up of Malteser International's Emergency Medical Team (EMT)	AA, ADH, Deutsche Bank Foundation, Foundation RTL – We help children	Malteser Hilfsdienst e. V. Germany
Ukraine ^{2,3} 854,191	1	Donetsk, Lugansk, Kiev and surrounding regions: – Psychosocial care for persons suffering trauma resulting from the conflict in Ukraine, including training and mentoring for psychosocial care specialists and enhancing local capacities to deal with mental health consequences of the conflict, improving responsiveness by ensuring inclusion of relevant authorities as well as providing further training for mobile medical teams to provide therapeutic support	AA	Malteser Ukraine, Ukrainian society for the management of the impact of traumatic experiences, "Words Help", affiliated with the National University Kiev-Mohyla Academy

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

Cross-border expenses (logistics, etc.): \$ 34,649

Program Overview 2018: Americas

Total expenditure in dollars: 4,710,626 | previous year: 4,011,857
(including other funds from contracts already booked in the previous year)

Country/ project expenses in dollars	No of projects	Project location and short description	Donors	Partners
Guatemala ² 9,695	1	Guatemala (Diocese of Escuintla) – Rehabilitation of a health facility and provision of medical and psychosocial care services to 95 families displaced by the Fuego volcanic eruption	Private donations	Guatemalan Association of the Order of Malta
Haiti ¹ 1,697,963	5	Cité Soleil and Tabarre: Strengthening the resilience of urban communities: – Food security measures, improved access to water supply, sanitation and hygiene, training and education campaigns as well as disaster preparedness through support for civil society and volunteer committees – Conserving natural resources and ensuring environmental protection through reforestation of mangroves – Construction of playgrounds to provide child-friendly spaces Belle-Anse: – Construction of a water pipeline for improved access to clean drinking and non-potable water, capacity building in the areas of environmental protection, water supply, sanitation, hygiene and nutrition including distribution of seeds, agricultural training and education – Sustainable improvement of water, sanitation and hygiene conditions, health promotion and capacity development in the areas of food security through information campaigns	ADH, BMZ, GFFP, Private donations	AHAAMES, La Différence, PENAH, RRHCI-PROG
Colombia ^{1,2,3} 2,227,443	5	La Guajira: – Provision of primary healthcare and basic needs for vulnerable refugees, migrants and returnees from Venezuela including cash assistance and distribution of material goods – Emergency medical care, distribution of hygiene kits and providing support for income-earning activities, such as beekeeping, sustainable cultivation and poultry farming for Venezuelan refugees in La Guajira – Strengthening local communities to safeguard livelihoods in selected rural areas in Riohacha by promoting conflict management and connecting community-based teams active in the areas of food security and Disaster Risk Management Magdalena & La Guajira: – Improved access to basic healthcare, maternal and infant healthcare services, and psychosocial counselling for victims of gender-based violence in remote settlements for internally displaced persons – Improved protection against communicable infectious diseases	AA, BMZ, ADH, EIB, GFFP, Private donations	ABIUDEA, Colombian Association of the Order of Malta, Malteser Colombia, PDPC
Mexico ² 106,595	1	Mexico City: – Protecting children of mothers living with HIV/AIDS against infection, providing psychosocial support and creating a healthy environment for both mother and child	BILD helps e.V. "A Heart for Children", Private donations	Mexican Association of the Order of Malta
Peru ^{2,3} 7,865	1	Lima and Querecotillo: – Supporting the social programs run by Malteser Peru (Soup kitchen for children at school and services for the elderly)	Private donations	Malteser Peru
USA ^{1,2,3} 52,188	1	– Building and strengthening capacities in emergency relief and disaster preparedness within Malteser International Americas partner network (USA, Mexico, Colombia)	ADH, Private donations	ABIUDEA, American, Mexican, and Peruvian associations of the Order of Malta, Malteser Colombia

List of abbreviations Donors:

AA: German Foreign Office (Auswärtiges Amt)
ADH: Germany's Relief Coalition (Aktion Deutschland Hilft)
BMZ: German Federal Ministry for Economic Cooperation and Development (Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung)
EIB: European Investment Bank
GFFP: Global Fund for Forgotten People

Partners

ABIUDEA: Asociación de Biólogos de la Universidad del Atlántico
AHAAMES: Asyosyasyon Agrikilté Ak Elvè Kadik Belans
PENAH: Pépinière des Enfants pour l'Avenir d'Haiti
PDPC: Programa de Desarrollo y Paz del César
RRHCI-PROG: Rassemblement des Rapatriés Haitiens et des Citoyens Progressistes

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

Cross-border expenses (logistics, etc.): \$ 608,878

Financial Report 2018

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

Secretary General's Report: Structural development and strategic direction



“Efficient humanitarian responses also need strong partnerships and networks.”

Ingo Radtke, Secretary General of Malteser International

PHOTO: FRANK LÜTKE

Humanitarian aid activities in the last couple of years have been marked by two major trends: Needs have grown steadily worldwide, and emergencies such as natural disasters and armed conflicts have increased in their complexity. Most of the crises we are confronted with today have lasted for many years and even decades. In fact, the United Nations expects more than 132 million people around the world to be dependent on humanitarian aid in 2019.

The extremely high levels of humanitarian need will require more funding than ever before. At Malteser International, we are working to meet the challenge of helping the rising number of men, women and children living in crisis, while working with people in their everyday struggle to improve their lives for the long term. Our project volume has more than doubled in the last three years, and our aid has never been more needed.

At the same time, as demands on the efficiency of aid activities increase, so too have we consolidated efforts to improve program quality and, ultimately, impact. Digitalization and data protection have also presented us with a dilemma, and familiar processes have become more resource-intensive and complex. While digital solutions can help us better respond to emergencies, if mismanaged, these same technologies risk exposing intended beneficiaries to violations of their rights.

Organizational development

Under these developments, maintaining our stable and competent structures are necessary if we are to remain able to deliver on our promises of excellence and quality.

The coming years will see us continue to improve the way in which we design our programs, deliver them, and demonstrate their effectiveness. By doing this, we are positioning ourselves in the best possible way to tackle the challenges of the future.

In our most notable achievement of 2018, the World Health Organization (WHO) recognized the international classification of Malteser International's Emergency Medical Team (EMT) after a great deal of preparation, consultation and refinement. The classification means Malteser International is now part of a global directory of self-sufficient teams ready to be deployed in health emergencies should the need arise. Our teams also have the capacity to provide outpatient care in a fixed health facility that can serve over a hundred patients a day, making our humanitarian response quicker and more effective.

Efficient humanitarian responses also need strong partnerships and networks. For many years we have supported partnerships with political stakeholders, local institutions and partner organizations as well as expert networks. These efforts have shown results: In 2018, the United Nations Economic and Social Council (ECOSOC) adopted the recommendation of the Committee on Non-Governmental Organizations (NGOs) to grant special consultative status to Malteser International. This was followed by a Memorandum of Understanding (MoU) between Malteser International Americas and the US Agency for International Development (USAID). These achievements allow us to shape conversations around the future of humanitarian assistance and consolidate our position as a key global player in the sector.

Major network partners and initiatives:



The Economic and Social Council (ECOSOC) at the United Nations



On a different front, the increase in size and complexity of our operations in recent years as well as the current period of structural upheaval throughout the humanitarian sector has led to some organizational changes at the General Secretariat. For example, to expand our capacity to deal with questions of strategic and political importance and improve learning opportunities and internal processes, we reorganized the General Secretariat to include two units: Policy Department and Organizational Development and Quality. Both units became operational in mid-2018 and have already made a significant contribution to the continued development of the organization.

Financial development

Thanks to our donors and supporters, Malteser International maintains a strong and positive financial foundation, positioning us to bring help to those that need it most. Our total project volume went up from 54 million dollars in 2017 to 72 million dollars in 2018. In 2015, our project volume was at 37 million dollars. This increase is due in particular to growing program volumes in most of the regions where we work. The following pages provide a detailed overview of our financial development.

Human resource development

The financial development mentioned above comes in addition to the ongoing period of very strong and sustained growth in our operations, which has had an impact on existing administrative structures and resources. At Malteser International, it was essential that we adapt and change as an organization to continue to be relevant and effective in our work. This saw our HQ staff members increase from 61 in 2017 to 76 in 2018, including four employees in the New York office.

Our efforts to decentralize our work, wherever possible, has continued, and this is mostly evident in our increased partnership with local and national organizations. We recognize the need to shift decision-making and resources to local actors who understand the situation on the ground better and work tirelessly to help their communities. This has led to a continued reduction in the number of expatriate field staff in the last years. In 2018, Malteser International employed 952 staff members, including 810 local (permanently resident) and 66 international (expatriate) workers based in our project regions around the world. Our team is comprised of leading experts in their area of expertise from over forty different countries of origin.

Looking forward

We are committed – more strongly than ever – to do our part in building a world in which people can live a life in health and dignity. We can already anticipate a further growth in project volume for 2019. In the year ahead, and with your help, we will continue to rethink the way we effect change, especially with regards to our partnerships. We will be working to shape businesses so that they can better benefit vulnerable people. Our pilot project (see page 28 of this annual report) was successfully launched last year and we will be looking to implement the concept in other regions where we work.

We look forward to the tasks and challenges ahead with joy, energy and the knowledge that we have the backing of a strong network of cooperative partners and supporters. Binding us in everything we do are our values, commitment to excellence and strong principles. As always, we want to thank everyone who has supported our work over the last year.

Malteser International is a proud member of several international networks, alliances and initiatives.

Financial overview 2018

Revenue sources (Consolidated financial statements for 2018)

Not all revenues are spent on projects in a fiscal year. Financial costs for projects lasting several years are spread over the planned project duration.

Total revenue (in dollars)	\$ 108,187,225
Release of liabilities	\$ -35,272,371
Used revenue	\$ 72,914,854

Germany	\$ 73,715,595
Federal Foreign Office	\$ 25,452,282
including grants from embassies of Germany	\$ 47,582
Federal Ministry for Economic Cooperation and Development (BMZ)	\$ 48,263,313

European Union	\$ 7,442,500
European Development Fund (EDF)	\$ 5,152,500
EuropeAid	\$ 2,290,000

United Nations	\$ 314,541
UN OCHA	\$ 158,700
FAO Food and Agricultural Organization	\$ 115,824
IOM International Organization for Migration	\$ 40,017

Total	\$ 81,472,635
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Revenues from public-sector grants amounted to \$81.4 million (\$37 million in 2017) of the total income of around \$108.2 million (\$55 million in 2017).

Around \$17 million (\$11.1 million in 2017) came from private donations and the international Order of Malta network.

Donations and own funds	\$ 5,162,972
Malteser Stiftung Seliger Gerhard	\$ 5,209,750
Malteser Hospitaldienst Austria	\$ 76,257
Global Fund for Forgotten People	\$ 47,443
Other revenue	\$ 6,417,465
Total	\$ 16,913,887

Our coalitions and donation campaigns helped us raise \$3.2 million (\$3.4 million in 2017).

Aktion Deutschland Hilft	\$ 3,205,300
Total	\$ 3,205,300

We received \$6.6 million (\$3.3 million in 2017) through grants from foundations and other non-governmental organizations.

Save the Children*	\$ 5,445,613
AMREF	\$ 545,298
Else Kröner-Fresenius-Stiftung	\$ 229,000
Foundation for Innovative New Diagnostics – FIND	\$ 107,327
WorldFish	\$ 94,271
Gerda Henkel Stiftung	\$ 88,165
University of Antwerp	\$ 81,894
GTO Toilet Organization	\$ 3,833
Total	\$ 6,595,402

Total revenue

108.2_M

National and international public grants

81.4_M

International Order of Malta network

17_M

Coalitions

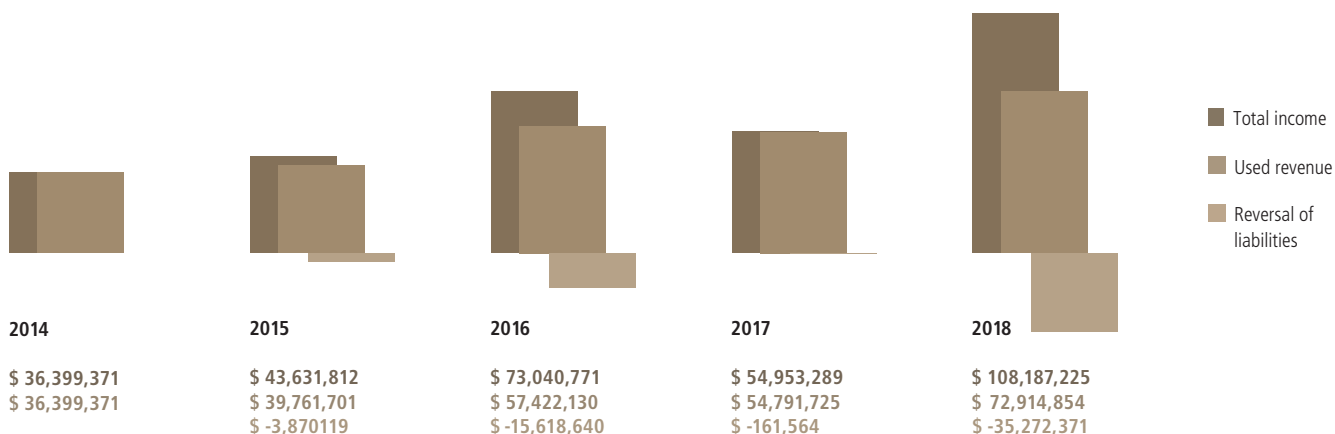
3.2_M

Foundations and other NGOs

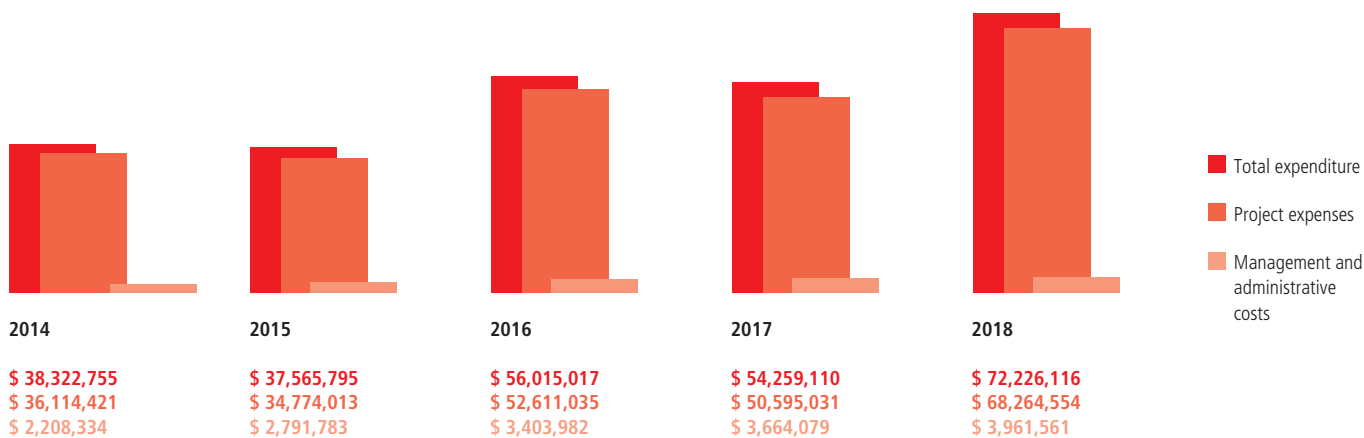
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*Save the Children is a contractual partner of Malteser International in a project funded by The Global Fund.

Development of revenue



Development of project volume



2018 financial results: \$ 688,738

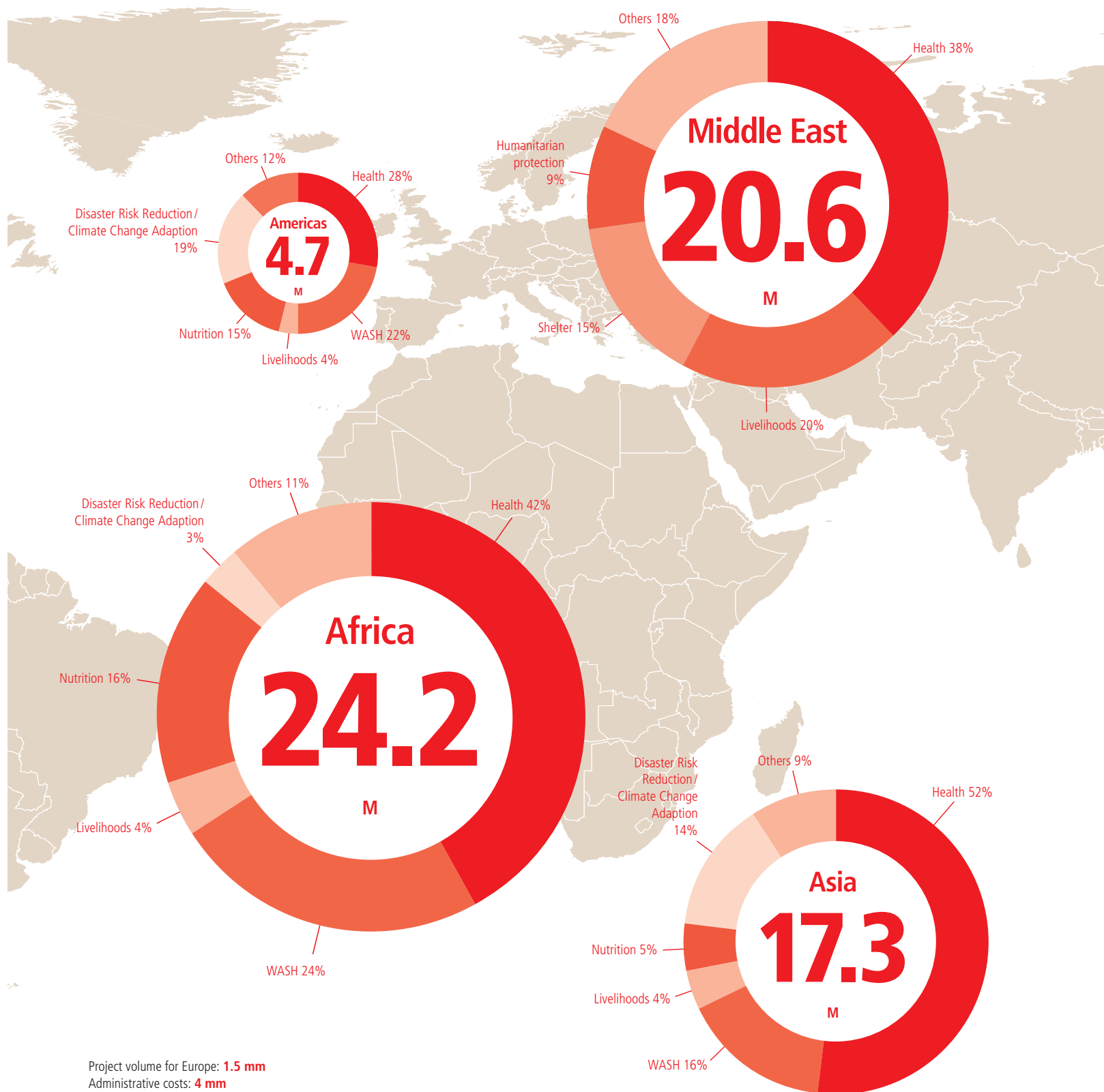
These are the consolidated financial accounts of Malteser International e.V. and the regional entities – Malteser International Europe and Malteser International Americas, as of December 31, 2018. Fiscal year 2018 was a financially strong year for Malteser International. We had revenues of \$ 108.2 million and a project volume of \$ 68.2 million, the highest revenue we have recorded.

Malteser International uses all of the funds that are entrusted to it economically, efficiently and in a goal-oriented manner to fulfill its tasks, while maintaining management and administrative costs. In 2018, total

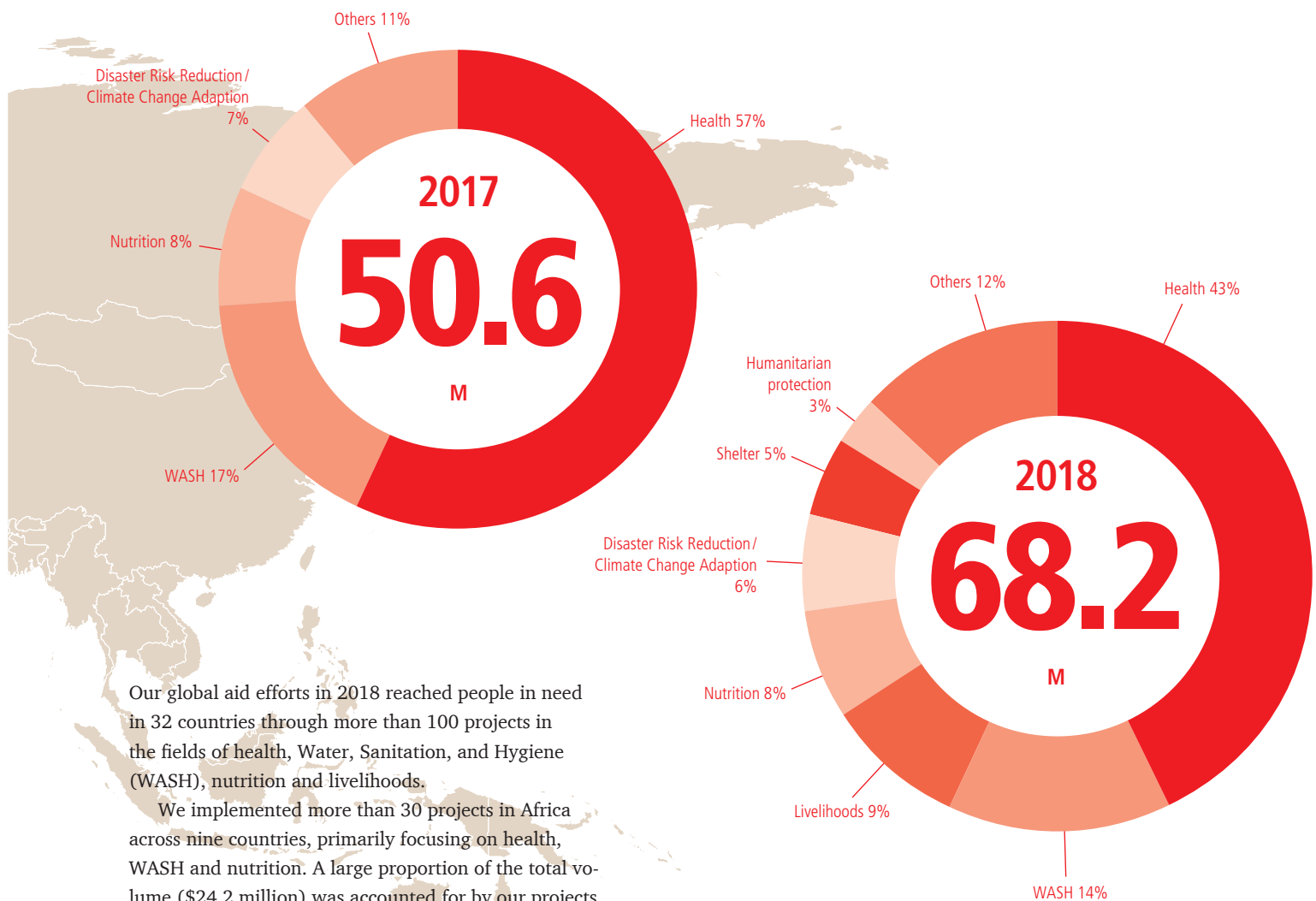
management and administrative costs, at \$ 4 million, was slightly higher than last year's \$ 3.7 million due to an increase in operational activities, with notable expenditure in Iraq.

Surplus unrestricted funds reflect positively on the year's financial results. Our sustainable approach in spending means donations and grants from the current fiscal year are booked as liabilities and expended in subsequent financial years. These funds are transferred to the reserves and can be used in years with lower revenue generation.

Expenses by region and sector 2018 (in dollars)



Total expenditure by sector – 2017 and 2018



Our global aid efforts in 2018 reached people in need in 32 countries through more than 100 projects in the fields of health, Water, Sanitation, and Hygiene (WASH), nutrition and livelihoods.

We implemented more than 30 projects in Africa across nine countries, primarily focusing on health, WASH and nutrition. A large proportion of the total volume (\$24.2 million) was accounted for by our projects to improve healthcare in the DR Congo (\$7.6 million), our assistance for people affected by the violent conflict in South Sudan (\$5.6 million) and our refugee assistance and development programs in Uganda (\$4.4 million).

Against a backdrop of intense conflict, our projects in the Middle East have targeted people in Syria, Iraq, Lebanon, and Turkey – with a total volume of \$20.6 million. \$5.2 million was spent on our healthcare projects in Syria, while the majority of our project volume in the Middle East was accounted for by recovery and reconstruction program in Iraq (\$12.5 million). The sectoral diversification here is mostly due to the two-year reconstruction program in Iraq, and reflects a temporary shift: from traditional areas of emergency aid – such as healthcare – to initiatives aimed at recovery like improving livelihoods and rebuilding infrastructure.

With 50 projects in 2018 and a total project volume of \$17.3 million, we were present in ten countries in Asia, working to improve healthcare, water and sanitation as well as disaster preparedness. Myanmar (\$6.5 million), Bangladesh (\$2.6 million) and Pakistan (\$2.6 million) were our largest countries of operation in 2018 in terms of project volume.

In 2018, our team in the Americas responded to the refugee crisis in Columbia, expending \$2.2 million. In Haiti, the project volume totaled \$1.7 million. In Europe, our projects in Germany and Ukraine had a total volume of \$1.5 million.

Annual accounts

Consolidated Balance Sheet as of December 31, 2018

Assets (in dollars)	MI Europa Cologne \$	MI Americas New York \$	MI e.V. Cologne \$	Elimination of internal transactions \$	MI total 31/12/2018 \$	MI total Previous year \$
A. Fixed Assets						
I. Intangible assets						
Purchased software	0.00	0.00	0.00	0.00	0.00	1,284.80
II. Tangible assets						
Other equipment, operating and business equipment	232,633.91	0.00	0.00	0.00	232,633.91	231,894.43
	232,633.91	0.00	0.00	0.00	232,633.91	233,167.79
B. Current assets						
I. Receivables and other assets						
1. Trade receivables	22,199.23	0.00	0.00	0.00	22,199.23	236,013.34
2. Receivables from related corporate entities	95,107.49	43,269.31	0.00	-87,622.83	50,753.97	2,883,247.52
3. Receivables from Malteser Hilfsdienst e.V. – internal –	1,677,545.12	0.00	0.00	0.00	1,677,545.12	6,000,227.89
4. Other assets	83,850,974.16	215.66	2,285.58	0.00	83,853,475.40	46,084,098.99
	85,645,825.99	43,484.97	2,285.58	-87,622.83	85,603,973.71	55,203,587.74
II. Cash in hand, bank balances, and checks	26,449,562.01	530,156.27	106,518.96	0.00	27,086,237.25	19,286,968.24
	112,095,388.01	573,641.24	108,804.54	-87,622.83	112,690,210.96	74,490,555.98
C. Accruals and deferred income	153,059.46	20,000.00	4,771.22	0.00	177,830.67	222,399.81
	112,481,081.37	593,641.25	113,575.76	-87,622.83	113,100,675.54	74,946,123.58
Equity and liabilities						
A. Equity						
I. Assets of the association	5,774,631.61	246,345.66	70,541.46	0.00	6,091,518.73	5,551,325.29
II. Equity difference resulting from currency conversion	0.00	952.23	0.00	3,259.04	4,211.26	-2,331.93
III. Annual surplus	628,527.37	30,286.05	29,924.05	0.00	688,737.47	532,615.23
	6,403,158.97	277,583.94	100,465.51	3,259.04	6,784,467.46	6,081,608.59
B. Accrued liabilities – other accrued liabilities	1,382,831.20	0.00	8,358.50	0.00	1,391,189.70	1,347,404.41
C. Liabilities						
1. Trade payables	891,554.97	28,291.65	0.00	0.00	919,846.62	1,242,189.47
2. Liabilities to related corporations	51,296.99	44,868.71	0.00	-90,881.87	5,283.83	22,793.58
3. Liabilities to Malteser Hilfsdienst e.V. – internal –	582,232.56	0.00	0.00	0.00	582,232.56	928,075.42
4. Liabilities on assigned revenue	84,952,987.54	242,896.95	0.00	0.00	85,195,884.48	49,910,374.59
5. Other liabilities	18,217,019.15	0.00	171.75	0.00	18,217,190.90	15,409,097.52
	104,695,091.20	316,057.30	171.75	-90,881.87	104,920,438.38	67,512,530.58
D. Accrued and deferred items	0.00	0.00	4,580.00	0.00	4,580.00	4,580.00
	112,481,081.37	593,641.25	113,575.76	-87,622.83	113,100,675.54	74,946,123.58

Income statement from the period January 1 through December 31 2018 (in dollars)

	MI Europa Cologne \$	MI Americas New York \$	MI e.V. Cologne \$	Consolidation \$	MI total 31.12.2018 \$	MI total Previous year \$
1. Revenue	165,926.86	13,359.12	0.00	0.00	179,285.98	69,954.29
2. Other operating income	107,313,357.81	878,054.90	651,339.77	-841,458.23	108,001,294.23	54,877,950.35
	107,479,284.67	891,414.01	651,339.77	-841,458.23	108,180,580.21	54,947,904.64
3. Material costs						
a) Costs for raw materials, consumables, and supplies of purchased merchandise	8,409,990.15	8,005.73	0.00	0.00	8,417,995.87	7,511,730.14
b) Cost of purchased services	5,155,988.15	0.00	0.00	0.00	5,155,988.15	2,677,523.27
4. Personnel costs						
a) Wages and salaries	12,839,829.18	504,009.79	0.00	0.00	13,343,838.97	12,164,659.47
b) Social contributions and expenditures for pensions and other employee benefits	1,179,958.28	0.00	0.00	0.00	1,179,958.28	1,043,559.88
	27,585,765.76	515,015.50	0.00	0.00	28,097,781.26	23,397,472.75
Subtotal	79,893,518.91	379,398.50	651,339.77	-841,458.23	80,082,798.94	31,550,431.89
5. Income from the reversal of liabilities from earmarked funds	66,828,610.10	375,877.78	0.00	0.00	67,204,487.88	49,771,614.91
6. Expenses due to addition to liabilities related to earmarked allocations	102,241,365.34	235,492.81	0.00	0.00	102,476,858.16	49,933,178.78
7. Amortization of intangible fixed assets, property, plant, and equipment	134,719.33	0.00	0.00	0.00	134,719.33	180,393.61
8. Other operating expenses	43,583,477.55	489,497.42	621,415.72	-841,458.23	43,852,932.45	30,582,204.15
Subtotal	762,566.79	30,286.05	29,924.05	0.00	822,776.89	626,270.27
9. Other interest and similar income	6,643.54	0.00	0.00	0.00	6,643.54	5,384.20
10. Interest and other expenses	10,649.06	0.00	0.00	0.00	10,649.06	11,447.00
11. Pre-tax earnings	758,561.28	30,286.05	29,924.05	0.00	818,771.38	620,207.47
12. Other taxes	130,033.10	0.00	0.00	0.00	130,033.10	87,592.24
Annual surplus	628,527.37	30,286.05	29,924.05	0.00	688,737.47	532,615.23

The consolidated balance sheet of Malteser International comprises the accounts of the three entities: Malteser International e.V. with headquarters in Cologne, Germany, Malteser International Americas Inc.*, with headquarters in New York, and Malteser International Europe. Malteser International Europe is a legally dependent division of Malteser Hilfsdienst e.V. with

its own financial statement. The internal transactions of the three entities are eliminated in the consolidated balance sheet. For the sake of transparency, we have prepared the financial statement to reflect the individual balance sheet of the three entities, as well as an overall view of Malteser International's accounts.

*Order of Malta Worldwide Relief Malteser International Americas Inc.

Notes on the income statement for the fiscal year 2018

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

1. The activities of Malteser International are generally financed by donations or public grants. The service charges referred to here as **Revenue** are of negligible volume.
2. 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. 40). They are supplemented by unrestricted donations, which can be used freely without reference to a particular designation.
3. 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.
4. Furthermore, 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.
5. 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 the reversal of liabilities from earmarked funds** seen in the statement.
6. In the relevant fiscal year, the liability for these unused donations leads to the **Expenses due to addition to liabilities related to earmarked allocations**.
7. Planned and regular **Amortization** of intangible assets and depreciation and write-downs of property, plant and equipment are shown here.
8. 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 2018, the share of administrative expenses was less than 10 per cent of total expenditure.
9. 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**.
10. **Interest and similar expenses** are as a rule the result of project funds not being disbursed in a timely fashion.
11. The Result from ordinary activities is the **Pre-tax earnings**.
12. **Other taxes** are most often due to tax legislation in project countries.
13. As the income statement shows, Malteser International was able to record a **surplus** for the fiscal year 2018.

Small gift, big impact

Voluntary donations are an important prerequisite for securing additional government funding. Many institutional donors often require an own-fund contribution of about 20 percent in order to fund our aid projects. This means your gift of \$100 can become \$500 dollars, and have a greater impact on the lives of the most vulnerable.

See how



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2: With your donation, we are able to apply for further funds from public donors. On average, a donation of \$100 can generate revenues amounting to \$500.



3: You can trust us to make the most effective use possible of your gift. In 2018, we spent \$68.2 million on our projects worldwide, while costs for the management and administration as well as quality assurance and communication/fundraising activities totaled \$4 million.



4: Your support can and does transform the lives of vulnerable people and communities around the world. In 2018, with your help, we reached more than 2 million people.

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We are committed to being fully accountable and transparent to our donors, supporters and the people and institutions that make our work possible and the communities we work in.

Our work is subject to regular controls: the internal audit department ensures strict compliance with all applicable guidelines in our projects. In the same way, our revenues, expenditures, and processes are audited annually by an external auditing firm. Additional inspections are carried out by public tax auditors and external auditors from our institutional donors in Germany and in our project countries, as well as through the German Council for donations. You can therefore trust us to make the most effective use possible of your donation.

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We gratefully acknowledge all of our generous donors who supported the works of Malteser International Americas in 2018. We would also like to extend our appreciation to the many individuals, families, Order of Malta members, and organizations who support our programs worldwide. Their support provides

much needed assistance to vulnerable families across the globe, and helps them to lead healthier lives with dignity. Although we have made every effort to ensure all names are listed, please be sure to bring any errors or omissions to our attention at: contact@malteser-international.org.

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- International Organization for Migration
- Malteser Stiftung Seliger Gerhard
- Nachbar in Not
- Save the Children
- State Chancellery of North Rhine- Westphalia
- Foundation RTL – We help children
- Thai.Ger
- The Global Fund
- University of Antwerp
- UNICEF
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- US Department of State
- World Food Programme (WFP)
- World Child Future Foundation
- WorldFish
- ZOA

Our members:

Malteser International Member Associations and Pories

- Australia
- Austria
- Belgium
- Bohemia
- Canada
- Colombia
- Cuba
- France
- Germany
- Hungary
- Ireland
- Italy
- Lebanon
- Malta
- Mexico
- Netherlands
- Philippines
- Poland
- Portugal
- Scandinavia
- Singapore
- Spain
- Switzerland
- United Kingdom
- USA: American Association, Federal Association, Western Association

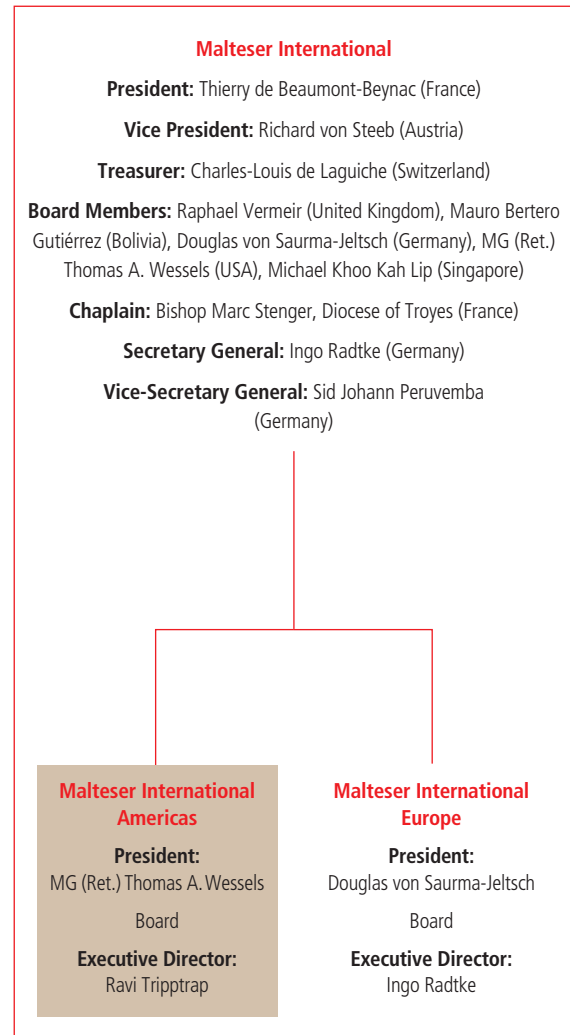
Thank you!

Our Structures

The membership of Malteser International currently consists of 27 National Associations and Pories of the Order of Malta, who actively support the organization within their jurisdictions. Both regional branches in Europe and the Americas also 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, as well as 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, and 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 3,500 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 108 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.

Malteser International

A healthier life with 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.

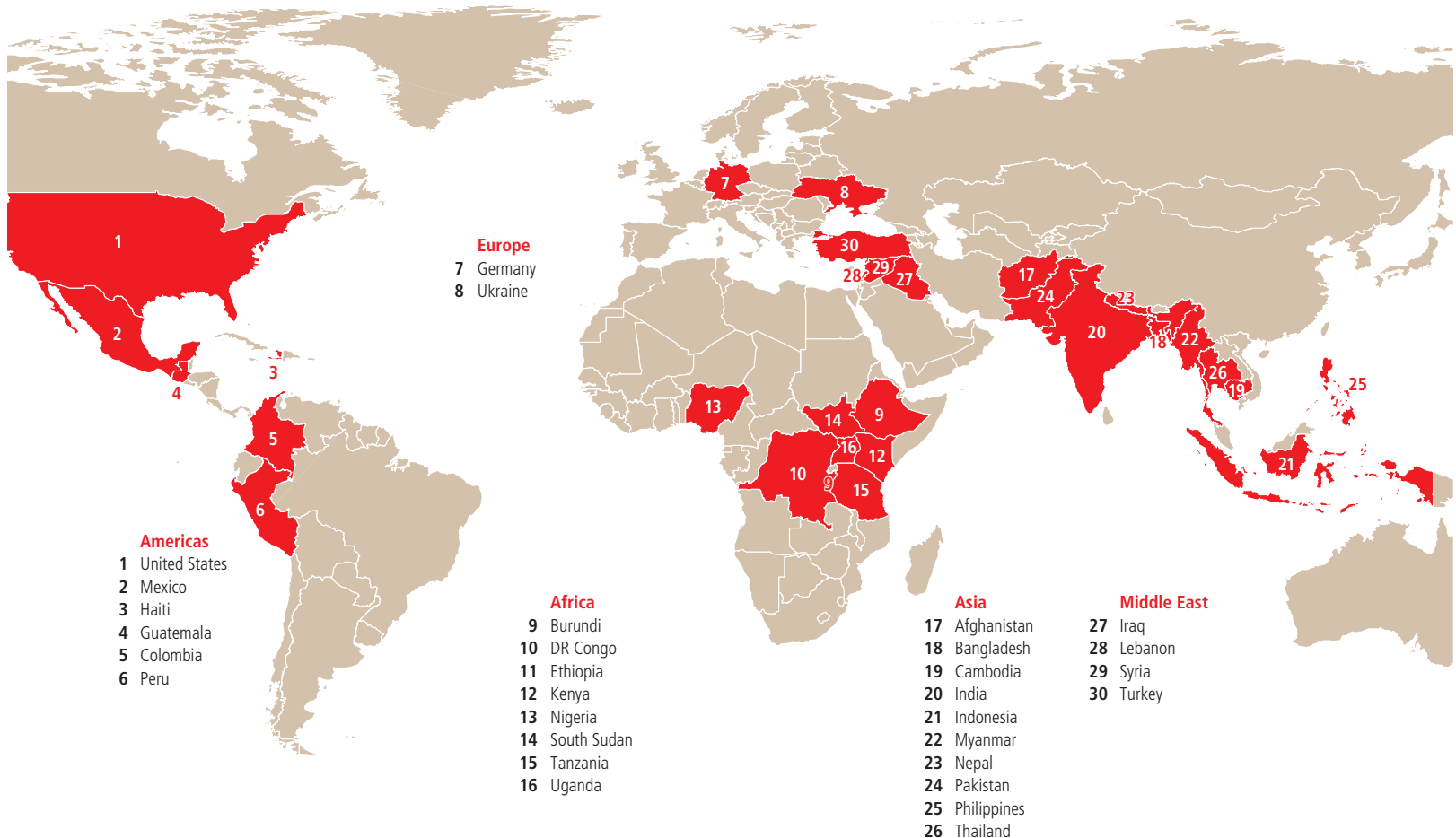
What we do:

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

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

How we work:

Founded on Christian values and humanitarian principles, our work currently encompasses more than 100 projects in 30 countries, which help people in need without distinction of race, religion, or political persuasion.





There's still so much to be done!

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Americas: www.orderofmaltarelief.org
Global: www.malteser-international.org

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