



**Malteser
International**
Order of Malta Worldwide Relief

Malteser International Annual Report 2008

Malteser International



Brigitte Benzart



ADH/Logo Loeffke



Kathrin Meier

Malteser International is the worldwide relief organisation of the Sovereign Order of Malta for humanitarian aid. The organisation has more than 50 years of experience in humanitarian relief and covers around 200 projects in about 20 countries in Africa, Asia and the Americas. Currently, 20 national associations and priories of the Order of Malta are members of Malteser International.

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

Malteser International's mission is to:

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

“Our mission is to alleviate human suffering.”

(Code of Conduct: The humanitarian imperative comes first)

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

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

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

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

Editorial



Nicolas de Cock de Rameyen
President



Ingo Radtke
Secretary General

2008 was a year marked by a large number of natural disasters that have caused immense human suffering as well as material damages.

On 2 May cyclone Nargis destroyed large parts of Myanmar and left more than 140,000 people dead or missing and about 1.5 million people homeless. As Malteser International has been operational in Myanmar since 2001, it was one of the first international organisations able to start relief measures thanks to its existing infrastructure and well trained and qualified local staff. Joint coordination and cooperation with other organisations enabled an efficient relief despite immense access problems for international humanitarian aid. Due to our favoured position other organisations approached us and mandated us to implement their relief activities. Through intensive networking with non-governmental and governmental organisations as well as donors, Malteser International was able to pool resources and achieved high synergies. Our fast and effective disaster response was possible thanks to the generous support of numerous partners, private and public donors as well as of the international network of the Order of Malta and its national associations.

The heavy earthquake in China in June, the disastrous flooding in Northern India in autumn and the earthquake in the mountainous region of Baluchistan in Pakistan in October and many other smaller crises also filled the agenda of Malteser International in 2008. After the intensification of the armed conflict in the Eastern part of the Democratic Republic of Congo we expanded our programmes to assist internally displaced persons with food aid and psychological care for the most traumatised victims.

As 2008 had been proclaimed the “International Year of Sanitation” we put a special focus on our projects in the sectors of water, sanitation and hygiene (WASH). The fight against HIV/ AIDS, malaria and other diseases, the support of basic health care structures and the provision of income generating measures were further focus areas. All our relief efforts were only possible thanks to the immense commitment of our supporters and partner organisations worldwide. We would like to thank all our partners, donors and friends who supported our work with financial donations, inestimable commitment and personal dedication thus enabling us to provide aid in more than 20 countries and to work with the people and for the people.

Nicolas de Cock de Rameyen

Ingo Radtke

Cologne, June 2009

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**Malteser
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Relief, Reconstruction and Rehabilitation

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

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

PORTRAIT OF OUR HELP

Myanmar – Daw Khin Mya’s nightmare of 2 May 2008

How a grandmother on Middle Island survived the cyclone

Daw Khin Mya (name changed) is smiling as she tells her story, it is a form of self-protection in response to the horrible experiences that she still remembers; this is common among survivors of such catastrophes. Daw Khin Mya will never forget her memories of the night of 2 May 2008, when cyclone Nargis hit the coast of Myanmar, killing tens of thousands of people and destroying hundreds of thousands of homes. “First came a very strong wind with a deafening noise”, the 63-year old woman says. “Then came the water.” Daw Khin Mya is sitting in what she has reconstructed of her home which once sat on the banks of the river in Thin Gan Kone, a little city on Middle Island in the Irrawaddy Delta. The little hut is repaired here and there with plastic sheets provided by humanitarian organisations.

When the storm hit her village Daw Khin Mya managed to escape in a small boat with her husband and some neighbours. Although



Daw Khin Mya lost her husband during cyclone Nargis.

safe at first, tragedy struck when her husband tried to save others from drowning; he fell in the water and died in the floods. The other

passengers survived through the night. On the following morning, when the storm was over, Daw Khin Mya went back to Thin Gan Kone. During her escape, she damaged her knee, and she was also suffering from diarrhoea. Thankfully she was able to attend a health centre in her village, now operated by Malteser International. But the physical pain that she feels is not the worst of it; she also suffers from anxiety and depression; wounds that are not so easily healed. As a response to these sorts of problems Malteser International has sent lay-counsellors to Middle Island to assist the survivors in coping with their experiences and memories.

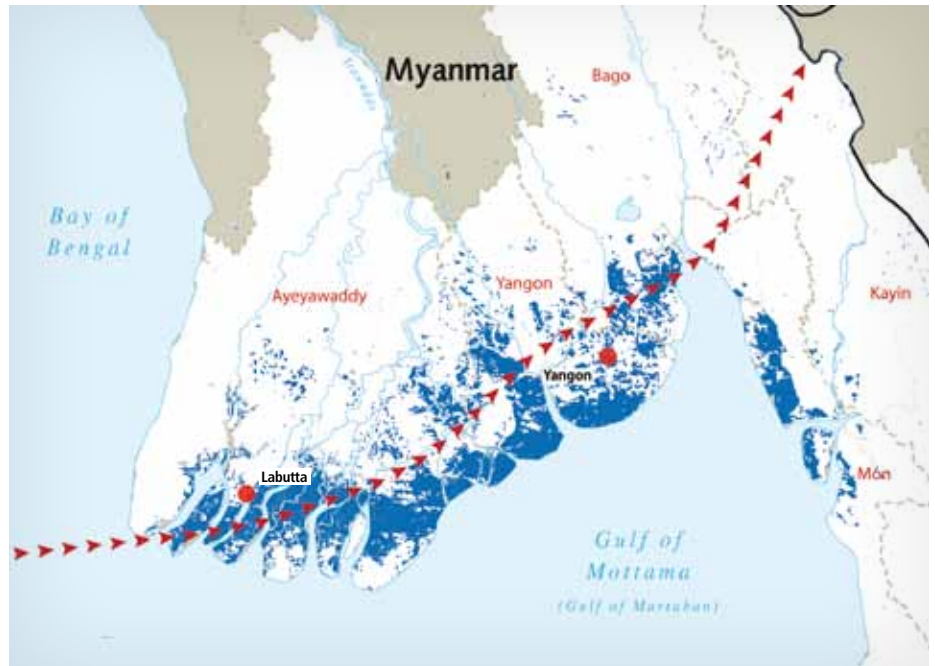
Despite all she has been through, Daw Khin Mya does not give up on life. Even though the water has taken her beloved husband and all her belongings she still wants to live close to the river and start fishing again.

Esther Suchanek

Myanmar – Cyclone Nargis

On 2 May 2008, cyclone Nargis hit Myanmar's former capital Yangon as well as large parts of the Irrawaddy Delta with winds of up to 190 km/h. Up to 140,000 people are dead or missing, making Nargis one of the deadliest cyclones ever recorded. About 1.5 million people were left homeless, around one million of them in the Irrawaddy Delta alone. In total, at least 2.4 million people have been affected by the consequent flooding. As Malteser International has been operational in Myanmar since 2001, it was one of the first international organisations able to respond and to start relief measures immediately after the cyclone. The good coordination and collaboration with other organisations enabled an efficient relief despite the immense access problems for humanitarian aid.

Help for **275,000 people** (120,000 in Yangon and 155,000 in the Irrawaddy Delta)
 International staff in the programme: **6**
 National staff in the programme: **110**
 Relief and recovery programme duration:
May 2008 – 2011
 Programme volume in 2008: **2.34 million EUR**
 (same amount planned for 2009)
Partners: DCV, PSI, THW, community-based organisations, local health authorities, other NGOs
Funding: AA, ADH, AusAID through Caritas Australia, "Aktion Helft uns Leben" of the German newspaper "Rhein Zeitung", BMZ, CECI, DCV and Caritas Network, Deichmann, DG ECHO, UN, Stiftung UNESCO – Bildung für Kinder in Not, national associations of the Order of Malta, own funds, private initiatives, private donations
 Malteser International has been working in Myanmar since **October 2001**.



Yangon and Irrawaddy Delta

In the first days after the disaster, Malteser International provided first aid and medical relief as well as safe drinking water and sanitation for 60,000 people in Yangon Division. The aid workers provided emergency relief and distributed family kits containing mosquito nets, plastic sheets and construction material as well as blankets, soaps and cooking utensils. After stocks in Yangon were

sold out, Malteser International was able to organise five cargo flights – not only for its own projects but also for those of other member organisations of "Aktion Deutschland Hilft – Germany's Relief Coalition", a network of ten German relief organisations. This was only possible thanks to the logistical support of Caritas Germany and the financial assistance of the Federal Foreign Office of Germany and other international donors.

After access to the severely affected Irrawaddy Delta was again possible, Malteser International chose the coastal town of Labutta and Middle Island as focal points for its relief operations. Highly qualified local staff members provided medical relief and distributed relief items for about 150,000 persons and ensured the provision of safe drinking water for the inhabitants of 220 villages. The organisation built rain water harvesting tanks and



Distribution of relief goods (mosquito nets, cookware and plastic sheets) directly after the cyclone



Health education already starts in schools.



Esther Suchanek

With boats the mobile health teams can also reach the people in remote areas and assure basic health care in the Irrawaddy Delta.

temporary drinking water storages and began to pump out and rehabilitate ponds that had been flooded and contaminated with salt water during the cyclone. In cooperation with THW (Technisches Hilfswerk), the German Federal Agency for Technical Relief, Malteser International installed two drinking water treatment plants in Labutta and organised a mobile distribution system for the camps of internally displaced persons in and around the town. In

addition, the construction of latrines to ensure good sanitary conditions in the camps and the distribution of soap and other hygiene articles improved the living conditions of more than 100,000 survivors in the Irrawaddy Delta and helped to prevent outbreaks of diarrhoea, dengue fever and other dangerous diseases.

In the Delta region as a whole, most of the soil is still contaminated with salt water and the supply of safe drinking water remains an urgent problem. Therefore Malteser International will continue its efforts to implement comprehensive water supply projects up to 2011.

Between now and 2010, the organisation will also build up to 20 new schools including safer water supply and child friendly sanitary facilities. All rehabilitation measures will be embedded in a community-based disaster risk reduction approach. New health facilities and schools will be made cyclone proof. Villagers will set up disaster risk reduction plans, schools and/or health centres will be identified as community evacuation centres and equipped with additional water storage and sanitary capacities accordingly.

In summer 2008, Malteser International also started training courses in the disaster area. Expert staff members train community health workers, organise re-fresher trainings for auxiliary midwives, support the basic health staff during vaccination campaigns and build up a surveillance system. Another training programme is dedicated to lay counsellors providing psychosocial assistance to the survivors and assisting communities in setting up psychosocial care committees. As these training programmes have been especially successful, they will also continue in 2009.



Esther Suchanek

With the construction of latrines Malteser International helps to prevent the outbreak of epidemics in the Irrawaddy Delta.

Focus on health and WASH

After the early emergency relief phase, Malteser International concentrated on the sectors of water, sanitation and hygiene (WASH), on strengthening the health systems for improved health service delivery and on the reconstruction of health centres and schools in Labutta Township and on Middle Island. Six health centres have already been finished; another seven buildings will be completed in 2009.

DR Congo – Holistic aid for body and soul

The Democratic Republic (DR) of Congo's five-year war officially ended in 2003, but the country is still regularly listed as the site of one of the world's worst humanitarian crises. The country now has a democratic government, but insecurity continues – especially in the remote, resource-rich provinces near the eastern border. The world's largest peacekeeping mission – a UN force of 17,000 soldiers and policemen – struggles to prevent violence and protect the population of almost 60 million. Nevertheless, about 5.4 million people have died from war-related violence, hunger and disease since 1998. "There are few places on earth where the gap between humanitarian needs and available resources is as large – or as lethal – as in Congo," said Jan Egeland, when he was UN under-secretary-general for humanitarian affairs. (Source: Reuters)

Help for **30,000 IDPs** (2008) and **48,000 IDPs** (2009) in Minova
 International staff in the project: **1**
 National staff in the project: **65**
 Programme duration:
November 2008 – March 2009
 Programme volume: **1,226,845 US \$**
 (in total, thereof 1 food distribution in 2008, 2 distributions in 2009)
Partners: ECHO, WFP
Funding: ECHO, WFP
 Malteser International has been working in the DR Congo **since 1996**.

In autumn 2008, DR Congo came back into headline news following an escalation in the armed struggles in North Kivu. The crisis has forced thousands to flee their homes and villages. There are estimated to be 850,000 internally displaced persons (IDPs) in the eastern part of the Congo.

The situation of these IDPs is being monitored and supported by Malteser International staff from Bukavu in South Kivu: In November 2008, Malteser International distributed around 1,000 tons of food supplies – flour, vegetables, oil and salt – to more than 6,000 families in Minova, the region on the border between North and South Kivu. The distribution was financially supported by the World Food Programme of the United Na-



Psychosocial care: In December 2008, around 30 patients were brought from the camps to a specialist trauma treatment clinic in Bukavu supported by Malteser International.

tions (WFP). A second distribution campaign was prepared for January 2009, this time for more than 48,000 IDPs. "We can now reach even more people than last year," says Dr. Georg Nothelle, Head of the Africa Department. "Although there is a ceasefire now, most of them do not dare to go back to their villages. Many of the IDPs have lost their families, their houses and all their belongings and are urgently depending on food aid."

Moreover, since the flare-up, Malteser International has increased its psychosocial care for the IDPs in Minova. At the beginning of December 2008, outreach teams identified IDPs who suffered from traumatic experiences. Around 30 patients were brought to a specialist trauma treatment clinic in Bukavu which is supported by Malteser International. "Raped women, people who have been forced to witness massacre or execution, families who have been violently torn apart – it is important that these people have a contact person available to them, so that they can process their terrible experiences and better endure their current situation", says Nothelle.



Estimated 850,000 internally displaced persons (IDPs) live in the eastern parts of Congo, between 30,000 and 50,000 in the region of Minova.



Food supplies to more than 6,000 displaced families in Minova in November 2008.

In DR Congo, Malteser International has been providing an integrative programme including projects in the fields of health care, psychosocial care, food security and the reconstruction of infrastructure since 1996 in the provinces of South Kivu and Ituri. At present, 135 national and eight international staff members are working in the country.

Peru – Rebuilding a village’s hope

In spite of achieving important economic advances recently, Peru is still a country with a high poverty index and inequality among its citizens. Nearly half of all Peruvians are considered poor, most of them being indigenous people. In 2002, some motivated Peruvians founded the volunteer relief service “Malteser Peru” in order to improve the quality of life for many people and to offer them better prospects. At first, this work mainly focussed on the most vulnerable people in the country. The volunteers concentrated on providing economic support for socially disadvantaged people, medical campaigns in poor districts all over the country as well as social programmes and capacity building for children, women and elderly people.

Help for **800 people**
 International staff in the project: **1**
 National staff in the project:
1 plus 200 volunteers
 Project duration: **since August 2007**
 Project volume in 2008: **100,000 EUR**
 (2007 – 2009: **140,000 EUR** in total)
Partners: Malteser Peru, Peruvian Association of the Order of Malta
Funding: ADH, national associations of the Order of Malta

After the severe earthquake in August 2007, Malteser Peru and its force of about 200 volunteers started immediate humanitarian assistance in the south of the country. The Malteser volunteers helped people in the two villages of Cedros de Villa and Nuevo Hualcará in Cañete to reconstruct the villages. Malteser Peru gave prefabricated houses to 60 families, organised soup kitchens and supported the villagers in their return to normal life. Due to the absence of official land rights, many of the affected people in Cañete had no access to the reconstruction programme of the Peruvian Government. With the financial support of Malteser International, the families were enabled to furnish their new homes since they had lost nearly all their belongings. With some social activities like Christmas parties for the children Malteser Peru showed the people that, in spite of the tragedy they lived through, it is possible to keep smiling and to have hope in life. Additionally, Malteser International facilitated the implementation of a dining room for 200 children in a monastery.

In response to the absence of a working sewage system, Malteser Peru initiated the construction of a sewer in Cedros de Villa in order to prevent diseases spread by vermin. The residents participated in the planning process and co-financed the sewer by organising a village festival whose revenues



After the earthquake in August 2007 Malteser Peru with the support of Malteser International started with the reconstruction of two villages.



In the soup kitchen, Malteser Peru is providing a daily meal for the children.

were used for the construction works. The construction of a 125 metre long sewer for

the residents of Cañete completed the emergency relief measures in 2008.





Health and Nutrition

Traditionally the sector of health is a core competence of Malteser International. In close cooperation with local authorities and partner organisations, the worldwide relief service establishes and promotes primary health care services covering curative care, communicable disease control, health management, medical emergencies and the rational use of medicines. Special attention is given to reproductive health and health education as well as to the fight against HIV/AIDS and tuberculosis. As the nutritional status within a population is closely related to its general health, Malteser International integrates programme components to prevent and to treat malnutrition and to improve food security.

PORTRAIT OF OUR HELP

South Sudan – “God bless me and you!”

How Yuan Eda’s hardships came to an end

Yuan Eda breaks into a huge smile when he sees Nicholas Okoth of Malteser International. “Why haven’t you come to see me earlier? Where have you been?” he asks, but without any sign of reproach in his voice. Nicholas sits down at Yuan’s sickbed and smiles back. Only one week ago he brought Yuan to the Rumbek State Hospital.

Yuan Eda has been suffering from tuberculosis (TB) since 2002. Six years of coughing blood, heavy sweating and pain. Now Yuan is sitting on his bed in the intensive care unit of the TB ward operated by Malteser International, in the State Hospital of Rumbek. And even though he is as skinny as a man can be, he tells his story vividly, gesturing wildly to emphasise his words: “Of course I went to work while I was ill; I had to. I have a family to feed. We have goats, a garden to plant cassava, and honey bees. And I am also a good hunter!” he proudly adds. He and his wife had six children, four of them died – coughing. Yuan had started treatment previously in another hospital which is close to his home village. “But when they asked me for money

and I could not pay, they sent me away.” Even though TB treatment is generally free in South Sudan, staff often still ask patients for payment. Yuan had to interrupt his therapy and the symptoms quickly returned.

When it became so bad that he could not even walk any more, Yuan’s brother-in-law took him to his village where he met Nicholas, one of the outreach supervisors of Malteser International. Nicholas was driving through the villages around Rumbek looking



Yuan Eda after seven days of TB treatment: “I can sleep better now. While I used to have about ten heavy coughing attacks per night, it is now only two.”

for people suffering from TB, HIV/AIDS or leprosy. Yeri, the village of Yuan’s brother-in-law, happens to be on his route. When Nicholas came to Yeri, villagers told him about a severely ill man. He went to see him, recognised the symptoms of TB, verified his suspect by sputum examination and immediately took Yuan to the hospital. And so Yuan’s trials and tribulations finally neared their end.

Even though he has been in the hospital for seven days only, he already feels a little better: “I can sleep better now. While I used to have about ten heavy coughing attacks per night, it is now only two.” And this is just the beginning of a therapy which takes at least six months but can also last up to one year. Yuan already knows exactly what he is going to do when the last day of his long lasting illness has come: “When I am cured, I will thank God first and then I will pray for Nicholas and the other people of Malteser International because they saved me. God shall bless me and you”, he says. “And finally I will return to my family to take up my duties again and be there for them.”

Kathrin Meier



Health and nutrition in Africa

Malteser International provides comprehensive health care services in Africa as a priority focus particularly in fighting diseases like tuberculosis (TB). It has been evident for several years now that cases of TB are closely linked to perhaps the greatest international health disaster – the occurrence of HIV and AIDS. TB is one of the most opportunistic infections among people living with HIV, taking advantage of a break down in a patient's immune system. In South Sudan it is estimated that about 20 to 30% of TB patients are HIV positive; in Kenya about 50 to 60% of TB patients are also infected with HIV. The linking of TB and HIV programmes is recognised as an important strategy as well as 'best practice' for disease control. Therefore, Malteser International takes up this particular challenge by merging all efforts related to fighting TB and HIV into a combined approach and upgrades it to a major strategic focus which is realised through several projects in Sudan, Kenya and Angola.

SPOTLIGHT

South Sudan – Information, education and communication to fight TB and HIV/AIDS

The many decades of war between South and North Sudan resulted in a humanitarian catastrophe with an enormous loss of lives, destruction in the health infrastructure and displacement, among others. South Sudan and North Sudan reached a comprehensive peace agreement in 2005. Its signing marked a new political landscape with favourable conditions to re-build South Sudan which has a total population of around eight million people. Given this situation, the humanitarian needs, especially in the health sector, are colossal. The challenges that a young South Sudanese government faces include limited human resources, a wide range of priorities to address and an undeveloped health system which struggles to provide essential health services. As a result of this, 90% of basic health service is provided by international aid agencies.

Help for **1.1 million people** (catchment population of the TB/HIV programme)

International staff in the TB and

HIV/AIDS programme: **15**

National staff in the TB and HIV/AIDS

programme: **105**

TB/HIV programme duration: **2006 – 2012**

TB/HIV programme volume: **1.6 million EUR**

Partners: County Health Departments, Dioceses of Rumbek and Yei, Ministry of Health GOSS, State Ministry of Health

Funding: BMZ, ECHO, GFTAM, UNDP, WFP, own resources, private donations

Malteser International has been working in South Sudan **since 1997**.

South Sudan struggles with the world's highest maternal mortality, low immunisation coverage, lack of basic water and sanitation facilities and a high prevalence of infectious diseases including TB. The TB incidence is estimated to be about 228 per 100,000 people; this situation may easily deteriorate. In 1997, Malteser International first established a TB programme in South Sudan and expanded the programme with a link to HIV/AIDS in 2006 in areas where the government has not established any medical services.

Over the last two years Malteser International also focused on a second essential service to reduce morbidity and mortality rates of TB sufferers, through health education and promotion using the concept of Information, Education and Communication (IEC). After trainings for staff members on teaching methods and communication, education activities take place in the health facilities, communities, schools, market places, churches or at the patients' homes. The intention is to inform people about the transmission and prevention of TB and HIV/AIDS but also on how to take care of those infected.

The major aim is to prevent new cases or at least to detect potential cases early enough to treat them and thus reduce the spread of the disease. Overall the IEC concept should lead in the long-term to a change in behaviour through improved knowledge about the diseases. Changing people's behaviour is one of the most challenging parts in health and requires a long and intensive commitment. Therefore, although many people have gained improved knowledge, a follow-up survey has proved that still only a few show up voluntarily at health facilities due to the stigma attached to TB. Hence, Malteser International will



Outreach teams go to the villages in order to improve people's knowledge about the symptoms of TB.

strongly emphasise the concerns, gaps and needs in the communities throughout 2009. The findings should help to develop a more culturally appropriate concept to enhance awareness raising.

Kenya – The importance of qualified community health workers

Kenya is one of the more economically developed countries in eastern Africa. However, still half of the population lives under the national poverty line, which increased from 49% (1990) to 56% (2003). In the Human Development Index, Kenya ranks 154 out of 177 countries. The consequences are limited education possibilities, a shortage of water and sanitation facilities as well as enormous deficiencies in the health sector, where only half of the population has access to basic health care services.

Help for **4.1 million people** in Nairobi and Central province (catchment population of the TB and HIV/AIDS programme)

International staff in the programme: **1**

National staff in the programme: **29**

Programme duration: **2006 – 2011**

Programme volume in 2008: **615,000 EUR**

Partners: AMREF, Kenyan Ministry of Health, Nairobi City Council, Nairobi Health Management Board, St. Mary's Hospital

Funding: BMZ, Pathfinder International, own funds, private donations

Malteser International has been working in Kenya **since 2001**.



Local health worker caring for the youngest family member of a TB patient

It is estimated that about 1.8 million Kenyans are HIV positive. This has contributed dramatically to high morbidity and mortality rates in the country over the last decade. Although the epidemic has declined from about 10% of the adult population (1998) to about 5.1% (2006), still about 8.3% of the urban population is infected with the HI virus (UNAIDS Country Report, 2008). Furthermore it is estimated that 892,000 children are orphans due to AIDS and about 500 people die every day from opportunistic infections related to AIDS. Kenya's capital Nairobi may bear the country's highest HIV prevalence with 13.8%; this is related to the fact that the poor living conditions and the extreme poverty, especially in the slums of Nairobi, often result in prostitution.



Awareness raising in the slums of Nairobi: with 13.8% Nairobi has the highest HIV prevalence of the country.

With reference to the Millennium Development Goals, the government of Kenya recognises the importance of strengthening the capacity of communities in taking a major role in their health care by bridging the interface between the community and the lowest health facility (dispensary). This is the reason why the assignment of community health workers (CHW) is of inestimable importance in health provision. To ensure that the CHWs are fully empowered with knowledge, skills and positive attitudes, they need proper training; because all these skills are necessarily required when they provide basic health care to community members at home before referring them to the dispensary for further care, if needed.

Since Malteser International began the Nairobi slums project in 2002, 72 CHWs have been recruited and trained in TB, HIV/AIDS and home based care (HBC). They do not only care for the patients but also implement Information, Education and Communication (IEC) campaigns in the communities. They are responsible for the referral of sick persons to the health centres or to other organisations for special needs, which cannot be attended to

in the health facilities supported by Malteser International. Subsequently refresher courses for CHWs are offered annually, based on their needs after an evaluation.

In 2008, Malteser International trained 42 CHWs in the health facilities. The training focused on nutrition for TB/HIV patients, an essential component in the diseases' management as it is important to strengthen the patients' bodily defences. As Malteser International has concluded a partnership with the Kenyan Ministry of Health, the workshops were supported by public nutritionists from the TB/HIV department. All in all, there have been nearly 2,000 health education sessions in the communities in 2008 and more than 4,500 patients have been visited at home by CHWs.

The competences the CHWs receive during the trainings qualify them to become community health leaders in their respective zones of operation as required by the governmental "Community Strategy". Malteser International has taken a leading role in this strategy and the model is being followed by other organisations including the Ministry of Health itself.



Darfur/Sudan – Basic health care in rural areas

The conflict between government forces and rebels which erupted in 2003 in the west of Sudan resulted in a humanitarian disaster leaving more than two million people displaced. After years of conflict, humanitarian assistance is still not reaching all those affected due to insecurity in the region. In health terms a “post conflict” phase is entered in which interventions have to continue and to be consolidated in order not to risk a fall back into an acute emergency nor to lose improvements achieved with previous interventions.

Help for **115,000 people**

International staff in the TB and

HIV/AIDS programme: **2**

National staff in the TB and

HIV/AIDS programme: **119**

Programme duration: **since June 2004**

Programme volume in 2008: **705,745 EUR**

Partners: State Ministry of Health, UNFPA, UNICEF

Funding: AA, ADH, CHF, Dr. Holzheu Foundation,

ECHO, UNFPA, UNICEF

Malteser International has been working

in Darfur/Sudan **since 2004**.

Malteser International’s area of operation in North Darfur is the rural region south of El Fasher with a population of about 115,000. It addresses all major health problems while emphasising curative care in local health centres. A special focus is drawn to the most vulnerable, in particular pregnant women and children under five. Examples of this include routine immunisation, growth monitoring of children, distribution of mosquito nets, health education, and raising awareness on health, nutrition and reproductive health issues for local community health volunteers (CHVs). In 2008 nearly 1,000 CHVs attended awareness raising sessions on topics such as

ante-natal care, vaccinations, malaria, hygiene and sanitation, nutrition and HIV/AIDS.

In Darfur most international aid agencies concentrated their aid on internally displaced persons (IDPs) gathering in huge camps all over Darfur. Malteser International’s decision to work in rural areas and to support local health structures was based on several assessments that showed a great need for such support. Through this support, it is hoped that people can be encouraged to stay in their villages instead of moving into the already overcrowded IDP camps. Malteser International is always ready to respond to the volatile security situation in Darfur through flexibility and adjustments to its projects. The capacity of local health workers has been strengthened in order to ensure that services can still be provided in cases where travel is not possible. Through means such as these, primary health care services could be provided even during another outbreak of fighting in 2008.

Due to increased insecurity, outreach activities had to be stopped in 2006. After a re-structuring, outreach teams recommenced in early 2008. The teams can now reach and survey isolated communities who have no, or very limited, access to health facilities – especially with regard to the outbreak of



Vaccination campaign for children under five in North Darfur

communicable diseases. Furthermore, new incinerators and water tanks were installed in a number of health centres to improve sanitation and hygiene. In 2009, outreach activities will be intensified in order to ensure that the most vulnerable people are reached.

PORTRAIT OF OUR HELP

Darfur/Sudan – Improving the situation step by step



“In our health centres, we treat 8,000 to 10,000 patients each month. That is what keeps me going.” These are the words of Ute Kirch, an experienced humanitarian aid worker who has been leading Malteser International’s projects in Darfur since April 2006. More than 120 Sudanese staff are supporting work in five health centres which serve 238 villages in the rural areas of North Darfur. Furthermore, mobile teams visit remote vil-

lages on a regular basis to provide ante and post-natal care to pregnant women and to offer health care to children through vaccination and growth monitoring for the early detection of malnutrition.

Another focal point of the work in Darfur is awareness raising. “It is important that people really understand how the main diseases that occur here are transmitted and how they can prevent them. Therefore we

Project Coordinator Ute Kirch: “It is important that people really understand how the main diseases that occur here are transmitted and how they can prevent them.”

DR Congo – Food security for South Kivu

Fighting the mosaic virus

Manioc (or cassava) is the staple diet for most people in Eastern Congo. But this main food source is being threatened. In 2006, families in the territories of Mwenga and Walungu were faced with the devastation of their manioc fields caused by a plant disease. The virus, known as cassava mosaic disease (CMD), shrivels the leaves of the plant and limits the growth of its roots. It is spread by insects or by diseased plants being transplanted in new areas. Over 95% of the fields in the region were infected.

Aid for **7,500 families**

International staff in the programme: **2**

National staff in the programme: **18**

Programme duration: **June 2007 – May 2008**

Programme volume: **152,723 EUR**

Partners: local NGO PEDAPS, local authorities

Funding: Pooled Fund

Malteser International has been working in the DR Congo **since 1996**.

The only known way to fight CMD is to develop resistant varieties. Key activities of Malteser International therefore included the multiplication and distribution of resistant seeds. As a result, 200,000 square meters of mosaic resistant manioc cuttings were produced and distributed, benefiting about 7,500 families. In addition, eventually aiming at moderating the consequences of the manioc plants being destroyed by the virus, Malteser International distributed a total of eight tons of maize seeds to the families. Also as a way of avoiding malnutrition, this measure should motivate families to adopt a more varied diet. The first harvest of 11,000 kilograms of corn seeds not only diversified the families' diet, but was enough to guarantee the necessary amount of seeds to allow the growing of maize in the following season.

Another main focus was the training of pilot community groups on how to stop the spread of the virus, along with the distribution of farming tools. This participative ap-

proach proved successful: 100 community group members were instructed in basic agricultural techniques that helped to stem the virus. The trainings also aimed at enabling the beneficiaries to train others to multiply their knowledge and guarantee sustainability. Visits to the fields in February 2008 showed that the new techniques were successfully implemented.

This project is an excellent example for sustainability and the successful inclusion of the population not only in the project planning, but also by promoting a strong feeling of ownership. Its long-term perspective fosters

the growing of a greater variety of crops by using the surplus of seeds after a prosperous harvest. It therefore contributed significantly to the reduction of the devastating effects of loss of a single variety and reducing the risk of malnutrition due to reliance on only one crop.

Further projects that are planned for 2009 will focus on creating channels of distribution for the surplus gained with growing a variety of plants thus creating an income for the families, enabling them to live a life in dignity, without hunger and free from easily avoidable diseases caused by malnutrition.



Over 95 % of the manioc fields, the main food source in Eastern Congo, were infected by the „cassava mosaic disease“.

train so called 'community health volunteers' (CHVs). They are chosen within their communities and are trained by experienced health staff. Afterwards, they can spread their new knowledge within their villages." Malteser International also provides the CHVs with T-shirts that present important but simple health messages in the form of pictures so that everyone they come into contact with can learn more about health.

"Even if the overall situation is difficult and the security situation is not improving, it is good to know that we are still able to help the people of Darfur," says Ute Kirch, before explaining her motivation further: "Even if the steps we are taking are very small, we are improving the situation at least a little bit."

Esther Finis

Malteser International relief in Darfur in 2008:

- **109,098 consultations** in five health centres
- **71 supervisory visits** to the health facilities
- Ante-natal care for **3,399 pregnant women**
- **807 deliveries** attended in the health centres
- **47,222 screenings** of children under five years
- Measles vaccination for **3,241 children**
- Awareness raising sessions for **1,000 community health workers**



Psychosocial care in humanitarian aid

It is a widespread misunderstanding that psychosocial care (PSC) is a kind of psychotherapy for people affected by crisis and disasters and that it can only be provided by specialised psychologists and therapists. PSC is about much more than just mental health and can better be explained as “emotional and social support” for those affected by disaster. Appropriate measures are meant to help people to find their way back to normal life. Formed by culture, religion and traditions, people all over the world have developed strategies to cope with stressful, critical situations and how to assimilate the consequences. In this respect, mutual assistance plays a very important role. When the suffering caused by human and material losses is overwhelming and exceeding their own capacities there is a dire need for external support. PSC is an essential component of humanitarian assistance.

Malteser International – in cooperation with partners in Asia and Africa – has organised such PSC programmes and in 2008 collated all experiences made in this sector in an “*International Workshop on Approaches to Psychosocial Care after Disaster and Lessons Learnt from Selected Projects in Asia and Africa*”.

The Workshop was held in Bangkok on 29 and 30 April 2008. It was organised by the Mental Health Component of the Tsunami Relief Programme South Thailand (TREPS) of Malteser International and its partner SEAMEO Tropmed Network (South East Asia Ministers of Education Organization Tropical Medicine and Public Health Network). The objectives of the workshop were:

- to define, clarify and describe the different concepts, approaches and implementation of psychosocial care for people affected by calamities and disasters, and
- to exchange and discuss views and insights, lessons learnt and best practices amongst professionals with experiences in rendering psychosocial care after disasters.

In total 66 participants – representatives, professionals and field staff – attended the workshop: amongst them were representatives of the Order of Malta and the German Embassy, professionals from IOM, UNICEF, UNHCR, WHO, NIMHANS India, ADPC, the Ministries of Public Health and



These Indian women have been trained as lay counsellors to provide psychosocial care following the tsunami in 2004.

the Ministries of Education from Thailand, Cambodia, Indonesia, Laos, the Philippines and Vietnam as well as field staff from Malteser International projects in Cambodia, Pakistan, Thailand and DR Congo. The workshop achieved its goals and all participants were very satisfied with the possibility to establish new networks for psychosocial care.

Mental health and psychosocial care for adolescents in tsunami affected areas in South Thailand

Months after the tsunami many people still faced psychosocial and mental health problems due the loss of relatives and/or their livelihood. In collaboration with the Ministries of Education and Health and SEAMEO TROPMED Network Malteser International decided to focus on the neglected age group of adolescents. The purpose was to improve the mental health and psychosocial situation of young people aged 12 to 18 in communities and schools in tsunami affected areas of

Phang Nga province. The project comprised four components:

- integration of mental health concepts in school curricula;
- training and counselling of guidance teachers at schools;
- community based psychosocial care;
- development of a referral system for mental health and psychosocial care.

Between June 2006 and June 2008, the project reached more than 7,400 adolescents in seven communities in eleven schools, 76 teachers were trained, and 30 peer educators are active on a community-level. Furthermore the newly developed mental health modules for social science and physical education subjects were integrated in the curricula of all schools in the province of Phang Nga.

Psychosocial care for survivors of the tsunami in India

A lot of experience in the field of PSC was gained following the 2004 tsunami in India.



In the “International Workshop on Approaches to Psychosocial Care after Disaster” Malteser International collated all experiences made in this sector in selected projects in Africa and Asia.

DR Congo – Hope for a better future

Malteser International treats victims of sexual violence

There, local experts of Malteser International's partner organisations DEEDS and Sahayi were involved in training lay counsellors who were recruited in the affected communities. These lay counsellors went on to support directly or indirectly affected families in villages, schools and organisations. Giving consolation, talking to each other, listening, being present for neighbours and offering assistance to ensure the essentials of their livelihood are very important measures in such an emergency situation. Some families need support to access humanitarian aid, commodities and services according to their needs. Others may need help to search for missing family members. Teachers in schools are trained to facilitate and to support the coping capacity of their students, helping to overcome the terrible memories and to reduce the risk of chronic trauma. Analyses realised by partners in India have shown that even three years after a disaster about 6% of the affected population still need such support. After crises or disasters people suffer from stress reactions. These are normal reactions to abnormally stressful situations or potentially traumatising incidents. Most people recover much better if PSC is provided. In a few cases the trauma may lead to chronic mental disorder. They develop symptoms of a severe stress disorder and need referral to local mental health services for treatment provided by appropriately qualified native speaking experts.

Medical and social support for victims of sexual violence in DR Congo

Another programme of Malteser International, which is integrated in local structures, is the PSC programme for women who have suffered from sexual violence and rape in the east of the DR Congo. The main components are training and supervision of community based groups as well as medical and social support for the affected women and their families. The greater part of this support is provided by trained lay persons that join forces in women's groups or other local organisations. The training for this work – done in most cases by community volunteers – takes one to four weeks. The volunteers regularly share their experiences and are supervised by experts.



Malteser International provides medical and psychosocial help for women and girls – and increasingly for young boys, too.

Marie and Josephine (both names have been changed) sit silently opposite each other and look to the floor. The two Congolese girls had declared themselves ready to report their fate to the world, hand in hand, but now they have lost their courage. Finally, and falteringly, Marie begins to speak: “I was walking in town one evening. It was already getting dark, when all of a sudden a soldier came up behind me. Suddenly, when nobody could see, he dragged me into some bushes and raped me. I didn't tell anybody about this; my father is very aggressive, he would blame me for what happened and beat me or even throw me out of the house.” One day, however, the 18 year old schoolgirl confided in a friend, who then brought her to the health centre in Mahagi. There, Malteser International is providing the proper treatment for Marie free of charge, including the relevant drugs, psychological care and the opportunity to talk to others who had to go through the same experience.

Marie's story is not an isolated case. It has been years since the civil war ended, but rape is still rife in Congo. The men responsible for these outrages are former militiamen and rebels. Malteser International provides medical help for the affected women and girls – and increasingly for young boys, too. The organisation focuses on the prevention and treatment of sexually transmitted diseases such as hepatitis and HIV/AIDS, while furthermore working with local organisations to provide psychological care for the victims of rape.

In order to inform people in the villages about the free treatment, Malteser International daily broadcasts commercials through

the local radio station. Since the beginning of these projects the women and girls trust the health centre more and more and are coming to seek help. But in spite of this, it remains sadly true that rape is still a taboo subject in Congolese society. Many victims – like Marie – are faced with discrimination if they talk about their experiences. “My father would accuse me of bringing shame on the whole family,” says Marie. Often women must count on their husbands leaving them, too; current opinion leads many to believe that the women provoke rape, or even want it.

Josephine had a similar experience: “I was approached by a former soldier in a restaurant. He wanted to buy me a meal, but I declined. When I went to the toilet, he followed behind me and attacked me. Compared to Marie, I was very lucky, my father was fully understanding, he tried to comfort me and took me straight to the health centre in Mahagi.” This could well have saved her life, for within the first 72 hours after a rape, victims can be treated with a so-called Post-Exposure Prophylaxis (PEP), reducing the risk of an HIV infection by around 80%. When tested, Josephine was HIV negative.

Despite what they have experienced, both girls again look hopefully to the future. “I would like to finish school at any rate so that I can work and offer my family a better future,” says Marie. Josephine nods approvingly. “I will finish school too. And afterwards, I want to take up a mechanics apprenticeship; I find cars very exciting, even if this is not typical for girls. But I don't care.” For the first time today she is smiling.

Kathrin Meier







Water, Sanitation and Hygiene (WASH)

Water is essential for life, health and human dignity. The most serious health problems in disaster situations are caused by poor hygiene due to insufficient water and by the consumption of contaminated water. Recognising the strong link between health, water, sanitation and hygiene, demonstrated by numerous waterborne diseases, Malteser International's specific work within this sector covers water supply, sanitation and hygiene promotion.

PORTRAIT OF OUR HELP

Sri Lanka – How rain can alleviate poverty

Along the tsunami affected coastline of Sri Lanka, Malteser International supports local families to live a life in dignity.

Mirissa is a little village on the coast, a diver's paradise. But only a few hundred meters away from the coastline one finds houses built on a precipitous hillside. During the rainy season the paths transform into slippery slopes. Neither electricity nor running water are available. Not so long ago, those who wanted to have drinking water had to climb down the narrow and steep path to the public water supply and return the same way heavily laden with the water cans. Fortunately, this burden was eased recently when Malteser International together with the inhabitants and the Sri Lankan organisation "Lanka Rain Water Harvesting Forum" built rain water harvesting tanks directly next to the houses. "Since we got the tank, I have much more time to care for my children and the household", says Kaushaliya. The mother of three children in former times had to climb up and down the hill up to five or six times a day. "That was extremely hard, especially when I was pregnant", she remembers. Now, Kaushaliya and her neighbours have one problem less. "When it rains, the water from the roof runs

through a filter into the tank and we have a huge reservoir of clean and safe drinking water." Once a year, the families have to clean the tank thoroughly.

To assure that the water will stay clean not only in the tank but also after the families have retrieved it, volunteer health workers who have been trained by Malteser International in health and hygiene education come to visit the families. In this way Kaushaliya and her neighbours learn that clean buckets and bottles must be used to collect the water from the tank and how washing their hands with water and soap can reduce the risk of spreading infectious diseases. To support these important messages, the volunteers also wear cartoons developed by this project on the back of their shirts. "My children especially have learned a lot from them", Kaushaliya says. "Those people are really renowned for being experts in health."

Lasantha Herath, the project manager of Malteser International, smiles happily when he hears such compliments. "Without the volunteers the project would not be as suc-

cessful as it is now. We give them a bike so that they can reach remote areas more quickly, train them regularly and pay a small allowance. But the best thing with the volunteers is that they will continue to transmit their knowledge even after the end of our project", he says. "This ensures the sustainability of our work and gives a long lasting effect to all the improvements we have made."

Esther Finis



Thanks to the new rain water harvesting tank Kaushaliya doesn't need to go far anymore to collect water for her family.

WASH reduces child mortality

Malteser International prevents illness and death caused by lack of sanitation and poor access to safe drinking water

Diarrhoeal diseases are the most common health problems and causes of death worldwide. 4.4 billion people suffer from diarrhoea every year (Source: Worldbank, 2003) and the WHO estimates that 1.8 million people die from it each year (Source: WHO, 2004). This includes 4,000 children under five years of age who die from diarrhoea every day. The underlying causes are well known. To date there are 2.6 billion people worldwide who lack basic sanitation and 1.1 billion who do not have access to safe drinking water. The transmission of diarrhoeal and water-related diseases is directly linked to inadequate access to water and hygiene practices. Diseases can be transmitted from the host through water, food and direct contact with human waste. The faecal-oral transmission of disease is typical for waterborne diseases. However, there are also a number of vector-borne diseases related to poor water supply and sanitation. Factors that contribute to a higher risk of infection include substandard and crowded living conditions in slums or camps. Poverty, essentially, is the direct link.

Despite the improvements already achieved during the first Water For Life Decade there is still a significant gap in drinking water coverage between rural (899 million people) and urban (170 million people) communities (Source: WHO, 2004). Alarming, this constitutes 15% of the global population. Diseases related to the lack of drinking water, hygiene and sanitation can be prevented by simple, well known and well established concepts. For example, hand washing with soap is effective in reducing the occurrence of such diseases by 50%. Safe storage of hu-

man waste in latrines is also one of the most important building blocks in reducing the risk of contamination and transmission. But the availability of sanitation facilities cannot stand alone – people need to be aware that these facilities are advantageous for them, benefit their health and constitute an improvement for their communities.

Traditional habits, ignorance, misinformation and lack of knowledge can hamper acceptance and willingness to change attitudes and practice. There is an urgent need to educate and promote well known, basic con-

cepts to improve hygiene in the communities of developing countries. The introduction of new technologies, appropriate in the context and living environment of the communities, needs to be discussed, offered and planned in a participatory manner. An individual's or community's ownership and involvement in the decision making process are preconditions for sustainable improvement.

A key concept is household water treatment and storage and has been strongly promoted by the WHO since 2003. The objective of the initiative is clear:

Simple techniques for treating water at home and storing it in safe containers can save a huge number of lives each year. (Source: WHO and UNICEF, 2005)

The commitment of the initiative is to contribute to a significant reduction in waterborne diseases, especially among vulnerable populations, by promoting household water treatment and safe storage as a key component of water, sanitation and hygiene programmes. Malteser International is committed to contribute to better health and dignified living conditions by providing access to drinking water, sanitation, and health promotion for people affected by disaster, conflict and poverty.

Dr. Peter Schmitz



The transmission of diarrhoeal and other water-related diseases can be prevented by adequate access to water and hygiene practices.

FROM SAFE WATER AND SANITATION TO GOOD HEALTH

In the context of the United Nations' "International Year of Sanitation" 2008, Malteser International produced a documentary and a brochure informing about its WASH projects in Asia and the importance of WASH for the health of the people. With simple measures like hygiene education or the construction of latrines, disea-

ses like diarrhoea that still kill thousands of children worldwide can be prevented. The film (in English and German) and the brochure (in English) can be downloaded from www.malteser-international.org. The DVD containing the film as well as further background information can be ordered by e-mail: info@malteser-international.org.



Sri Lanka – Safe and eco-friendly sanitation through compost latrines

The tsunami of December 2004 increased the pressure on the often scarce drinking water resources, especially in marginalised regions in the east and south of the country and in remote villages. The widely used shallow ground water sources had often become contaminated and infected with salt water due to coastal flooding. In addition to the inadequate water supplies, many areas also lack access to safe sanitation facilities. Moreover, the population in the affected areas has no adequate knowledge about health and hygiene practices. Thus many people, especially children under five years, are at high risk of getting diarrhoea and other waterborne diseases.

Help for **42,000 people**
 International staff in the programme: **8**
 National staff in the programme: **25**
 Programme duration (WASH sector):
since January 2005
 Programme volume in 2008/in total:
583,437,90 EUR/3,077,928 EUR (2005 – 2009)
Partners: LRWHF, Ministry/Department of Education, Ministry/Departments of Health, NWSDDB
Funding: ADH, Caritas SED Galle, UNICEF
 Malteser International has been working in Sri Lanka **since 2005**.

The WASH programme started shortly after the tsunami with the distribution of fresh drinking water and developed into a community based and thus sustainable programme. Activities include the construction of more than 3,000 rain water harvesting tanks, hundreds of latrines, child friendly sanitation facilities at schools and homes, hygiene campaigns, waste management, and the construction of an eco-friendly sewage plant.



Washing hands with soap can save many lives – especially of little children.

Access to safe sanitation for all households

In order to prevent illness and death due to the lack of sanitation, Malteser International is implementing several integrated water, sanitation and hygiene projects in some of the areas that were most affected by the tsunami. All WASH and housing projects include sanitation measures for the beneficiaries, and offer solutions to improve their existing latrines, or provide new compost or water-sealed pan latrines. The projects intend to ensure that all households in the target areas have access to safe sanitation with appropriate technical solutions. Malteser International's approach clearly recognises that sanitation and hygiene programmes must be "owner driven" to ensure their acceptance, regular use and maintenance.

Eco-friendly solution: compost latrines

The most important measure for safe sanitation is the construction of proper latrines. In densely populated areas septic tanks are provided to prevent the faecal contamination that can take place with the current method using soak away pits. But due to the seasonally high ground water tables especially in coastal areas, septic tanks in some areas can-

not be installed. Compost latrines provide a more appropriate solution in such cases, as the compartments to collect faecal material are constructed above ground level. Malteser International is therefore introducing this new and eco-friendly technology on a pilot project basis in the districts of Ampara and Galle. A total of 69 compost latrines have already been completed in 2008.

The compost latrines work completely without water: The faeces are collected and composted in compartments and can eventually be used as fertiliser for the family's home garden. Most of the latrines also lead the rainwater from the inclined roofs into a small rain water collection tank at the back of the latrine, thus enabling the families to use this water for washing their hands after using the latrine.

Malteser International started its withdrawal from the tsunami areas along the coastline after the completion of its programme there. This strategy, however, still includes WASH activities for the neglected Eastern Province and continued support to internally displaced people. During the last decades, many of them have experienced several and often traumatic displacements due to the civil war, the tsunami and recent fighting.



Eco-friendly solution also in dry seasons: compost latrines work without water, faeces are collected and can be composted again for the fields.

DR Congo – Fighting the plague in Northern Ituri

The plague is still a major problem in many parts of Africa. It is a disease closely linked to inadequate hygiene conditions and is mainly transmitted by rat fleas. The DR Congo is one of the places in the world where the disease is still endemic. To this day the plague still claims its victims.



More than 10,000 buildings were disinfected against the rat fleas that transmit the plague.

Aid for **1,180,000 people**

International staff in this project: **1**

National staff in this project: **5**

Project volume: **275,243 EUR**

Project duration: **July 2007 – July 2008**

Partners: local authorities, local communities

Funding: Pooled Fund

Malteser International has been working in the DR Congo **since 1996**.

Other measures included the education and training of 186 local committees to fight epidemics (COLLE, COMité pour la Lutte contre Les Epidémies), which proved to be a very effective way of benefiting from local capacities and to include the local population in the fight against the disease. This was especially important because the sudden inexplicable death of neighbours or relatives had at first caused

the circulation of rumours about the cause of these deaths. These rumours had to be stopped because they complicated the effective fight against the disease. Besides the medical supply and treatment of affected persons, Malteser International therefore arranged information campaigns via leaflets, posters and radio spots to raise awareness among the population.

At the end of the project, the COLLE committees had 1,287 members. Furthermore, Malteser International had trained 292 medical staff specifically in plague treatment, as well as 137 laboratory technicians.

As a result, 2,332 patients suffering from the plague had been successfully treated. Furthermore, Malteser International preventively took care of 9,607 persons who had contact to affected patients in order to break the chain of transmission. Another important project component was the disinfection of 10,282 buildings. Thanks to these measures the epidemic could be quickly stopped. The plague and its symptoms, as well as the necessary counter measures are now widely known in the region, which will allow a direct and precise response in case of another outbreak. The local committees (COLLEs) have proved to be highly efficient institutions for guaranteeing the sustainability of the project's impact.

Since 2004, Malteser International has supported the fight against the plague in Eastern Congo. Reacting to a major outbreak in Northern Ituri in August 2007, Malteser International has set up a comprehensive programme to stem the tide of the disease in close cooperation with local authorities.

If the plague is identified at an early stage, it can easily be cured with antibiotics. Malteser International therefore provided the local health centres with the necessary medicine free of charge. This could be realised thanks to the financial support of Pooled Fund for the DR Congo. Additionally, Malteser International trained the local health staff to identify plague and cholera cases, to report early warning signs of a threatening epidemic and to prevent diseases from spreading.



After successful disinfection, the houses are marked with a certificated label on the door.



Aguro.fm

March

World Water Day (22 March): From safe water and sanitation to good health – Focus on WASH (Water, Sanitation and Hygiene) in Sri Lanka



April

India: Handover of houses to 97 families of the Irula, a scheduled tribe in northern Tamil Nadu



Right: Beate

February

Darfur/Sudan: Micro-nutrient campaign for more than 22,000 children and women



January

Cambodia: Medal for the Development of Cambodia – awarded to Malteser International on Victory Day (7 January)



June

Vietnam: Improved health for the CaTu minority

Pictures of the year 2008



**Malteser
International**
Order of Malta Worldwide Relief



May

Myanmar: Emergency relief for the survivors of cyclone Nargis

Esther Schenk



September

Cambodia: Focus country of Martin Aid 2008 – children saying Namasté (hello) to a delegation of the Order of Malta visiting their village

Project-Kemse



July

Indonesia: Computer-based health information system – conclusion of the software trainings for local staff



November

DR Congo: Food distribution to more than 30,000 internally displaced persons

Ashraf Habibullah



August

India: Flood relief in Uttar Pradesh and Bihar – evacuation by boat



December

Zimbabwe: Fight against the cholera epidemic



October

Pakistan: Earthquake relief for 580 families in Baluchistan

Programme overview 2008 (extract)

Americas

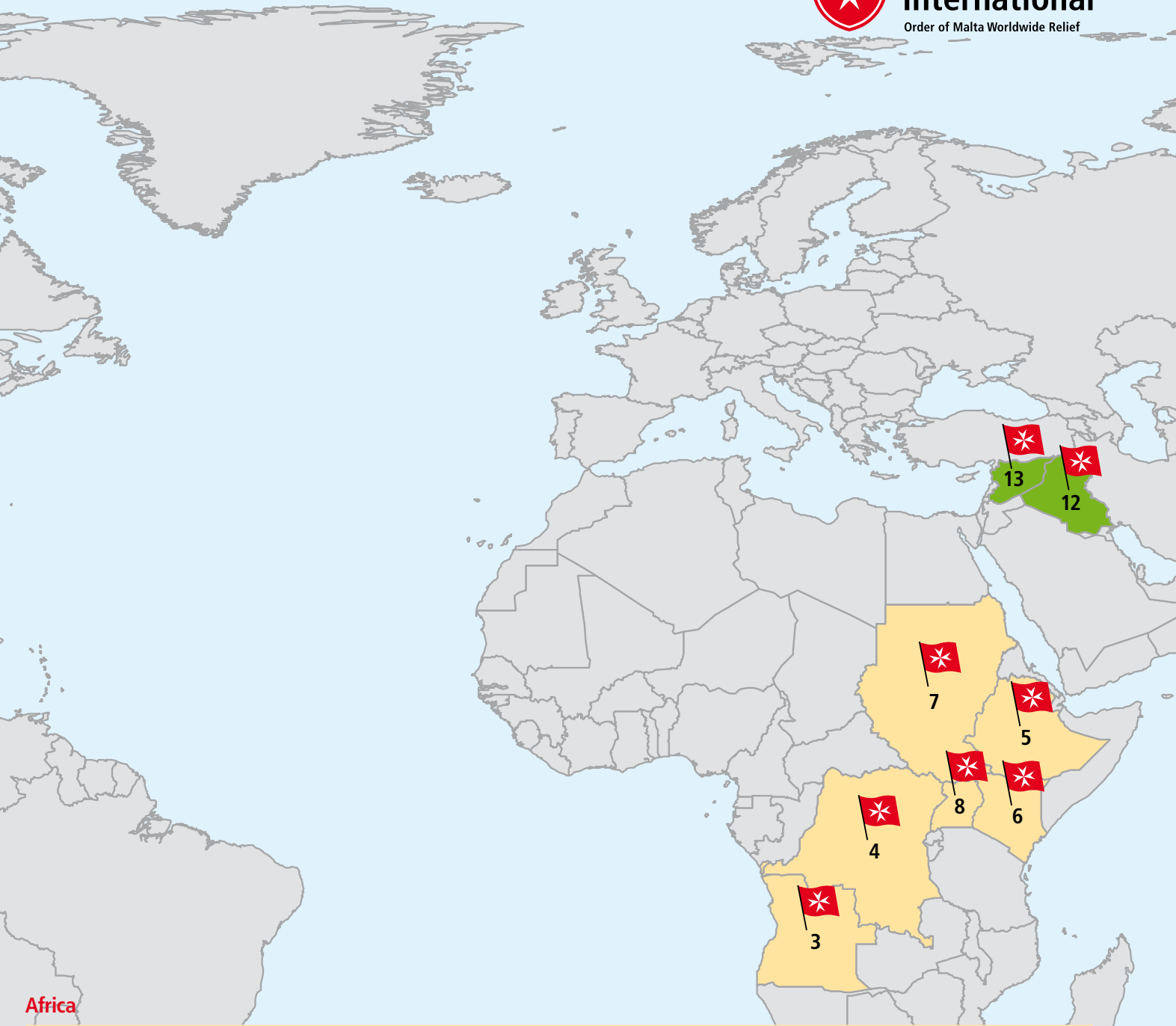
Country	Locations/ Regions	Programme Focus	Brief Description	Programme* Volume (rounded up)	Interna- tional Staff (contracts/ posts)	National Staff (posts)	Help for ... People	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
1 Mexico	Tabasco	Rehabilitation	Rehabilitation of health infrastructure, income generating measures	97,000 EUR	0	0	800	Own resources/ private donations	Mexican Association of the Order of Malta	1
2 Peru	Provinces of Cañete and Chincha	Rehabilitation	Reconstruction of 90 houses, improvement of the drainage system, implementation of soup kitchens, disaster preparedness	96,000 EUR	1/1	1	800	ADH, own resources/ private donations	Malteser Peru, Peruvian Association of the Order of Malta	1



Africa

Country	Locations/ Regions	Programme Focus	Brief Description	Programme* Volume (rounded up)	Interna- tional Staff (contracts/ posts)	National Staff (posts)	Help for ... People	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
3 Angola	Menongue/Kuando Kubango	Basic healthcare	Provision of six health centres with medication and medical consumables, rehabilitation and medical equipment for health facilities, basic and advanced training of medical staff and midwives	173,000 EUR	3/3	18	350,000	HAMSET , own resources		1
4 DR Congo	Kinshasa, Ariwara, Mahagi/Ituri, Watsa, Aba/Province Orientale, Bukavu/SouthKivu	Healthcare, psycho-social care, food aid, food security, rehabilitation, infrastructure	Support for more than 350 health centres, building of local committees to fight plague, basic and advanced training of local staff, food security and nutrition in about 30 nutrition centres, food distribution, medical and psychosocial care for victims of sexual violence, rehabilitation of health facilities and infrastructure (streets, bridges)	4,420,000 EUR	11/11	135	2,564,000	AA, ECHO, EuropeAid, FAO, Latet (Israeli Help) OCHA, Pooled Fund, UNFPA, UNICEF, WFP, own resources/private donations	Local and national health authorities, local partner organisations	15
5 Ethiopia	Mandura Woreda, Metekel	Poverty reduction	Training courses and income generating measures	12,000 EUR	0	2	2,500	own resources		1

*Book keeping according to German commercial law rules that programme expenditure must be entered as a liability in the annual statutory accounts **in total** in the year in which the funds are committed to a certain programme ("accrual accounting"). Normally, this is the year in which the programme is being started. Contrary to this, the figures indicated in this programme overview are showing the amounts which were transferred **in 2008** to certain programmes. Therefore, particular for multi annual programmes, the figures indicated here differ from the figures shown in the table "programme expenditures by regions and countries" on page 45 which is reflecting the book keeping principles.

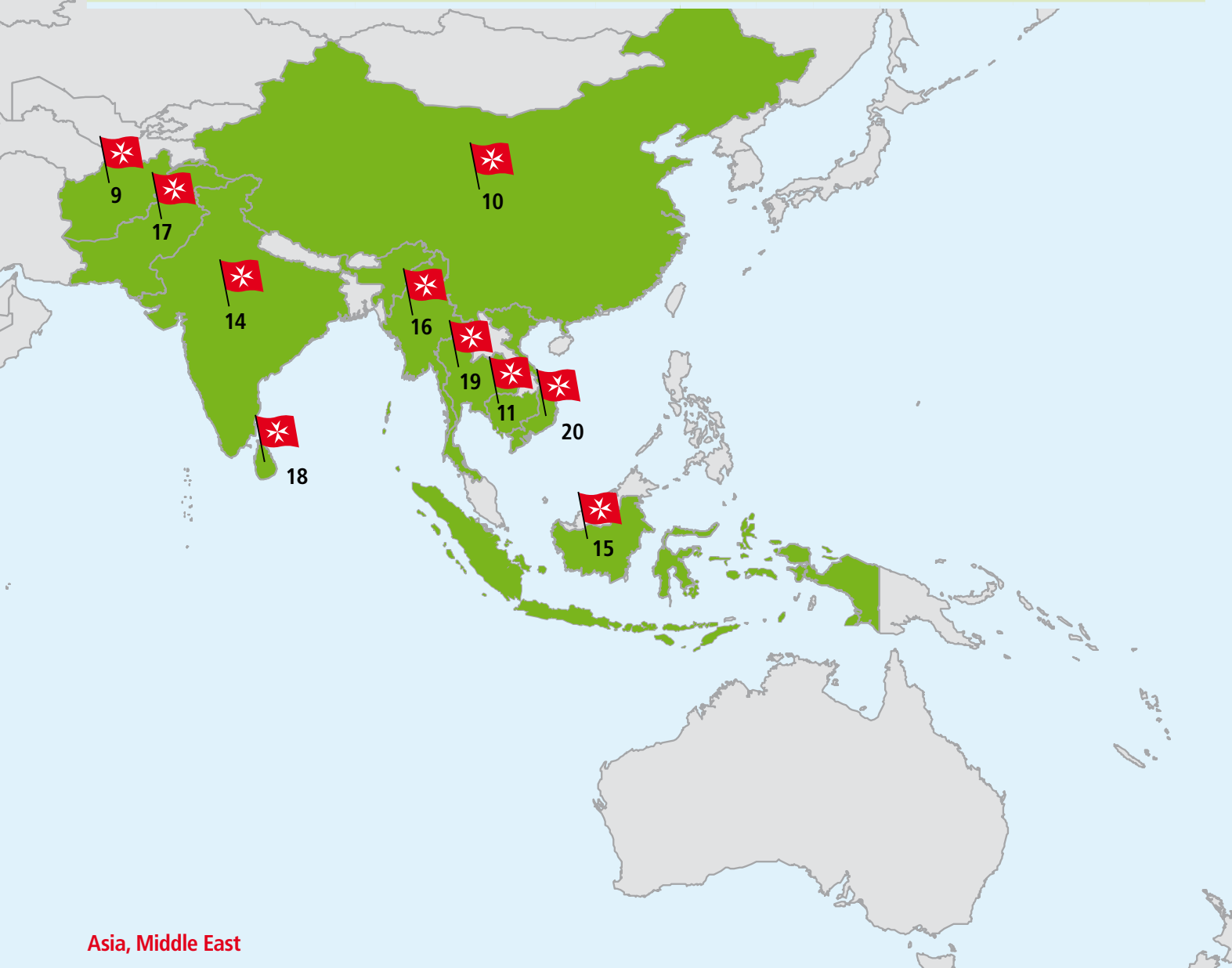


Africa

Country	Locations/Regions	Programme Focus	Brief Description	Programme* Volume (rounded up)	International Staff (contracts/posts)	National Staff (posts)	Help ... People	Donors/Cooperation Partners	National Partner Organisations	No. of Projects	
6	Kenya	Nairobi and Central Province	Healthcare	Improving the possibilities of diagnosis and treatment of tuberculosis and HIV/AIDS, supporting home care, health education for the slum dwellers	614,000 EUR	5/1	29	4,100,000	BMZ, Pathfinder International, own resources/private donations	AMREF, Kenyan Ministry of Health, Nairobi Health Management Board, NCC, St. Mary's Hospital	2
7	Sudan	Khartoum, El Fasher/NorthDarfur, Rumbek, Yei, Mariidi, Mundri, Juba/South Sudan	Healthcare, rehabilitation	TB, HIV, leprosy, sleeping sickness and malaria control programmes, rehabilitation/reconstruction of health infrastructure, provision of primary healthcare, mother-child health, vaccination campaigns, running of laboratory training school, capacity building of health staff and communities	2,346,000 EUR	24/17	301	1,211,000	AA, ADH, AECID, BMZ, CHF, DOR, Dr. Holzheu Foundation, ECHO, GFTAM, GLRA, STI, WFP, WHO, UNDP, UNFPA, UNICEF, own resources/private donations	Dioceses of Rumbek and Yei, Ministry of Health, local and national health authorities	7
8	Uganda	Maracha	Healthcare	Support for the nutrition unit in the hospital of Maracha, home visits, aftercare of the patients	179,000 EUR	3/1	17	300,000	AA, ADH, Don Pedro Rodriguez Ponga, MAV, PMK, own resources/private donations	Maracha Hospital	2

Asia

Country	Locations/ Regions	Programme Focus	Brief Description	Programme Volume (rounded up)	Internat- ional Staff (contracts/ posts)	Nat- ional Staff (posts)	Help for ... People	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
9	Afghanistan Kabul	Healthcare	Support of a clinic in Kabul for the treatment of leishmaniosis and epilepsy patients	10,000 EUR	0	1	4,000	own resources/private donations	German Medical Service	1
10	China Sichuan Province	Emergency relief	Emergency relief for families who suffered from the earthquake and preparations for the rehabilitation of a home for elderly people	20,000 EUR	0	0	1,000	DCV, VEDAG GmbH, another renowned German company with branch in China	Jinde Charities supported by DCV	1
11	Cambodia Provinces of Oddear Meanchey, Bantey Meanchey, Siem Reap and Battambang in the north-west of Cambodia	Healthcare and capacity building	Community-based health insurance, health promotion, mother-child health, strengthening of the health and self-help capacities of the civil society and the national structures	250,000 EUR	2/2	10	260,000	AusAid, BMZ, CIM, EuropeAid, Frederik Tautz Foundation, own resources/private donations	CAAFW, CHHRA, local health and other authorities	3



Asia, Middle East

Country	Locations/ Regions	Programme Focus	Brief Description	Programme* Volume (rounded up)	Internat- ional Staff (contracts/ posts)	Nat- ional Staff (posts)	Help for ... People	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
12	Iraq Kirkuk, Karamless, various villages in Northern Iraq	Emergency relief and rehabilitation	Construction of wells and water distribution systems, construction of a training centre, co-financing of medical staff	46,000 EUR	0	0	1,000	Own resources/ private donations	IBC, Mostakbal Development Foundation, Turkmeneli Cooperation and Cultural Foundation	1
13	Syria Damascus	Refugee assistance	Food aid for refugee families from Iraq	4,400 EUR	0	0	200	Own resources/ private donations	IBC	1

Asia

Country	Locations/ Regions	Programme Focus	Brief Description	Programme* Volume (rounded up)	Interna- tional Staff (contracts/ posts)	National Staff (posts)	Help for ... People	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
14	India	States of Tamil Nadu, Kerala, Gujarat, Uttar Pradesh and Bihar	Emergency relief, rehabilitation, disaster preparedness, development Southern India: HIV prevention, care and support in over 1,000 villages, health and hygiene awareness, promotion of health and life insurance Tsunami relief: income generating measures for more than 3,000 women and their families, community development programmes, scholarships, care for children and youth, construction of a village with 97 houses, school/community hall and latrines for 97 Irula families Uttar Pradesh and Bihar: emergency relief, rehabilitation and disaster preparedness: safe drinking water supply, shelters, cash for work Gujarat: construction of 150 houses, disaster preparedness, preschool programme for 1,200 children, health awareness in urban slums	1,400,000 EUR	5/4	1	1,500,000	AA, ADH, BMZ, own resources/ donations	Arumbugal Trust, Aus-siCODES, Bharati Trust, BSC, Centre for People's Education, Centre for Social Reconstruction, Ekklavia Foundation, Health for One Million, Malankara Social Service Society, Peace Trust, Provision, Quilon Social Service Society, Sahayi, Sabhagi Shikshan Kendra, Unnati, Vaan Muhil, Venture Trust	17
15	Indonesia	Banda Aceh, Aceh province, Lhokseumawe, Nias, Yogyakarta (Java)	Healthcare, livelihood, disaster preparedness, capacity development for local organisations, emergency relief Implementation of a data-based computer system for patients in Aceh, IT training courses for medical staff, income generating and village development measures in rural areas, integration measures for people with disabilities, education measures, disaster preparedness with focus on people with disabilities, training of local NGOs	791,000 EUR	9/9	34	200,000	ADH, KfW/GITEC, own resources/ private donations	Air Putih, GTZ, Yakkum, local health authorities and non-governmental organisations	6
16	Myanmar	Yangon Division, Wa Special Region II and IV (Phang Kham), Northern Rakhine State (Sittwe, Maungdaw, Buthidaung, Rathidaung), Irrawaddy Delta (Labutta, Middle Island)	Development-oriented emergency and transitional aid in the fields of healthcare, water supply, sanitary facilities and disaster preparedness, emergency relief (after cyclone Nargis) Control of infectious diseases like malaria, tuberculosis and HIV/AIDS, strengthening of community-based healthcare services, improvement of access to drinking water and sanitation facilities on household and community level, community-based disaster risk reduction, emergency relief	4,370,000 EUR	24/17	320	1,200,000	AA, ADH, "Aktion Helft uns leben" of the German newspaper Rhein-Zeitung, AusAid (through Caritas Australia), BMZ, DCV and Caritas network, CECI, Deichmann, DG ECHO, EuropeAid, national associations of the Order of Malta, THW, UNHCR, UNICEF, UNESCO – "Stiftung - Bildung für Kinder in Not", UNOPS, WFP, own resources/ private donations	ADPC, DCV, Good Shepard Sisters, PSI, THW, local health authorities, community-based organisations	19
17	Pakistan	Islamabad, Kohistan District (North-West Frontier Province), Bagh and Muzaffarabad Districts (Azad Jammu and Kashmir), Ziarat District (Beluchistan)	Kohistan: health Bagh and Muzaffarabad: health and disaster preparedness Ziarat: earthquake emergency relief Mobile health teams, reconstruction of basic health units, community-based disaster risk management (incl. district levels), advanced earthquake warning systems, NFIs-family survival kits (taraulins, blankets, drinking water containers, hygiene kits) at community and district level	757,000 EUR	3/2	13	145,000	AA, ADH, DCV, Stemsinger, own resources/private donations	ADPC, IBC, Youth Organization Kolai, NHSD, PCDF, SAI Secty, SDMA, ERR-DRR and local communities	7
18	Sri Lanka	Colombo (Western Province), Galle (Southern Province), Trincomalee, Ampara (Eastern Province)	Rehabilitation (tsunami coastal belt), water/sanitation/hygiene (WASH), development, psychosocial care Reconstruction of 635 houses and one school, rainwater harvesting, drinking water supply, household water treatment, sanitation, hygiene promotion, income generating measures and vocational training, training support, emergency flood relief	2,050,000 EUR	16/15	49	37,000	ADH, BILD Hilft e.V., cities of Halberstadt, Regensburg, Wesseling, FC Bayern hilft e.V., IAT, Osthessen hilft Südasien, RITA, Rotarians UK, RTL Stiftung Wir helfen Kindern, ÜWAG, UNICEF, UNICEF-ROSA UNESCO Stiftung Bildung für Kinder in Not, own resources/private donations	Asian Volunteers, DCA, FCA, Future for Children, GTZ, HFTC, LRWHF, NWSD, RedR, Sarvodaya, Sewalanka Foundation, Sudana Rodrigo Sahana Foundation, TDDA	23
19	Thailand	North Thailand: Sop Moi District, Mae Sariang District; Mae Hong Son Province; South Thailand: Krabi, Phang Nga, Ranong, Phuket, Tran, Satun Provinces	Healthcare and WASH for refugees, avian influenza awareness, HIV/AIDS prevention, tsunami rehabilitation Improving the health situation of Karen refugees by control of communicable diseases, reproductive and child health care, health awareness and prevention (TB, HIV, avian influenza, malaria), WASH, strengthening of camp-based healthcare services, rehabilitation after tsunami in the field of basic health, psychosocial care, income generation and community based infrastructure	1,501,000 EUR	3/3	48	145,000	ADH, DG ECHO, Osthessen hilft Südasien, RTL, UNHCR, USAID/IRC, WCF, own resources/ private donations	Karen Refugee Committee, SAN, SEAMEO, Salaween Group	10
20	Vietnam	Danang, Quang-Nam Province, Central Vietnam	Poverty reduction, health improvement, emergency relief Improving the basic health, food and income situation of the poor and of ethnic minorities, community development, small business trainings, rehabilitation and equipment of a district hospital; relief after a cyclone	115,000 EUR	0	9	35,000	AA, BMZ, DED, German Consulate HCMC, WCF, own resources/ private donations	Health Department, People's Committee, Women's Union	4

DR Congo – A race against time

Charlotte and Malteser International’s fight against the plague in Ngote



Kathrin Meier

Thanks to the immediate help of Malteser International Charlotte has survived the plague in her village Ngote.

Early in the afternoon of 29 July, Charlotte would experience a personal disaster. The 49 year old Congolese woman was cooking for her family when she received a message telling her that her uncle has died suddenly and without any warning. It was only the previous day that she had been to visit him. He had been suffering from fever and she had brought him some medicinal herbs. She had not worried too much as fever was so common in this region and normally people did not die from it.

At the funeral, Charlotte was still in shock. As is traditional, the whole village joins in the ceremony. Everybody is dancing, crying, screaming and singing elegies – the whole day and the whole night long. Charlotte, like all the others, throws herself onto the corpse of her uncle. At that time, nobody knew that the old man had been the first inhabitant of the small town to have died from the pneumonic plague – and that 15 of his fellow citizens would soon follow.

Two days after the funeral, Charlotte wakes up and wants to go to collect water at the

well outside the town. On her way to the well, she suddenly feels a stabbing pain in her chest and before she can cry for help, she faints. The other women accompanying her take her home. When Charlotte regains consciousness, she is lying on a bamboo mat in her little hut, her seven children anxiously huddled around her. Her eldest son is holding her hand and tells her with tears in his eyes that her mother-in-law and her sister-in-law have died, too.

Charlotte understands that she has to react fast. Something horrible is going on, some malicious disease has devastated her family and she has to fight back. Charlotte stands up, leans on her son and sets off for the health centre of Ngote. When she arrives, she learns that during the last hours, several patients with the same symptoms have been brought there. All of them suddenly felt stabbing pain or suffered fever attacks. She also learns that more people have died. The nurses in the health centre don’t know what to do; Charlotte and the other patients feel panicked.

In the morning of 1 August, the doctor running the health centre calls the Malteser International team in Mahagi, some 40 kilometres away. He is desperate and hopeless, because none of his treatments have been successful and nobody knows what kind of disease is devastating his town. Listening to the doctor’s explanations, the staff in Mahagi rapidly guess that the people in Ngote are suffering from the plague. Without any further delay, they pack medicines, protective clothing and disinfection material and set off for Ngote. Soon after their arrival, laboratory tests prove that their suspicion was right: the patients are really suffering from the pneumonic plague.

By now, Charlotte is already comatose. The Malteser International team reacts at once. All the patients in the health centre get the medical drugs needed to fight the plague, even those who have originally come because of other reasons. Pneumonic plague is highly contagious and if it is not treated, nearly all of the patients will die. The fight against this disease is a race against time. If there is no help, whole villages can be eradicated in only a few days. With the correct drugs, however, the plague can be cured easily in most cases.

Fortunately, Charlotte received treatment in time. After some hours, the mother of seven opens her eyes again. Her chest is still aching and she feels very weak, but she also feels that the worst is over. She has survived the plague. “The best thing is that I am now able to cook for my family again and that I can see my children growing up”, Charlotte says.

Kathrin Meier



Staff explaining a plague outbreak curve

Kathrin Meier





Livelihood and Social Programmes

In its humanitarian and development programmes, Malteser International has increasingly been faced with the need to ensure access for people to livelihood assets in order to put them in a position to care for themselves and their families on a sustainable basis. Therefore, Malteser International strives to integrate the “Sustainable Livelihood Approach” into its programmes. Some programmes put their emphasis on the improvement of the financial capital of the target groups by income generating activities, micro-credits and seed funds. Other programmes aim at producing genuinely positive livelihood outcomes through capacity building and the empowerment of the local population. What all projects have in common is that the target group is involved in the design of the projects or measures and that they are implemented and managed in a participatory manner. It is the aim of Malteser International to provide people in need not only with material and economical relief, but also to care for their social well being which is often rooted on a very individual level. Therefore, it also conducts social programmes with and for people living with disabilities, for orphans and the elderly, as well as for marginalised groups.

PORTRAIT OF OUR HELP

Sri Lanka – Fighting poverty with nuts and noodles

How a mother fights for her children’s future

Jiva and her three children live in their own hut on the west coast. There is no furniture except some mosquito nets. “I am so proud that my children don’t have to live in a children’s home”, Jiva says. “And I am proud that my daughters can go to school and that I can pay the school fees.” And something else makes the young woman happy: “For the first time in my life I have a savings book.”

Jiva’s problems started when the police arrested her husband for drug dealing. He was condemned to three years in prison. This was a shock for the young mother as it took away all of her income. She tried to find work as a day labourer in a garden centre, but most of the time, the owner had to send her back home because there was not enough work. Her parents were both already old and couldn’t support them, they didn’t see any other way than to give the children to a children’s home – there, they would at least live under a roof and receive a warm meal every day. But Jiva refused: “Children belong to their mother.”

A police woman put her in contact with Sarvodaya and Malteser International who are committed to avoiding the institutionalisation of children who still have parents. “We also try to reunite families who had to bring their children to homes because they are too poor to care for them”, explains Rosemary Kikon, Malteser International’s advisor to this project. “Here in Sri Lanka, more than 50 percent of the children living in orphanages are not really orphans. Their parents bring them to the homes out of despair or the authorities take the children out of the families because they are too poor.”

To support Jiva, Malteser International at first paid the rent for her hut. Furthermore, the organisation gave her cookware and other equipment so that she can roast nuts and other fruits. Jiva’s father then sells the products on the local market. Meanwhile, her small business became so successful that she had been able to buy more cookers on her own. “By now I can also sell papayas which I can

buy cheap and sell them to the tourists at a higher price. And I prepare small samosas and noodle snacks – these have better prices than the nuts.” The money she earns serves to pay more and more of the rent, the school fees, school uniforms, books and exercise books for her children and, of course, enough food for the whole family. “I can even save a small amount on my bank account each month. With this money I want to pay for the education of my children”, Jiva says.

Esther Finis



Thanks to the income generating measures offered by Malteser International Jiva can keep her children out of orphanages.

Indonesia – Back to life with microfinance schemes

The devastating tsunami in December 2004 left many villages on the east coast of Sumatra completely destroyed and abandoned by their inhabitants. Houses, public buildings, infrastructure, water and electricity supply were in ruins, and it took years to restore the affected areas. A great amount of this work was carried out by the government as well as by international and national organisations, and often no involvement or contribution of the affected population was requested. As a result, inactivity, dependency, exaggerated claims and a lack of community efforts were frequently observed.

Help for about **2,000 people**

International staff in the project: **1**

National staff in the project: **3**

Project duration:

December 2005 – December 2008

Project volume in 2008:

15,000 EUR (50,000 EUR in total)

Partners:

Bank BPRS Hijrah Agung, several local NGOs

Funding: ADH

Malteser International has been working in Indonesia **since 2005**.

Malteser International offered two micro-finance schemes:

Individual micro-credits

The recipients received intensive training to develop a business plan, to administer the credits, and to manage the repayment. Besides they were supported with monitoring and evaluation. The average amount of credits given to individuals was 315 EUR, the repayment rate was over 80%.



Intensive capacity building and skills training assure the long-term success for people running a small business financed by a micro-credit.

From the beginning of its intervention in early 2005, Malteser International included the principal of ownership and community development into its relief programmes. In Lhokseumawe, an east-coast town heavily affected by the tsunami, Malteser International implemented a housing programme for 536 families, comprising access to drinking water, eco-friendly waste water/disposal facilities and home gardening. Here a link was established between rehabilitation and sustainable community development, and the incomes of those who needed only limited support were supplemented so that they could feed their families again. Thus, several finance schemes were designed for the local population together with the villagers.

Revolving funds

Repayments from individual credits were used as an instalment for self-help-groups aiming to establish a joint economic activity. Funds were activated in a revolving scheme under strict group monitoring and administration. They were the base of sustainable economic activities in the project area even after Malteser International finished its financial support.

These microfinance schemes were mainly used to establish small economic units, such as local crafts, food processing, waste recycling, bakery and aquaculture. The example of a welder, starting with a minimum equipment of a welding machine and establishing

his own workshop with several employees within a year of receiving financial support, is only one of the individual success stories.

During project implementation it became obvious that the establishment of a small business was not only a matter of lacking money or fair credit schemes, but the high demand of intensive and individual training of each beneficiary had to be met by adequate means. Therefore, the special focus was on intensive capacity building and skills training. Any financial support would only be successful, if basic knowledge on cash management, accountancy, bookkeeping and business plans were clearly communicated and taught to the beneficiaries. The strong presence of Malteser International in the villages due to tsunami reconstruction projects allowed its staff to pay sufficient attention to group building and to provide coaching to small business owners on a regular basis.

By the end of 2008, the microfinance project was completed after three years with encouraging results: repayment rates were around 90%, and more than 60% of supported business owners stated a significantly increased income since the credit scheme was established. Additional workers were employed, and most participants of the project developed a long-term perspective of independent income, generated by their own skills.



Only one year after having started with minimum equipment, this welder can now open his own workshop with several employees.

Vietnam – Participation in local development

Ethnic minority groups constitute the poorest and most vulnerable segment of Vietnamese society. They are being left out of Vietnam's rapid economic growth. The poverty rate of the Ca Tu ethnic group, the target group of Malteser International, is 74%. Food poverty, an overall poor health status of the population, a high malnourishment ratio of 45% for children under five years old, lack of clean water and sanitation facilities, nearly no income due to ineffective subsistence farming as well as insufficient knowledge and expertise on income generation, agriculture, education and health are the main problems of the population.

Help for **15,000 people**

National staff in the project: **9**

Project duration: **June 2008 – May 2011**

Project volume: **150,000 EUR p. a.**

Partners: Health Department, People's Committee, Women's Union

Funding: BMZ, WCFF

Malteser International has been working in Vietnam **since 1966.**

The Ca Tu population hardly participates in the social and political life of mainstream Vietnamese society. They play no role in the decision-making processes and are merely receivers of a few state poverty reduction activities rather than active players in their own development. Ca Tu women are particularly disadvantaged due to their language barrier, their illiteracy and their inferior role within Ca Tu and Vietnamese society.

Taking into account these circumstances, it is crucial to empower and enable the Ca Tu to be active stakeholders in the development of their own communities by being able to participate in decision-making processes at local level and to voice their needs and concerns. Participatory development processes need to be established at village level to ensure the sustainability of development interventions.



Health and nutrition training for the CaTu ethnic group



Despite Vietnam's rapid economic growth the poverty rate of the CaTu is 74%.

Malteser International has been implementing different poverty reduction programmes since 2005 in Tay Giang District, Quang-Nam Province, Central Vietnam. An important aspect of the programmes is to promote sustainable livelihood. In 2008, Malteser International started to implement a programme aiming at a sustainable improvement of the health situation in Tay Giang District and a reduction of poverty, by strengthening the capacity of the population (especially of women) and all important stakeholders to analyse their health situation and to plan, implement and manage activities in the realm of health and WASH. In the framework of the programme

- Participatory Learning and Action (PLA) courses provide the basis for the analysis, planning and implementation of village health projects;
- village development and literacy courses empower and enable the CaTu (women) to actively take part in the analysis, planning

and implementation of the village health development process;

- village health development planning encourages the participation of the local people in analysing their problems and opportunities, and finding solutions,
- thematic workshops in the area of health and WASH improve the technical knowledge of the stakeholders and the target group in these areas;
- a small-project fund provides financial resources for the implementation of small and micro-scale projects for the improvement of the health and WASH situation in the villages.

The programme contributes to community development, the improvement of the decentralised health system, promotes local participation and ensures transparency and equity among different community groups and contributes to efficient and effective use of resources in community development.





Disaster Preparedness

Disaster preparedness and risk reduction have been an integral part of humanitarian assistance for a while, but they have not received the attention they deserve to date. With the climate change debate, the problems approaching the citizens of mega-cities and the increasing number of natural disasters there is a need to develop concepts about how to prevent, how to mitigate and how to better prepare populations at risk. Climate change, migration patterns as well as socio-economic pressure forced populations into vulnerable living conditions. Be it by introducing the reinforcement of houses against earthquakes and cyclones, by constructing flood safe emergency shelters or training village emergency teams, Malteser International includes disaster preparedness components in many projects for populations at risk. The focus is clearly on community based disaster preparedness and risk reduction concepts aiming to support and to strengthen local coping capacities (and reducing vulnerabilities) of populations at risk.

PORTRAIT OF OUR HELP

India – Commitment to a better future

“In principle, my work resembles that of a CEO in a small enterprise”, Florian Seeger says. But even if his duties often resemble those of a business manager, his daily routine is not centred around a warm and dry office. Florian Seeger is working as a programme coordinator in northern India. This includes many different tasks like the planning and implementing of relief projects together with local partner organisations and the beneficiaries, financial administration and logistics, calling for tenders, human resources management, etc. “What motivates me most is the fact that we can make a change with our work. And it is really enriching to work with people who have a different cultural background and to reach our aims together.”

Before he started working for Malteser International in India, Florian Seeger had already been part of the Malteser International family through work in Myanmar and Cambodia. During this time, he has seen and

experienced extreme poverty but also enriching successes. “Wherever I have been working, we attached importance to a high level of participation from the beneficiaries. These people are not only disaster survivors but experts on their own environment and they can really make a change. To be part of the project also motivates them to continue to improve their lives even after the phasing-out of the international relief organisations,” Florian Seeger points out. This is an experience he also had in India: “In 2007, Uttar Pradesh had been severely flooded”, he reports. “We were rebuilding houses and hand pumps in five villages – on elevated land in order to protect them from further floods. And we gave the villagers boats and lifejackets.” When the breaking of a dam in Nepal and heavy monsoon rains caused new flooding in 2008, all the inhabitants of these villages could be evacuated in time with the boats. “And when the people came back, their houses were still

standing and the elevated hand pumps where still providing safe drinking water. This success made me happy, even if the situation for those people will remain difficult. But now they have a base on which they can build up more successes in order to continue to improve their living conditions.”

Esther Finis



Florian Seeger, programme coordinator in northern India, works on a disaster preparedness programme: „What motivates me most is the fact that we can make a change with our work.”



India – Building community resilience to flood risks

In recent years India has presented two faces to the rest of the world. On the one hand it has become a global player boasting impressive economic growth and an ever increasing recognition in the forums of international politics. On the other hand it still remains a country noted for both great poverty and natural disasters. The largest number of the world's poor live in India struggling through life and often not knowing where their next meal will come from, let alone protected by a safe and secure habitat. Meanwhile regular and repetitive natural disasters affect tens of thousands of people at a time.

Help for **9,000 inhabitants**

International staff in the programme: **1**

Project duration: **April 2008 – February 2009**

Project volume: **200,000 EUR**

Partners: 2 Indian partner NGOs with a total team of 10

Funding: ADH, ECHO, own funds, private donations

Malteser International has been working in India since 1989.



Elevated platforms of hand pumps protect the water source and can be used even during flooding to draw clean water. Improved access to clean water substantially reduces health problems during and after emergencies.

Activities:

- Housing plots are raised above flood level and shelter improved.
- Hand pumps are raised above flood level.
- People benefit from cash for work to gain income.
- Disaster preparedness task forces are formed at village level and given capacity training, boats and rescue equipment.

Uttar Pradesh and Bihar (2005, 2007, and 2008). Each case has proved that the poorest are the most vulnerable and that they need to be better prepared and protected from the impact of natural disasters. Therefore, the rehabilitation projects of Malteser International include disaster preparedness – both trainings and protective measures.

After the devastating floods of 2007 that affected up to 20 million households in northern India, Malteser International worked with partners in order to rehabilitate homes and livelihoods. Model measures for disaster preparedness were incorporated in the eastern

Malteser International's involvement in India responds to the vulnerability of the poorest people especially those most at risk in disaster zones. Examples include the relief and rehabilitation following the Gujarat earthquake (2001), the tsunami (2004), and then the Kashmiri earthquake and floods in Gujarat,

part of Uttar Pradesh, where people have long suffered from severe and regular flooding.

In the villages people are trained to analyse the most vulnerable locations, identifying families whose homestead plots need to be raised in order to be less prone to flooding. Through cash for work schemes these works are then implemented by the local people. Additionally, families are supported to erect a safe shelter.

Lack of safe drinking water is a major problem affecting the villagers during and after each flood. As a preventive measure wells are set to a higher platform to secure them above flood water levels. Access to clean water is thus ensured during and after flooding, which substantially reduces the health problems associated with flooding. Insufficient early warning systems and the lack of search and rescue provisions are tackled by teams of men and women who are trained to prepare and manage rescue operations and evacuations. Boats are procured jointly with the village teams and a plan for maintenance is established with local authorities.

A remarkable demonstration of the impact of these preparedness measures was seen in September 2008 when the area was again flooded and, due to the availability of boats, people could remain much longer in their villages continuing their work before the necessary evacuation. Less income was lost as the time of evacuation could be limited and no lives were lost as the rescue teams patrolled the villages helping all families in the area to evacuate with their essential belongings. Even neighbouring villages were successfully supported.

In 2009 Malteser International is planning to go a step further towards improved disaster preparedness which will benefit more villages in the area. Efforts will be made to link these local disaster preparedness measures with similar initiatives which will be run through the state government, and will see the training of village rescue committees, which can then be coordinated with training on a district and state level.



Safe evacuation operation, people are able to take their belongings with them.

Uganda – Strengthening health structures by village health teams

The health and life expectancy of Ugandans is amongst the worst in the world. Their country's health care performance is ranked by the World Health Organisation (WHO) as 186th out of 191 nations. The WHO ascribes the country's unfavourable situation to the legacy of years of war prior to 1986, and to the HIV/AIDS epidemic. Infant mortality is high and so is maternal mortality.

Help for **160,000 people**
 International staff: **1**
 National staff: **6**
 Project duration: **June 2008 – June 2009**
 Project volume: **60,000 EUR** in 2008
(90,000 EUR in total)
Partner: District Kaberamaido
Funding: own funds, private donations
 Malteser International has been working in Uganda **since 1996.**

In this already unfavourable situation Uganda has to face recurring natural disasters. Year by year the country is hit by heavy floods. During the rainy seasons, rain mainly falls in large quantities in the mountains with subsequent heavy floods pouring into the lower regions, flooding roads and villages. The risk of water-borne diseases then rises dramatically which combines with an increase in cases of malaria stagnant waters are perfect breeding grounds for malaria mosquitoes. The population is highly dependent on functioning health services, but the health structure is hardly prepared for and cannot cope with such a high demand. All the more, the population depends on new initiatives to prevent the outbreak of diseases. This can be achieved through a Village Health Team system as a matter of disaster preparedness.

The district Kaberamaido is located between Lake Kyoga and Mount Elgon in the Teso Region in northern Uganda. Unexpected heavy rains out of season caused massive flooding in



All village health teams receive official certificates documenting their training achievements.

late 2007. They struck a completely unprepared region. This is why Malteser International, after satisfying the emergency needs, decided to improve its disaster preparedness. Effective disaster preparedness not only includes the prevention of and education on epidemics (cholera, meningitis, influenza, etc.) but also the prevention and reduction of those diseases that are the main causes of morbidity and mortality (malaria, dengue fever etc.).

To improve disaster preparedness Malteser International established, activated and trained Village Health Teams (VHT). The VHT system is one of the latest approaches

adopted to motivate communities to be concerned about improving their own health and to address hardships of health care financing. The main objectives are to empower them to take responsibility for their own health, to mobilise them for health services at household level, to increase the accessibility of preventive and curative health information and services and to improve the health seeking behaviour through massive health education and promotion. The VHT also increases community based surveillance of diseases of epidemic potential and strengthens the community based health management information system. The volunteers are motivated through the feeling that they can do something good to their community.

To set up the VHT system, Malteser International implemented various activities, for example defining and training VHT candidates and trainers, providing training material and record books, supporting the follow up and the epidemiological surveillance. Up to now, about 900 VHTs have been trained in 400 villages. It is planned to continue the activities in 2009 and also to extend them to other regions in Uganda.



Collecting health information at community level



Peru – Spreading the knowledge to the volunteers The Sphere Project

The increase in climate change related natural disasters also affects many countries in Latin America. Droughts, floods, earthquakes and various other disasters constantly require the intervention of organisations to help to assist and mitigate the effects for those most in need.

To improve the quality of assistance provided to people affected by disasters and to enhance the accountability of the humanitarian system in disaster response, a group of humanitarian NGOs together with the Red Cross and Red Crescent movement initiated the Sphere Project in 1997 (www.sphereproject.org). They edited the Sphere Handbook which documents minimum standards in disaster response and gives practical guidance on how to implement humanitarian assistance in case of an emergency. After the devastating earthquake in August 2007, Malteser International supported the volunteers of Malteser Peru in the rehabilitation and reconstruc-

tion process. Furthermore, it was decided to strengthen the capacities of disaster preparedness in Peru. After being trained in a Sphere workshop in Venezuela in June 2008, the president of Malteser Peru, César Márquez, organised and implemented two workshops for volunteers and a group of Knights of the Peruvian Association of the Order of Malta. Twenty seven volunteers of Malteser Peru and the Peruvian Association have now attended these trainings. The participants will spread their knowledge to the local groups of Malteser Peru in the different regions and have already started to develop measures and plans for future disaster preparedness and response.



The Sphere training offers new knowledge and capacities in the field of disaster preparedness for the volunteers of Malteser Peru and the Peruvian Association.

Kathrin Meier

PORTRAIT OF OUR HELP

Peru – Confrontation with different realities



César Márquez, President of Malteser Peru, organises the rehabilitation and reconstruction after the severe earthquake in August 2007.

The mobile phone rings, it is already the 21st time today, and it's not even lunchtime. Sighing deeply, César Márquez picks up the phone: "Hello? No, actually we didn't consider that in the budget. There will still be 150 more children for Christmas? I will see what can be done." He hangs up the phone and shakes his head. "You see how it is be-

fore Christmas, all the different agencies in Cañete are asking for our help," says the president of Malteser Peru.

The 35 year old has been a man in demand since he arrived in Cañete two years ago. In the earthquake of 15 August 2007, more than 500 people in southern Peru lost their lives, 60,000 homes were destroyed, and 300,000 people were made homeless. Malteser International provided 100,000 Euros to support the emergency relief in the affected region realised in cooperation with numerous volunteers of Malteser Peru.

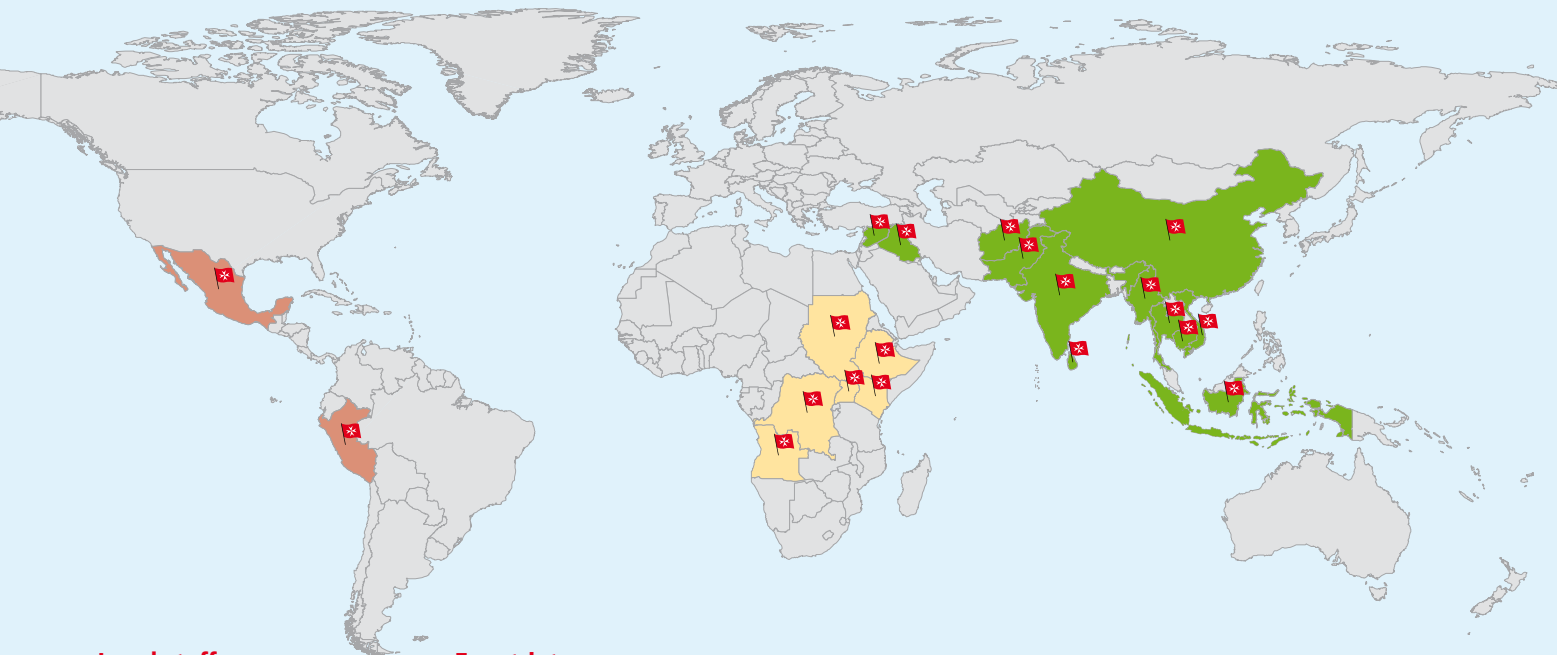
"For me this project was a completely new challenge," says César Márquez. "I have been president of Malteser Peru since its beginnings in 2002, but until 2007 we were simply a group of friends, who ran health campaigns or organised circus visits for children from poor neighbourhoods – all during our spare time. When Malteser International entrusted me with the earthquake relief, I first had to think it over. Actually I am a journalist by

profession, but my experiences in Cañete have shown me that I still have a lot of abilities beyond this. And I love to work for the people and with the people."

Nevertheless, this work is not always easy. "At the beginning, I found the confrontation with the reality outside of my own world very difficult. Originally I come from a poor family, but the extreme poverty with which I am confronted in Cañete has always challenged me. After the earthquake, the situation was catastrophic and I had to learn to deal with it. I've learned a lot from this and I'm very grateful to Malteser International for the unique opportunity to manage this project. We have worked together to give back normality and a perspective to the inhabitants of Cedros de Villa and Nuevo Hualcará. And thanks to the Sphere training, I could also gain new knowledge and capacities in the field of disaster preparedness and can now spread them to our volunteers."

Kathrin Meier

Experts abroad



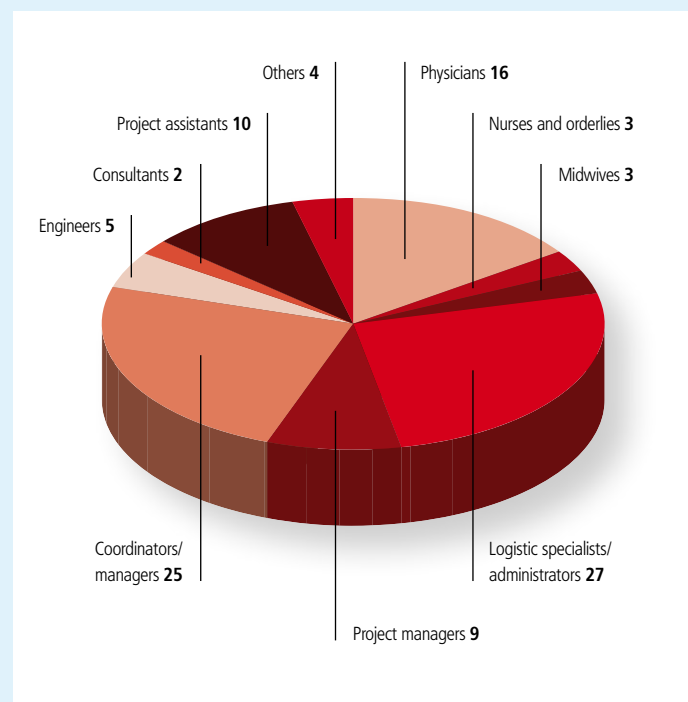
Local staff employment per region

	2008	2007
Africa	460	455
Angola	18	18
DR Congo	135	129
Ethiopia	2	2
Kenya	29	14
Sudan	259	275
Uganda	17	17
Asia	485	372
Afghanistan	1	25
Cambodia	10	10
India	1	1
Indonesia	34	48
Myanmar	320	160
Pakistan	13	26
Sri Lanka	49	47
Thailand	48	50
Vietnam	9	5
Americas	1	0
Peru	1	0
Total	946	827

Expatriate employment per region

	2008	2007
Africa	45	34
Angola	3	5
DR Congo	11	15
Ethiopia	0	0
Kenya	5	2
Sudan	24	10
Uganda	3	2
Asia	58	68
Afghanistan	0	1
Cambodia	2	4
India	5	3
Indonesia	9	9
Myanmar	24	21
Pakistan	3	4
Sri Lanka	15	20
Thailand	3	6
Vietnam	0	0
Americas	1	1
Peru	1	1
Total	104*	103

Expatriates by education and occupation



Nationalities of the expatriates

Argentina	1	Denmark	1	Ireland	2	Netherlands	5	Thailand	1
Belgium	1	France	4	Italy	1	New Zealand	2	Uganda	4
Bosnia and Herz.	1	Germany	53	Kenya	8	Serbia/Mont.	2	USA	1
China	1	Great Britain	4	Madagascar	4	Spain	2		
Croatia	2	Greece	1	Myanmar	1	Tanzania	2		

*Some of the staff members were working cross-national. The total figure refers to the total number of contracts signed in the year 2008. For 42 employees, it was their first contract with Malteser International, 62 employees have already been working for Malteser International in the past.

Help at a glance



Ether Suchanek

Nang Thein Hann

Nurse from Myanmar, works as a senior nurse on Middle Island/Myanmar:

"Assistance after cyclone Nargis is still very much needed. Many people still lack basic sanitation and clean water; they still live in temporary shelters. And they also still suffer emotionally from what they have experienced. A lot of them cannot eat and sleep. Many of them have lost family members and friends and suffer from depression. For me, it is important to assist these people now."



Kerr Ovens

Vera Minnik

Midwife and health manager from Germany, works as programme coordinator in Oddar Meanchey, Cambodia:

"I'm a midwife by profession and devotion, so I have a special interest in the improvement of the health situation of mothers and children in developing countries like Cambodia. My motivation for continuing and improving my work arises from recognizing the positive impact on the communities and our partners. This also gives me a good reason looking for possibilities to extend our activities so that more people can benefit."



Kathrin Meier

Emile Ombo

Driver from DR Congo, works as driver in Mahagi/DR Congo:

"I studied mechanics, because I always loved cars. That's why I am really happy to work as a driver now. For four years already I have been working for Malteser International in Mahagi. Without the work I am doing, so much else would have been impossible. Due to security reasons, the expatriate staff of Malteser International are not allowed to drive long distances by themselves. Local people like me know the area best and can see and estimate potential dangers. Furthermore, we speak the local languages."



Ether Fins

Tyche Hofman

Anthropologist and tropical agriculture specialist from the Netherlands, works as programme coordinator in Ampara/Sri Lanka:

"I always wanted to help people to recover after disasters or armed conflicts. What I like most in my daily work is communicating with the beneficiaries and getting them involved. For me it is essential not only to implement projects but to build up something together with all those who have been affected by the disaster. This 'participation' is the best way to achieve sustainability in our work."



Kathrin Meier

César Márquez

Journalist from Peru, works as president of Malteser Peru:

"We started simply as a group of friends, who ran health campaigns or organised circus visits for children from poor neighbourhoods – all during our spare time. When Malteser International entrusted me with the earthquake relief, I first had to think it over. Actually I am a journalist by profession, but my experiences in Cañete have shown me that I still have a lot of abilities beyond this; I also love to work with the people and for the people."



Kathrin Meier

Dr. Désiré Rakotoarison

Medical doctor from Madagascar, works as programme coordinator in Ariwara, DR Congo:

"It has always been my vision to help people. And I can broaden my horizon here. In Madagascar, I used to work as a medical doctor in a hospital. But it was only one working area. With Malteser International, I have more responsibility, and can see the progress directly. I love to work with people on the spot and to see that the help really reaches them."



Johannes Schweda

Master in Economics from Germany, works as project administrator in Juba/South Sudan:

"My motivation comes from the team I work with in South Sudan; they are great and very motivated. Whenever I see the value of what we are doing there directly in the field, if – for example – a patient with leprosy was healed because we were able to help him that shows me that I am exactly in the right place over there and my job is very important for many people."



Esther Finis

Romy Blickle

Master in politics, human rights and economic geography from Germany, works as programme administrator in Galle/Sri Lanka:

"When I get to my office, I sometimes feel like a multi-headed genius. I am responsible for all the acquisitions for the projects and for the cash books; I am planning the operations of the cars and the drivers. I am organising workshops and do many other things. Of course, this has nothing to do with the romantic ideal of an aid worker giving presents to children in need. But all those duties are also important and necessary to guarantee the success of our work."



Kathrin Meier

Dr. Stephen Macharia

Medical doctor from Kenya, works as programme coordinator in Juba/South Sudan:

"Here in South Sudan the living conditions are very hard and I miss my family very much, but the work for Malteser International here brings a lot of improvement for the people."



Esther Suchanek

Maung Tin Saw

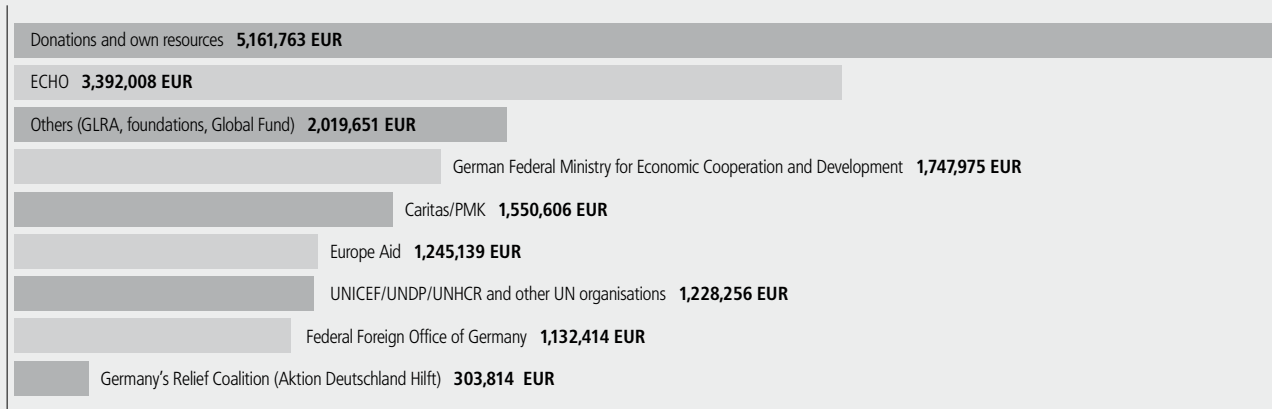
Health educator from Sittwe/Northern Rakhine State/Myanmar, works as a health promoter on Middle Island/Myanmar:

"I like to communicate with the people from the villages, to go to see them and to be able to teach them something that will have a positive impact on their lives."

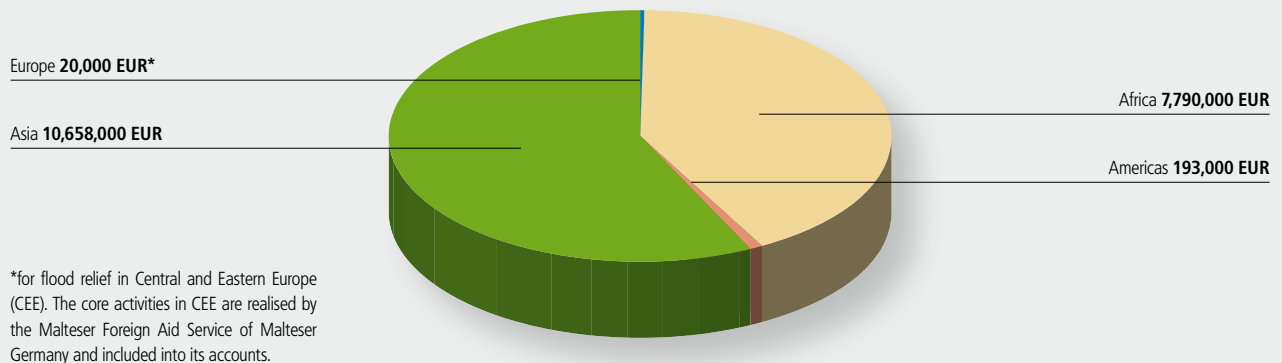
Facts and figures

Financial overview 2008

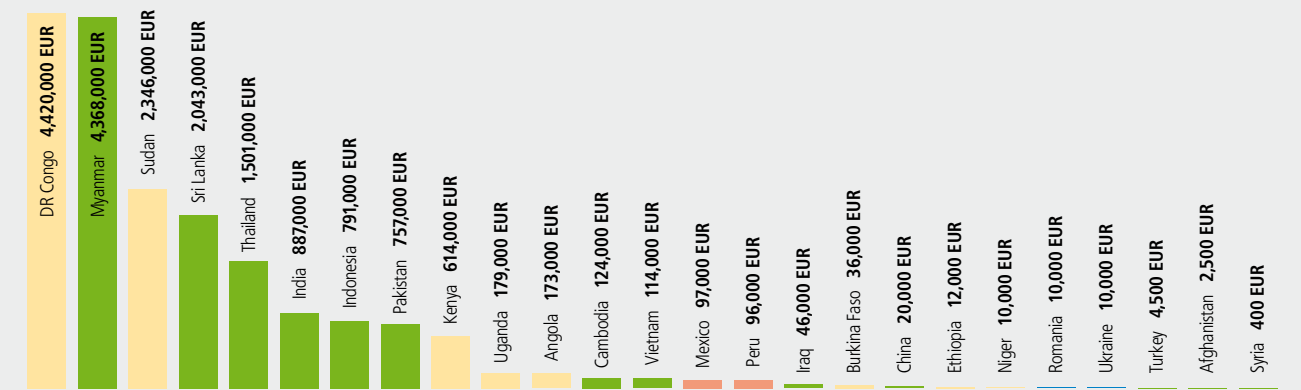
Where does the money come from? – Sources of funding (rounded up)



Programme expenditure by regions (rounded up)*

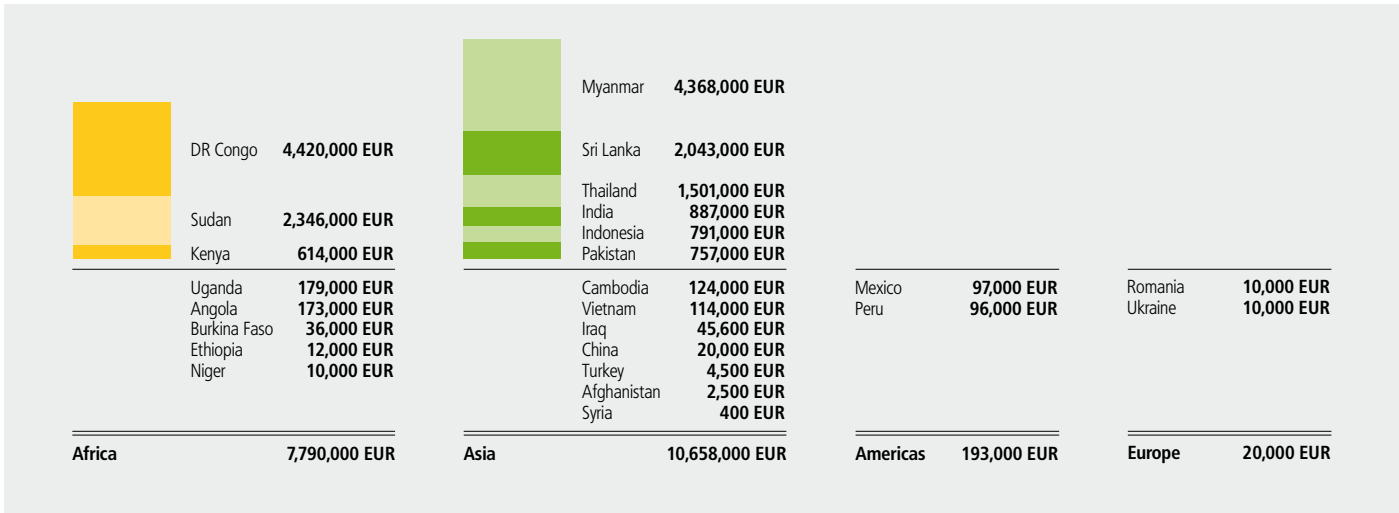


Programme expenditure by countries (rounded up)*

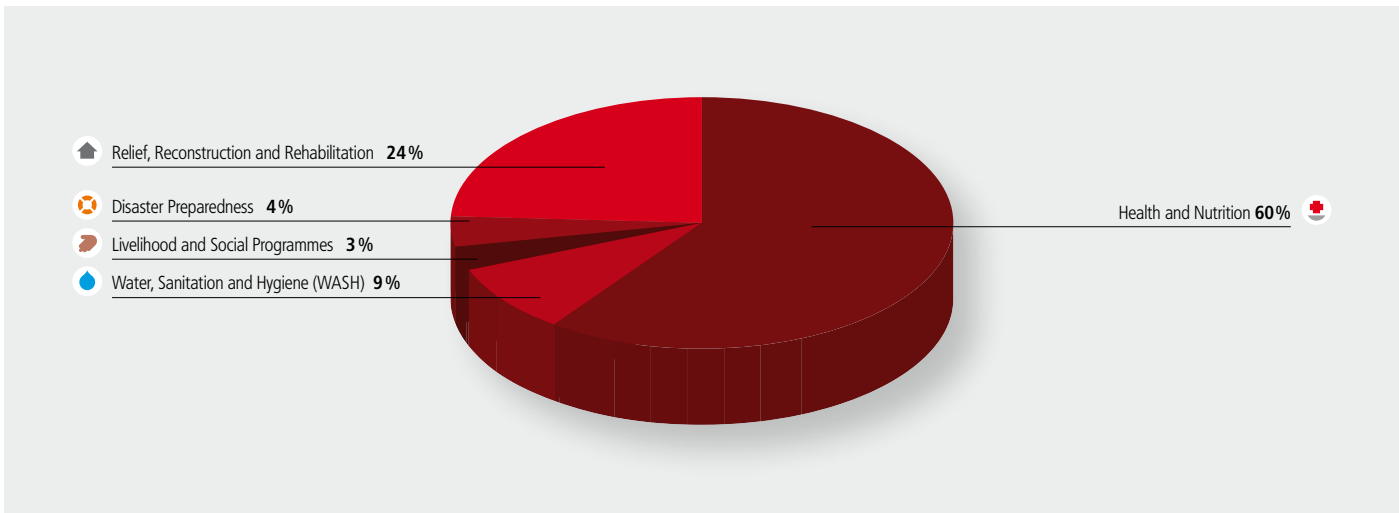


*Book keeping according to German commercial law rules that programme expenditure must be entered as a liability in the annual statutory accounts **in total** in the year in which the funds are committed to a certain programme ("accrual accounting"). Normally, this is the year in which the programme is being started. The figures indicated in these charts are reflecting these book keeping principles and therefore do not show the total amount which was given in 2008 to a certain programme. This is particular the case for multi annual programmes. For a complete overview of the programme volume in 2008, please refer to the "Programme overview 2008" on pages 23 to 26.

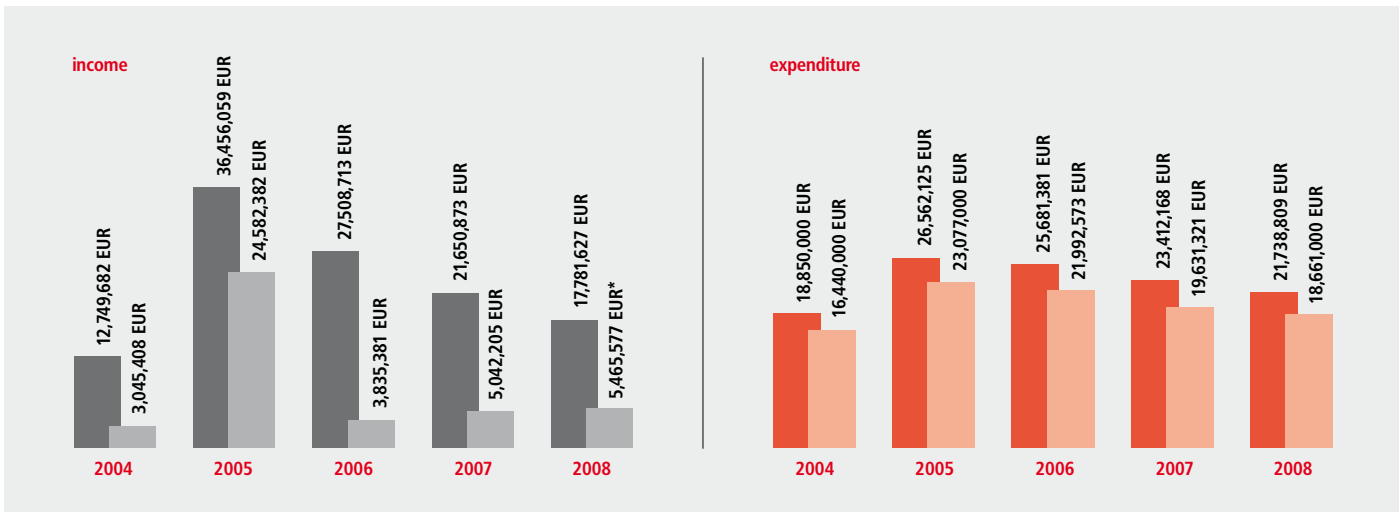
Programme expenditure by regions and countries (rounded up)*



Programme expenditure by sectors of our help*



Development of income and expenditure (2004 – 2008)



■ Total income ■ thereof private donations
 Deficits are covered by reserves and funds from previous years. Surpluses are transferred to the reserves.
 *thereof 303,814 EUR by Germany's Relief Coalition

■ Total expenditure ■ thereof project expenditure

Annual accounts as of 31 December 2008

Balance sheet

Assets	12/31/2008 EUR	12/31/2008 EUR	12/31/2007 EUR	12/31/2007 EUR
A. Fixed assets				
I. Intangible fixed assets				
Concessions, industrial and similar rights and assets, and licences in such rights and assets		162.866,32		261.276,96
II. Tangible fixed assets				
Operating and office equipment		363.136,96		351.836,12
		526.003,28		613.113,08
B. Current assets				
I. Receivables and other assets with a remaining term of up to one year				
1. Accounts receivable for sales and services	24.500,37		7.702,66	
2. Receivables from undertakings in which the society has a participating interest	21,71		18,51	
3. Receivables from associated corporations	6.068.890,81		11.090.251,04	
4. Receivables from Malteser Hilfsdienst e.V. – internal	2.180.422,47		1.750.913,61	
5. Other assets	8.865.095,34	17.138.930,70	12.942.936,44	25.791.822,26
II. Cash-in-hand and bank balances		5.286.324,19		3.946.255,65
		22.425.254,89		29.738.077,91
C. Prepaid expenses – Other		33.885,43		51.798,91
		22.985.143,60		30.402.989,90
Equity and liabilities			12/31/2008 EUR	12/31/2007 EUR
A. Equity				
I. Society funds			1.769.884,29	1.769.884,29
II. Revenue reserves			590.823,63	1.632.305,83
III. Unappropriated profit			0,00	0,00
			2.360.707,92	3.402.190,12
B. Provisions – Other provisions			804.297,53	577.234,53
C. Liabilities – with a remaining term of up to one year				
1. Liabilities to banks			0,00	130.427,02
2. Accounts payable for goods and services			165.051,66	165.565,73
3. Liabilities to undertakings in which the society has a participating interest			608,20	0,00
4. Liabilities to associated corporations			34,30	0,00
5. Liabilities to Malteser Hilfsdienst e.V. – internal			32.288,17	95.905,38
6. Liabilities from earmarked appropriations			17.695.167,78	22.787.459,57
7. Other liabilities			1.926.988,04	3.244.207,55
			19.820.138,15	26.423.565,25
			22.985.143,60	30.402.989,90

Income statement

	2008 EUR	2008 EUR	2007 EUR	2007 EUR
1. Revenues	30.767,15		20.128,07	
2. Other operating income	16.889.617,08	16.920.384,23	21.177.548,89	21.197.676,96
3. Cost of materials				
a) Cost of raw materials, consumables and supplies	4.072.029,65		3.379.547,14	
b) Cost of purchased services	1.568.757,94		1.372.445,42	
4. Personnel expenses				
a) Wages and salaries	2.951.284,59		3.044.792,65	
b) Social security, post-employment and other employment benefit costs – of which in respect of old age pensions EUR 191,096.67 (last year EUR 194,591.26) –	753.465,70	9.345.537,88	800.724,95	8.597.510,16
Intermediate result		7.574.846,35		12.600.166,80
5. Income from the release of liabilities from earmarked appropriations	21.781.994,53		26.059.010,73	
6. Expenses from the allocation to liabilities from earmarked appropriations	17.695.167,78	4.086.826,75	22.787.459,57	3.271.551,16
7. Amortisation and write-downs of intangible fixed assets, depreciation and write-downs of tangible fixed assets	348.968,74		397.535,96	
8. Other operating expenses	12.752.247,91	13.101.216,65	14.394.527,51	14.792.063,47
Intermediate result		-1.439.543,55		1.079.654,49
9. Other interest and similar income	447.485,98		550.283,01	
10. Interest and similar expenses	5.857,32	441.628,66	1.805,19	548.477,82
11. Result from ordinary activities		-997.914,89		1.628.132,31
12. Other taxes		43.567,31		21.351,04
13. Net loss for the financial year (last year net income)		-1.041.482,20		1.606.781,27
14. Withdrawal from revenue reserves		1.041.482,20		0,00
15. Allocation to revenue reserves		0,00		1.606.781,27
16. Unappropriated profit		0,00		0,00

Auditor's report

To Malteser Hilfsdienst e.V.

We have audited the financial statements – comprising the balance sheet and the income statement – together with the bookkeeping system of the General Secretariat, Department Malteser International, of Malteser Hilfsdienst e.V., Cologne, for the financial year from January 1 to December 31, 2008. The maintenance of the books and records and the preparation of the financial statements in accordance with German commercial law are the responsibility of the Society's executive board. Our responsibility is to express an opinion on the financial statements, together with the bookkeeping system, based on our audit.

We conducted our audit of the financial statements in accordance with § 317 HGB and German generally accepted standards for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer

in Deutschland (IDW). Those standards require that we plan and perform the audit such that misstatements materially affecting the presentation of the financial statements are detected with reasonable assurance. Knowledge of the business activities and the economic and legal environment of the Society or Malteser International respectively and expectations as to possible misstatements are taken into account in the determination of audit procedures. The effectiveness of the accounting-related internal control system and the evidence supporting the disclosures in the books and records and the financial statements are examined primarily on a test basis within the framework of the audit. The audit includes assessing the accounting principles used and significant estimates made by the executive board, as well as evaluating the overall presentation of the financial state-

ments. We believe that our audit provides a reasonable basis for our opinion. Our audit has not led to any reservations.

In our opinion, based on the findings of our audit, the financial statements comply with the legal requirements.

Cologne, April 20, 2009

*KPMG AG
Wirtschaftsprüfungsgesellschaft*

*(formerly
KPMG Deutsche Treuhand-Gesellschaft
Aktiengesellschaft
Wirtschaftsprüfungsgesellschaft)*

*signed: Henseler (Wirtschaftsprüfer)
signed: Junker (Wirtschaftsprüferin)*

Notes on the income statement

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

INCOME

Sales revenues include all *income from supplies and services provided*. *Allocations and grants from the public sector* include project funds provided by the German Federal Foreign Office and the German Federal Ministry for Economic Cooperation and Development (BMZ) amounting to € 2,371,388 (of which € 1,332,413 financed by the Federal Foreign Office of Germany) and project funds by the European Union amounting to € 4,637,147. *Church contributions* include project funds of € 46,538. The project resources provided by UNHCR amounting to € 325,745 are included in the *contributions by third parties*; the same applies to the project funds by Caritas international (€ 1,504,068), UNDP (€ 221,851), UNICEF (€ 84,778), GLRA (€ 120,961) and to the donations received and claimed via Germany's Relief Coalition amounting to € 303,815. *Other operating income* includes income from donations and internal Malteser organisation contributions amounting to a combined total of € 5,161,763.

Grants from both public and private donors which cannot be used in the current financial year (e.g. for projects that last for several years or are carried over into the next year), as well as donations which cannot be used fully in the current financial year (since a large proportion of donations is received at the end of the year), are carried over to the next year and then used. The use of these funds that amount to € 17,695,168 is shown under *Income from the reversal of liabilities from investment allocations/appropriated donations and grants not yet used*. (The carry-over of such funds to the following year is shown under *Expenses for transfer to liabilities from earmarked contributions*.)

The deficits amounting to € 1,041,482 are covered by reserves and funds from previous years.

EXPENDITURE

The items *Cost of materials* and *Personnel expenses* comprise the majority of direct project costs (e.g. costs of medicine and relief items of a combined total of € 9,368,214; payments to building contractors in reconstruction projects, costs of international and local project staff), as well as parts of the indirect project costs and administrative costs (non project-specific staff costs).

The item *Other operating expenses* also includes direct project costs (e.g. structural aid and direct project support for local partners in Eastern Europe amounting to € 525,576), as well as indirect project costs (pro-rata costs of media and public relations, costs of staff recruitment and support) and administrative costs (rent, IT).

In 2008, administrative costs amounted to less than six percent of our total expenditure.

Structures and committees

June 2009

President



Nicolas de Cock de Rameyen
(Belgium)

Malteser International is the worldwide relief agency of the Sovereign Order of Malta for humanitarian aid.

Currently, 20 national associations and priories of the Order of Malta are members of Malteser International. Together with the Board of Directors, the Secretary General, the Vice-Secretary General and the Chaplain of Malteser International they form the *General Assembly* that is convoked at least once a year. Its main duty is the election and the discharge of the voluntary Board of Directors, the acceptance of the Annual Report as well as the approval of the annual budget.

Vice-Presidents



Comte Thierry de Beaumont-Beynac
(France)



Geoffrey Gamble
(USA)

The *Board of Directors* of Malteser International consists of the President and up to six Vice-Presidents whereof one holds the position of Financial Supervisor. The President and at least another four members of the Board of Directors have to be members of the Order of Malta.

The Board of Directors is in charge of the strategic orientation and bears the overall responsibility within the framework of the arrangements that have been made in written form with Malteser Germany. The Board of Directors meets at least four times per year and works on a purely voluntary basis.



Charles-Louis de Laguiche
(Switzerland), Financial Supervisor



Richard Freiherr von Steeb
(Austria)

After their first quadrennial term of office, all members of the Board of Directors – having declared their preparedness for a further commitment – were re-elected unanimously by the General Assembly on 5 May 2009 for another four years. The position of a sixth Vice-President will be taken over by a representative from the Asia/Pacific region.



Ambassador (ret.) Theodor Wallau
(Germany)



N. N.

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

Secretary General



Ingo Radtke
(Germany)

Members of Malteser International

Australia www.smom.org.au	Germany www.malteser.de	Malta www.orderofmalta-malta.org	Singapore www.orderofmaltasingapore.org
Austria www.malteserorden.at	Great Britain www.orderofmalta.org.uk	Mexico www.ordendemaltamexico.org	Swiss Association www.malteserorden.ch
Belgium www.ordredemaltebelgique.org	Hungary www.orderofmalta.org	Netherlands www.maltezerorde.nl	United States of America www.maltausa.org www.orderofmalta-federal.org www.orderofmaltausawestern.org
Canada www.orderofmalta-canada.org	Ireland www.orderofmalta.ie	Poland www.zakonmaltanski.pl	
France www.ordredemaltefrance.org	Italy www.ordinedimaltaitalia.org	Portugal www.orderofmalta.org	

www.orderofmalta.org
www.malteser-international.org
www.maltarelieff.org

"Make yourself a member of the team!"

Interview with Nicolas de Cock de Rameyen, President of Malteser International (May 2009)



Nicolas de Cock visits patients in Yei/South Sudan.

What motivates Malteser International staff around the world?

Our staff is the basis for our work. More than 1,000 highly qualified staff members are proud of being members of our worldwide "Malteser" family. The Order of Malta is the foundation which gives their work meaning. It is their mission to alleviate human suffering worldwide which keeps them going even in difficult situations. – During my project visits I am always impressed by their great commitment, and how fundamentally and professionally they help the people to overcome their problems and to build up a new

future. – I would like to use the opportunity to express to all of them my sincere gratitude for their high motivation and professionalism.

Do you remember a special project visit that you would like to recount?

When I visited our project region in South Sudan in December 2001, the country was in a deplorable situation: abject poverty, disease and wartime terror. I saw children carrying arms, and everybody was always ready to jump into the next bomb shelter in order to escape from unexpected air raids. – I accompanied our staff to the wards for patients suffering from tuberculosis and malaria and joined the so-called outreach teams visiting the people in remote villages.

Six years later, I came back. Malteser International had established several clinics and a hospital. When I attended Mass on Sunday, the church was crowded with people praying and singing. Despite all difficulties, they have carved out for themselves a natural dignity and a profound faith in God. And Malteser International gives them hope and the real

experience that the love of God, through the people giving them assistance, will lead them and their children to a better life.

How do you envisage the activities of Malteser International over the next few years?

According to our understanding, Malteser International expresses the Order of Malta's will and mission to help people affected by disasters and crises worldwide. And it is the vision of Malteser International to further intensify the Order of Malta's capacity for international emergency relief and rehabilitation.

Any message you would like to give the readers?

I would like to express our most sincere gratitude to all friends and supporters of Malteser International. Nevertheless, to continue supporting the needy and working with them towards a sustainable future, we rely on everybody's help. We need to intensify the knowledge about our work. Therefore I would like to invite everybody who is attracted by our work to come and see our projects. Make yourself a member of the team!

THE ORDER OF MALTA



The Order of St. John of Jerusalem was founded in 1099 in Jerusalem and is a sovereign subject of international law and the oldest order of knights of the Catholic Church. It has representatives in more than 50 countries and diplomatic relations with 100 states and is a Permanent Observer to the United Nations, the European Union and numerous other international organisations.

The Order is active in 120 countries worldwide with hospitals, rescue and medical services and other social and charitable establishments. With its 12,500 members, around 80,000 specially trained voluntary helpers and 13,000 employees, the Order of Malta provides help and assistance for people in need. Malteser International is the worldwide relief agency of the Sovereign Order of Malta for humanitarian aid. Currently, 20 national associations and priories of the Order are members of Malteser International.

www.orderofmalta.org

ABBREVIATIONS

AA	Federal Foreign Office of Germany (Auswärtiges Amt)
ADPC	Asian Disaster Preparedness Center (Thailand)
AECID	Spanish Agency for International Development Cooperation
ADH	Germany's Relief Coalition (Aktion Deutschland Hilft)
AMREF	African Medical and Research Foundation (Kenya)
AusAID	Australian Agency for International Development
BMZ	Federal Ministry for Economic Cooperation and Development (Germany)
BSC	St. Xavier's Non-Formal Education Service (India)
CAAFW	Cambodian Association for Assistance to Families and Widows
CECI	Centre d'Etude et de Coopération Internationale (Canada)
CHF	Common Humanitarian Fund
CHHRA	Cambodian Health and Human Rights Alliance
CIM	Centre for International Migration and Development (Germany)
CSA	Centre for Social Assessments (Sri Lanka)
DCA	Danish Church Aid
DED	German Development Service (Deutscher Entwicklungsdienst)
DEEDS	Development Education Society (India)
DOR	Diocese of Rumbek (South Sudan)
ECHO	Humanitarian Aid Department of the European Commission (Belgium)
ECSAT	Equality-based Community Support and Training (Sri Lanka)
ERRA-DRR	Earthquake Reconstruction & Rehabilitation Agency (Pakistan)
FAO	Food and Agricultural Organisation of the United Nations (Italy)
GFTAM	The Global Fund to fight Tuberculosis, AIDS and Malaria (Switzerland)
GITEC	Technologie und Wirtschaftsberatung GmbH (Germany)
GLRA	German Leprosy and Tuberculosis Relief Association (DAHW)
GOSS	Government of South Sudan
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (Germany)
HAMSET	HIV/AIDS, Malaria, STDS (Sexual Transmitted Diseases) and Tuberculosis Disease Control Programme of the World Bank (Angola)
HFTC	Help for the Children (Sri Lanka)
HUDEC	Human Development Centre – Caritas (Sri Lanka)
IBC	International Blue Crescent (Turkey)
IRC	International Rescue Committee (USA)
KfW	Development Bank – KfW Banking Group (Germany)
LRWHF	Lanka Rain Water Harvesting Forum (Sri Lanka)
MAV	Employee representation of Malteser Germany
NCC	Nairobi City Council (Kenya)
NHSD	Network for Human and Social Development (Pakistan)
NIMHANS	National Institute of Mental Health and Neuro Sciences (India)
NWSDB	National Water Supply and Drainage Board (Sri Lanka)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs (Switzerland/USA)
PCDF	Pallas Conservation and Development Federation (Pakistan)
PMK	Päpstliches Missionswerk der Kinder (Germany)
PST	Population Services International (USA)
SAN	Sustainable Agriculture Network (Thailand)
SEAMEO	South-East Asian Ministers of Education Organisation (Thailand)
SDMA	State Disaster Management Agency (Pakistan)
STI	Swiss Tropical Institute
TDDA	Trincomalee District Development Association (Sri Lanka)
THW	Federal Agency for Technical Relief (Technisches Hilfswerk, Germany)
UNDP	United Nations Development Programme (USA)
UNFPA	United Nations Populations Fund (USA)
UNICEF	United Nations Children's Fund (USA)
UNOPS	United Nations Office for Project Services (Denmark)
USAID	United States Agency for International Development (USA)
WCFE	World Child Future Foundation (Liechtenstein)
WFP	United Nations World Food Programme (Italy)
WHO	World Health Organisation (Switzerland)

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Malteser International Headquarters
Kalker Hauptstr. 22 – 24
D-51103 Köln (Germany)
Phone: +49 (0)221 98 22-151
Fax: +49 (0) 221 98 22 179
info@malteser-international.org
www.malteser-international.org

Responsible for content:

Ingo Radtke
Editorial team: Petra Ipp-Zavazal (editor-in-chief), Esther Finis, Dominic McCann, Nadine Fislage, Lena Egenberger

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Esther Suchanek



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You can support Malteser International with your financial contribution. Your donation assures our continued relief efforts for internally displaced people in Sri Lanka, helps provide health and nutrition in DR Congo, assists with clean drinking water in Myanmar, and helps us alleviate suffering and revitalise communities in

every country where we work. Everybody – an individual, a volunteer group, a company, a school, a national association – can help provide the funding which makes whole projects come into life. Join our Network of Relief! For further information, please send an email to info@malteser-international.org or visit our website.



Malteser International, through Malteser Germany (Malteser Hilfsdienst e.V.), is a member of "Aktion Deutschland Hilft – Germany's Relief Coalition" (www.aktion-deutschland-hilft.de) and the "United for Africa" (www.united-for-africa.org) campaign.