



**Malteser
International**
Order of Malta Worldwide Relief



2019

Annual Report

Wayuu, leader, change maker!



Ruth Esther Uriana de Armas
21-year-old indigenous
Wayuu woman

“We want to show the world that there are strong leaders in the rural, often forgotten regions who are actively engaged in bringing about positive change.”

Malteser International is training youths like Ruth in rural Colombia to become empowered agents for change in their communities.

PHOTO: HUMAN PICTURES

Ruth Uriana de Armas (pictured on the title page), a 21-year-old indigenous Wayuu woman, is committed to addressing critical issues affecting the world around her, eradicating stereotypes, building her self-confidence and technical skills, and creating change in her community.

Cycles of violence, unemployment, and the impacts of climate change have left young people in the northwestern Colombian province of La Guajira with few prospects for the future.

The 3-year Youth Leadership School run by Malteser International and the local organization Programa de Desarrollo y Paz del Cesar empowers indigenous and Afro-Colombian youths to transform their communities.

“For me, the most important contribution of the Youth Leadership School is that it has managed to open our eyes and encourage us to broaden our horizons,” Ruth says. “The first two years were spent on theory classes and hands-on workshops on topics such as health and hygiene, culture and environmental protection, food security, arts and communication. The video transformation workshops were particularly exciting because I discovered my talent for audio-visual communication. Since then, my goal has been to create more awareness about my culture.”

Besides imparting knowledge and methods, the first two years of the leadership school focus on strengthening self-confidence and faith in one’s own abilities. In the final year, the trained “change makers” apply what they have learned, carrying out their own projects in their villages and working with members of their communities on issues that affect them deeply.

Having graduated from the leadership school, Ruth is brimming with ideas for her native village of Alewua in La Guajira and is optimistic about the future: “I have noticed great progress among the young people in Alewua,” she says. “We are now going to be looking beyond the boundaries and obstacles that were set to us. We know what we want for Alewua and we will continue to work on achieving our dreams.”



Contents



- 5 Message from the President
- 6 Forging lifelines in the most severe crises
- 12 Building resilient and inclusive communities
- 14 »... the glue that binds society«
- 18 Accountability from the ground up!
- 21 From voices to choices
- 22 Program Overview 2019
- 29 Financial Report 2019
- 37 Our organizational structure
- 38 Generous 2019 Donors
- 41 Thank you!



Imprint

Published by:

Malteser international Americas: 1011 First Avenue, Suite 1322.
New York, NY 10022, United States
Email: contact@malteser-international.org
Internet: www.orderofmalterelief.org

Responsible for content:

Ingo Radtke
Editorial team: Julian de Mayo, Michael Etoh, Anne Hensel,
Katharina Kiecol, Johanna Osswald, Susanna Kremer
With thanks to: Ruth Kriwet

Date of publication: August 2020

Cover photo:

Colombia: Karen Gomez, Ricardo Angulo
Photos on P. 10–11: Emily Kinskey, HIHFAD, Nyokabi Kahura,
Noor Ahmed Gelal, THW

Back cover photo: Myanmar: Jana Ašenbrennerová

Icons: Flaticon.com

Layout/Setting: www.mwk-koeln.de

 **Climate Neutral
Print Product**
with First Climate ID | 2020-704084

Malteser International

Who we are

We are the international humanitarian relief agency of the Sovereign Order of Malta. For over 60 years, we have been standing by people affected by poverty, disease, conflict, and disaster – to help them lead a healthy life with dignity.

What we do

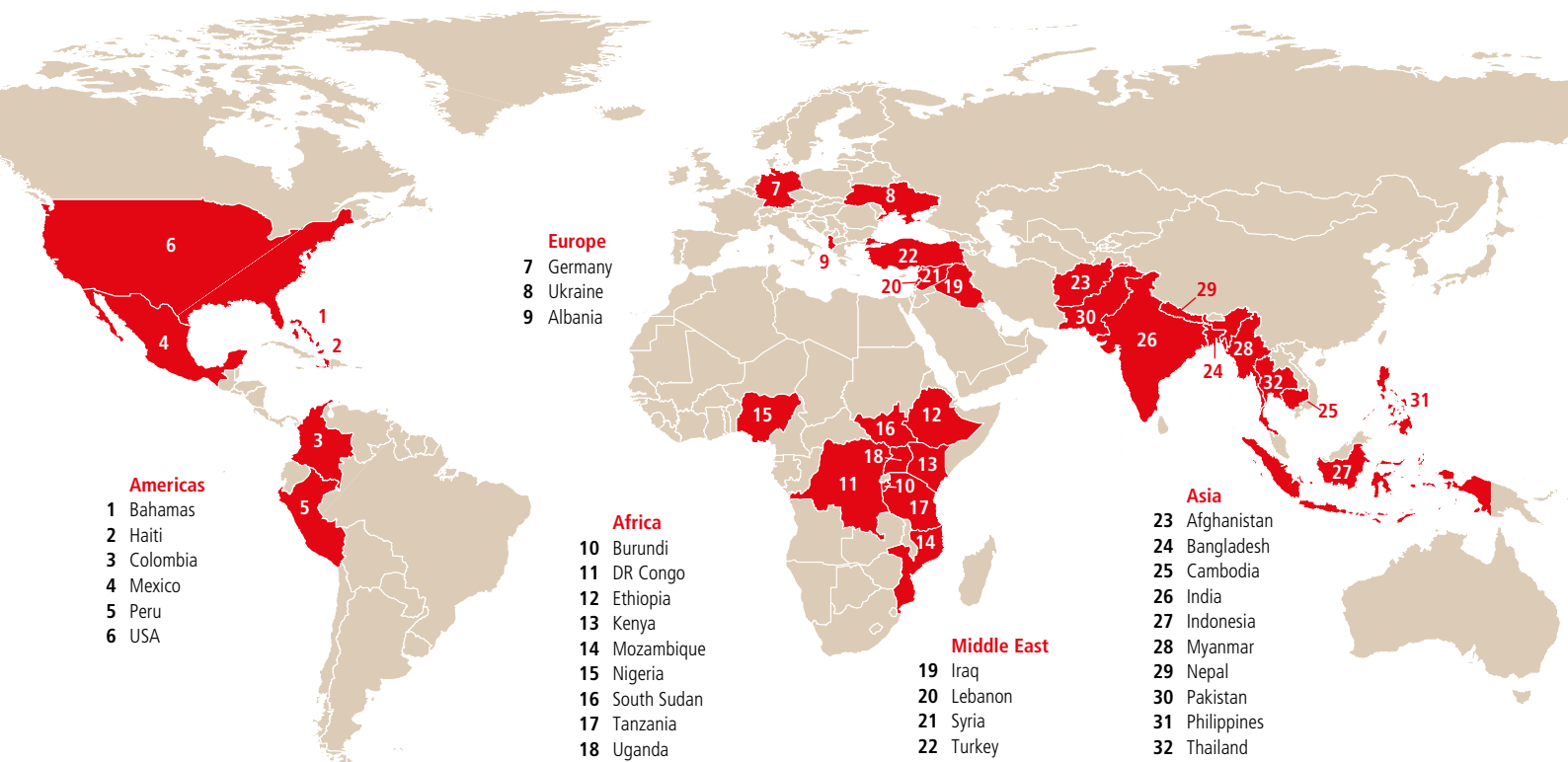
We undertake emergency relief in crisis such as natural disasters, epidemics, and armed conflicts. We support the most vulnerable people, including refugees and displaced people, to protect their health by strengthening medical structures in their service, encouraging disaster

risk reduction, and ensuring access to good nutrition, safe water, sanitation, and hygiene. Our long-term transitional aid and development programs empower communities affected by crisis to boost their resilience and transform their lives for the better.

How we work

Our work is founded on Christian values and humanitarian principles. We reach out to people in need without distinction of race, religion, or political opinion.

In 2019, Malteser International worked in 32 countries, supporting over 100 development and humanitarian aid projects, reaching nearly 3 million people.



MI Regional Headquarters
Cologne, Germany
New York City, USA

Project countries in 2019

“For a life in health and dignity”

Message from the President

Dear Friends,



The global humanitarian system is saving more lives in conflicts, caring for more sick people and feeding more hungry people in more places than ever. Despite this progress, a record 167 million people needed humanitarian assistance in 2019 to survive, largely because of conflicts and extreme weather events. The system is struggling to keep pace with the growing demands of more frequent and more enduring humanitarian crises exacerbated by impacts of climate change, infectious diseases and economic shocks. As the role of humanitarian aid amidst these crises becomes ever more important, delivering that aid to people in need has become even more complicated.

Looking back on the year, we are grateful to you for what we have accomplished together. Across Syria, the Bahamas, Bangladesh, and DR Congo, among many other

places, our work delivered positive, tangible and measurable impact: We provided lifesaving aid, partnered with local communities and organizations to achieve long-term solutions and used our strong global network through the Order of Malta to reach the most vulnerable wherever they were, assisting nearly 3 million individuals.

As a growing organization it is important to ensure quality in all our work, and we have progressed in several ways: We have invested in reinforcing our support functions, established better connectedness to inform organizational development and promote learning, and we have introduced new instruments that have strengthened our commitment to accountability and efficiency.

Our mission to ensure a life in health and dignity for all remains as important as ever. In the pages ahead, you will see results of some of the work we have focused on in the year 2019, including efforts to save lives by changing the nature of our emergency response, empowering local communities to take control of their futures while ensuring inclusion and leadership. All of this is challenging, life-changing work – and none of it would be possible without your generosity and commitment to us, and to the people and communities we serve. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Thierry de Beaumont-Beynac".

Thierry de Beaumont-Beynac

Thierry de
Beaumont-Beynac,
President of Malteser
International



“My work in humanitarian aid has helped me develop a new perspective on the importance of life and my purpose as a human being.”

Betul Abras, Psychologist/Monitoring and Evaluation Officer in Turkey
PHOTO: MALTESER INTERNATIONAL

Forging lifelines in the most severe crises

The number of people globally caught up in humanitarian crises is rising every year. Climate-related shocks have become more frequent and severe, conflicts are increasingly protracted, and more countries are experiencing some form of violent conflict. Malteser International's mission is to help people survive by providing rapid assistance during conflicts and disasters, but also to partner with local organizations, community and national bodies to change the conditions that create crises. We do this while supporting long-term solutions that help poor communities live in health and dignity.

In 2019, 167 million people – including a record 79.5 million displaced people – were dependent on humanitarian assistance. Our mission is to help people in extreme need – with a particular emphasis on those who are most vulnerable and those who receive little or no help from other sources. During the course of the year, Malteser International brought vital humanitarian relief to people affected in some of the world's most severe crises while continuing our work in forgotten crises where suffering is immense, but largely ignored. All these crises arise from multiple causes; conflict, (forced) displacement, poverty, extreme climate, and economic collapse.

Our work remains challenged by the fragility of the contexts in which we work. Attacks on aid and healthcare workers have been pervasive in conflicts in recent years, not least in the very complex long-running war in Syria. Every four days in 2019, a healthcare facility in the country came under attack. This included multiple attacks on the Malteser International-supported Kafr Nobl Surgical Hospital and the staff of our partner organizations in the northwestern region of Idlib. Each attack brought medical services to a standstill and left thousands at risk by denying them essential lifesaving



Armed conflicts and persecution are driving a record number of people from their homes. At the end of 2019, some 79.5 million people were forcibly displaced.

PHOTO: EMILY KINSKEY

care. These attacks are evidence of a broader trend: the changing nature of conflicts and crises in today's world. This change demands that we rethink our assistance. We understand that vulnerable people must be our primary partners as humanitarian agents for change.

Supporting refugees and displaced people

Supporting people driven from their homes by conflict or disaster has been a core component of Malteser International's mission since our first relief operations

Idlib, Syria

The Kafr Nobl Surgical Hospital, supported by Malteser International and run by Hand in Hand for Aid and Development (HIHFAD) in Idlib, was forced to close after several attacks. Malteser International continues to work with partner organizations like HIHFAD to provide lifesaving and primary healthcare in Syria.

PHOTO: HIHFAD



in Vietnam in 1966, and today we are still active in some of the most challenging displacement crises. From conflict regions in Syria, South Sudan, Nigeria, and Myanmar to host countries like Bangladesh, Uganda, Lebanon, and Colombia, we work to assist displaced people by providing lifesaving healthcare, food, water, sanitation, and hygiene support.

The vast majority of refugees are hosted in developing countries. There, they often settle in poor regions where the standard of living is well below national average. As crises last longer and become recurrent, refugees find themselves in protracted displacement situations with 17 years being the average length of time spent in camps. This places huge additional strain on basic services of the host country. We therefore work

to address the needs of refugees and their host communities by building self-reliance for vulnerable families and by helping displaced people find their way back to a dignified life. This is the case in Colombia, where we delivered medical services to refugees who fled from the economic crisis in Venezuela, and at the same time worked with indigenous and Afro-Colombian communities that develop strategies to improve food security and build resilience to climate change.

Building resilience and shaping transition

Devastation caused by extreme weather events has spiked sharply in recent years as climate change increases the intensity and frequency of storms, floods, and drought. These events cause growing uncertainty and

Malteser International: Our support before, during, and after crises

Improve disaster preparedness

Work with and support first responders to provide emergency relief and respond to immediate needs for survival: health, food, water, sanitation, and hygiene (WASH), protection and cash

Support recovery and reconstruction

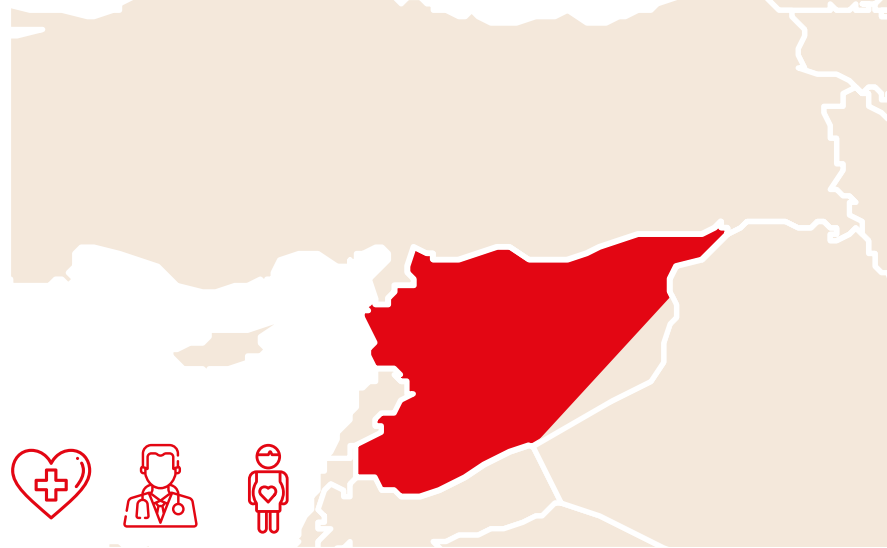
contribute to a cycle of vulnerability in many countries, undoing past development advances. While we are quick to respond after disasters and other emergencies, we aim to support vulnerable people in order to anticipate, cope with, respond to, and manage new hazards. In Myanmar, for example, a holistic approach integrating healthcare, sanitation, income generation, and disaster risk reduction reached 196,742 people in communities at risk, ensuring that they are healthier and safer to better withstand future crises.

Communities riven by violent conflict or disaster often face tremendous challenges during recovery. Iraq is an example. More than 2 million people remain internally displaced, and some 9 million remain in need of humanitarian assistance after nearly four years of war against the so-called Islamic State. This is where our years-long experience in transitional assistance comes in. By combining short-term relief measures with longer-term development and social cohesion programs, we support post-conflict societies along the path out of acute conflict and lay the ground for sustainable development and peace. At the heart of this approach is the aspiration to connect humanitarian, developmental and peacebuilding efforts in a nexus that reduces needs and vulnerability during and long after crises.

Doing good – doing it well

Demand for our support as a humanitarian organization is increasing, and we are compelled to become better at what we do. Given the enormous scale of global humanitarian crises and the vast need for humanitarian aid, no single organization can solve the problem. Progress requires a concerted effort of people, organizations and communities working together toward a shared goal. For Malteser International, partnerships remain crucial, and we continue to collaborate closely with civil society organizations, local government institutions, donors, and enterprises. And since contexts vary greatly from one country to another, blueprint approaches can be recipes for disaster. We cannot afford to take a “one-size-fits-all” approach. Our programs – be it an emergency response or a longer-term development intervention – are tailored to the specific needs of the contexts and locations as identified by the affected communities themselves, shaped by their ideas, and built upon their capacities and resources. To achieve this, we give space to the people we serve and listen closely to understand their needs and aspirations, after which we jointly look for inspiration on how to solve the problems on hand.

But it is not enough to do good. To ensure the quality of our work, we have a quality management system in place, based on standards like the Humanitarian Charter, the Protection Principles, and the Core



OUR IMPACT IN SYRIA IN 2019

| | |
|----------------|--|
| 326,527 | people reached with lifesaving aid, healthcare, safe water, and sanitation |
| 11,199 | lifesaving emergency surgeries carried out |
| 6,250 | safe deliveries for displaced women |

Humanitarian Standard. We also constantly learn from our experiences and adjust our approaches and strategies. 2019 saw us put more intentional effort into increasing engagement with communities. For instance, we learned from our Ebola response in DR Congo that listening to and working with affected communities to find the best solutions can have long-lasting impact. If we are to enable the most vulnerable to live in health and dignity, allowing them to have control over their own recovery after crises will remain central to the way we work across all responses.

We trained 176 healthcare workers in infection prevention and control in DR Congo's Ebola epidemic.

PHOTO: MALTESER INTERNATIONAL



Our humanitarian operations in 2019

In 2019, Malteser International brought vital relief to communities affected by some of the most severe humanitarian crises in the world.

Bahamas

Hurricane Dorian response: rehabilitation of educational facilities in Marsh Harbour



Colombia

Medical care, psycho-social support, and food assistance for Venezuelan refugees



DR Congo

Ebola epidemic response with emergency stocks of essential medicine and personal protective equipment, treatment of suspected cases and training for healthcare workers



Syria

Emergency medical care, water and sanitation, non-food items for displaced people



Bangladesh

Healthcare, food, and psycho-social support for refugees in Cox's Bazar



South Sudan


Clean water, hygiene facilities, food, agricultural support, and cash assistance for communities affected by conflict



Mozambique

Cyclone Idai response: installation of water pumps and hygiene awareness to prevent the spread of water-borne diseases



A man with a prosthetic right leg is sitting on a concrete step, smiling broadly. He is wearing a white t-shirt with blue and red text that reads "Tracemakers COMMUNITY SERVICE 2005" and "MAN, N.SAMAR". He is also wearing blue jeans with the cuffs rolled up and black sandals. A silver chain necklace is around his neck, and a silver bracelet is on his left wrist. In the background, there is a wall with a fan and some shelves with various items.

“The knowledge I gathered has not only helped me protect myself but also others in the community.”

Roy Villanueva, President of People with Disabilities Group in Baybay, Philippines

PHOTO: JANA AŠENBRENEROVÁ

Building resilient and inclusive communities

As one of the most vulnerable and marginalized social groups, people with disabilities suffer the most from the effects of disasters and are less likely to benefit from disaster risk reduction measures. For us, empowering marginalized groups to lead and promote equitable and universally accessible response, recovery, and rehabilitation is key to building inclusive and resilient communities.

Bullying has always been part of Roy Villanueva's life. A polio infection when he was one year old led to partial paralysis. "I have always been picked on for my disability," the 43-year-old from Barangay BayBay in the eastern Visayas region of the Philippines says. "But I learned to cope with the bullying. I use my humor to confront people who make fun of me or even verbally attack me."

Leaving no one behind

Asia-Pacific is the world's most disaster-prone region with an estimated 650 million people with disabilities. They are more likely to die in a disaster than those without disabilities. Yet, they remain largely unaccounted for in most disaster risk reduction (DRR) plans and policies.

Malteser International's disability-inclusive, community-based DRR programs in the region put people with disabilities and other marginalized groups at the center of holistic programs that tackle the causes of vulnerability and strengthen the resilience of communities at risk.

We work to strengthen local groups of disabled people, advocate with local governments for more inclusive disaster risk management policies, promote community disaster risk awareness and preparedness and support sustainable, resilient livelihoods. This approach provides the technical and logical framework that integrates the most vulnerable members of a community and enhances their ability to cope with future disasters while making sure that relief operations and structures are fully accessible.

"When Malteser International helped establish the People with Disabilities group, I was asked to become president," Roy says. "I initially refused, because I didn't believe I was up to the task. Eventually, I accepted, and I don't regret this decision. We have worked with Malteser International to register some 380 people with disabilities in Barangay BayBay alone." The PWD-ID is the standard identification card for people with a disability (PWDs) in the Philippines. It can be used to take advantage of

certain benefits, including a Value Added Tax (VAT) exemption and educational assistance.

Genuine collaboration between various stakeholders is key to ensuring that DRR strategies are both effective in reducing risks and saving lives and responsive to the needs of people with different types of disabilities. In 2013, Malteser International co-founded the disability-inclusive DRR-Network (DiDRRN), a consortium of organizations working to secure the active participation and contribution of people with disabilities in disaster risk reduction policy and practice. Enabling them and their representative groups to become active agents of change is both the starting point for realizing equal access and participation and the guarantor for lasting change. "I have attended many trainings and seminars where I learned so much," Roy says. "The knowledge I gathered has not only helped me protect myself but also others in the community."



Cordula Wasser
Head of Regional Group Asia at Malteser International

"Responses become more effective when we give voice to marginalized groups that are so often left behind. But not only do we give them a voice, we also give them choices to become active stakeholders and change makers in society."

“... the glue that binds society”

Social cohesion describes the sense of community, solidarity and togetherness in a society and is a very important driver of long-term development. Dr. Sarah Markiewicz, Malteser International’s Social Cohesion Advisor, discusses our approach to fostering peace in regions with a history of conflict or mistrust between different identity groups.



Dr. Sarah Markiewicz is a theologian and religious studies scholar whose work focuses on the promotion of dialogue, religious literacy and peacebuilding through inter-faith and intra-faith understanding.

F or some time now, Malteser International has increasingly addressed the issue of social cohesion. What does this mean exactly?

Sarah Markiewicz: For us, social cohesion is a concept that can be described as a “glue” that holds a society together or, more precisely, transforms individuals into a group. Cohesion itself implies togetherness rather than individuality, but this varies from society to society. Cohesion can be brought about by various aspects of life such as religion, culture, tradition, history, language, hobbies, economic interests, shared cultural memories, experiences, and much more. Everything that makes up our environment has the potential to bring people together, but also to divide them.

In 2019, Malteser International sponsored a concert featuring an ensemble of young musicians from various ethnic and religious groups in the Nineveh Plains.

PHOTO: UN PONTE PER



This is a relatively new field of activity for Malteser International as opposed to healthcare, why are we focusing on it now?

Sarah Markiewicz: Over the years, Malteser International has gained experience working in diverse communities and cultural contexts. We have realized that sustainable interventions must not only address the needs of a society – healthcare, infrastructure, and so on – but must also deal with issues that are essential for a fulfilling life and that contribute to improved understanding between people and societies. Social cohesion is a cross-cutting topic that can be easily combined with existing fields of activity at Malteser International. The future will see us intensify our engagement in this field.

Are there any prerequisites for the implementation of such programs?

Sarah Markiewicz: It is important to identify the factors that bring members of a society together and build upon those factors. Our approach at MI is to promote initiatives that bring people together and are based on shared values and interests. This can be done through sporting activities, art, dance, education, culinary activities, and many other things – the possibilities are endless. By participating in activities that promote shared interests, opportunities are created to get to know each other better, build trust, and resolve differences. This way people can recognize their neighbors based on their similarities rather than their differences.

What role do women play in peace-building efforts?

Sarah Markiewicz: Women are essential to peacebuilding. In northern Iraq, for example, their role as backbone of many families and their critical contribution to the local economy earns them an influential voice. Women have also been known to pass on important values to children in many communities. This puts them in a better position to engage in de-radicalization efforts and countering violent extremism, if they are adequately prepared to deal with divisive opinions.

Iraq

Working together for peace

The Islamic State's (IS) reign of terror between 2014 and 2017 will linger in the memories of many Iraqi communities for a long time to come, especially in the Nineveh Plains. The group's far-reaching violence led to more than the material damage of mosques, churches, hospitals, cultural sites, and residential areas in the region. More critically, long-standing and at times strained relations between the various ethno-religious groups were ruptured. In 2017, the government of Iraq declared victory over IS, but the country now faces the task of winning peace. Malteser International supports the people in the Nineveh Plains of northern Iraq as they heal and restore their communities, re-establish old ties, and secure the basis for peaceful coexistence.

The Ninewa Return Program

The Nineveh Plains are home to many of Iraq's ethnic and religious communities, including Christians, Sunni and Shiite Arabs, Yazidi, Turkmen, Sunni Shabak, Shiite Shabak, Kakae, and Kurds. "During IS occupation, the jihadists established a 'caliphate' based on Sharia law and propagated a fundamentalist interpretation of Sunni Islam. Thousands of followers of other faith groups as well as many Muslims were driven out of their homes, murdered, or enslaved. The armed conflicts waged against the group led to the destruction of several villages. Since 2018, Malteser International has been providing support to returning families across the region," says Iraqi-born Tharaa Simaan, Monitoring and Evaluation Officer for Malteser International's Social Cohesion component of the Ninewa Return Program.

As with most Malteser International programs worldwide, our work to facilitate the return of displaced people and to support peaceful coexistence in northern Iraq benefits from the expertise of numerous national and international partners. The Ninewa Return Program combines medium and long-term efforts that help to meet the region's recovery needs; restoring access to essential services like education; rehabilitating critical infrastructure; creating access to jobs; supporting local businesses; and fostering social cohesion.

Unity in diversity

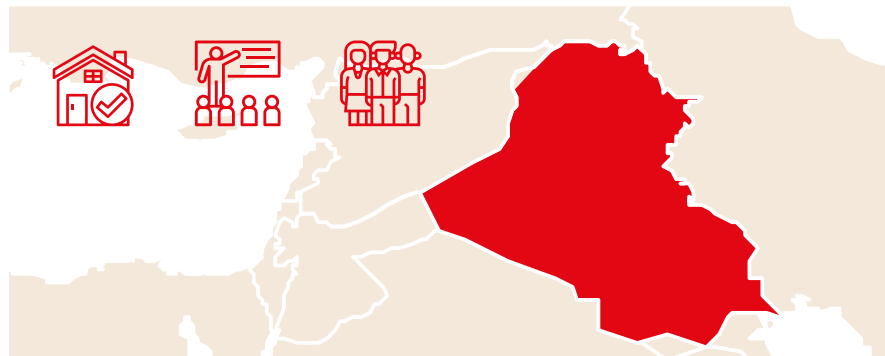
"When people hear 'social cohesion', they think we are bringing different groups together to talk about religion. But we do the opposite. When people from so many

cultural and religious backgrounds come together, there are obviously many ideas and thoughts that are bound to divide them. We prefer to focus on those issues that unite people," Simaan says, explaining Malteser International's social cohesion approach in Iraq. "The three partners we work with do not have a religious background or approach. We believe people get to know each other better when they engage in joint activities. One of our partners, the Women Rehabilitation Organization (WRO), offers numerous workshops and training courses where women from all ethnic-religious groups come together to learn new skills. Another partner, Un Ponte Per, builds and manages youth centers where young people from different backgrounds spend time together, engage in sporting activities, or make music."

The work we do is yielding results, but we still have a long way to go, and sustainable progress requires time. "It takes patience to see progress, and we are still at the very beginning," Simaan says. "The communities we work with were liberated from IS only two years ago. Many people are still very traumatized." However, there are already success stories: last Christmas, Christians and Muslims came together in a village in the Tel Kaif district to light the Christmas tree. In another town, people brought colorful eggs to their Yazidi neighbors for their New Year celebration. "These different groups have lived in relative peace for centuries and they can do so again," Tharaa Simaan says confidently.

IRAQ: NINEWA RETURN PROGRAM IN 2019

| | |
|-------|-----------------------|
| 2,000 | homes reconstructed |
| 10 | schools rehabilitated |
| 3 | youth centers opened |



Colombia

The long road to peace

The 2016 peace agreement between the Government of Colombia and the Revolutionary Armed Forces of Colombia (FARC) promised to bring respite to many vulnerable communities in Colombia after more than 50 years of civil war, which have profoundly altered social dynamics in many parts of the country.

However, political conflict, natural disasters, and the humanitarian crisis in neighboring Venezuela threaten to undermine that promise. Nearly 1.8 million Venezuelans have arrived in the country, and many have settled in underserved rural areas like La Guajira, one of Colombia's poorest departments. This is not only putting a strain on individual families but also on local resources. Malteser International's comprehensive rural development strategy in the region involves efforts to strengthen the peace process by providing programs for healing, trauma relief, youth leadership, and livelihood creation.

La Guajira has had a history of chronic food insecurity and malnutrition, even before the current influx of migrants. 53% of the department's 1 million people live below the poverty line. Over half of its residents are indigenous peoples like the Wayuu, Wiwa, Kogui, Aru-

hacos, and Afro-Colombians. The department has the highest infant mortality rate in the country, and 96% of the rural population don't have access to potable water. The region is also particularly prone to drought. With the support of various partners and community members, our initiatives address issues at three layers of the society, namely:

Individual: Here, we work with individuals to deal with personal trauma and develop life goals. Each project involves social workers who work on community development initiatives that build soft skills in individuals, including civic participation and conflict resolution.

Family & friends: This part involves strengthening mutual aid, supporting the healing process for families that were victims of forced displacement, violence, and death.

Community: Our work with members of various communities aims at establishing trust and dialogue among them, thus creating development prospects.

Interventions to improve food security and livelihoods can bolster the social fabric of vulnerable communities.

PHOTO:
MALTESER INTERNATIONAL



Development and peace go hand in hand

“Building resilient rural livelihoods and communities is a key strategy for lifting La Guajira out of poverty and promoting peace,” says Ricardo Tapia, Program Coordinator in La Guajira. “In 2019, we provided training in agroforestry, beekeeping, traditional crocheting and seafood processing. These activities have not only increased income opportunities for over 800 families (4,500 people) but have also improved relations between them.”

To combat the effects of climate change, we worked with members of the community to establish community teams for bushfire control and environmental guardians. These teams helped spread knowledge on best practices for sustainable farming, water conservation, reforestation and prevention of forest fires. Their role in preventing and controlling forest fires, often in collaboration with other community teams, has strengthened ties within and between communities.

Another aspect of Malteser International’s efforts is to provide comprehensive healthcare services that include support for better mental and community health. Over 15,000 people have been reached with physical and mental healthcare services. “Development and peace go hand in hand, so strengthening all aspects of community development, be it rural development, health, or psycho-social activities, are an important basis for fostering social cohesion,” Tapia says.

Focus on youths and women

We believe that excluding youths and women from peace-building efforts will marginalize and silence their voices. On average, the young people in the region have more years of education than the adults, and the gap is even more favorable for them in terms of access to new communication technologies, information, and knowledge.

Malteser International is developing the leadership potential of marginalized young people from the department, empowering them both to engage in decision-making and as pro-active change makers in the society. In 2019, 50 young men and women graduated from a 3-year Youth Leadership School run by Malteser International and the local organization Programa de Desarrollo y Paz del Cesar. “They have gained skills in environmental protection and hygiene that will be important for their communities,” Tapia says. “They represent a new generation of effective peace advocates in this region.”

Given the importance assigned to gender equality as a critical indicator of social cohesion, insights into the lived experiences of women in the region must be gained if they are to play a role in promoting a peaceful and cohesive society. “The violence of the past has had a huge impact on many women in the region. Addressing the impact of trauma is therefore an important building block for social cohesion, especially in a community affected by conflict and displacement.”



MALTESER INTERNATIONAL IN COLOMBIA IN 2019

> 15,000 people, including migrants, reached with medical and psycho-social care

Rural development and social integration initiatives established for multi-ethnic Venezuelan and Colombian families

50 youths trained and mentored to become empowered agents for change in their communities

Malteser International works with community therapists to help women who have experienced gender-based violence heal, regain a sense of self and a positive identity, and lay the foundations for building supportive social networks across both refugee and host communities. Participants have acknowledged positive effects, including reduced isolation, expanded social support networks, and a generally improved well-being as well as a stronger self-confidence.

“It is usually a difficult and painful process for many women, but the result is mostly personal and community healing,” Tapia says. “Ultimately, our work not only provides the support that vulnerable communities in Colombia need. Our vision for a life in health and dignity means that we must also work to promote social cohesion if we are to help usher in a new era of peace in Colombia.”



Ricardo Tapia
Program Coordinator, Malteser International in
Colombia

“Development and peace go hand in hand, so strengthening all aspects of community development are an important basis for fostering social cohesion.”

“Our water points are kept running by continuous maintenance and cooperation with the community. Quality cannot be achieved without accountability.”

Alfred Chandonga, Project Coordinator in Uganda

PHOTO: MALAIKA MEDIA



Accountability from the ground up!

As the recipient of public funds and the trust of thousands of generous individuals, Malteser International has an obligation to be transparent and accountable to our donors, partners, and the communities we work with. It is not enough that our support is well-intentioned. This conviction fuels our drive to find more effective and efficient ways of working.

How we provide assistance often tells people in need more about our values and principles than the assistance provided. Therefore, accountability is a double endeavor for us: improving the quality and effectiveness of our work, and doing so in a manner that upholds the core values we espouse – humanity, impartiality, and respect for human dignity.

People-centered support

Accountability towards people affected by crises sits at the heart of everything we do, and it is reflected in our people-centered approach to providing support. This means that we put relevant mechanisms in place to ensure that communities are meaningfully and continuously involved in decisions that directly affect them. Thus, we not only demonstrate a responsible use of power but also recognize the inherent dignities and capacities of people in crises as well as their ability to be independent.

To ensure that communities define their own needs and take ownership of the assistance they receive, our approach encompasses four actions towards them:

1. Ensuring active participation and inclusion
2. Transparent communication during assessments and project implementation
3. Allowing and listening to feedback
4. Learning from feedback gathered and adapting programs

Ensuring quality

To ensure the quality of our work, we have a quality management system in place, based on quality standards like the Core Humanitarian Standard on Quality and Accountability (CHS), an internationally recognized set of principles describing the essential elements of accountable and high-quality humanitarian aid. Malteser International is also a member of the CHS Alliance. Our activities – including our work with other partner organizations – integrate support for safe and accessible complaint mechanisms, quality, inclusive and accessible assistance as well as timely and credible investigations.

Following an internal self-assessment on our performance against the Core Humanitarian Standard (CHS), Malteser International received a certificate from the CHS Alliance.



To achieve these, Malteser International developed its internal Quality and Accountability Guidance, introducing a new central framework that informs about our work and establishes the operational standards we need to adhere to in every phase of our project cycle – from the initial concept to project closure. 2019 also saw the introduction of other guidelines, for example on Cash and Voucher Assistance, Environment and Climate Change, and Gender, Age, and Disability Inclusion.

Malteser International redoubled its efforts to protect vulnerable groups from abuse and exploitation by introducing guidelines for the Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH).

Continuous learning

Malteser International's commitment to improving its aid is reflected in our investments in innovation and learning. Lessons learnt from evaluating our work as well as feedback from the communities we serve are used to strengthen our programs. These findings also help us adapt our activities, allowing us to take responsibility for our actions and increasing our accountability to the people we support and the donors who support us.

In 2019, Malteser International conducted an external and independent evaluation of the People First Impact Method (P-FIM), analyzing three case studies from DR Congo, Uganda, and Myanmar. The evaluation showed that P-FIM offers viable solutions and real alternatives for common ways of thinking and working within the humanitarian sector and in our organization.

To support knowledge exchange and learning, we have communities of experts focusing on knowledge development and sharing of good practices. Every year, we bring our teams from different regions together in so-called Regional Learning Fora to present and discuss new developments from our core sectors and the humanitarian community. The most important aspect, however, is to create a space where our staff and partner organizations can meet in person, exchange ideas, and learn from each other. In 2019, we held two Regional Learning Fora with our Africa and Asia program staff in Kenya and Thailand respectively.

Coordinated efforts

While we believe that partnerships with local organizations are the most effective way to achieve inclusive and participatory development, our membership in various global networks helps us leverage on the knowledge, skills, reach, and expertise that network partners offer.

In Germany, the location of our secretariat, we are represented in VENRO, the umbrella organization of development and humanitarian aid non-governmental organizations (NGOs) in Germany. As part of Germany's Relief Coalition (Aktion Deutschland Hilft), we work alongside 22 other German relief organizations to provide rapid and coordinated emergency relief in severe disasters and emergency situations worldwide. Malteser International is also an active member of VOICE (Voluntary Organizations in Cooperation in Emergencies), a European network of humanitarian NGOs acting as an interlocutor with the European Union on emergency aid and disaster risk reduction.

Our P-FIM approach emphasizes active listening to understand the perception, worries, and values of a community, but also a shared ownership and responsibility for improved response.

PHOTO: MALAIKA MEDIA



From voices to choices

Expanding the decision-making influence of people affected by crises

In November, Malteser International and Kulika Uganda hosted an Innovation Forum on locally-led responses to crises and displacement on behalf of ReflACTION. The event held at the Makerere University in Kampala brought more than 100 humanitarian frontline workers together as they shared knowledge about how affected demographic groups can drive their own crisis response.

Participants started by highlighting approaches that focus on the demands and responsibilities of people affected by crises and displacement. By recognizing the potential of these methods, communities can leverage on resources available to them in their response to crises and identify gaps that can be filled with external support. This allows for international organizations like Malteser International to play a complementary role by providing access to technology, innovation tools, and specific knowledge.

The strategy promotes healthy ecosystems in which a range of local and international stakeholders recognize and complement one another's strengths. However, complementarity is not the only aim. The mindset underlying the approaches presented in the forum is one that – in line with the Principle of Humanity and Subsidiarity – acknowledges a person's dignity and agency in their own crisis response.

“Anything without us is not for us”

Communities thrive best when they are given the opportunity to voice their preferences and actively work towards desired outcomes in crisis response programs.

While mounting rapid responses to sudden-onset emergencies remains important to save lives, international humanitarian organizations must increase their engagement with the communities they work with. Rapid interventions not only risk overwhelming local capacities but may also lead to wrong assumptions and expectations on both sides. Consequently, methods like the People First Impact Method (P-FIM) emphasize the value of engaging with communities through goal-free communication that enables members of the communities to discuss issues most important to them without predefined questions from external organizations.

Find more: [Malteser International's P-FIM](#) and [ReflACTION](#)



Participants at the Innovation Forum shared their views on the future of international response to crisis.

PHOTO: MALAIKA MEDIA



Roland Hansen
Head of Regional Group Africa at
Malteser International

“This is where trust comes in. To understand people’s concerns, fears, and motivation as well as their coping strategies, we must trust each other. A relationship of trust gives us the opportunity to provide adequate relief services if needed.”

Program Overview 2019: **Asia**

Total expenditure in dollars: 9,690,424 | previous year: 17,343,166

(including other funds from contracts already booked in the previous year)

| Country/project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|---|----------------|---|---|--|
| Afghanistan³ 3,359 | 2 | Kabul Province: – Basic medical care for host communities, internally displaced people (IDPs), and returning Afghan refugees | AA, ADH | Union Aid |
| Bangladesh¹ 871,144 | 3 | Cox's Bazar: – Primary healthcare, food security, and psycho-social support for refugees and host communities – Resilience strengthening of host communities through economic and political participation to cope with the impacts of the refugee influx Kurigram and Gaibhanda: – Cash distribution for flood relief in the regions of Kurigram and Gaibhanda | AA, ADH, BMZ | GK, Coast Trust |
| Cambodia³ 24,913 | 2 | Samrong: – Improving the health situation by strengthening self-help initiatives in the areas of water, sanitation, and hygiene Siem Reap: – Improving food and livelihood security for women and children | ADH, BMZ | CHHRA, FLD |
| India³ 50,091 | 4 | Tamil Nadu: – Improving the health and education situation of vulnerable youths Rajasthan: – Ensuring food security and strengthening resilience against droughts among marginalized 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 – Organisation for Development Education, SSK, Catholic Diocese of Muvattupuzha |
| Indonesia³ 53,588 | 1 | Central Sulawesi and Sunda Strait: – Emergency relief and reconstruction for communities affected by tsunami and earthquake | ADH, State Chancellery of North Rhine-Westphalia, Germany | YEU |
| Myanmar¹ 4,259,451 | 16 | Northern and central Rakhine State: – Emergency relief supplies of household goods – Primary healthcare 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, mangrove plantations 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 – Active inclusion of people with disabilities in disaster preparedness processes at local, regional, and national levels – Improving access to health and sanitation facilities and promoting an inclusive peace process – Organizational development support for national partners Shan State and Wa Self-Administered Division: – Prevention and treatment of malaria, HIV/AIDS and tuberculosis in cooperation with local health authorities – 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, WFP, WorldFish | Back Pack Health Worker Team – BPHWT, CERA, KDN, KDH, MILI |

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)
GF: The Global Fund
GIZ: Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
UNICEF: United Nations International Children's Emergency Fund
UN OCHA: United Nations Office for the Coordination of Humanitarian Affairs
WCFE: World Child Future Foundation
WFP: World Food Programme

| Country/project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|---|----------------|---|--|----------------------------|
| Nepal ¹ 228,008 | 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 psycho-social 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 1,036,315 | 2 | <p>Khyber Pakhtunkhwa Province (KP), Swat:</p> <ul style="list-style-type: none"> – Improving living conditions in rural communities <p>Sindh Province, Sangha District:</p> <ul style="list-style-type: none"> – Strengthening resilience through disaster preparedness, water, sanitation, hygiene, and food security | AA, ADH, BMZ | HUJRA |
| Philippines ^{1,2} 726,411 | 5 | <p>Northern Samar/ Visayas Province:</p> <ul style="list-style-type: none"> – Improving 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 – Shelter assistance to households affected by Typhoon Tisoy – Assessment and concept note development for a solid waste management project <p>Benguet Province/Luzon:</p> <ul style="list-style-type: none"> – Improving access to clean drinking water and sanitation, hygiene awareness activities, and disaster preparedness <p>Manila/Luzon:</p> <ul style="list-style-type: none"> – Organizational strengthening of the Order of Malta Philippines | ADH, private donors | Order of Malta Philippines |
| Thailand ¹ 2,166,940 | 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-Stiftung, Europe-Aid, Thai.Ger, WCFE | HI |

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
FLD: Farmer Livelihood Development
GK: Gonoshastaya Kendra
HI: Humanity and Inclusion
HUJRA: Holistic Understanding for Justified Research and Action
ICSC: Indrawatee Community Service Centre
KDHW: Karen Department of Health and Welfare
KDN: Karen Development Network
MIL: Myanmar Independent Living Initiative
PFF: Pakistan Fisherfolk Forum
RSDC: Rural Self-reliance Development Centre
SSK: Sabhaghi Shikshan Kendra
YAKKUM: Yayasan Kristen untuk Kesehatan Umum

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-project expenses (including logistics, quality assurance etc.): \$ 270,206

Program Overview 2019: Middle East

Total expenditure in dollars: 45,874,674 | previous year: 20,554,797

(including other funds from contracts already booked in the previous year)

| Country/ project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|---|-------------------|--|---|--|
| Iraq ^{1,3} 24,283,642 | 5 | <p>Dohuk:</p> <ul style="list-style-type: none"> – Primary healthcare services for internally displaced people and host communities affected by conflict through health centers inside camps and mobile clinics – Supply of medicines and medical equipment for healthcare facilities – Providing psycho-social and employment support for women dealing with war trauma and members of communities affected by conflict – Livelihood activities (distribution of livestock) <p>Nineveh:</p> <ul style="list-style-type: none"> – Medical aid for internally displaced people, returnees, and host communities affected by conflict through mobile medical teams and primary healthcare in refugee camps – Reconstruction of a primary healthcare unit and training of medical personnel – Legal counselling and awareness sessions for GBV and other protection topics – Assisted return of displaced people to their homelands: repair and reconstruction of destroyed homes for returnees – Rehabilitation and reconstruction of kindergartens and community spaces – Rehabilitation of schools and training for teachers – Livelihood activities (business grants, rehabilitation in agriculture, training programs) – Social cohesion program with various activities | AA, ADH, BMZ, SEZ, Stiftung Seliger Gerhard | 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, UPP, SP, PIN |
| Lebanon ³ 3,734,440 | 3 | <p>North Lebanon, Bekaa Valley, South Lebanon:</p> <ul style="list-style-type: none"> – Providing primary healthcare services for Syrian refugees and vulnerable Lebanese communities through mobile medical units – Rehabilitation of a basic healthcare center with attached medical laboratory <p>Bekaa Valley:</p> <ul style="list-style-type: none"> – Improving access to primary and secondary healthcare services for residents and refugees in Deir-El-Ahmar | AA, BMZ, Stiftung Seliger Gerhard | Lebanese Association of the Order of Malta |
| Syria ³ 15,951,153 | 3 | <p>Northwest Syria:</p> <ul style="list-style-type: none"> – Providing primary and secondary healthcare services in three hospitals, eleven basic health centers, two blood banks, and two clinics for children with thalassemia – Construction of 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 people – Winterization project with distribution of mattresses and blankets to IDPs | AA, ADH, NiN, Stiftung Seliger Gerhard | IDA, MFRD, HIHFAD |
| Turkey ³ 648,377 | 8 | <p>Gaziantep:</p> <ul style="list-style-type: none"> – Strengthening resilience of Syrian refugees through outpatient rehabilitation measures and psycho-social support for people with physical challenges or disabilities from war injuries and their families as well as working to strengthen Syrian civil society in Turkey – Developing the capacities of Syrian partner organizations, integrating qualified Syrian personnel into the Turkish labor market <p>Reyhanli:</p> <ul style="list-style-type: none"> – Daycare 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 psycho-social care <p>Istanbul (Küçükçekmece and Fatih):</p> <ul style="list-style-type: none"> – Operation of two informal training centers for Syrian refugees in the districts of Küçükçekmece and Fatih: vocational and general training courses, psycho-social support for course participants and career guidance counselling for job-seeking 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 labor market, psycho-social support services, recreational activities for women of the local host community and Syrian immigrants to foster social cohesion | BMZ, NiN, Gerda Henkel Stiftung | 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: Nächster in Not, Austria
 SEZ: Stiftung Entwicklungszusammenarbeit Baden-Württemberg

List of abbreviations

Partners:

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
 HIHFAD: Hand in Hand for Aid and Development
 MFRD: Maram Foundation for Relief and Development
 PIN: People in Need
 SP: Samaritans Purse
 TOF: The Orient Face
 UPP: Un ponte per...

Cross-project expenses (including logistics, quality assurance etc.): \$ 1,257,062

Program Overview 2019: Americas

Total expenditure in dollars: 4,079,711 | previous year: 4,710,626
(including other funds from contracts already booked in the previous year)

| Country/ project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|---|-------------------|--|---|--|
| Bahamas ³ 93,996 | 1 | Marsh Harbour, Abaco Island, Bahamas: – Supporting the rehabilitation of education facilities in Marsh Harbour, Abaco Island – Bahamas | Private donations, ADH | AHAH, ECC |
| Haiti ¹ 1,201,111 | 4 | 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 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, 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 | BMZ, GFFP, Mercy Works | AHAAMES, La Différence, PENAH, RRHCIPROG, UJEDCOCIS |
| Colombia ¹ 2,147,837 | 5 | La Guajira: – Providing primary healthcare in permanent and mobile clinics, psycho-social care, pre- and post-natal care for pregnant women and covering basic needs for vulnerable refugees, migrants and returnees from Venezuela, including distribution of food and material goods in informal settlements and in UNHCR reception centers – (Re)Integration of refugees, migrants and returnees from Venezuela into rural indigenous and Afro-Colombian host communities – Psycho-social care, particularly targeting women and youths, and establishment of a self-help group – Creating livelihoods for Venezuelan refugees and host communities by using environmentally friendly and more productive farming practices and by providing income-generating activities through e.g. the construction of a fish-processing site. – Strengthening the response capacity of vulnerable demographic groups in case of forest fires and floods on a local and regional level in La Guajira – Harnessing the potential of the young generation to become agents of change within their communities by creating perspectives and supporting them in their personal development Magdalena & La Guajira: – Improving access to basic healthcare, maternal and infant health and psycho-social counselling/strengthening of self-help capacities for survivors of gender-based violence in remote rural communities that were affected by conflict and internal displacement – Improving prevention of communicable infectious diseases | AA, BMZ, ADH, EIB, GFFP | ABIUDEA, Colombian Association of the Order of Malta, Malteser Colombia, PDPC |
| Mexico ² 76,668 | 2 | Mexico City: – Protecting children of mothers living with HIV/AIDS against infection, providing psycho-social support and creating a healthy environment for both mother and child – Strengthening disaster preparedness capacities in schools and communities affected by the 2017 earthquake in Mexico City | BILD hilft e.V. »Ein Herz für Kinder«, ADH, private donations | Mexican Association of the Order of Malta |
| Peru ^{2,3} 7,890 | 1 | Lima and Querecotillo: – Supporting the social programs run by Malteser Peru, including a soup kitchen for children at school and services for the elderly | Private donations | Malteser Peru |
| USA ^{1,2,3} 263,004 | 1 | – Building and strengthening capacities in emergency relief and disaster preparedness within Malteser International Americas partner network (USA, Mexico, Colombia) | ADH | 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
UNHCR: United Nations High Commissioner for Refugees

Partners

ABIUDEA: Asociación de Biólogos de la Universidad del Atlántico
AHAAMES: Asyosyasyon Agrikiltè Ak Elvè Kadik Bèlans
AHAH: All Hands and Hearts Smart Response
ECC: Every Child Counts
PENAH: Pépinière des Enfants pour l'Avenir d'Haiti
PDPC: Programa de Desarrollo y Paz del César
RRHCIPROG: Rassemblement des Rapatriés Haïtiens et des Citoyens Progressistes
UJEDCOCIS: Union des Jeunes pour le Développement durable de la commune de Cité Soleil

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-project expenses (including logistics, quality assurance etc.): \$ 289,206

Program Overview 2019: Africa

Total expenditure in dollars: 21,543,366 | previous year: 24,112,969

(including other funds from contracts already booked in the previous year)

| Country/ project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|---|-------------------|---|--|---|
| Burundi ³ 143,782 | 1 | Muyinga Province and Bujumbura: – Improving food and nutrition security | ADH | Fondation Stamm |
| DR Congo ^{1,3} 9,718,531 | 8 | Ituri and Haut-Uélé Provinces: – Improving access and quality of healthcare for the population through strengthening the national health system in seven health zones (including seven general referral hospitals and about 140 health centers): improving service delivery through trainings of health workforce, construction/rehabilitation of adequate infrastructure, provision of medical equipment, improving the use of health information tools, subsidization of essential medicines, financial support of health authorities, hospitals and health centers and improving leadership/governance of these institutions – Preparing the health system for epidemic outbreaks such as Ebola; epidemic response plans, emergency stocks of essential medicine and personal protective equipment, training of health authorities and healthcare staff in infection prevention and control (IPC) and case management – Response to the Ebola outbreak in Ituri: community awareness (P-FIM, radio, etc.), treatment of suspected cases in transit centers and mobile isolation units, infection prevention and control (IPC) training and case management at health facilities, support for screening points Health zones of Adi (Ituri) and Aba (Haut Uélé) bordering South Sudan: – Free healthcare services, treatment of acute malnutrition, and provision of water for refugees from South Sudan and host communities – Improving the water, sanitation, and hygiene conditions of the population and in schools with a special focus on preventing epidemics and a rapid response to outbreaks – Menstrual hygiene management in the Meri refugee camp (education, distribution of menstrual hygiene material for girls and women) – Improving food and nutrition security of vulnerable groups (incl. refugees from South Sudan) through provision of seeds and trainings on improved agricultural techniques Mahagi Territory: – Free healthcare services for internally displaced people from Djugu territory – Improving infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) in health centers caring for displaced people Kasai Central Province: – Improving access and quality of healthcare for the population through strengthened national health system in five health zones (including five general referral hospitals and about 100 health centers); training of healthcare workers to improve service delivery, construction/rehabilitation of adequate infrastructure, provision of medical equipment, improving the use of health information tools, financial support of health authorities and strengthening leadership/governance of these institutions – Preparing the health system for epidemic outbreaks such as Ebola; epidemic response plans, emergency stocks of essential medicine and personal protective equipment, training of health authorities and healthcare staff in infection prevention and control (IPC) and case management Bas-Uélé Province, Bondo Territory: – Improving access and quality of health services for the population through health system strengthening in two health zones in Northern Bondo Territory (two general referral hospitals, about 25 health centers) – Preparing healthcare providers for possible epidemic outbreaks and ensuring greater responsiveness in the event of an outbreak – Free healthcare services and treatment of acute malnutrition for refugees from the Central African Republic – Preparing the health system for epidemic outbreaks such as Ebola; epidemic response plans, emergency stocks of essential medicine and personal protective equipment, training of health authorities and healthcare staff in infection prevention and control (IPC) and case management | AA, ADH, BMZ, EuropeAid, Stiftung Seliger Gerhard, University of Antwerp | CAAMENIHU, EUP FASS, local health authorities, state health centers and hospitals |
| Guinea ¹ 63,063 | 1 | – Improving access to healthcare services in Central Guinea and epidemic prevention in the wake of the Ebola crisis | ADH | AMALTE Guinée |

List of abbreviations

Donors:

AA: German Federal 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)
FAO: Food and Agriculture Organization of the United Nations
GFFP: Global Fund For Forgotten People
GIZ: Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
ECHO: European Civil Protection and Humanitarian Aid Operations
NIN: Nachbar in Not Austria
OMF: Overseas Ministry Fund
PRM: Bureau of Population, Refugees, and Migration
UNICEF: United Nations International Children's Emergency Fund

| Country/ project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|--|-------------------|--|---|--|
| Kenya/ Ethiopia ^{1,3} 1,686,699 | 7 | <p>Marsabit County:</p> <ul style="list-style-type: none"> – 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>Marsabit County (Kenya) and cross border with Omorate (Ethiopia):</p> <ul style="list-style-type: none"> – Improving food security and resilience of vulnerable semi-nomadic communities in drought areas in northern Kenya and southern Ethiopia <p>Nairobi:</p> <ul style="list-style-type: none"> – Combatting tuberculosis – Improving management of non-communicable diseases in informal settlements <p>Kakuma, Turkana:</p> <ul style="list-style-type: none"> – Construction of a maternity ward <p>Nationwide:</p> <ul style="list-style-type: none"> – German-Kenyan multi-stakeholder partnership to promote less-favored healthcare sectors – Improving emergency medical services | AA, ADH, AMREF, BMZ, NiN | AIHD, ECC SDCO, health authorities, KHF, AMREF, EMU, PACIDA, public and private health facilities |
| Mozambique ¹ 180,396 | 2 | <p>Nhangau: response in the aftermath of Cyclone Idai</p> <ul style="list-style-type: none"> – Reducing vulnerability of the population of Nhangau through reconstructing community infrastructure after Cyclone Idai, including roofing of a health center and a school complex and providing equipment and furniture – Reducing public health risks after Cyclone Idai through clean-up activities by equipped cleaning committee, public and household-level awareness sessions, including key messages such as prevention of water-borne diseases through handwashing and hygiene | NIN, OMF, European Investment Bank, private donations | THW |
| Nigeria ^{1,3} 1,531,475 | 2 | <p>Maiduguri and surrounding areas:</p> <ul style="list-style-type: none"> – Improving water, sanitation and hygiene conditions for internally displaced people, and host communities in Maiduguri, Jere, Konduga, and Mafa <p>Pulka:</p> <ul style="list-style-type: none"> – Improving water, sanitation, and hygiene conditions for internally displaced people, including long term camp residents and new arrivals – Hygiene promotion sessions with trained volunteers <p>Southern Borno State:</p> <ul style="list-style-type: none"> – Construction of water points in host communities and villages in Biu | AA, GIZ, Stiftung Seliger Gerhard | |
| South Sudan ^{1,3} 4,380,725 | 12 | <p>Deim Zubeir:</p> <ul style="list-style-type: none"> – Emergency relief in the areas of water, sanitation, and hygiene – Emergency assistance for displaced people 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 and nutrition through agricultural trainings, distribution of inputs, and home gardening in poorly resourced urban communities in Juba and peri-urban surrounding areas – Improving the nutrition and hygiene situation in schools through school gardens and nutrition awareness as well as hygiene promotion – Improving access to clean water, sanitation, and hygiene for low-income communities, at schools, public places, and healthcare centers in Juba and the surrounding area through the construction of latrines, rehabilitation of boreholes, and hygiene promotion using the Community Led Total Sanitation (CLTS) approach <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 people – Distribution of farming tools and seeds to people most in need, and provision of training in modern agricultural techniques and fishing – Sustainable improvement of food and nutrition security and water supply for vulnerable demographic groups in underserved communities and six schools in the peri-urban areas of Wau through agricultural trainings, demonstration fields, distribution of inputs, and the establishment of home and school gardens – Vocational training and income-earning opportunities for demographic groups affected by the conflicts in Wau and the Bahr el Ghazal region <p>Yei area:</p> <ul style="list-style-type: none"> – Renovation of a hospital ward serving tuberculosis patients and provision of medicines and medical supplies to support hospital | AA, ADH, BMZ, FAO, Stiftung Seliger Gerhard, UNICEF | Department of Public Utilities, Agok Leprosy Training Center, schools in Wau, Maridi, and Juba, local authorities, Ministry of Health, New Sudan Women Federation, RAAH, German Toilet Organisation, Don Bosco Vocational Training Center, Catholic University of South Sudan, Ministry of Education, Yei Civil State Hospital, Catholic Bishop's Secretariat |

**List of abbreviations
Partners:**

AAPU: Association of Ambulance Professionals Uganda
ADP: Association pour le Développement et la Paix
AIHD: African Institute for Health and Development
AMREF: Amref Health Africa
CAMENIHU: Centrale d'Achat et d'Approvisionnement en Médicaments Essentiels du Nord-Ituri et du Haut-Uélé
CADIMEK: Centrale d'Approvisionnement et de Distribution de Médicaments Essentiels de Kananga
CAFOMI: Care and Assistance for Forced Migrants
DBVTC: Don Bosco Vocational Training Center
ECC SDCO: The Ethiopian Catholic Church Social and Development Commission
ECO: Ecological Christian Organization Uganda
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 Uganda
OPM: Office of Primeminister, Uganda
PACIDA: Pastoralist Community Initiative Development and Assistance
RAAH: Rural Action Against Hunger
THW: Federal Agency for Technical Relief (Bundesanstalt Technisches Hilfswerk)
TVRA: The Victim Relief Alliance
UAP: Ugandan Association of Physiotherapy
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

| Country/ project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|--|-------------------|--|--|--|
| Tanzania ³ 116,160 | 1 | Kakonko District (Mtendeli & Nduta refugee camps): – Surgery and maternity care for refugees in the 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} 3,132,201 | 5 | Arua, Yumbe and Gulu Districts: – 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 – Supporting sustainable maintenance of the water infrastructure in Rhino Camp, Arua District, northern Uganda Kampala: – 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 Nationwide: – Improving emergency medical service through training of specialists and establishing 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, Stiftungen, Stiftung Seliger Gerhard | GoU, IBSF, Lubaga Hospital, MoH, Su-ubi Lyaffe, UNHCR, AAPU, CAFOMI, Caritas Nebbi, ECO Uganda, Kulika Uganda, TVRA, UAP |

Cross-project expenses (including logistics, quality assurance etc.): \$ 590,333

Program Overview 2019: **Europe**

Total expenditure in dollars: 1,176,000 | previous year: 1,542,995
(including other funds from contracts already booked in the previous year)

| Country/ project expenses in USD | No of projects | Project location and short description | Donors | Partners |
|---|-------------------|--|--|---|
| Albania ² * | 1 | Durres, Thumane, Lezha, and surrounding regions: – Multi-sectoral emergency relief after the November 2019 earthquake, including camp coordination, set-up of a first-aid tent, deployment of medical units, distribution of food and hygiene items, set-up of four after school programs, earthquake preparedness sessions in schools, and preparedness workshops with municipalities | ADH | Malteser Albania |
| Germany 231,799 | 2 | Bavaria and Thuringia: – Reconstruction of two schools and financial support for individuals, psycho-social support Saxony and Saxony-Anhalt: – Financial support for private individuals, psycho-social support | AA, ADH, Stiftung RTL – Wir helfen Kindern | Malteser Hilfsdienst e.V. Germany |
| Ukraine ^{2,3} 944,201 | 1 | Donetsk, Lugansk, Kiev and surrounding regions: – Individual and group psycho-social care for people suffering trauma resulting from the conflict in Ukraine – Enhancing local capacities to deal with mental health consequences of the conflict through training and mentoring for psycho-social care specialists, including relevant authorities as well as training for mobile medical teams to provide therapeutic support | AA/ADH | Malteser Ukraine, Mental Health Service, Worte Helfen (affiliated with the National University Kiev-Mohyla Academy) |

List of abbreviations

Donors:

AA: German Federal Foreign Office (Auswärtiges Amt)
ADH: Germany's Relief Coalition (Aktion Deutschland Hilft)

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

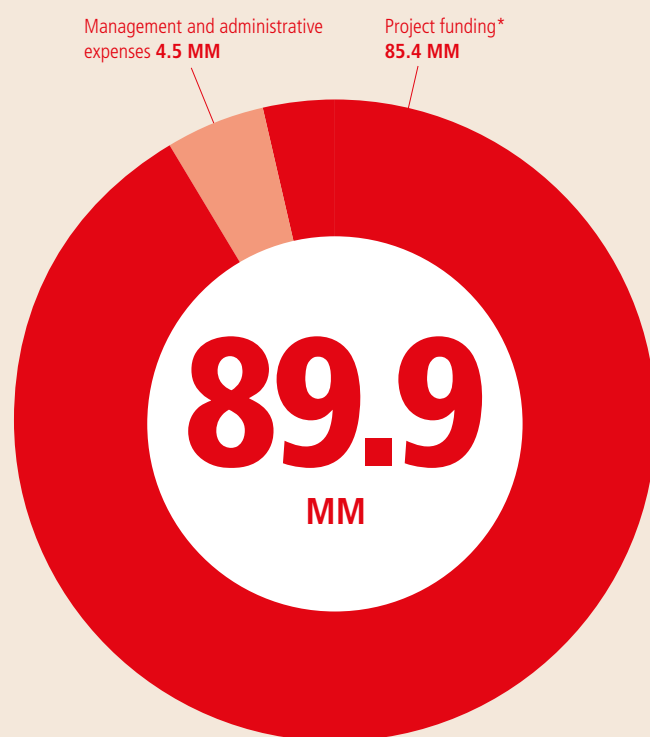
³ Projects implemented by local partner organizations with support from Malteser International

*Expenses not yet booked at time of publication, will be presented in next year's report.

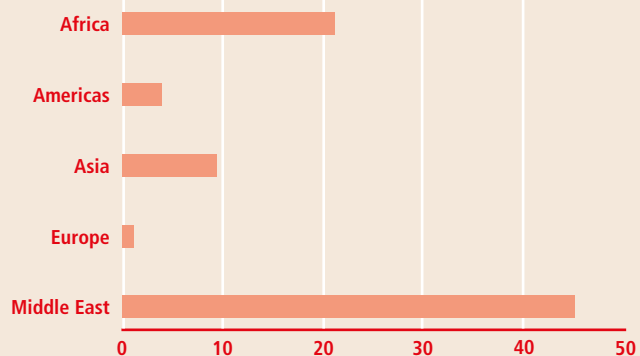
Financial Report 2019

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

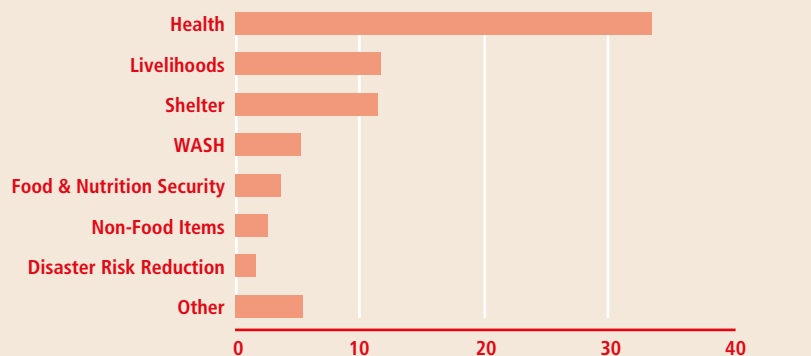
Total expenditure (in dollars)



Project funding by region (in millions of USD)



Project funding by sectors (in millions of USD)



*Project funding includes a sum of \$ 3 million resulting from adjustments to donor contracts

Secretary General's Report: structural development and strategic direction

Even though aid projects receive more money than they did in the past, the amount available to support each individual has decreased. This is due to the enormous surge in the number of people in need of help as well as the increasingly long-term nature of the crises that place them in need. Despite what we were up against in 2019, we and our partners and supporters rose to the task of providing comprehensive help to millions of people in need while maintaining the highest quality standards and developing innovative ways to work more effectively.

Strengthening emergency relief and international networks

Responding to emergencies demands significant operational engagement, readily available staff and resources as well as an effective, coordinated humanitarian response. We continue to work on strengthening our emergency relief team in terms of personnel, equipment,

and training to ensure that they are prepared to meet even the most serious of challenges. In 2019, Malteser International's Emergency Medical Team (EMT) held its first major simulation exercise in cooperation with Malteser Hospitaldienst Austria, following its classification by the WHO in 2018.

Our international networks and partnerships remain key to how we work. In 2019, we continued to expand and strengthen our work with partners and deepen our cooperation with the national organizations of the Order of Malta. Together with the affected people themselves, our local partners are usually amongst the first to respond when disaster strikes. We seek to develop these partnerships in the long term through ongoing co-operation with our partners and by working to increase their skills and capacity. By joining forces with multi-lateral institutions, local agents, and other organizations, we create and scale positive impact. A significant development in this regard was the Innovation Forum co-organized by Malteser International in Uganda where crisis response knowledge and experiences were shared by the affected population (see p. 21).

Organizational development

Malteser International remains committed to working in a way that allows people affected by disasters to help themselves first, filling gaps only as needed. In the spirit of fostering the development of national and regional humanitarian structures, we are gradually moving away from the fragmentary, project-based support of local civil society organizations towards favoring regional programs that empower local agents to shape their own response. Following a self-assessment against the Core Humanitarian Standard (CHS), we ran a global process to strengthen the consistent application of quality standards in our work worldwide.

Malteser International and Malteser Hospitaldienst Austria cooperated in a joint exercise. General objective was to train the Emergency Medical Team (EMT) in an emergency response scenario.

PHOTO:
MALTESER INTERNATIONAL





Being able to create and collaborate seamlessly makes any organization more effective. In 2019, we developed our IT infrastructure to include cloud-based productivity tools that support internal communication, teamwork, learning, and knowledge management. These tools are now facilitating collaboration with our headquarters and across program locations.

Financial developments

2019 was Malteser International's busiest year. We were able to provide \$85 million worth of life-saving support for people in need. We are proud of our financial efficiency and accountability as we work to maximize the value of every cent we receive. Over the past five years, we have been able to maintain standards ensuring that more than 90% of funds are used for programs on the ground. During the last four years, our total program volume has more than doubled (see financial development on p. 33), indicating the trust that donors and stakeholders place in us as well as the growing need for our work.

Personnel development

None of our current efforts and future aspirations would be possible without the commitment, skill and resilience of Malteser International's staff around the world. These colleagues – particularly in our field offices – face enormous obstacles, including challenges to their own safety and to their personal and family lives. They deserve not only gratitude for a job well done, but also strong support to help them through any hardships they may face.

In 2019, Malteser International employed 897 staff members from over 40 different countries of origin. Our project locations employed 747 local (permanently resident), and 69 international (expatriate) members of staff. We take care to employ staff members who are highly qualified in their area of expertise and who also have the ability

to work in disaster situations, as well as to provide regular training to ensure they remain up to speed.

At the end of 2019, Sid Johann Peruvemba left his position as Vice Secretary General and Program Director after a long and distinguished career at Malteser International. His service has not only left our organization stronger but also fit for the future. I want to thank Mr. Peruvemba for his exemplary leadership through a period of tremendous growth and change. I wish him all the best as he takes on the role of CEO at one of our closest partner organizations.

Former Vice Secretary General and Program Director, Peruvemba (m), receives the Order of Malta's Commander Cross pro Merito Melitensi for his services at Malteser International

PHOTO: MALTESER INTERNATIONAL

Looking ahead

We live in times of great change, and our organization will not stand still. As humanitarian needs grow worldwide, we will continue to work on ensuring that Malteser International's structure remains efficient and secure in the future.

In the coming years, Malteser International will strive to work more and more effectively with partners while strengthening our efforts in the areas of peace building and sustainable development in the spirit of the 2030 agenda.



Ingo Radtke
Secretary General

“We live in times of great change, and this organization will not stand still.”

Financial overview 2019

Revenue sources (Consolidated financial statements for 2019)

The total revenue includes a sum of \$ 33.5 million allotted to projects in the previous fiscal year. These funds are restricted to multi-year projects with expenses spread over the planned project duration.

Revenues from public-sector grants amounted to \$ 37.9 million (\$ 81.4 million in 2018) of the total income of around \$ 56.4 million (\$ 108.2 million in 2018).

Other revenue includes adjustments of partner contracts, sales revenues, exchange gains, income from the release of provisions

Our coalitions helped us raise \$ 4.1 million (\$ 3.2 million in 2018).

We received \$ 358,240 (\$ 6.6 million in 2018) through grants from foundations and other non-governmental organizations.

| | |
|--|-------------------|
| Total revenue (in USD) | 89,873,454 |
| Funds received in 2019 | 56,473,416 |
| Germany | 35,997,454 |
| Federal Foreign Office (AA) | 19,488,178 |
| Federal Ministry for Economic Cooperation and Development (BMZ) | 15,955,001 |
| Gesellschaft für Internationale Zusammenarbeit (GIZ) | 554,275 |
| European Union | 962,770 |
| ECHO (Directorate-General for European Civil Protection and Humanitarian Aid Operations) | 951,575 |
| EuropeAid | 11,195 |
| United Nations | 1,040,336 |
| United Nations High Commissioner for Refugees (UNHCR) | 73,508 |
| World Food Program (WFP) | 8,964 |
| WorldFish | 58,738 |
| United Nations Food and Agricultural Organization (FAO) | 64,638 |
| United Nations International Children's Emergency Fund UNICEF | 834,488 |
| Total | 38,000,560 |
| Donations & International Order of Malta network | |
| Donations | 7,581,772 |
| Other revenue* | 6,374,659 |
| Malteser Hospitaldienst Austria | 33,585 |
| Global Fund for Forgotten People, Order of Malta | 30,000 |
| Total | 14,020,015 |
| Coalitions | |
| Aktion Deutschland Hilft | 3,896,882 |
| Nachbar in Not | 197,694 |
| Total | 4,094,576 |
| Foundations and other NGOs | |
| Arbeiter-Samariter-Bund (ASB) | 19,032 |
| German Toilet Organization (GTO) | 153,717 |
| International Organization for Migration (IoM) | 51,176 |
| Alfred Neven DuMont Stiftung | 78,365 |
| Total | 358,265 |

Total revenue (in millions of USD)

89.9

Earmarked funds from previous years

33.5

National and international public grants

37.9

Donations & International Order of Malta network

14

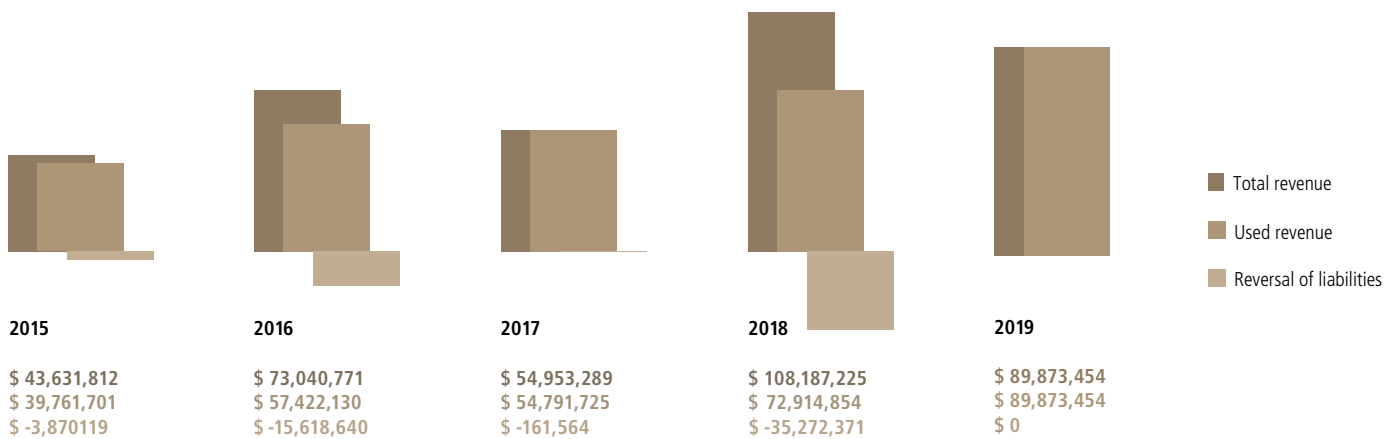
Coalitions

4.1

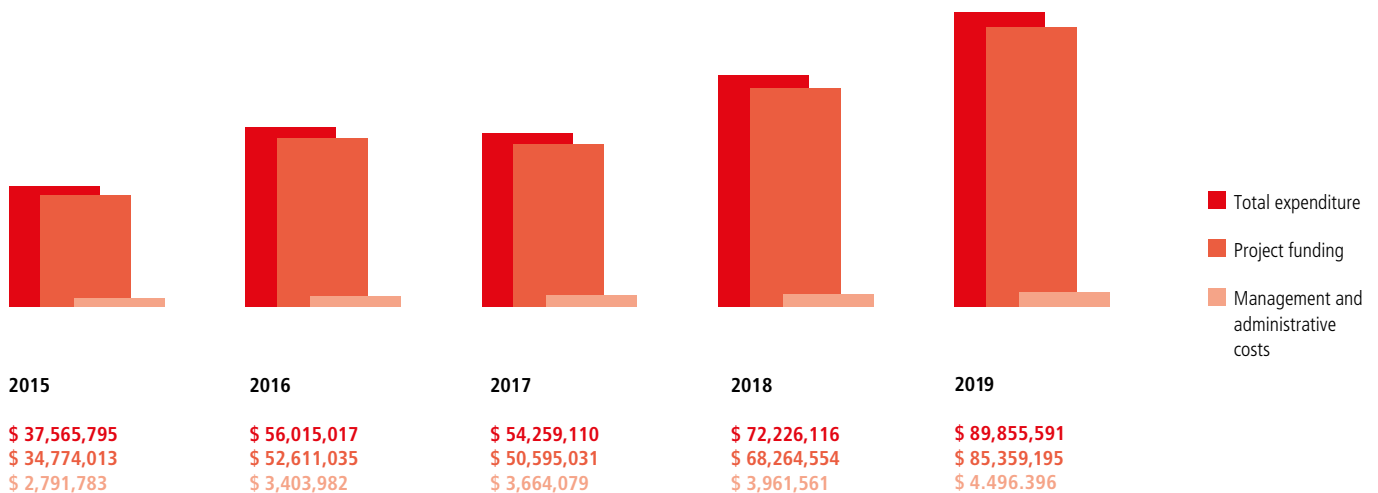
Foundations and other NGOs

0.4

Development of revenue



Development of project volume



2019 financial results: \$ 17,863

These are the consolidated financial accounts of Malteser International and the regional entities – Malteser International Europe and Malteser International Americas, as of December 31, 2019. Malteser International's 2019 revenue of \$89.9 million represents a 15% decrease on the previous year. The total revenue includes unspent restricted funds of \$33.5 million from the previous year and \$56.4 million derived from government and multilateral institutions, Malteser International affiliates, fundraising coalitions, foundations, and other organizations.

Malteser International uses all entrusted funds economically, efficiently and in a goal-oriented manner to fulfill its tasks while working to ensure that administration and management costs remain proportional to the project expenses. In 2019, we spent a total of \$89.9 million on our program activities, 27% more than the year before and the highest amount ever recorded. Management and administrative costs rose slightly to \$4.5 million (\$4 million in 2018), reflecting the increase in operational activities.

Complete financial facts and figures:
mint.ngo/finances

Annual accounts

Consolidated Balance Sheet as of December 31, 2019

| Assets (in dollars) | MI Europe Cologne USD | MI Americas New York USD | MI e.V. Cologne USD | Elimination of internal transactions USD | MI total 31/12/2019 USD | MI total previous year USD |
|---|-----------------------------|--------------------------------|---------------------------|---|-------------------------------|----------------------------------|
| A. Fixed assets | | | | | | |
| Tangible assets | | | | | | |
| Operating and business equipment | 266,992.13 | 20,373.87 | 0.00 | 0.00 | 287,366.00 | 227,452.98 |
| B. Current assets | | | | | | |
| I. Receivables and other assets | | | | | | |
| 1. Trade receivables | 0.00 | 2.34 | 0.00 | 0.00 | 2.34 | 21,704.83 |
| 2. Receivables from related corporate entities | 1,002,739.09 | 186,200.43 | 0.00 | -219,785.43 | 969,154.09 | 49,623.64 |
| 3. Receivables from Malteser Hilfsdienst e.V. – internal – | 5,067,014.89 | 0.00 | 0.00 | 0.00 | 5,067,014.89 | 1,640,184.95 |
| 4. Other assets | 55,955,178.24 | 10,271.96 | 13,091.68 | 0.00 | 55,978,541.88 | 81,985,996.25 |
| | 62,024,932.23 | 196,474.73 | 13,091.68 | -219,785.43 | 62,014,713.21 | 83,697,509.67 |
| II. Cash in hand, bank balances, and checks | 21,824,153.68 | 748,515.39 | 132,953.09 | 0.00 | 22,705,622.16 | 26,483,006.63 |
| | 83,849,085.92 | 944,990.12 | 146,044.76 | -219,785.43 | 84,720,335.37 | 110,180,516.30 |
| C. Accruals and deferred income | 166,859.18 | 6,300.65 | 4,664.59 | 0.00 | 177,824.42 | 173,870.25 |
| | 84,282,937.23 | 971,664.64 | 150,709.35 | -219,785.43 | 85,185,525.79 | 110,581,839.53 |
| Equity and liabilities | | | | | | |
| A. Equity | | | | | | |
| I. Assets of the association | 6,260,555.87 | 281,865.44 | 98,228.06 | 0.00 | 6,640,649.37 | 5,955,856.08 |
| II. Equity difference resulting from currency conversion | 0.00 | -550.29 | 0.00 | -419,959.90 | -420,510.18 | 4,117.48 |
| III. Annual surplus | -146,669.80 | 158,510.60 | 6,022.04 | 0.00 | 17,862.83 | 673,398.78 |
| | 6,113,886.07 | 439,825.75 | 104,250.10 | -419,959.90 | 6,238,002.02 | 6,633,372.33 |
| B. Accrued liabilities – other accrued liabilities | 1,303,139.57 | 0.00 | 8,396.25 | 0.00 | 1,311,535.82 | 1,360,206.87 |
| C. Liabilities | | | | | | |
| 1. Liabilities from goods and services | 2,472,166.74 | 61,194.30 | 0.00 | 0.00 | 2,533,361.04 | 899,360.94 |
| 2. Liabilities towards corporate bodies with which there is a participatory interest | 10,422.38 | 0.00 | 0.00 | 0.00 | 10,422.38 | |
| 3. Liabilities to related parties | 222,644.39 | 0.00 | 33,585.00 | 200,174.46 | 456,403.85 | 5,166.16 |
| 4. Liabilities to Malteser Hilfsdienst e.V. – internal – | 726,815.27 | 0.00 | 0.00 | 0.00 | 726,815.27 | 569,265.81 |
| 5. Liabilities on assigned revenue | 49,433,767.57 | 469,826.44 | 0.00 | 0.00 | 49,903,594.00 | 83,298,508.89 |
| 6. Other liabilities | 24,000,095.25 | 818.15 | 4,478.00 | 0.00 | 50,874,413.95 | 17,811,480.53 |
| | 76,865,911.59 | 531,838.89 | 38,063.00 | 200,174.46 | 104,505,010.49 | 102,583,782.33 |
| D. Accrued and deferred items | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,478.00 |
| | 84,282,937.23 | 971,664.64 | 150,709.35 | -219,785.43 | 112,054,548.33 | 110,581,839.54 |

Income statement for January 1 through December 31, 2019 (in dollars)

| | MI Europe Cologne USD | MI Americas New York USD | MI e.V. Cologne USD | Consolidation USD | MI total 31.12.2019 USD | MI total previous year USD |
|--|-----------------------------|--------------------------------|---------------------------|----------------------|-------------------------------|----------------------------------|
| 1. Revenue | 176,157.52 | 0.00 | 0.00 | 0.00 | 373,365.87 | 175,293.15 |
| 2. Other operating income | 55,222,378.67 | 1,784,428.19 | 60,453.00 | -774,788.72 | 119,311,892.57 | 105,596,025.24 |
| | 55,398,536.19 | 1,784,428.19 | 60,453.00 | -774,788.72 | 119,685,258.44 | 105,771,318.38 |
| 3. Material costs | | | | | | |
| a) Costs for raw materials, consumables, and supplies of purchased merchandise | 5,661,171.34 | 10,687.09 | 0.00 | 0.00 | 12,021,503.95 | 8,230,520.85 |
| b) Cost of purchased services | 7,324,049.35 | 77,205.15 | 0.00 | 0.00 | 15,686,958.91 | 5,041,160.47 |
| 4. Personnel costs | | | | | | |
| a) Wages and salaries | 14,467,486.45 | 731,717.25 | 0.00 | 0.00 | 32,214,712.24 | 13,046,661.77 |
| b) Social contributions and expenditures for pensions and other employee benefits | 1,387,479.54 | 20,689.49 | 0.00 | 0.00 | 2,984,614.26 | 1,153,679.73 |
| | 28,840,186.68 | 840,298.98 | 0.00 | 0.00 | 62,907,789.36 | 27,472,022.82 |
| Subtotal | 26,558,349.51 | 944,129.21 | 60,453.00 | -774,788.72 | 56,777,469.08 | 78,299,295.56 |
| 5. Income from the reversal of liabilities from earmarked funds | 78,669,787.75 | 244,246.95 | 0.00 | 0.00 | 167,258,296.54 | 65,707,794.05 |
| 6. Expenses due to addition to liabilities related to earmarked allocations | 45,042,533.88 | 471,463.17 | 0.00 | 0.00 | 96,466,916.75 | 100,194,622.45 |
| 7. Amortization of intangible fixed assets, property, plant, and equipment | 159,551.27 | 2,700.25 | 0.00 | 0.00 | 343,892.10 | 131,719.03 |
| 8. Other operating expenses | 60,037,941.41 | 554,443.78 | 54,430.96 | 774,788.72 | 126,898,762.15 | 42,876,295.09 |
| Subtotal | -11,889.30 | 159,768.95 | 6,022.04 | 0.00 | 326,194.62 | 804,453.04 |
| 9. Other interest and similar income | 4,550.05 | 237.54 | 0.00 | 0.00 | 10,147.29 | 6,495.59 |
| 10. Interest and other expenses | 14,447.63 | 1.24 | 0.00 | 0.00 | 30,624.38 | 10,411.90 |
| 11. Pre-tax earnings | -21,786.88 | 160,005.24 | 6,022.04 | 0.00 | 305,717.53 | 800,536.73 |
| 12. Other taxes | 124,882.92 | 1,494.64 | 0.00 | 0.00 | 267,857.25 | 127,137.95 |
| Annual surplus/loss | -146,669.80 | 158,510.60 | 6,022.04 | 0.00 | 37,860.27 | 673,398.77 |

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 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 2019

The following statements 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 sales revenue 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. 32). 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 rehabilitation and 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 costs*. 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 as well as 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, costs of premises, costs of maintenance and repair; indirect project costs such as communications and coordination as well as IT infrastructure and finance management. **In 2019, the share of administrative expenses was less than 10% of total expenditure.**
9. Funds that are not needed for aid activities in the short term are deposited for investment. The resulting interest income and yields on securities are recognized as *Other interest and similar income*.
10. As a rule, interest and similar expenses are the result of project funds not being disbursed in a timely fashion.
11. The result from ordinary activities are the *Post-tax earnings*.
12. *Other taxes* are most often due to tax legislation in project countries.

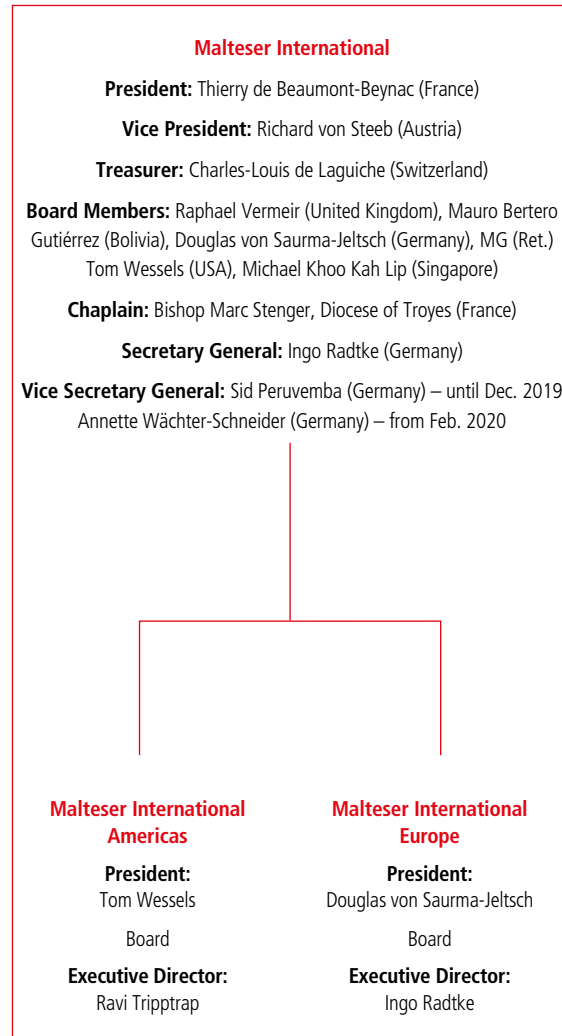
Our organizational structure

The membership of Malteser International currently consists of 27 national associations and priories of the Order of Malta that actively support the organization within their jurisdictions. Regional branches in both 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, the Americas, and 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 13,500 members all over 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 activities 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 representing missions at 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 support the activities of the Order's national associations and of Malteser International. The Order is neutral, impartial, and apolitical.

Generous 2019 Donors

We gratefully acknowledge all of our generous donors who supported the works of Malteser International Americas in 2019. 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.

Up to \$100

| | | | | | |
|--|--------------------------------------|---|---|--|--------------------------------------|
| Alonso Acosta | Clare Bracken | Sister M Thomas | Stephanie Di Bari | III, KM | Dr. John Griffin |
| Anita Airone | Charles and Eileen Bremer | Eileen Coha | John Di Christina | Cyril Flavin | Marilyn Grosfield |
| Mary Albert | Richard-Phillippe Breton | Steve Cone | Benjamin Diaz | Lenore C Ford | Hans Gross, Jr. |
| Colin and Monique Alberts | Gilda Brice | Johanna and James Connors | Kathleen Dice | Elizabeth and Lawrence Forte | Ellen Gryniwicz |
| Donna Alexander | August and Judith Brinkman | Armond and Christine Conti | Luther Dick | John Fredette | Margaret Gualdoni |
| Florence Alipio | Maribeth Brinson | Patricia Conway | James Dillon, KM | K.J. and R.C. | Mr. and Mrs. Romon Guerra |
| Faraz Alizadeh | Kate Britton Giaimo | Jorge Alonso Coratella | Kathy Dishner | Fredrickson | Joan and Laurie Gulley |
| William Alker | Ronald Brooker | Alexander Corbin | Donna Doherty | Teresa Frega | Myrtle and Patrick Gunning |
| Yvonne Almond | Robert Brooks | Ann Corless | Frank Dolezal | Harold and Renee Frenzel | Margaret Gutches |
| Emilija Andrich | William Brooks | Theresa Costa | John Dominic | Marie Fry | Nelson Guzman |
| Judith Antonelli | Jacqueline Brooks-Capici | Louie and Otilia Costa | Cyril Doody | George Frye | Nora Hahn |
| Jason Applegate | Winston and Nan Broussard | Eva Couch | Kathleen and Michael Doucette | Dorothy Fulgoni | Sjr. Angeline Hakel, OSM |
| Deacon Paul Arena | Mary Brueggen | Laura Courter | Marilyn Dougherty | Francis and Mary Gagliano | Letitia Hale |
| Margarette Arrant | Fran Bruns | Betty Cox | John Douglas, KM and Peggy Douglas | Nancy Gagne | Anthony Haller |
| Ellen Aversa | George Bruun | William and Helen Creamer | Jacqueline Dowd | Donald Gallagher | Arlene Hansen |
| Stephanie Babin | James Burke | Pat Cristofalo | Robert and Elizabeth Doyle | Gladys Gallegos | Dr. Amy Marie Hartmann |
| Ellen Bagato | Mary Burke | Leslie Cronau | John Doyle | John Gallo | Teresa Haske |
| Frank Balas | Eugene Burt | Stephen Culen | Raphael Drew | Tom Gamull | Howard Hatchett |
| Jose and Maria Balerdi | Jerelyn Bushnell | Dr. Robert Culpepper | Margaret Drury | Anne Gardner | Peter Garenani, KM |
| Donald Bamonte | James Butler | Thomas Cunningham | Lily Duggan | Joann Gavitt | Bernadette Gayton |
| Fr. Anthony Batt | Patricia Byrnes | Pasquale and Carolyn Curini | Rev. Charles Duman | George Gebert | Joseph Geiser |
| Patricia Bauer | Fr. William Campbell | Gerard Czerwien | Richard Dyer | Hans Geisler, MD, KM | Rosemary Geist |
| Anthony Baylis | Catherine Campen, DM | B. Dateno | Kenneth Edwards | Fe Gerona | Fe Gerona |
| Steve Baynes | Roberto and Luz Cang | Patsy Davis | Margaret and James Egan | Maria Giallanza | E. and R. Gibbs |
| James and Jean Beatty | Thomas Capiello | Carol and Franklin Dawson | Ralph Loren | Henry and Mildred Gillespie | Norma Heiman |
| Susan and Thomas Beck | Salvatore Carbone | Charles De Benedittis, KM and Marie De Benedittis | Eisendecher | Norman 'Chip' Glasgow Jr., KM and Joan Glasgow, DM | Martin and Norbert Henkel |
| Shirley Benedetto | Bill and Anne Carleton, Jr. | Emilie de Brigard, DM | Alfred Ekau, Jr. and Fayleen Ekau | August Glazer | Herbert Hennings |
| Evangeline Bents | Suzanna Carney | Marie De Francesco | Lori Elia | Rev. William Glinka, KM | Jaqueline Henry-Rass |
| Flor Beran | Walt Fountain, KM and Carol Fountain | Mark DeFrancisco, KM and Mary DeFrancisco, DM | William Ellinghaus | Georgia Gnann | Judith Hensel |
| Ronald and Marian Berger | Paul Carra | John and Elizabeth De Julio | Michael and Carline Ellis | Leo Gomez | Raul Hernandez |
| Silvio and Anita Bertolini | Rita Caso | Barbara De Silva | Kevin Epps | Bernardo Gomez | Dr. Emily Hillestad |
| Mara Bertrand | Jack Chan | Louis Deakos | Allan Escher, KM | Palacio | Thomas and Diane Hitpas |
| Stephanie Fair-Bianchi and Kevin Bianchi | Susan Chavez | Patricia DeCarlo | Ralph and Roseanne Esposito | Alberto Gonzalez | Tuyetsan Hoang |
| Dan Bigaouette | Joseph Chehebar | Charles and Mildred Decelles | Paul Evans | William J. Gorski | Cynthia Hobbs |
| Eileen Bilder | Fr. Elbert Chilson | George Delucchi | Charles A. Fagan, III, KM and Stephanie Fagan | Janet Gowey | James and Loretta Hofer |
| Rev. Ronald Bill | Salvatore Ciampo, KM | Christopher and Peggy DeMartin | Michael Faricy | Juan Granados | Audrey Hoffpaur |
| Darryl Blatzer, KM | Carren and Orfeo Cicchetti | Paul Demchar | Luke Farley | Stephanie Granberg | Dorothy Hogan |
| Robert Bley | Anne Ciccolo | Julita Demichiel | Jerome Fatora Jr. | Frank and Grace Granito | Kathleen Hogan |
| Barbara Melanson and Bob East | Thomas Cimarelli | Frances Denzel | Vincent Fausone, Jr | Johnnie Grant | Joseph Hollister |
| Dr. William Bobowicz | Claudio Cioffi-Revilla, KM | Robert Despathy | Frances Fenske | Leonard and Jeanette Grantner | Scott Holloman |
| Arlene Bocchetti | Muriel Clegg | Walt Despit | Steven Ferris | Mary and James Gretch | David and Jane Honea |
| Margaret Boeckmann | Roger Codispoti | Rev. Charles Desruisseaux | Cynthia Filipelli | Peter Griffin | Elma Hooker |
| Eileen Bogulaski | Robert and Agnes Coen | Janet and Russell Deverell | Edmond Finucane | | Thaddeus and Nancy Horbowy |
| William and Pauline Bohringer | Ronald and Evelyn Coffman | Marilyn Dewell | Stephen and Denise Fiore | | Katherine Horton |
| Bradley Bowden | | | John Fitzgibbons | | Claudia and Scott Hotalen |
| Mark and Ana Maria Braam | | | Donald Fitzpatrick | | Neal Howard, Esq., KM and Lisa Parry |
| | | | James Fitzsimmons | | |

| | | | | | | |
|------------------------|---------------------|------------------------|-----------------------|------------------------|------------------------|-------------------------|
| Howard, DM | Carol and James La | Irene McCafferty | Edward Newkirk | Walter Burger, Jr. and | Spinelli | Arthur Werner |
| Adelina Florinda | Palm | Thomas McCann | Isabelle Nguyen | Rose Burger | St. Genevieve Church | Theodore and Mary |
| Howze | Robert and Barbara | Mark D. McCarthy | Larry and Adelia | Robert Rourke | Friendship Club | Ann Wessel |
| Karen Hoy, DM | Lacour | George and Sydney | Nickel | Gerald and Evelyn | Isabelle Staffeldt | Jonathan Westbrook |
| Mary Hoyt Yablonsky | Patricia Lamb | McCauley | John Nichols | Rourke | Robert and Elizabeth | James Whaley |
| Daniel and Audrey | Eugene Lamothe | Brian and Rebecca | Judy Novotny | Bill and Carla Rowley | Stahl | Gary White |
| Hudak | Janet Langlais | McCloskey | Edward and Halina | Bob Rubincam | Julia Stamerro, DM | Robert White |
| Christopher and Debra | William and Ana Lau | Geraldine McComb | Nowak | Faye Rubio | Anna and August | William and Jill White |
| Hughes | Hernan and Brigid | Kathryn McCusker | John Odonnell | Ray and Jane Ruby | Stellwag | David Whitmore |
| Rev. Robert Hundt | Lazaro | Skelly | Thomas O'Donnell | Francis Runci | Fred Stewart | Anna Marie and |
| Holland Hunter | Damian Leader, KM | Bianca McElrath | Mary Odwazny | Rebecca Rundquist | Charles Stewart | George Wilk |
| Michael and Mary Lee | and Joan Leader | Ronald and Mary Jane | Martin and Jacqueline | Lisa and Michael Ryan | Curt Stiles | Catherine Wilkins |
| Hutchinson | Sister Elvira Leal | McGaughey | Ogrady | Gloria Joyce Ryder | Eileen Stortz | John Williams |
| John Hutchinson | Jacqueline Leclair | Dr John and Ann | Robert O'Hare and | Florence Sabia | Robert Stump | John and Inez |
| Estrella and Ruperto | Viola Lee | McGovern | Frances O'Hare, DM | Raymond Sabon, Jr. | Oneida Suarez | Williams |
| Ibay | Bridget Lee | John and Patricia | John and Jacqueline | and Christine Sabon | Susan Sullivan | Michele Witowski |
| Crisp Imaging | John and Kathryn | McLaren | O'Hearn | Muhammed Saeed | Michael Sutherland | Bishop Yosso |
| Mildred Ix, GCDM | Lehnerz | Marilyn McLaughlin | Dr. and Mrs. Michael | John Salzburg Jr. and | Donald Sutton | Joan Zaffarano |
| Gregory Jamroz | Carl Lekan | Maurice McNichols | Olayos | Therese Salzburg | David Szelest | Joann Zaleski |
| Rosario Japitana | Catherine Leonardi | Laura Mead, DM | Ellen O'Leary | Juanita Sanchez | Neal Talreja | Jeffrey Zander |
| Jenny and Ellery | Eduardo Gallo, MD | Rosella Meitl | Sharon and Arnold | Yasmin Santos | Joelle Tambuatco | Kathryn Zimoski |
| Jarrette | and Leonor Gallo | Frank Mercado | Olheiser | Joseph Sartoris | Dennis Tangney | Jerry and Lisa |
| Joyce Jensen | Majorie Lesho | Violeta and Esther | Marilyn Omiatek | Bernadine Sather | Franziska Tant | Zurovchak |
| John Jeszensky, KM | Dr. Kenneth Howie, | Mercado | Liborio Orlando | John Sauder, KM | John Teets | |
| and Arlene Jeszensky | D.D.S. and Leslie | Carl and Elizabeth | Jose Oseguera | Stephen Saunders | Judi Teske, DM | |
| John and Eleanor | Howie | Merz | Wayne Peck | John Scanlan | Carol and Charles | |
| Johnson | Thomas Lewis | Albert Messana | Richard and Dorothy | Peter Scarpelli | Thiemann | |
| Helen Johnson | Robert Liening | Martha Metz | Perez | Donna Scheller | Tony Thoele | \$ 100 to \$ 500 |
| Marko Frola and | Charles Gardner, MD | Joan Mickley | Martha Perez | Thomas and Evelyn | Teresa Thompson | Maria Acosta-Rua, |
| Sharon Johnson | and Linda Gardner | John P Miller, Esq., | Charles Perko | Scheuring | Erika and Bernard | DM |
| Maurice Johnson | James Lipovac | KM and Yvonne Miller | Stanley and Monica | Joseph Schiavoni | Thyssen | Alvaro Aguilera |
| Jane Johnston | Hedwig Lobo | Arnaud Milner | Phillips | Debra Schluter, DM | Dr. Robert Timmons | Angel Alvarez |
| Barbara Jones, DM | Matthew and Donna | Ted Paul Milos, KM | Isidore Plotzki | Michael and Phyllis | John and Lisa Tjaarda | Thomas and Mary |
| Duane Kalisek | Lopez | Claudia Minden | Joseph Poell | Schmerbeck | Giovanni Tomasi, KM | Anderson |
| Suliaman Kamara | Clorinda Lopez | Susan Mojica | Patricia Poff | James W. Schmitt | Raymond Torres | Caroline Antonacci |
| Joyce Kanel | Barbara Lorei | Anthony Molinaro, Jr., | Xavier and Joanna | Clarence and Elma | Isabel Torres-Ullauri | Theresa Attard |
| Robert Tanzola, | Stanley Lorenz | M.D., KM and Rosalie | Polanski | Schmitz | Yvonne Traeger | Ted J Balestreri |
| KMOB and Karen | David Lorenzo | Molinaro | Patrick and Jean | Norbert Schott | Amber Tresca | David Barca, KM |
| Tanzola, DMOB | Sabine Louis | Kelly Molloy | Pollock | Diana and Paul | Thomas Troyer | Jean-Pierre Berliet, |
| John and Theresa | Brandy Lowling Hain | Karen Mongiello, DM | M. Catherine Poskey | Schroeder | John and Elaine Trudo | KM and Martine |
| Kashner | Catherine Luedtke | Jean-Hughes Monier | Patricia Presing | Mark Schumacher | Nicholas and Patricia | Berliet |
| Thomas Kingston, | John Luna | and Veronique | Richard and Betty | Cathy Schwarz, DM | Tucci | Lawrence Bevilacqua |
| KM and Kathleen | Darryl and Eileen | Monier, DM | Preske | Capt. Robert Schwehr, | Lawrence and Elaine | Thomas Bidwill |
| Kingston, DM | Lutovsky | Harry Monteith | Marian Purtscher | USN (Ret) | Tucker | Jackie Bohling |
| Judith Keane | Edmund Luzine, KM | Randy Montonye | Stanislaus Pyzik | Rosalie Scituro | Mary Turner | James H. Brewer |
| James and Geraldine | Blanche and Alfred | Paul Montuori | Henry Quenga | Angelo Sedacca, KM | Donald and Jacklyn | Michal and Blanka |
| Kelly | Luzod | Richard and Elizabeth | Raymond Quintero | Gary and Shannon | Tuttle | Brhlik |
| Grace Kelly | Emery and Joan | Moore | Mark Quistad | Segreto | Froilan and Loida | Edward Brotonel, KM |
| Verlin Kempf | Maddocks | Myrtis Moorehead- | Richard Raflik | Paul Seitz | Underwood | and Anita Brotonel |
| Margaret Kenehan | Amarra Mafelina | Rollins | Anne Raleigh Carson | Joseph Sentinella | Eduardo Valdez | Michael Butkewicz |
| Thomas and Susan | Charlene Magneson | Benita Morales | Nancy Ramirez | Robert Shalz | James E. White III and | Catherine Brown |
| Kennelly | John and Patricia | Edna Morris | Angela Reed | John Sharry | Lee Ann White | Conway, DM |
| Robert Kerber | Magovern | Frederic Morton, Jr. | Kenneth and Barbara | Steven and Carol | Maureen Van Wormer | Mary Bryam |
| Virginia Kerns | Margaret Mahon | Charles and Madlyn | Requa | Shawcross | Shirley Vandever | Agee Bryant |
| Charlene and Thomas | Arnold Manella | Mosco | Daniel and Kathryn | Paul and Caroline | Dina Vassil | James Buckley, KM |
| Kiefer | John Mangan | Robert Mosher | Rettelle | Shea | Jorge and Rosa | and Fran Buckley, DM |
| John and Deanna King | Russell Mann | Karen and G. Barton | Ronald Reumuth | John Sheehan | Vazquez | Patrick Joseph Cahill |
| James and Nancy King | Edward Mannino, | Mowry | Levy Richard | Christopher Sheeron | Manuel Velez | June Calamia |
| Stephen Kittel | KM and Antoinette | Anneliese and | Eugene and Joyce | Joe Silbaugh | Anthony Vesay | William Came, Jr. and |
| Jerry Kloiber | Mannino, DM | Wolfgang Mueller | Richardson | Judith and Christopher | Herman Vidrine | Mary Rose Came |
| Elizabeth Knoth | Walterio and Zulma | Romona Mueller | Carmen Riendeau | Simonetty | Georgia and Robert | Carlo Capomazza, |
| Zdzislaw and Barbara | Marcial | Donald and Mary | Mr. and Mrs. Remo | John Sindoni, KM and | Vierra | KHD |
| Kosel | Toni Marconi | Mulhern | Rigazio | Cecilia Sindoni | J. Arturo and Teresa | Anthony and Martina |
| Ronald and Maria | John Marek | Sister Patricia Mundy | Claude Boul, Jr. and | Christopher Smith | Vigil | Caputy |
| Kraus | Joseph Marine | Melinda Munoz | Rita Boule | Joan Smith | Belen Villa | Joseph Carter |
| Russell Kresge Jr. and | Patricia Mascaro | Elizabeth Murawski | James and Claire | Mr. and Mrs. Albert | Fr. John Vincent, OSC | Manuel and Efigenia |
| Anna Kresge | Alfonsina Masi | Joseph Muriana Esq. | Ritzheimer | Smith | John Wagner | Castro |
| Joseph Kryz III | Patricia Mathews | Annette Myrick | Martha Rivera | Erica Aleska Snarski | Geraldine Walker | Nancy Cecconi, DM |
| Louis and Joan | Mary Ann Mattingly | Diane Nahas | Kathleen and Daniel | Roberta Snelgrove | Carol Ann Walton | Salvatore Cerniglia |
| Kubacki | Joseph Mattone, KM | John Naughton | Robbins | Patricia Snihurowych | John Wasinger | Hoi Cheong |
| James Kuehn | Sam Mauro | Robert Neel | Frank Roberts | Mark Snyder | Leonard Weber | Gina Bonacci Clark |
| Elisabeth Kuhlmann | William and Andrea | Derek Nelson | Roseann and William | Pat and Ted Sohn | Christopher and | Richard Copeland, |
| Elizabeth and George | McAuliffe | Kathleen Nelson | Robertson | Mary Sokolosky | Patricia Wegemer | KM and Francesca |
| Kuhn | Michael McCadden, | Clyde Nethercutt | Ana Rodriguez Franco | Donald Souza | William Wendel | Copeland, DM |
| Sr. Corinne Kutsch | KM and Helen E. | Christopher and | Joselito Roman | John and Diane Spano | Janet and Paul | Dr. Randolph |
| Bohdan Kuzyk | McCadden, DM | Roselie Newbury | Juan Romero | William and Maureen | Wenner | Copeland and Maria |
| | | | | | | Copeland |

Linda Couzens, DM
Judeth Crowley, DM
Mr. and Mrs. Ronald P. Cuenod Sr.
Marcella Czech
Felix De Golian III
Rev. Msgr. Robert J. Dempsey, ChM
Susan Dickey, DM
Janet DiFabio, DM
Lawrence and Carol Doeling
Thomas and Patricia Doty
Albert Doumar
Jonathan DuBetz
Maureen Dwyer-Robertson
Ray Eckenrode
Jennie and Tom Egan
Susanna Engelsman
Peter Fallon, Jr., KM
David Fanning
William Fessler, KM and Mary Beth Fessler, DM
Thomas Fisher, KM and Emily Fisher
Wilber Clint Fisher, KM
Michael Fleming, M.D., KM and Honour Fleming
Rhonda Fleming
Stephen Fletcher, MD, KM
Ernesto Flores
Sheldon Franz
Louis Furlo
Fred and Diane Gade
Gregory Gantz, KM and Kathleen Gantz, DM
Marco Gennari
Tim Gerrard
Michael Golia
Mary Ann Grace, DM
Frank S. Grass, KM
Capt. William Greiwe and Joanne Greiwe
Jesse Greene
Angelo Grima, KM
Michael Grimshaw, KM and Cindy F. Grimshaw, DM
Mick and Velia Guck
John Haas, Ph.D., S.T.L., KM
James Hamerschlag, KM and Elizabeth Hamerschlag
William and Kathleen Hardy
William Hartman and Therese Hartman, DM
Andrew and Mary Ann Heller
Daniel Hennessy, KM
Thomas Higgins, KM and Nancy Higgins, DM
Michelle Hines
Robert Horne
Gregory Humenesky, KM

Linda and John Hunter
John Hurley, Jr., KM
Joseph Jalagano
Karen Johnson
Lawrence and Paulette Johnson
David and Tina Jonas
Sarosh Kaikobad
Jacquelyn Kane
James and Kathryn Janz
Marcia Kean
Peter Kelliher II, KM
Rory Kelleher, Esq, KMOb and Camille Kelleher, DMOB
Daniel Kelly, GCMOB and Rosemary Kelly
Greg Kennedy
Mark Kerwin, CPA, KM
Andrew and Christina Kloster
Barbara Knollmann, DM
Jerome Kosydar
Stanley Kramarski
Hon. Linda Kuczma, DM
Richard Landfield, KM
Margaret Licosati
Miguel Lis-Planells, KM
Dr. Ann Lucas
John MacKinnon, KM and Rosemary MacKinnon
Michele Malloy
Stephen and Mary Malphrus
Donald Klekamp, KM and Marianne Klekamp
William Martin
Vincent Massina
N Anthony Mastropietro
Philip Mauro
Michael Mavrovich, KM
Joseph Mazur, KM and Imogene Mazur, DM
Blanche McGrath
J. Paul McNamara
Lynn Meenan
Michael Messina
Linda and William Mieli
David and Brenda Mills
Luciya Miner
Patrick Monaghan III, KMOb
James Moore
Dennis Morgan
Steven and Judith Morris
Charles Morrison III
Leonard Moscatelli
Alex Moschos
Margaret Mourek
Paul Nappi
William Nichter
Steven Niehaus, KM

and Sharon Niehaus, DM
Edward and Sara J. Nowak
Diane Oakley, DM
David Oberbrockling
Margaret O'Connor
James O'Connor, GCMOB
Robert O'Hara, KM
Dennis Opferman
Leroy Ortmeyer, KM and Mary Ortmeyer
John Ottosen, KM
Tim Page, KM and Jill Page
John Pikarski, KM and Sandra Pikarski
Timothy Pohlman, D.D.S.
Howard Quimby
Liliana Quintero
Jeremy Rabideau
Daniel Radocha
Gerald Rankin
Sidney Reed Jr.
Gerald Reilly
Edward Reilly Jr.
Dominique and Cecilia Reissmeier
Ross and Angela Reiter
Howard and Linda Renner
Isaac Reshad
Dana Robinson, KM
Hector Robles
Antonio Carlos Rodrigues
Fred and Rosalie Ross
Mark Ruge
Kenneth Ryan, KM, and Kathleen Ryan
John Ryan III, KM
Francis Ryan, KM
Dr. Cynthia Salazar, DM
Teresa Saloman and Juan Bogarin
Paula Elizabeth San Filippo
Eduardo Sanchez and Eileen Sanchez, DM
Douglas A. Sandvig, KM and Mary P. Ricciardello
Amelia Scales
Louis Jerry Schmitt, Jr., KM and Martha A. Schmitt
Rosalie Scudellari, DM
David Seubert
Charles and Lisa Sevier
Stephen Sewell
Hon. Gerald Scott, KM and Frances Scott, DGD
Ambassador Robert Shafer, GCMOB and Ellen Shafer, GCMOB
Christopher Skokna, KM and Karen Skokna, DM
Richard Skufca

Michael Sordyl
Dr. Robert and Margaret Springer
Teresa Squires
Robert and Susan Staab
Peggy Stanton, DM
Robert and Rochelle Steining
William Sullivan
Lillian Summer
James Taneyhill, KM
Nicola Tegoni, KM
William Terheyden, KM
Joan Trandel, DM
Terry Trout
Irena Uknales
Thomas Valenti, KM
Edward Lee Vollrath
Karol Corbin Walker, DM
Martha Walthall
Deborah Weatherly, DM
Kurt Weber
Michael Wemple
Thomas Whalen
Charlotte Williams, DM
Christopher Winkelmann, KM
Harry Witt, KM and Patricia Ann Witt
Michelle and Ki Wong
Joseph Woodka, KM
Deanna Wright
Steven Zabicki III
Thadeus Zagrobely, KM and Anne Zagrobely

\$501 to \$1,000

Kevin Bannon, KM
Terrance Barry, KM and Elizabeth Barry
Michael Blach, KM and Margaret Blach
Joan Cincotta, DM
Jeffrey Coleman
John Couzens
Edward Damich, KM
Timothy DeZastro, DM
Claudette Foster
Jonathan and Tracy Frase
Margo Geddie, DM
John Given, MD, KM and Margaret Given, DM
William Goggins, KM and Donna Goggins
Edward and Jacqueline Goin
Gail Grim, DM
Michael Haverty, KM and Marlys Haverty, DM
Richard Hunsaker, KM and Regina Hunsaker, DM
George Isajiw, KM and Patricia Isajiw

Wanda S. Jones
Donald Joyce, KM
John Kaldy, KM
Jeffrey Kaman, KM
George Kiyak
Peter Krause, KM
Margaret and Peter Leick
Robert Lisowski, KM
Joan Madden
David Maier
Timothy Maynard, KM and Collette Maynard
Mike Molletta
Cynthia B. Moran, DMOB
Barbara Murphy, DM
Minh Nguyen, KM
Robert and Kate Niehaus
William O'Hara
Jack Pohrer, GCM
Warren Powers, KM and Joanne Powers, DM
Justin Press and Heidi Press
Clair Raubenstine, KM and Jeanne Raubenstine, DM
Faye Reby
Stephen Sammut, KM
William Schuyler
Gerard 'Chip' Souser, Jr., KMOb and Anne Souser
James Staudt, KM
R. Newcomb Stillwell
Rev. Guy Vincit

\$1,001 to \$5,000

Guadalupe Alcocer, DM
Brock Akers, KM and Colleen Akers
Anonymous
Charles Bauermann, KM
Martin Berndt
John Richard Blackett and Marissa del Rosario-Blackett, DM
Catherine Bonnici
Fr. Donald Buhr
Tony Cacace
Jose Centurion, KMOb
William Christie, KM and Maryann Christie, DM
Bob Dickinson
Mike Donoghue, KM and Cece Donoghue, DM
Mark Edelstein
Steven Frazee
Edmund Gronkiewicz, KM
Max Gutierrez, KM
Thomas Havey, KM
Richard Jones, KM
Richard Kelly, KM
Daniel Kleiner, MD,

KM and Amanda Russell-Kleiner
Mary Klote
Daniel Krieger, KM and Jenna Krieger
Thomas Kroeger, KM and Christine Kroeger, DM
The Lynch Foundation
William Lytton, KM and Christine Lytton, DM
Donald Miller
Glennon Mueller, KM and Madeleine Mueller, DM
Frank A. Orban III, KM and Ann Orban
Order of Malta
Canadian Association
Barbara Patocka, DM
Christopher Pia
David Preng, KM and Joanne Preng, DM
William V. Regan III, KM and Ann W. Regan
Paul and Barbara Regan
Raymond Ruppert, KM and Molly Ruppert
James Ryan
Saint Ann Catholic Church
Gerard 'Chip' Souser, Alice Smith, DM
Jean-Pierre van Rooy, KMOb and Marie-Claire van Rooy
Dorothy Zolandz, DM

\$5,001 to \$10,000

Anonymous
Nathan J Accardo, KM and Mary Accardo
The Carney Family Charitable Foundation
Teresa Clausgus, DM
Edward Delaney, KM and Kathy Delaney
Joe Finn, KM
The FLS Caritas Fund
Timothy Gunderman, KM and Kathleen Gunderman
Edward J. Hartnett, KM and Mary Hartnett
Hugoton Foundation
John McAuliffe, KM and Hawley Hilton
McAuliffe, DM
John E. McInerney III, KM
Bogdan Nowak, KM and Rita Nowak
Stephen Rusckowski and Deb O'Hara-Rusckowski, RN, MBA, MTS, DM

\$25,000 and Up

Anonymous
Conrad N. Hilton Foundation
Global Fund for Forgotten People
Richard Guziro, KM and Christine Guziro, DM
Stephanie and Peter Nolan
Janice Obuchowski, DM and Albert Halprin
Order of Malta
American Association
Order of Malta
Federal Association
Order of Malta
Western Association
Order of Malta, United Kingdom
Raskob Foundation for Catholic Activities
Boyd E. Sharp, Jr., KM and Mikki Sharp
Thomas Wessels, KMOb and Linda Wessels

Thank you!

None of the achievements set out in this report would have been possible without our supporters. We would like to give our most sincere thanks to all the institutional and private donors, schools, local and international partners as well as to the associations and organizations of the Order of Malta that made a valuable contribution to providing fast, effective, and sustainable relief for people in need by supporting Malteser International in 2019!

Our donors:

- Aktion Deutschland Hilft
- Alfred Neven DuMont Stiftung
- AMREF Health Africa
- BILD hilft e.V. »Ein Herz für Kinder«
- Deutsche Bank Stiftung
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)
- Else Kröner-Fresenius-Stiftung
- European Investment Bank (EIB)
- EuropeAid
- Food and Agriculture Organization of the United Nations (FAO)
- Federal Ministry for Economic Cooperation and Development (BMZ)
- Gerda Henkel Stiftung
- German Federal Foreign Office (AA)
- German Toilet Organization (GTO)
- Global Fund for Forgotten People
- International Organization for Migration (IOM)
- Malteser Stiftung Seliger Gerhard
- Nachbar in Not
- Save the Children
- State Chancellery of North Rhine-Westphalia
- Stiftung RTL – Wir helfen Kindern
- Thai.Ger
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- 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

Our members:

Malteser International Member Associations and Pories

- Australia
- Austria
- Belgium
- Czech Republic (Grand Priory of 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 work is not done yet!

**Donate
Now**

www.orderofmaltarelief.org

Follow us:



MalteserInternationalAmericas



@MalteserInternational



@MalteserInt

www.orderofmaltarelief.org

Charitable contributions can be made online
at our website: orderofmaltarelief.org/donate-now



**Malteser
International**
Order of Malta Worldwide Relief